

Our Year 2025-26



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Message from our Chair

The year covered by this report has seen big changes, with even more to come. But some things don't change. People need us to help the health and care system hear their voices, and the system needs us to help it make effective use of what it hears.

I've never felt prouder of our team than when I read this report. Amidst uncertainty and disruption in the NHS and local government, we've still played our unique part, delivering our plans based on Hertfordshire residents' views and needs and maintaining the momentum we need to drive real improvement in people's experiences. The report doesn't simply set out what we've done and achieved this year. It also puts that in the context of a review of the way we've worked, what we've focused on and what's changed as a result during the turbulent five years since the pandemic. As Parliament considers whether and how to make radical changes to the way public voice is heard, I think our report makes a powerful case for the value of a trusted, independent channel for communities' voices. I hope, when you've read it, you'll agree.

You have our promise that we'll retain our focus, working strategically to ensure people's experiences continue to be heard and patients, service users and carers don't get lost in the fog.

I have really valued working alongside Healthwatch to help bring the voice of our residents into the heart of our thinking. They have been a pleasure to work with and their expertise has been instrumental in shaping and leading our Community Assembly and bringing diverse partners together. They have great outreach into our communities and help ensure we continually challenge ourselves to design our services around residents, address inequalities and ensure there is inclusive representation in our decision making.

Ruth Forbes – Development Director East and North Health and Care Partnership

This year we have highlighted the range and scale of issues affecting our county's communities and used our insights to shape local decisions and system changes. The report demonstrates the impact of how we combine our signposting, holding to account, coproduction and community engagement work to ensure that people who are less visible are valued and that the needs of those who are marginalised are met. I defy anyone to read the stories in this report about our work with veterans, refugees and asylum seekers, people who misuse drugs and alcohol, autistic adults, children and young people using orthodontic services, older adults and deaf people trying to access primary care, or our work to help the Integrated Care System understand issues in community pharmacy or wider experiences of health and wellbeing, and then tell me it would all have happened without us.

Our 2025-26 insights have informed our continuing work on issues facing children, young people and families. We're also making sure that two golden threads run through all our projects, so that in all we do we look at mental health and wellbeing as well as the continuing impact of the cost of living.

We add unique value because our independence generates essential trust. Our breadth of scope, depth of influence and clarity of voice means we are complementary to the other voluntary and community organisations with whom we work. We listen to individual stories and use our independence to act. We turn your voices and experiences into systemic change for all. Our role is recognised in law, and it will be until further change takes effect. But what we do and how we make a difference is far more about our values and expertise than anything in the rules and regulations.

My thanks for everything recorded in this report go to the staff team, my board colleagues, our volunteers and partners – and to everyone in Hertfordshire who's shared their story with us.

I look forward to telling our story again next year.



Neil Tester
Chair, Healthwatch Hertfordshire

Spotlight on our impact 2025–6

We listen to your voices

1,700 people completed our survey about health and social care in Hertfordshire. Our report highlights that people with long-term conditions and neurodiversity experience worse health outcomes. It has also identified that access to and availability of healthcare services needs to be improved.

We heard from **refugees and asylum seekers**, a group which faces significant health inequalities.

Older residents explained to us they were eager to live well in older age and are asking for more support and information from their GPs and the Council.

We spoke to people who had received diagnoses of **autism in adulthood**. Our report showed that receiving support post-diagnosis was often very difficult.

The Hertfordshire **armed forces community** explained the difficulties encountered in accessing health and social care.

To better understand the difficulties faced by **deaf British Sign Language users** in accessing healthcare, we supported a local community-champion engagement with Hertfordshire's Hearing Advisory Service, Communities 1st and Gobby.

To champion for real change

Our recommendations are being used by Hertfordshire Health and Wellbeing Board to shape their forward plans, increase accountability and action and identify ways to engage with those who were under-represented in this latest work. [[Read more...](#)]

Hertfordshire County Council are acting to improve services. [[Read more....](#)]

Our insights have fuelled an effort by the local NHS and relevant organisations to find better ways to help and communicate with older people around reduced mobility and better health. [[Read more....](#)]

Hertfordshire County Council has integrated our findings into their autism support program of action and have committed to further engaging this community. [[Read more....](#)]

Our recommendations will help improve provisions for the armed forces community. [[Read more....](#)]

Through supporting this project, we amplified the voices of deaf people, promoted inclusive healthcare practices and strengthened the understanding between healthcare providers and the deaf community, particularly at the first point of contact within healthcare settings. [[Read more....](#)]

You shared your experiences

Drugs and alcohol support services

It has improved access to services for everyone

As a result of this work we have been able to make numerous recommendations, which are actively shaping service provision, including a [campaign](#) aimed at breaking the stigma around drug and alcohol use. [[Read more...](#)]

Pharmacies in the Community

This led to recommendations to improve services for the public. These helped local NHS leaders identify stress points and to begin developing targeted action plans. [[Read more....](#)]

2021 - 2026 Retrospective



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Over the past five years, we have made an impactful difference to the people of Hertfordshire. The next few pages provide a backdrop to the work of this past year, showing the breadth and depth of change we've stimulated by working with service providers and commissioners to influence systems, budgets, plans and strategies.

