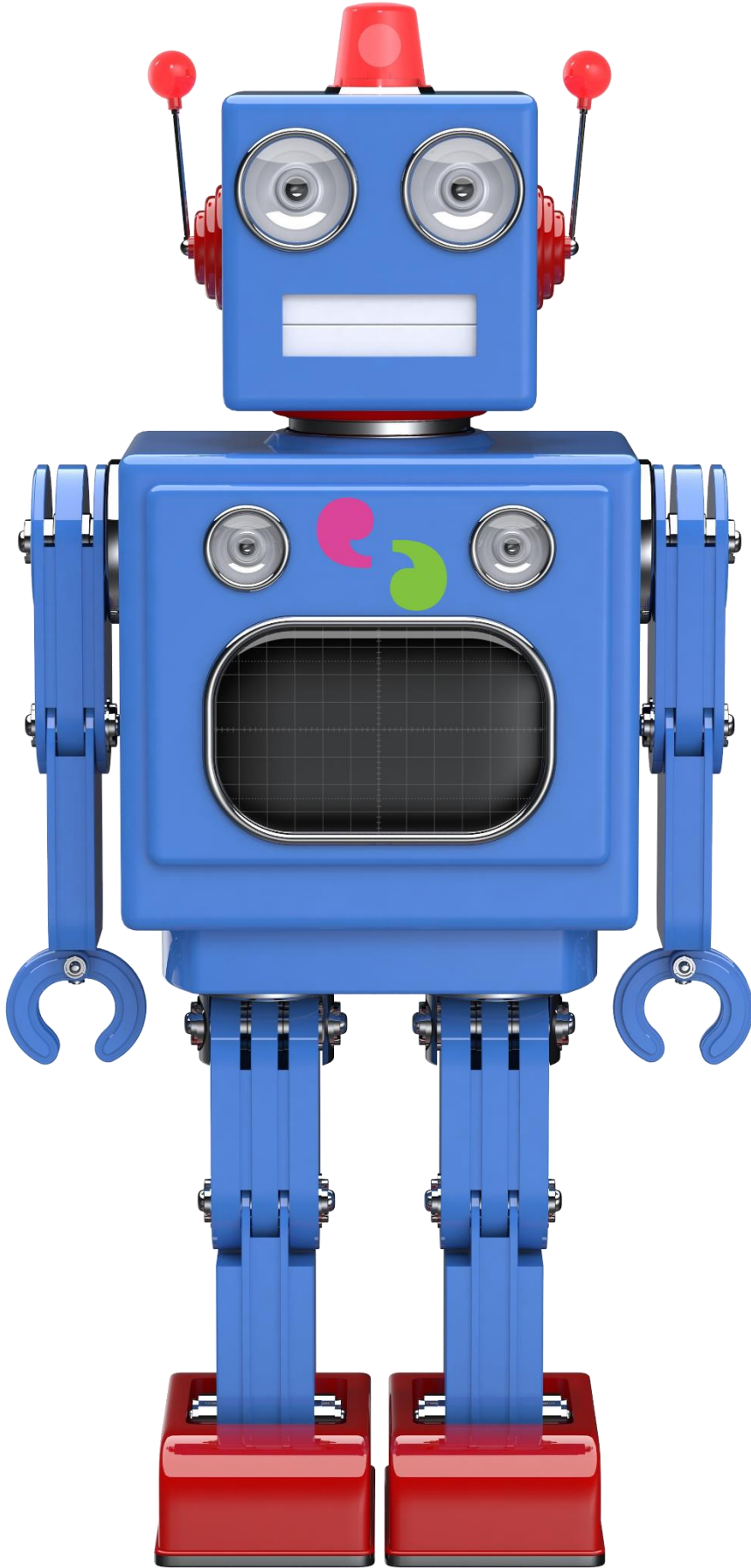




Healthwatch Hertfordshire Annual Report 2015



Healthwatch Hertfordshire is the independent
consumer champion for Health and Social Care
in Hertfordshire

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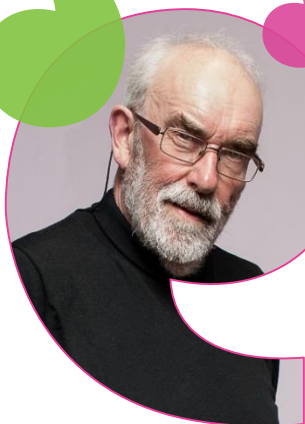
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“We aspire to represent and speak for the million plus people of this County to ensure that their voice is heard.”

Michael Downing Healthwatch Hertfordshire

Chair's Introduction

A foreword or introduction to a report is something most readers pass over as quickly as possible before getting down to the substance of the document. They cannot be blamed. As David Garrick put it:

Prologues precede the piece - in mournful verse;

As undertakers - walk before the hearse.

I cannot unfortunately write verse, but my prose is not mournful, because it is a record of achievement and promise of more to come.

Healthwatch Hertfordshire is a small organisation with slender resources, but with huge responsibilities and even greater ambition. We aspire to represent and speak for the million plus people of this county to ensure that their voice is heard in the development of policy and practice in Social Care and Health services, but also in the broader and more nebulous area of 'Wellbeing.'