We wanted to celebrate the value we bring at a time of great change.

Retrospective: Meaningful change

Championing improvements to services

3,196 people shared their experience of health and social care services with us throughout 2025-6. **32,458** people have shared their experiences with us since 2021.



16,082 of these people contributed to research, including **453** people through **62 focus groups**, and **295** people through **one-to-one** interviews.

This year, **35,842** people came to us for clear advice and information. **247,292** people have come to us for advice and information since 2021.

Making a difference to care

We published **7 reports** in 2025-6 about the improvements people would like to see to health and social care services. We made **71** recommendations in these reports to help decision-makers act. Since 2021 we have published **38** reports, made **295** recommendations and influenced the work of **40 organisations**.



Ensuring your voice is heard



We speak with health and social care providers regularly, providing feedback and robust challenge. Last year we met with health and care leaders on more than **200** occasions to highlight issues raised by patients.

We spent more than **450 hours** helping **562 people** access care through signposting. Since 2021 we have provided **2,312 hours** of signposting for **2,262 people**.

Retrospective: Powerful Insights

Our work informs local Joint Strategic Needs Assessments and Strategies.

Our work was cited in at least **30 JSNAs** and **8 local action plans and strategies**.

For example:

- Our work on how the Cost of Living is affecting health and social care was cited in **5 JSNAs**.
- Our work with the Armed Forces Community informed **3 JSNAs**.
- Our work on women's health issues (menopause, cervical screening) informed **2 JSNAs** and **2 strategic plans**.
- Our work on drugs and alcohol services informed **3 JSNAs** and **3 action plans**.
- Our work with carers informed **3 JSNAs**.
- Signposting cases reported by us were also cited in multiple JSNAs.

Our work is integral to systems-level healthcare decisions.

Healthwatch Hertfordshire plays a vital role ensuring communities are heard by decision-makers.

Our role on the programme board looking at the future of the Mount Vernon Cancer Centre since 2019, enables us to consistently champion community perspectives on planning proposals and discussions.



Our insights unlocked significant local investment.

- The insights from conversations with local people about substance misuse informed the launch of a £2m investment in key workers and £100k of peer support by Public Health.
- Our Cost-of-Living work meant people accessed £600k of benefits they were entitled to and £100k of one-off support payments.
- Our work informed the Life Chances programme for disadvantaged communities, unlocking £82k for community organisations from Hertfordshire County Council.

We have helped develop toolkits to improve clinical practice.

Using findings and recommendations from our Cervical Screening Report, a Toolkit has been created for GP practices in Hertfordshire and West Essex.

In 2024, [our research](#) found that cervical screening uptake could be boosted through small changes such as offering appointments outside core GP hours and adjustments to help improve the screening experience.

We have worked with system partners to develop online resources and support public health campaigns.

Public Health at Hertfordshire County Council commissioned us to gather people's views, to help them create a new campaign to raise awareness about the stigma surrounding challenges related to drugs and alcohol.

[Our work](#) informed the design of a website to reduce myths and improve understanding around drug and alcohol use. This ensures residents, carers and professionals can access tools and information to help them support people facing drug and/or alcohol-related issues.

Healthwatch Hertfordshire's work with us is deeply valued. Their outreach into the wider community gives us vital insight into our population. This helps ensure we understand how care and services are working—and where we can improve—to better meet the needs of local people. (Annual Report 2024-5)

Dr Jane Halpin, CEO, Hertfordshire and West Essex Integrated Care Board

Retrospective: Tackling Inequalities

Healthwatch Hertfordshire has made huge contributions to improving the inclusivity of health and social care.

Our efforts in addressing health inequalities have been highly impactful, with our work on [making the NHS more inclusive](#) having been shortlisted for a Clinical Research Network East of England award for 'inclusive working'.

We have since been instrumental in [engaging diverse communities in research](#). This has included managing public events and involving communities to improve care.

These perspectives have fed through all our work, allowing us to draw attention to key issues, such as how specific groups in Hertfordshire have been [disproportionately affected](#) by the Cost-of-Living Crisis.

We broke down barriers to engage with local communities.

We worked with other voluntary and community sector organisations to help local councillors shine a light on [ethnic health inequalities](#) in Hertfordshire.

This was followed by our groundbreaking [Making Local Healthcare Equal](#) report. This was the first of its kind to explore the healthcare views and experiences of Hertfordshire's Black and Asian communities, providing a rare insight into the deep mistrust and issues that underly these concerns.

These reports marked the start of a sustained strategic focus on inequality for us. We have subsequently undertaken considerable research to address local health inequalities.

The support provided by Healthwatch Hertfordshire was hugely appreciated and, in particular, the innovative and enthusiastic approach to different engagement opportunities was very helpful. (Annual Report 2024-5)

Tracey Allan, Community Engagement and Development Manager, Marie Curie Integration, Marie Curie

We have shown how people with learning disabilities and Autism can be better supported.