We are trying to do this in a time of great uncertainty and difficulty. During the recent General Election many promises were made about, for example, additional funding for the NHS, integration of Health and Social Care and a 24 hour service without much evidence of any real thought being given to how these things might actually work. Now comes the reckoning. In Healthwatch we know that commissioners and providers of service will have difficult decisions to take. The people we represent understand that and know that miracles cannot be worked. I believe they are entitled to be

presented with an honest account of what is being done and why. If less money means services have to be cut that should be stated openly without, as has sometimes happened, service reductions being presented as desirable reforms.

Healthwatch has shown that is prepared to work constructively with the services in ensuring that new ways of working (which are both necessary and desirable) reflect, as far as possible the expressed needs of the people of this county.

As an organisation we will proceed in the hopeful expectation that we are not going to be swept away and replaced by something else in yet another unwanted re (or dis) organisation. At the time of writing there is no indication that this is in anyone's mind.

So I am happy to commend this report, to thank those who have written and prepared it, to thank my colleagues on the Board, our many volunteers and, most of all, our amazing group of staff who continue to achieve so much with so little.

Our ambition in the coming years is to become more representative, more focussed in making better use of the resources we have on behalf of those we represent.

Michael Downing
Chair Healthwatch Hertfordshire



healthwatch
Hertfordshire

Executive Summary

Healthwatch Hertfordshire is the independent consumer champion for health, social care and public health in Hertfordshire.

We represent and champion patients and the public; making sure their perspective is at the centre of service provision and future plans. We collect people's comments and stories about services they have experienced and from this identify areas of concern. We use this as evidence to show where improvement is needed and we work with service providers and commissioners to bring this about. We also have a signposting function, which means that people can ask us questions about local services: what's available, how to access it, and what to do when things go wrong. We provide information or point them in the right direction to find the answer.

It is important that more people in Hertfordshire know who we are, what we do and how to contact us; and this year we have

done a lot of work to promote this. Over the summer we were often found at community events around the County, introducing ourselves and giving away balloons and our popular freebies. We've particularly focused on engaging young people this year; the success of which is demonstrated by the increase in under 25s who contact us and have become Healthwatch Hertfordshire Youth Members.

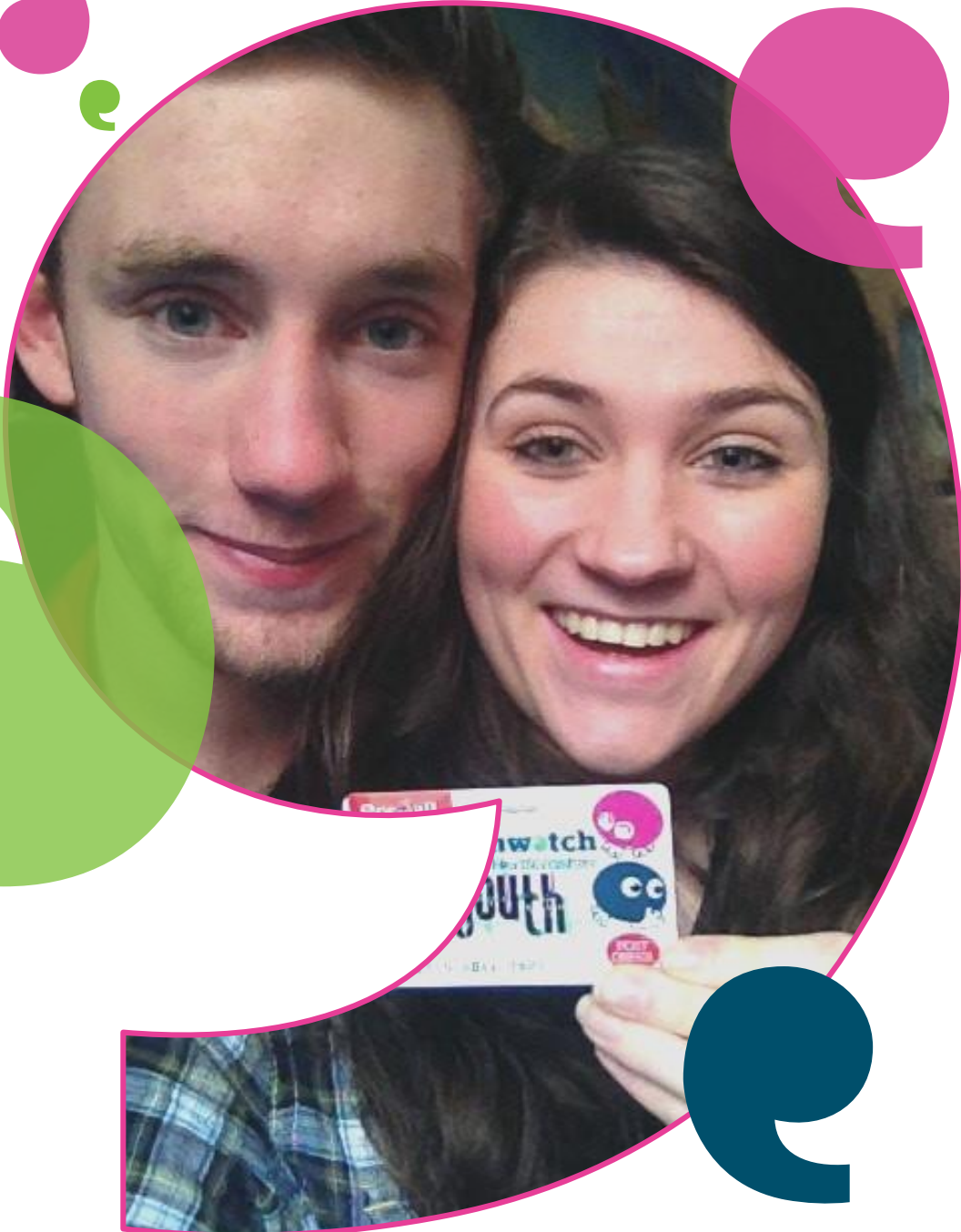
We have continued to use research and targeted engagement to look deeper into feedback trends and make sure we hear from groups which contact us less. Our detailed work on GP access in Stort Valley and Villages saw us speaking to over 800 people in the local area. The resulting report received media attention and an agreed action plan which we're continuing to oversee. This year we've also carried out or initiated engagement projects on themes including dental access, complaints processes, and the health and wellbeing needs of Eastern European migrants.

Another important tool we have for gauging the quality of services is our statutory power to Enter and View places where health and social care services are delivered. This year - as part of Healthwatch Hertfordshire's quality improvement visiting programme - our trained and experienced Enter and View authorised representatives have carried out visits to care homes around the county with a focus on quality of life for residents.

Healthwatch Hertfordshire continues to value and build on the strong relationships we have with providers and commissioners of health and care services locally. We see our role as a critical friend to our partners: we raise issues, provide feedback and challenge; while supporting organisations to improve and ensure that the patient is always at the centre. These relationships mean that when we offer feedback and ask questions we are taken seriously, receive useful responses and are often invited to be involved in addressing the issues raised. This has also enabled us to get involved with joint projects and influence major changes, for example the key role we have in the West Hertfordshire Strategic Review: Your Care, Your Future.

Our membership has continued to grow this year and now totals more than 500, as well as over 60 youth members. Although we value the views and experiences of everyone in Hertfordshire, our members help us to spread the word and have made a vital contribution this year: from being involved in research to volunteering for us as authorised representatives and helping at community events. We have also worked hard this year to develop the role of our stakeholder panel in holding the Healthwatch Hertfordshire Board to account. Thank you to everyone who has given their time to talk to us, talk about us and work with us: your support is much appreciated.





Health & Social Care Provision in Herts



Hertfordshire's Communities

The population of Hertfordshire was approximately 1.1 million in 2011 and it is estimated that this will increase by 11% between 2012-21, which is higher than the projected increase in England overall (9%). Increasing growth in the number of older people will place greater demands on health and care services in all areas of Hertfordshire. The number of people over 65 years of age is set to increase by 22.4% in Hertfordshire between 2011 and 2021.

In Hertfordshire, men have an average life expectancy of 80.4 years and women 83.8 years. These are both higher than the England average. However within Hertfordshire, life expectancy varies considerably from area to area. Although Hertfordshire consistently performs above the average for England in terms of health and wellbeing indicators, significant inequalities exist across the county in terms of the health and lifestyle behaviours which lead to health problems for people.

Hertfordshire's population is 81% White British which is similar to England, but the proportions of other ethnic groups vary considerably between districts. Almost 20% of people in Hertfordshire belong to an ethnic group other than White British. 12% of Hertfordshire people were born outside the UK or Ireland, and 6% do not have English as a first language.

Hertfordshire as a whole is one of the most prosperous areas of the country but people's health does not always reflect this. Despite its overall prosperity there are significant areas of deprivation with associated higher health needs.

Some local challenges for health and care provision:

- Providing unpaid care can have a significant effect on people's health and wellbeing. There are estimated to be 109,000 people in Hertfordshire providing unpaid care. Although the largest number are in the 50 to 64 age band there are significant numbers of older and younger carers too.
- Homelessness and housing issues, such as poor conditions and overcrowding, have a significant impact on people's health and wellbeing. There has been an increase in private rented accommodation compared to social rented accommodation in recent years across all districts.
- In most districts of Hertfordshire the estimated rates of higher risk drinking are greater than the national average.
- The average number of adults who smoke in Hertfordshire as a whole has reduced only slightly between 2009 and

2012 and in some districts has increased.

- In every district of Hertfordshire more than 50% of adults are overweight or obese and over 40% of people in most districts still say they do not take enough exercise.



Key commissioners and providers

Service	Provider
Watford General Hospital, Hemel Hempstead Hospital, St Albans City Hospital	West Hertfordshire Hospitals NHS Trust
Lister Hospital (Stevenage), QEII Hospital (Welwyn Garden City)	East and North Hertfordshire NHS Trust
Princess Alexandra Hospital (Harlow), Herts & Essex Hospital (Bishops Stortford)	Princess Alexandra Hospital NHS Trust
Chase Farm Hospital, Barnet Hospital, Potters Bar Hospital, Cheshunt Community Hospital	Royal Free London NHS Foundation Trust
Luton and Dunstable University Hospital (Luton)	Luton and Dunstable University NHS Foundation Trust

Service	Provider
Addenbrooke's Hospital (Cambridge)	Cambridge University Hospitals NHS Foundation Trust
Mount Vernon Cancer Centre	East and North Hertfordshire NHS Trust (Northwood)
Community Health Services, including: district nursing, physiotherapy, health visiting, Intermediate Care e.g. Queen Victoria Memorial Hospital (QVM), Neurological rehab e.g. Danesbury Hospital	Hertfordshire Community NHS Trust
Mental Health inpatient and community services e.g. Children and Adolescent Mental Health Service (CAMHS), Community Mental Health Teams (CMHT), mental health services for people with dementia.	Hertfordshire Partnership University Foundation Trust
NHS 111, GP out of hours	Herts Urgent Care

In Hertfordshire, Primary Care (like GP services, dentistry, pharmacy and opticians) and some specialised services are commissioned by NHS England via the Midlands and East Sub-Region. Offender healthcare and some services for members of the armed forces are also commissioned by NHS England.