Our reports have included dozens of suggestions to improve [post-diagnostic support for autistic adults](#), presenting at the Autism Strategy Steering Group for Hertfordshire County Council. We have championed need for increased [Health Checks](#) for Autistic people. We have also shown how GPs should better support people with [learning disabilities](#), including through ensuring [regular health monitoring](#).

We have identified how carers can be best supported.

Our research showed that many carers need [greater support from their GPs](#) and have [difficulty accessing services](#). We amplified their calls for action, included for those using [psychiatric inpatient services](#).

We have helped to reduce stigma for substance users.

Our research has identified the need for local, accessible, and in-person stop smoking [services](#); the need to ensure users are given adequate mental health [support](#); and that while drug and alcohol services can be transformative, there are often [access issues](#). We have also reported on the unique substance use experiences of [prison leavers](#) and [young people](#) and challenged the [stigma](#) around drugs and alcohol use.

We have revealed the health and social care difficulties of refugees.

Our research created a tangible commitment to improve access for [vulnerable people](#).

We have championed the Armed Forces Community.

Our research showed members of the armed forces community needed [help to navigate the NHS](#).

We have tackled the health challenges faced by women.

Our research has improved [cervical screening](#) uptake and shown the need to improve [training about the menopause](#) for GPs.

Retrospective: Cost-of-Living Crisis

Our research from 2023-4 on the Cost-of-Living Crisis was one of the first to explore its impact to the health of local residents. Our work has hugely impacted local health and social care services as they navigate those challenges.

More than 7,000 Hertfordshire residents shared how the rising cost of living was impacting them, their families and their communities.

- **90%** had been impacted by the increases in cost of living.
- **55%** said their mental health had been negatively affected.
- **45%** said their access to healthcare had been affected.
- **32%** said their physical health had been negatively impacted.

Some groups were disproportionately affected: single parents, people aged under 54, carers, people with a long-term condition, people from an Asian or Black ethnic background and people with disabilities.

I want...more mental health and employment support, as well as benefit advice and ways to cope following a diagnosis. [...] it's a lot to manage.

Since our study, we have continued to investigate the impact of Cost-of-Living issues across all our work. This has helped us hold providers to account.

Our Cost-of-Living research has informed **Joint Strategic Needs Assessments** on oral health, ageing well, mental health and wellbeing in adults, and local health inequalities.

Excellent work. HW Hertfordshire [...] provided significant insight for national influencing work we have done on cost of living. (Annual Report, 2023-4)

Louise Ansari, Former Chief Executive, Healthwatch England

We shared insights to ensure the right decisions were made.

We shared data with Hertfordshire County Council's Cost of Living Response Group on a bi-weekly basis so it could use our real-time feedback to target support. It used our data to look at how to increase awareness and uptake of local service provisions such as warm spaces, helplines and food banks.

We advised how to direct more than £82,000 of community support.

Our work has been used to develop Hertfordshire County Council's Life Chances Programme which supports disadvantaged communities in addressing food insecurity and health inequalities. As of Autumn 2023, a total of £82,000 had been provided to a range of community organisations, including *Herts Welcomes Refugees*, *Angels* support groups and *Women of Grace*.

We enabled the Money Advice Unit to allocate over £700,000 to those hit hardest.

Our work facilitated Hertfordshire Partnership University NHS Foundation Trust (HPFT) partnering with Hertfordshire County Council to develop a joint initiative that helped people accessing mental health services to also get help with financial support. The mental health service made 377 referrals to the Money Advice Unit, resulting in people being able to access over £600,000 of benefits they were entitled to and one-off payments and benefits amounting to over £100,000.

We provided insights to the NHS to help support patients and staff.

Following our work, the NHS created warm spaces, trained staff on how to signpost patients with financial concerns and set up Cost of Living webpages with a list of local resources. For staff, initiatives included access to food bank vouchers, subsidised stores in hospitals, free counselling, psychological support, physiotherapy, and financial wellbeing leaflets and webinars.



How we work adds unique value

As Hertfordshire's independent health and social care champion, we are uniquely trusted and can help build connections between communities and providers. This allows us to help improve NHS and social care services and address systemic inequalities. We also ensure NHS leaders and other decision makers use people's feedback to improve care.

We aim to understand the needs, experiences and concerns of people who use health and social care services and speak out on their behalf. By robustly holding the system to account, we work to get services right for the future and ensure that people's worries and issues are addressed. Our research and engagement programme is tailored to gathering views and lived experiences through which we can make recommendations to NHS and social care leaders, allowing Hertfordshire residents to positively impact the redesign and improvement of local services.

For people struggling to access healthcare, who feel lost and don't know where to turn, we provide confidential support through our signposting service. The experience and data we collect using this service provides a uniquely valuable source of information.

As a result of our impact, our reputation and influence has grown both strategically and operationally across the system and in seldom heard communities. By meeting regularly with health and social care leaders we can assess findings and feedback together. This allows us to help shape service improvements. We also work closely with voluntary, community and faith organisations to help design service improvements and ensure all voices are heard.

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.

So, no matter who you are, we can help you, and you can help us to help you.

That's why we want to hear from you.

Our Governance

In 2025/26 our Healthwatch Board consisted of up to thirteen members throughout the year who are all volunteers and were appointed because they brought a mixture of skills and knowledge of health and social care. Our Board provides direction, oversight and scrutiny to our activities, ensuring that we fulfil our legal and statutory obligations as a registered charity and as a local Healthwatch organisation, and that we use our resources wisely. They also ensure that decisions about priority areas of work reflect the concerns and interests of our diverse local communities.

Throughout 2025/26 the Board met seven times and reviewed and endorsed a new Annual Business Plan, and a new Annual Research and Engagement Plan, giving the Executive Team a clear steer on what our priorities for 2026/27 must be. They also formed a new Future Planning Working Group sub-committee reporting to the Board, which aims to prepare the organisation for a changed health and social care landscape following primary legislative change.

We additionally said goodbye to our long-standing Company Secretary, Nuray Ercan, with that role being taken over by our CEO, Ivana Chalmers.

Finances and Resources

Healthwatch Hertfordshire's budgets are drawn up annually and reviewed frequently. Our core funding is set and supplied by our local authority Hertfordshire County Council, using money provided nationally for that purpose. Our funding for 2026–27 amounted to **£483,602**. In addition to core funding, we received **£42,238** as a contract variation.

To meet the needs of the NHS and Social Care for specific and detailed patient and community perspectives, we are separately commissioned for some projects. In the year 2025–26 this amounted to **£61,679**.

Healthwatch Hertfordshire established a subsidiary company in January 2024, Healthwatch Hertfordshire Trading Ltd, to ensure that additionally commissioned income is recognised separately from our core contract.

We are committed to using our resources wisely.

Detailed information is provided in our annual accounts.





Tackling the big issues

We speak to thousands of Hertfordshire residents about health and social care

We have continued to work to ensure health and social care is improved for all Hertfordshire residents. Our impact is delivered by championing residents' voices to the high-level decision-makers we hold to account.

Based on **1,700** responses, our [People's Voices, Local Choices Report](#) highlights that people with long-term conditions and neurodiversity report worse health outcomes and experiences. It has also identified that access to, and availability of, healthcare services needs to be improved and residents want more information about local support.

Hertfordshire Health and Wellbeing Board has accepted our recommendations to use these insights to shape their forward plans, increase accountability and action and identify ways to engage with those who were under-represented in this latest work.

Healthwatch plays a vital role in connecting the system with the people it serves. Their ability to bridge health and care, the voluntary sector and diverse communities is unmatched, and it strengthens the way we design and deliver services. As a trusted connector across our communities, their ability to speak the language of both the public and decision-makers makes them an invaluable partner in driving genuine collaboration. Healthwatch's independence is what makes it so valuable. It gives us honest insight into people's experiences and ensures that the patient voice remains at the heart of decision-making across health and care

Kevin Hallahan, Executive Director, West Herts Neighbourhood Integrator CIC, Anchor Programme

Shaping Substance Support Services

This year we have done extensive work to help shape local support services for substance users.

In our [Voices for Change: Shaping Stop Smoking Services Together Report](#), many said that if stop smoking services were more local, accessible and in-person, they would be more likely to engage with them. Additionally, in our [Co-occurring Mental Health and Substance Use Report](#), we shone a light on the impact that denying mental health support to substance users can have, which can result in a vicious circle. This follows from our [Recovery and Reintegration Report](#), which showed that while drug and alcohol services can be transformative, there are often access issues.

As a result of this work we have been able to make numerous recommendations, which are actively shaping service provision, including a [campaign](#) aimed at breaking the stigma around drug and alcohol use.

The Voice Huddle: community-led participation shaping drugs and alcohol services

Created to empower experts by experience to inform the design and delivery of drugs and alcohol services, the huddle brings together lived experience of services with providers on a bi-monthly basis. The discussions focus on how services could be improved and shared with those who need them in our county. Hertfordshire County Council's Public Health has asked Healthwatch to enable the infrastructure, governance and administration of these meetings, whilst Viewpoint Chair the conversations. Evaluations after the first year have shown a strong mandate for its continuance from participants, and we have been commissioned to run another year of this important public voice space.

They need to look at the whole person, you can't just deal with one problem because there's so many things going on. They don't look at the root cause, and I think it's that whole thing about not addressing the mental health side of it, and it's so linked that you can't ignore it.

We'd been to the GP numerous times and we went 4-5 years ago because my son was suicidal and the GP said:
"Oh well there's no point in me referring you anywhere because you use substances so nobody will see you."



"This report is a key part of the programme to ensure that we are focusing on the right areas.

The focus groups identified areas of improvement linked to stigma and misinformation, increasing awareness of mental health and substance use services, improving joint working between services, carer involvement and improving mental health support for people with co-occurring mental health and substance use. The findings from this report will help inform our ongoing co-occurring MHSU programme of work ..."