Clinical Commissioning Groups (CCGs) are responsible for community and secondary health care services, such as acute hospitals, mental health services and community health services. There are three Clinical Commissioning Groups which commission health services in Hertfordshire: Herts Valleys



CCG; East and North Herts CCG; and Cambridgeshire and Peterborough CCG.

Hertfordshire County Council commissions social care and community services for adults and children. Joint funding arrangements are in place between the NHS and the County Council for the commissioning of Mental Health and Learning Disability services. Integrated arrangements were extended this year with the introduction of the Better Care Fund, a single pooled budget to support health and social care services to work together locally.

The Health and Care Year for Hertfordshire

With increasing legislative incentives for health and social care integration, as well as enduring budgetary pressures, this year has seen much emphasis on a whole system approach to change and a greater drive than ever for working in partnership. In the west of the County, a detailed review of the system is underway: 'Your Care, Your Future' is looking at patient and service user pathways through health and care services and, including extensive public engagement, with which Healthwatch Hertfordshire has been heavily involved. On the other side of the County, the new East and North Hertfordshire Integration Board has brought together all partners, including Healthwatch, for the purpose of leading system-wide improvement.

Structural change has also been a feature of the year. Following the NHS England restructure, Hertfordshire now falls within the Midlands and East Sub-Region: an extension of the area to incorporate Lincolnshire and Leicestershire. This year, NHS England offered Clinical Commissioning Groups the opportunity to apply to have a greater role in the commissioning of primary care services from April 2015. In March it was announced that both East and North Hertfordshire CCG and Herts Valleys CCG have been approved to take on this enhanced responsibility.

In May, the Care Act 2014 received royal ascent. From April 2015 the wide-ranging reforms of the social care system which it describes will become law. This year, local authorities across the country have been preparing for the introduction of this landmark legislation, which includes new duties to be more proactive in promoting the wellbeing of people who use services and their carers. This means changes to the way information is provided and how it is targeting; as well as an enhanced duty to ensure independent advocacy is available for service users and carers.



Planning Ahead: Developing a Strategy

As this report shows, Healthwatch Hertfordshire has been hard at work championing consumer interests, and working with a wide range of stakeholders.

The scale of challenge across health and social care is not underestimated, and a collaborative, critical friend approach is how Healthwatch Hertfordshire seeks to improve the experiences of people, as they access or seek to access services in the County.

Potential gaps between people's expectations of health and social care services, and what is achievable, may present significant challenges over the coming years. Engaging to ensure a compassionate, patient-centred approach across services is likely to be a key Healthwatch Hertfordshire role. From influencing transformation and remodelling, to more

specific monitoring of current activity being delivered day-to-day.

With this in mind the Board is now developing a more strategic approach to agreeing priorities and delivering outcomes. The strategy itself will be brief and will inform a more detailed operational plan that identifies outcomes, resource implications, and clarity on the Healthwatch role. The Board supports a shift to a more focused set of priorities within this rationale, but with sufficient flexibility to respond to short term issues which emerge.

The starting point for this - building on experience, statutory duties, and stakeholder expectations - is to define where Healthwatch Hertfordshire wishes to be positioned in the medium to long term (3-5 years) and to work towards that position from 2015. Aspirations can only be realised through financial stability and sustainability. For example, we will consider exploring ways of generating income to supplement available funding.

Being a sustainable business is critical to success, and this will be part of the strategic approach. The organisation will need to adapt quickly and with resilience to external change if Healthwatch Hertfordshire is to remain valued and effective.



Engagement with Communities

A large part of Healthwatch Hertfordshire's role is about finding out what people think about local services so that we can build a picture of performance and quality from the patient and public perspective.

This year we've continued to work on raising the profile of the organisation: talking to people at community events during the summer; maintaining our strong and distinctive presence on social media; and never turning down the opportunity to go and talk to groups about what we do. We've also made major changes to our website to make it easier for people to contact us and give feedback.

As well as trying to raise our profile in general, we have also worked on more targeted engagement of the community around specific projects and in particular areas. Some of this work is described in this section.

Projects & Research

GP Access

During spring and summer 2014 we carried out an intensive piece of research on accessing GP services, as this is an area about which we receive a lot of public feedback. We focused on a single locality area, Stort Valley and Villages, which includes Bishops Stortford, Sawbridgeworth and Much Hadham. We chose to cover one locality in order to be able to work closely with the GP Practices in that area and to collect feedback from a significant sample of the patient population for each Practice. However, we believe that the findings of the research are applicable to Practices across Hertfordshire, and the countywide reception of the report supports this.