Sarah Perman, Director of Public Health, Hertfordshire County Council

Health and care barriers for refugees and asylum seekers in Hertfordshire

In our report, [Lost in the System](#), we heard from refugees and asylum seekers, a group which faces significant health inequalities – for example, they are five times more likely to have mental health support needs. They arrive here with significant trauma, which exacerbates their difficulties in accessing health and care services, in addition to the challenges faced by all Hertfordshire residents.

Hertfordshire County Council is taking our recommendations seriously.

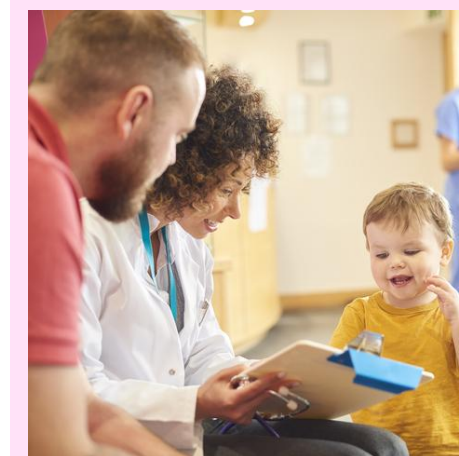
We said.	They did.
We recommended that they create an information booklet for refugees and asylum seekers on how to navigate the health and care system and how it works.	They committed to creating Hertfordshire specific information or signposting to information already nationally available.
We argued that the findings in the report should inform upcoming needs assessments for this population.	They committed to doing this and have begun incorporating our findings as they develop their ongoing strategy.
We suggested that Hertfordshire County Council should develop their partnerships with VCFSE organisations to enable better integration and connections.	They are working with partners to strengthen work in this area.
We recommended signposting residents to local family centres and to provide contact details for health visitors.	They will review the website and other opportunities to ensure that signposting to Families First opportunities are clear.
We said there was a need to review the food provided in hotels, ensuring that it is sufficiently nutritious and meets a minimum standard of quality. We also raised concerns over the need for a GP letter as proof for specialist food needs, which can be difficult and costly to obtain.	They committed to raising these issues with relevant parties.

Concerns regarding non-compliance with GP appointment access requirements

Throughout 2025-6 we consistently raised concerns about practices not honouring their contracts regarding appointment-booking flexibility. This follows from reports of GPs refusing to take over the phone bookings, insisting that service users call at 8am for appointments on the day, and directing service users to online-routes only, and for limited periods of time.

Although the contracts changed in October 2025 to require all practices to have e-consult forms open at all times during core operating hours, this was not being consistently adhered to across the County, and many have remained disadvantaged because they could not log their e-consult in the half hour window when it was open in the mornings. Others who need to make appointments over the phone have also been refused service because the practice has insisted all service users go online to access appointments.

The ICB welcomed our feedback and has committed to follow up with GP practices to ensure they're complying with their duties.



Many older people don't consider themselves frail: Our report finds language affects health interventions

In our [Frailty and Ageing in Hertfordshire Report](#), many of the people we spoke to said they found the term 'frail' stigmatising and did not want to be associated with it. This was despite many of them having reduced mobility, long-term health conditions and difficulties completing daily tasks – factors which appear in clinical descriptions of frailty.

Many were also reluctant to talk or think about plans for care toward the end of their life. Instead, they wanted more help to live healthier lives now.

Our findings indicate that people are eager to live well in older age and are asking for more support and information from their GPs and the Council.

We made recommendations to the local NHS and relevant organisations on developing better ways to help and communicate with older people around reduced mobility and better health.

We have also made recommendations to local health and social care providers. These include improved communication, ensuring supportive GP services, and system wide changes to ensure older residents are accommodated.



I'm not very good at walking, but I don't think, well I don't know, perhaps I am a bit frail really, I've got a heart condition so I suppose there's that...but I take tablets and carry on to be quite honest...I don't really need support for anything, I manage, you know!

Poor experiences of physiotherapy through GP practices

Many people contacted us about poor provision of physiotherapy support received from GP surgeries across Hertfordshire.

All those who contacted us were unhappy with their experience; either because they had not been seen in-person for an assessment, or because they were not assessed before being given specific exercises (despite not knowing if they could do them) while meeting with the physiotherapist, or both.

People were also frustrated because they'd been given YouTube links for the exercises they should do, without any further guidance. This left them feeling like they did not 'fit' the standard level of care on offer.

Many of the people we heard from said they had either sought private treatment, or (sadly) accepted that their condition would not improve.

We raised the concerns we heard, including regarding particular GP practices, with the ICB. They agreed to pass this feedback directly onto the contract managers for each practice. We will continue monitoring the situation in the future.



Making care fairer

Transforming neighbourhood health and social care

Healthwatch Hertfordshire works tirelessly to improve healthcare access for everyone across Hertfordshire.