More than 800 members of the public participated in the research via the following engagement activity:

- A survey completed with people face-to-face in community locations such as town centre high streets, markets and leisure centres. The survey was also

available online and in hardcopy, available in GP Surgeries and other key community locations, like council offices, Citizens Advice Bureaux and food banks.

- Focus Groups with people we knew we would hear less from via the survey. We held sessions with the Bishops Stortford Learning Disability Forum; Herts Young Homeless; Carers in Hertfordshire; and Age UK (Hertfordshire).

The research also included meetings with all five Practice Managers as well as the NHS Area Team (the commissioner) and the Clinical Commissioning Group. This gave us an understanding of the strategic challenges as well as work underway or planned to address them.

In September 2014 Healthwatch Hertfordshire published a report detailing the findings of the research along with recommendations. The five Practices in the locality responded to the recommendations with commitments to undertake specific actions and these were included in the report. The report was also formally endorsed by the NHS England Area Team and East & North Herts Clinical Commissioning Group.

Healthwatch Hertfordshire's GP Access report was formally launched at an event at the end of September 2014, which was attended by the Practices, commissioners, local councillors,


other key partners and members of the public. Seamus Quilty, Chairman of the County Health Scrutiny Committee; and Alvin Kinch from Healthwatch England spoke at the event in support of the piece of work.

Since the launch, the team has been working on the implementation phase of the project, which involves continuing to work with partners on the actions agreed. Some progress on these is being made at the Practice level, for example one Practice has improved signage in the waiting area.

The culmination of the project will be a 'GP Access Workshop', to be held in the autumn of 2015, which will bring partners together to review progress at all levels, as well as acknowledging the barriers: there is a limit to what can be achieved at the practice level and even within Hertfordshire. The aim of the event is to recognise this and promote a better understanding of respective roles, responsibilities and activity between Practices, the Commissioners and other Partners with influence over access to Primary Care.

Information sharing

Through being involved with the Information Sharing work stream of the Better Care Fund Programme (see page 22), Healthwatch Hertfordshire was asked by colleagues from across health and social care to gather evidence about people's views on the way personal health information is collected, recorded and



shared. This was in order to inform the way information sharing arrangements are communicated to patients and the public, now and in relation to future changes in Hertfordshire.

The sharing of personal information is an important issue for some people, and public confidence in NHS information sharing arrangements is low following the high-profile communications mishandling of 'care.data' at the beginning of 2014 .

Healthwatch Hertfordshire was asked to find out more about what most concerns people in Hertfordshire with regard to information sharing; how their understanding of practice matches reality; and the most effective way of explaining arrangements to people so that they have the right amount of clarification at the right time to reassure them.

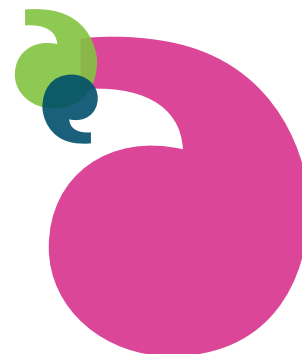
The research was carried out during February 2015 and involved a focus group event with members of the public. Groups considered and evaluated examples of literature from around the country produced to explain information sharing arrangements to patients and the public. They also considered a range of health and care scenarios and discussed the information sharing implications in the context of these. A separate focus group was held with the Mental Health and Learning Disability Service Watch Group (see page xx). Additionally, the views of young people under the age of 24 were collected via an online

survey promoted using social media. In total, over 100 people participated in the research.

The findings and recommendations from the research were presented to the Health and Social Care Data Integration Board, on which providers and commissioners from across Hertfordshire are represented. Several recommendations were agreed by the Board, including a review of literature currently used by partners to communicate information sharing arrangements, with a view to standardising messages across organisations and covering the aspects of information sharing that people are most concerned about. There was also agreement to review staff training so that health and care professionals are better equipped to have positive conversations with patients about what happens to their information and how sharing information benefits them.

Health and social care complaints processes

There are a number of reports and reviews, published in recent years, which highlight issues with the patient experience of making a complaint about a health or social care service. Most recently, Healthwatch England's report 'Suffering in Silence', published in 2014. In addition, Healthwatch Hertfordshire has received feedback and enquiries from the public with regard to complaints, which suggest a number of issues with processes from the patient's perspective and support the findings of national reviews.



In March 2015, Healthwatch Hertfordshire began a major research project on complaints, in partnership with POHWER, the provider of the statutory Independent Health Complaints Advocacy Service in Hertfordshire. The project will run until autumn 2015 with the following objectives:

- To evidence the experience of patients in accessing and using health and social care complaints processes in Hertfordshire in order to recommend improvements to organisations within the system. There will be a focus on groups which are disadvantaged within the complaints system, as evidenced by analysis of POHWER data.
- To understand and record an accurate picture of health and social care complaints processes in Hertfordshire in order to: compare the way things should work with the actual experiences of complainants; to improve the effectiveness of Healthwatch Hertfordshire's signposting service, as well as complaints signposting more generally, within the system.

Eastern European Migrants Project

In partnership with Hertfordshire Public Health, Healthwatch Hertfordshire has started this project, with the support of many other

organisations across the County. The project concerns the health of the Eastern European migrant population in Hertfordshire, with numbers around 10,000 people. Eastern Europeans are the third largest migrant population in Hertfordshire after migrants from India and Ireland.

There is an evidence that Eastern European people engage less with NHS services than the general population, for example, the rate of GP registration is lower than average. People's health and wellbeing is further undermined by social isolation and related mental health problems. Rates of smoking and alcohol consumption are also higher within Hertfordshire's Eastern European communities. This means an increased risk of cardiovascular, respiratory and malignant conditions which place high demands on NHS resources.

Healthwatch Hertfordshire, Public Health and our partners believe that early intervention and lifestyle advice can make a significant contribution to the health outcomes of East European migrants, potentially reducing the need for intensive and expensive NHS interventions.

In this spirit, the project aims to:

- Develop a community engagement model for this group, to better understand health needs and the barriers to accessing services

- Reduce health inequalities within Hertfordshire
- Improve health and wellbeing outcomes for Eastern European migrants by identifying their health needs and establishing multi-agency partnership working operations
- Encourage a more joined up response, including GP registration, mental health and alcohol misuse referrals and reducing emergency hospital admissions
- Demonstrate an improvement in Eastern European migrant health through measurable outcomes such as: smoking quits, GP registrations, mental health and alcohol misuse referrals, reduced emergency admissions, and NHS cost savings
- Build capacity and networks between agencies and within communities with the potential for enhancing wellbeing

Initially, the project will focus on the Polish migrant community (especially families with children and single males) as it is one of the largest European migrant populations in Hertfordshire and a particularly 'hard to reach' group. Following this phase, the plan is to expand the project to include other Eastern European migrant populations in the County.

The following success have already been achieved:

- Two Polish speaking professionals have been appointed to join the Public Health Stop Smoking Service and will be providing support for people who could not access the service before due to the language barrier
- As a result of Healthwatch Hertfordshire raising the issue, an additional Polish speaking pharmacy assistant has been recruited to provide services to the Polish community. This will include a stop smoking service, advice on healthy weight, physical activity, GP registration, and alcohol consumption
- Targeted engagement with the community will be starting very shortly focusing on young families with children via Polish Saturday schools; and single men through large local employers in the area and Polish churches

Transgender Health Needs Assessment

Following the launch of the Hertfordshire Transgender Health Needs Assessment (HTHNA) in 2013/14, there has been much focus on implementing the recommendations of the report. An Implementation Group was set up,

Chaired by Sonny van Eden (the trans man who led the original research), and also including other members of the trans community, Herts Valleys Clinical Commissioning Group, East and North Herts Clinical Commissioning Group, Hertfordshire County Council, NHS Trusts in Hertfordshire, Gires, the University of Hertfordshire and Healthwatch Hertfordshire.

Healthwatch Hertfordshire has specifically supported the following recommendations in the HTHNA as follows:

- **Recommendation: Set up an Internet information site linked to the NHS which can be trusted to provide accurate advice.**

We provided a dedicated section for the Transgender Community on the new 'Hertsopedia' website and provided training for key members of the trans community and other organisations. This is linked to the JSNA and support will be ongoing. Currently Healthwatch Hertfordshire's Youth Health Ambassador is supporting this work with Sonny van Eden to provide a young person's viewpoint. The page has been viewed over 6,000 times.

- **Recommendation: Reduce the waiting times at all stages of the transition process; Develop outreach services in Hertfordshire from the GIC in London.**

We escalated these issues to Healthwatch England along with five other local Healthwatch. NHS England

has provided a response to Healthwatch England which includes an action plan. The issues were also raised in the House of Lords and the work being done by Healthwatch England and local Healthwatch was praised. Healthwatch England has also decided to run a media story to highlight key areas and has asked local Healthwatch for case studies to support this, which Healthwatch Hertfordshire has coordinated.

- **Recommendation: Include transgender awareness as part of Continuing Professional Development for Professional Staff.**

Healthwatch Hertfordshire staff are encouraged to access awareness training, for example, a Trans Awareness session provided by the University of Hertfordshire was attended by two members of the team.

- **Recommendation: Raise Awareness in the general public in order to combat discrimination and stigma.**

We continue to publicise the research and provide updates to both providers and the public as well as identifying gaps in service provision that can be escalated to commissioners



Groups and Forums

We know that certain sections of the community are underrepresented in the feedback we gather from the people who contact us. We understand that some of these groups might also be disadvantaged in their access to health and care services, so we have prioritised targeting these groups in particular. The following are examples of ways we are doing this.

Sensory and Physical Disability

Healthwatch Hertfordshire's Sensory and Physical Disability Service Watch Group had its first meeting in February 2015. The group is made up of commissioners, providers, service users and representatives of organisations such as Sign Health, Interpreter Now, and Guide Dogs UK. The first theme the group is focusing on is 'Access to Emergency Services'. The approach is to use patient stories from the group (supported by independent research if required) and presenting these directly to the relevant providers and commissioners for actions to be taken.

The first meeting highlighted concerns related to staff training, knowledge and sensitivity around sensory and physical disability and the effects this can have on access to emergency services. Patient stories suggested that positive experiences with knowledgeable staff tended to be 'down to luck' rather than typical, and that there should be a more systematic approach to disability awareness training.

A follow-up meeting will be held later in the year to update on progress and a report will be published on our website detailing the outcomes.