We have been able to effectively do so because we are embedded in a wide range of workstreams. We collaborate with NHS, local government, and have strong partnerships with VCFSE (Voluntary, Community, Faith and Social Enterprise) organisations.

This can be seen in our contributions to both the East and North Herts Health and Care Partnership and the South and West Herts Health and Care Partnership. Our work has contributed to ensuring a shift towards moving from sharing updates on current activity to actively seeking community input on specific pathway changes and transformation proposals.

It is a privilege to work alongside Healthwatch Hertfordshire as a trusted and highly valued partner to the voluntary and community sector. Through strong collaboration with local organisations, they champion the voice of residents – particularly those seldom heard voices – ensuring lived experience is meaningfully reflected in both strategy and service delivery.

Their ability to harness grassroots insight and translate it into real influence is invaluable. Through their active contribution to partnerships and the VCFSE Alliance Steering Group, they bring constructive challenge, insight and accountability – helping to shape more responsive and inclusive services across sectors. Healthwatch Hertfordshire continues to make a tangible and lasting difference for communities across Hertfordshire.

Adam Thapar, Director of Strategy and Engagement, VCFSE Alliance

Autism diagnosis in adulthood is validating, but finding support can be a whole new struggle

We spoke last year about how our signposting service often has to mediate between autistic individuals and providers lacking expertise to meet their needs. Previously we looked at the value of autism health checks, and found they fulfilled a desperate need for responsive, joined-up care.

This year we were able to take a deeper look at the systemic issues in support for autistic adults in our [report](#). People told us that after diagnosis they often felt like they were left on their own to process a life-changing diagnosis and struggled to navigate services or find support.

We shared recommendations, co-produced with autistic adults as part of our research, to Hertfordshire County Council and their Autism Strategy Steering Group. They were also presented to the Mental Health and Neurodiversity Health and Care Partnership. Hertfordshire County Council has integrated our findings into their autism support program of action and have committed to further engaging this community.



Shortly after my diagnosis I made an appointment with my GP to enquire about support available to me. They didn't have a clue and had to Google things during our consultation.

We said.	They did.
We recommended that work should be done to prioritise timely and appropriate diagnosis and referrals.	Hertfordshire County Council made timely and appropriate diagnosis and referrals a priority in their support strategy, with new funding and revised processes.
We stressed the need for personalised post-diagnostic support.	They recognised the need to link in more with GPs, and continuing to develop the application of community support offerings.
We argued that current information sharing should be bolstered.	They updated their online messages and worked on developing awareness amongst providers.
We stressed the need to improve employment support for autistic adults.	They have adopted this as a strategy priority, and are working to better share information and support people.
We recommended that financial support for autistic adults is improved.	They recognised this is an area for improvement, which they hope in part to address through better flagging of neurodivergent individuals across services.
We highlighted the need to improve mental health support.	They committed to enhancing awareness of how autism may present differently, and developing a cross service protocol to ensure care needs were identified and met as quickly as possible.
We suggested that efforts be made to more thoroughly join-up relevant services.	They have started to implement a reasonable adjustment flag system.

We have shone a light on the barriers to accessing dental care, faced by children with additional needs.

Our report [Smiles of the Future: Parent and Carer Perspectives on Children's Oral Health](#) showed that while 4 in 5 Hertfordshire children visit a dental practice and most are positive about their experiences, some have been forced to use private dentists or not go at all, because they can't find a NHS dentist accepting new patients or face long waiting lists to do so.



We welcome the collaborative approach between the NHS and the local authority Public Health teams, working alongside Healthwatch, to implement initiatives that strengthen early access to dental care and reduce inequalities. This includes the introduction of a Child-Focussed Dental Practice pilot, designed to support children in accessing dental services early and in the most appropriate way. By working together, we can help prevent avoidable dental disease, support families more effectively, and improve long-term health outcomes for children across our population.

Avni Shah – Director of Primary Care Transformation, Hertfordshire and West Essex ICB

We have translated health data into what matters for local people.

As a local Healthwatch we work to ensure technical performance data is translated into community focused insights. Hence, we have responded to the Quality Accounts from 10 NHS providers in our area to ensure people's experiences influence local healthcare. Our review identified four critical themes: patient access and equity, communication and experience, system integration, and workforce and culture.



We have helped address access to HRT being inappropriately withdrawn.

Two transwomen contacted us who had been separately informed by the same GP Surgery that they would be withdrawing the repeat prescription of hormone replacement therapy (HRT) that they had been successfully providing for over a decade so far.

The GP did not feel confident to prescribe for reasons other than menopause, so they were referring these individuals to where the referral came from, even though this would require a new referral, which could potentially take several years.

Understandably, the women who contacted us were distraught at the prospect of de-transitioning, due to this sudden change in stance by a GP Surgery.

We raised this as a concern with the ICB, and they investigated the issue. They learned that there was a gap in information and training for GPs who prescribe HRT for transwomen, and that it needed to be addressed across the system. The GP Surgery we told them about was supported to continue prescribing as before for the people who contacted us.