Mental Health and Learning Disability

Healthwatch Hertfordshire is represented on a variety of Boards and Committees with a Mental Health and Learning Disability focus, including the following:

- Hertfordshire Partnership University Foundation NHS Trust Board
- Hertfordshire Partnership University Foundation NHS Trust Governors
- Hertfordshire Partnership University Foundation NHS Trust Service User & Carer Engagement Group
- Learning Disabilities Strategic Commissioning Group
- Substance Misuse Strategic Commissioning Group
- Mental Health Strategic Commissioning Group
- Child and Adolescent Mental Health Strategic Commissioning Group

Our own Mental Health and Learning Disability Service Watch Group continues to meet bi-



monthly with a membership including self-advocates, carers, service providers and commissioners. This year's work programme has focused on drug and alcohol services; Improved Access to Psychological Therapies (IAPT); enabling people with Learning Disabilities; and the CAMHS Emotional Wellbeing Strategy.

Activity has included a discussion with representatives from HPFT about IAPT which resulted in an invitation for the Group to be involved in planning HPFT's annual Recovery Conference. Through our membership of the Partnership Board we have been involved in working with commissioners to design a survey on quality of life for people with a Learning Disability, which will run regularly and is the first of its kind. The Service Watch Group was also asked to test the survey ahead of its launch.

The Group has responded to consultations this year on the future of Hertfordshire County Council's Children's Centres and the Department of Health Code of Practice: Mental Health Act 1983 consultation. It has also been working with our Quality and Improvement Sub-Committee (see page 38) to discuss creating Enter and View training for people with a Learning Disability.

Areas of work currently being considered for next year's programme, include:

- Death in custody / custody suits and facilities in the county

- Personalisation and personal budgets
- Reaching minority groups and hard to reach groups to hear issues affecting them
- Young black men entering the mental health system via the police service, including detention rates and suicide rates
- Special needs provision mapping for young people and CAMHS Emotional wellbeing strategy promotion
- Maternal Mental Health and OCD

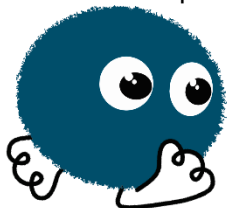
Cancer Participation Network

Healthwatch Hertfordshire is working with Herts Valleys Clinical Commissioning Group, NHS England and Macmillan to engage, on a regular basis, with people who have been through the cancer pathway. The group met for the first time in February 2015 to discuss patients' experience of the cancer two week wait and how this can be improved. The network will meet quarterly at events focussing on different aspects of the pathway, with a focus on feedback and ideas for improvement.



Children and Young People

Frankie, Healthwatch Hertfordshire's Youth Health Ambassador is a young person himself and was appointed in April 2014. The first year of the role was an apprenticeship, as part of which Frankie worked for five partner organisations: Healthwatch Hertfordshire; East and North Herts Clinical Commissioning Group; Herts Valleys Clinical Commissioning Group; Public Health Hertfordshire; and Hertfordshire County Council's Children's Services (Youth Connexions). We are delighted that having passed his apprenticeship with

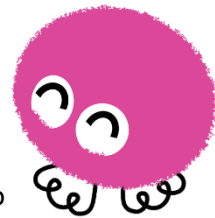


flying colours, Frankie has accepted a fulltime position as Healthwatch Hertfordshire's dedicated Youth Health Ambassador.

The purpose of the Youth Health Ambassador role is to engage with children and young people in Hertfordshire and listen to their feedback about health and social care. This can then be escalated to the organisations that provide and commission services to let them know what young people think and how things can be made better for others in the future.

Frankie has spent 2014/15 talking to as many young people as possible: within established groups, at events and within schools throughout Hertfordshire. This will be vital in focusing our plans and engagement for the year ahead.

Groups of young people we have visited and worked with throughout Hertfordshire include: Herts Young Carers, Hertfordshire Partnership University Foundation Trust's CAMHS Youth Council, Youth Connexions Herts1125, UK Youth Parliament and Youth Connexions' 'Who Not What' group.



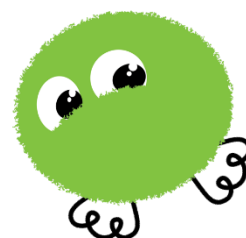
The following are examples of partnership work our Youth Health Ambassador, Frankie, has been involved with this year:

- Frankie spoke about Healthwatch Hertfordshire at both of Herts Valleys Clinical Commissioning Group's 'Conversation Cafes' in St Albans and Hemel Hempstead. At the Hemel Hempstead event, young people discussed new health information packs aimed at teenagers. Young people told Frankie they would prefer to access this information via a website or an app. After receiving this feedback, Frankie has been working with the Clinical Commissioning Group to explore developing this in Dacorum.
- Over the past year Frankie has worked with Public Health Hertfordshire to run Royal Society of Public Health Youth Health Champions training within two Hertfordshire schools, which gives

students who complete the training a qualification. Frankie met monthly with the groups of young people on the course and gathered feedback from them on health and social care services. We also ran a survey at each school about what deters young people from making a comment or complaint about a health care experience. This information will support future work; for example looking at how we can help young people to feel more confident about giving feedback.