We later learned that a new team was being set up within the ICB specifically to support GPs in this position, and similar, who were feeling underconfident with the repeat prescriptions they had been asked to provide.

Hertfordshire's Armed Forces Community wants help to navigate the NHS

Building on our previous research into improving healthcare for veterans, we undertook [research](#) to hear from the Armed Forces Community as a whole. Although many experienced similar issues as the general population, some said it was hard to receive the priority treatment they were entitled to. They also struggled to navigate the NHS, since military healthcare provision operated very differently. Mental health was a particular difficulty faced by many of those we spoke to. Some struggled to access support, while others were reluctant to use mental health services due to stigma.

Some of our recommendations to help improve the experiences of the Armed Forces Community include:

- Maintain accurate records of Armed Forces Community patients
- Improve training amongst professionals, regularly audit services to ensure targets are being met and work to combat mental health stigma
- Increase awareness of mental health support and ensure members of this community can access priority care
- Healthcare providers to collaborate with the Armed Forces to support leavers
- Wider use of 'veteran champions' and collaboration with dedicated charities

I know everyone's in the same boat, we're all waiting for the NHS, but we've served our country, we gave up our life for years and it kind of feels we're at the bottom of the list.

I think there needs to be more training for GP surgeries and hospitals on the type of care the military personnel need.

Our insights will inform government plans for a new Online NHS Trust

The Secretary of State approached Healthwatch to provide insights on their consultation about a new Online NHS Trust for elective care. We have stated that while we welcome the ambition to improve access and reduce waiting times through digital transformation, great care must be taken not to widen inequalities through digital exclusion. Drawing on our extensive engagement with Hertfordshire residents and feedback from voluntary sector partners, our submission stated that a new NHS Online Trust could only work alongside existing systems, not instead of them.

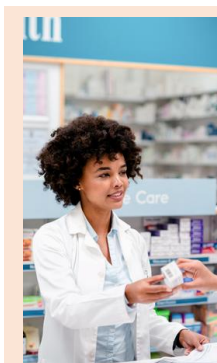



Community Pharmacies in Hertfordshire

We worked with local residents to provide insights to the Pharmaceutical Needs Assessment team and make improvements to community pharmacies. This led to recommendations to improve awareness and public understanding, address workforce stability, ensure privacy and confidentiality, expand the role of pharmacies in the system, improve accessibility and service provision, support blind, partially sighted and deaf people, improve young people's experience, and enhance collaboration and integration. We will be monitoring progress in responding to our recommendations.

Working with Healthwatch [...] is hugely valuable to us [...]. Their ability to engage openly with residents, listen to diverse communities, and provide constructive scrutiny helps us better understand lived experience and where change is needed most.

Mark Edwards, Head of Partnerships, NHS Central East ICB





Involving communities to improve services

Our role to champion people's voices is at the heart of what we do and is built into all our activities. We make sure leaders and decision makers hear those voices and use that feedback to improve care for everyone. We are committed to ensuring we obtain the views of people from diverse backgrounds, who are not often heard.

We know that anyone reading this could make a difference. That's why we always want to hear from you.

We worked with the NHS to help give communities a say on how genomics data should be used in research.

Health researchers benefit from the NHS maintaining a Secure Data Environment (SDE) hosting patient data, to help them develop novel treatments and insights.

Currently, genomic data (information about our DNA) is not included in the SDE. On one hand, this data has the potential to improve research into conditions such as cancer and some rare diseases. On the other hand, there are numerous concerns over how this highly personal data is to be stored and used, particularly pertaining to privacy and security.

We know it's important for Hertfordshire residents to **have their say** on decisions like this. We were thus happy to run focus groups alongside other local Healthwatch and in partnership with the NHS.

Healthwatch Hertfordshire are a really supportive strategic partner, always ready to engage and relentlessly bringing the voice of people who draw on care and support services into the heart of our thinking.

Helen Maneuf, Executive Director of Adult Care Services, Hertfordshire County Council.

Public involvement in action: helping to shape health and care services in Hertfordshire

Over the past year we have participated in a number of community fora, championing our findings and the voices of Hertfordshire health and social care users across many themes. We have taken an active role in Hertfordshire County Council's strategic coproduction board, and the local NHS working groups around drugs and alcohol, age friendly, and the Research Engagement Network strategy and delivery, as well as supporting conversations at the Patient Engagement Forum and Herts and West Essex Participation Community of Practice, Health and Wellbeing Board, Health Scrutiny Committee and committees supporting the new Central East Integrated Care Board.

Healthwatch have provided invaluable engagement and coproduction support to the South and West Hertfordshire Health and Care Partnership. In addition to providing expert advice and guidance, Healthwatch has chaired the HCP's co-production board, which is an important forum that has enabled the HCP to embed the community, patient and public voice within its core business and transformation opportunities.

Ros Nerio, Development Director, South and West Hertfordshire Health and Care Partnership

A forum for community voices in east and north Hertfordshire

We co-chair and manage the Community Assembly in support of the East and North Hertfordshire Health and Care Partnership. The Assembly is an open space where patient representatives, voluntary and statutory organisations and providers can have open dialogue about initiatives aimed at improving patient experience. Over the past year, the Assembly has invited presentations from Age Friendly, the Voluntary Community Faith and Social Enterprise (VCSFE) Alliance, Patient Engagement Forum and continued to engage local partners around system change in the East and North of the County regarding the NHS 10 year plan and local systems reconfiguration.

A coproduction advisory board in south and west Hertfordshire

We co-chair and manage the Coproduction Board in support of the South and West Hertfordshire Health and Care Partnership. The Board played an advisory role to the overarching HCP Board to ensure coproduction is effectively embedded, and local communities have the opportunity to shape services. Membership is comprised of leads from local NHS providers, patient representatives and the voluntary and community sectors. This year the Board undertook a membership skills audit and representation review.

Over the past year, the Board has considered the local neighbourhood health implementation program, West Hertfordshire's Clinical Strategy, neighbourhood winter planning and public health campaign and proposals for the Hemel Hempstead Health Campus.



Beyond barriers to better health: Improving communication pathways in primary care for deaf patients

The deaf community often face barriers to healthcare. To address these difficulties, we supported a local community-champion engagement exploring the barriers deaf British Sign Language (BSL) users face when accessing healthcare. Working with Hertfordshire's Hearing Advisory Service, Communities 1st and Gobby, we talked to experts by experience and primary care professionals, learning that:

- Almost half of BSL users we spoke to described their experiences with primary care as poor or very poor
- There is a problematic reliance on family members and friends or pen and paper to communicate, which comes at a cost to the person's independence and privacy
- More than half of the primary care staff we spoke to have not received training, or have limited understanding, on how to support deaf patients.

Through supporting this project we helped amplify the voices of deaf people, promote inclusive healthcare practices and strengthen the understanding between healthcare providers and the deaf community, particularly at the first point of contact within healthcare settings.

Making a difference, wherever we can

Thank you so much for your quick response in supporting me.
Signposting service user

I cannot thank you enough. You've been so helpful in a really really hard time.
Signposting service user

I really appreciate the speed of your response and your understanding. It's refreshing to feel like there's someone who's looking out for me.
Signposting service user

Honestly, just speaking with you and feeling your humanity and empathy has been lifechanging for me.
Signposting service user

Many thanks for your speedy and very helpful reply.
Signposting service user

You're a great organisation.
Signposting service user

Healthwatch's role in the Beyond Barriers to Better Health study has been invaluable. As active partners in the project, they helped to ensure the initial survey design was engaging and relevant for the deaf community. They were present and supportive throughout the community engagement stage, and the quality of the report they produced will help us advocate for change in our aim to make primary healthcare more accessible for deaf people.

Robert Varney, Health, Research & Business Partnerships Manager, Communities 1st

Thank you for taking the time to write such a thoughtful response. [...] I want you to know how deeply reassuring it is just to feel your presence and professionalism in the background. Knowing you've heard me, recognised the seriousness of what I've shared, and taken the time to discuss it internally means more than I can express.
Signposting service user

Our focus for next year

It is a time like no other for Hertfordshire. With the significant changes in the local health and care system, local government reorganisation and the Health Bill, as a local Healthwatch we have focused our efforts on making sure we deliver for our communities as we have always done. I am immensely grateful to the team and the Board in delivering another outstanding and impactful year.

The year ahead will focus on navigating the transitions ahead of us with that continued commitment to championing the voices of local residents, and ensuring there is a breadth of diversity of voices participating in change and feedback to service providers and commissioners. We continue to do so independently, and as a stalwart champion of the importance of lived experience, no matter how difficult the conversation.

As a small organisation, we are well placed to work with agility and responsiveness. The focus for us will be the quality of our efforts and maximising impact, whilst ensuring we continue to be a great place to work. Our small team is strongly driven by our values, and we continue to use these as the guiding principles of everything we do.

This means we continue to champion those under-served and marginalised by the system, working in partnership with the voluntary sector, NHS and Local Government, to ensure health inequalities are high on the agenda where decisions are made.

The communities we serve have given us a strong mandate, the partners we work with believe in our value, our commissioners are committed to backing us, and the demand for our insights has never been greater. Thank you to the people of Hertfordshire, for the trust you give us to champion your voices. We will continue to do this as long as we can.



Ivana Chalmers
CEO, Healthwatch Hertfordshire





healthwatch Hertfordshire

Healthwatch Hertfordshire
Kings Court
Stevenage
Hertfordshire
SG1 2NG

www.healthwatchhertfordshire.co.uk

 01707 275978

 info@healthwatchhertfordshire.co.uk

 @HWHertfordshire

 [Facebook.com/HealthwatchHertfordshire](https://www.facebook.com/HealthwatchHertfordshire)

 <https://www.linkedin.com/company/healthwatch-hertfordshire>

We ensure that this Annual Report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and promote through social media. If you require the report in another format, please [get in touch](#).