- Frankie attends meetings of the Herts 1125 group, which brings together young people to represent their views and campaign for change. Frankie uses this as an opportunity to listen to the views of young people as well as feeding in comments and experiences collected by Healthwatch Hertfordshire. Frankie also attends the 'Who Not What' group which is a sub-group of Herts 1125 established to represent the views of the young LGBT+ community in Hertfordshire.
- In August Frankie worked with local sexual health charity, Herts Aid, to help recruit a new sexual health worker to work specifically with young people. Frankie was on the interview panel to comment on how candidates would relate to young people.

- In September, Frankie was involved in the re-commissioning of Hertfordshire's sexual health service. He sat on an interview panel and was able to ask each prospective provider a range of questions. This was a great opportunity to ensure that the successful bidder had young people at the centre of their service plans.
- Frankie was invited by the Ambulance Trust to spend a day with a crew to find out what a working day is like for a paramedic.



Communications

Website

The Healthwatch Hertfordshire website has undergone extensive development this year and is now much more dynamic, engaging and interactive. Important new features include improved accessibility for the Healthwatch Hertfordshire team, making it much easier to keep the site updated with current news and reports.

We are also using our online presence to continue to lead the way with youth engagement. There is a dedicated section of the website for young people which is a separate 'mini-site' in its own right, and has been designed with the help and feedback of the target audience. The website includes helpful links, video clips, stress busting games and lots of useful information about what Healthwatch Hertfordshire does.

The website also allows Healthwatch Hertfordshire to gather and analyse feedback far more efficiently and makes leaving comments much easier as well. We have even involved the local community in designing the site, for example, we recently ran a successful art competition to create some of the image content for our site.

Social media

Healthwatch Hertfordshire continues to be praised for our innovative approach to social media. With a large following on Twitter that has increased by 50% this year and continues to grow, we can reach people who would not normally choose to engage with health and social care organisations. We are able to do this by being friendly and informal, whilst also clear and informative. This has allowed us to pass on news and information about important events and developments, but also engage with our readership. Our Facebook page also continues to grow, and has become a great place for us to create longer posts and opinion pieces.

As well as Twitter and Facebook we now use Instagram and have a YouTube channel, to post content which will appeal to young people. We have recently starting using YouTube to share videos that we think will be of interest as well as our fantastic advert encouraging young people to get in touch.

Newsletters

Our Newsletter continues to be distributed to members every few weeks and it is now much easier to measure the success of each edition, through our use of the free email marketing service, Mailchimp. We continue to post paper copies of our newsletters to Healthwatch Hertfordshire members who do not use electronic communication. This year we have started producing a dedicated quarterly

newsletter for young people, which is available on the website.

Marketing and promotion

Healthwatch Hertfordshire continues to use creative and interesting ideas to promote our work with the public. We have made use of a range of inexpensive but effective promotional items to help build our reputation as an engaging, fun organisation. This gives us a strong presence at community events we attend, allowing us to engage with more people.

We were particularly pleased with our day out at the second Hertfordshire Pride event in August. Hertfordshire Pride is an annual family fun day held in Watford to celebrate the LGBT+ community in Hertfordshire. This year we attended Herts Pride with six young volunteers aged between 15 and 21. Our attendance was a huge success, with new members recruited and a great response to the work we are doing. Our promotional fan became the 'must have' item of the event! Members of the team and our energetic volunteers ran a Healthwatch Hertfordshire stall and walked around handing out freebies and talking to people about Healthwatch and what we do. This year we plan on playing even more of a role at Herts Pride with our attendance as well as through sponsoring the event.

This summer Healthwatch Hertfordshire aims to do a lot more face-to-face engagement in the

community, talking to people who don't know about us and who we struggle to reach through other channels. The aim is to ensure that we are better able to represent the needs and views of the whole of Hertfordshire.

This year we wanted to find out what we could do to encourage young people to become members of Healthwatch Hertfordshire. We held a focus group with some young people and they gave us lots of ideas to help us develop our youth membership packs, which young people are given when they join. We wanted youth membership to have its own logo to give it an independent identity. We shared a shortlist of three logo options with our young members and via social media and asked people to vote for their favourite. The winning logo was a trio of bugs which have become our mascots and have now been named by a young person, Pedro, Pablo and Patrice. Our new youth logo will appear on all our material targeted at young people, including the membership packs and the youth section of the Healthwatch Hertfordshire website.



Engagement with Decision-Makers

Healthwatch Hertfordshire values the strong relationships we have with providers and commissioners of health and care services locally.

We see our role as a critical friend to our partners: we raise issues, provide feedback and challenge; while supporting organisations to improve and ensure that the patient is always at the centre.

Healthwatch Hertfordshire has a seat on Hertfordshire's Health and Wellbeing Board: the forum where key leaders from across health and care work together to improve the health and wellbeing of their local populations and reduce health inequalities. Our Chair, Michael Downing represents us on the Board. The Information team provides a written briefing ahead of each meeting, to share patient feedback and project updates that are relevant to the agenda. This is to ensure that we represent the voice of local people at the most strategic level in the County.

Some of the other ways that we have worked with organisations to influence decisions and promote improvement are described in this section.

The Better Care Fund

The Better Care Fund was announced by the Government in June 2013 to bring about a transformation in integrated health and social care. The Better Care Fund creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people who use services. Hertfordshire County Council, East and North Hertfordshire CCG and Herts Valleys CCG are pooling budgets totalling £240 million for 2015/16, which includes £4 million of additional 'new' money.

In Hertfordshire, the plans are being agreed and implemented via a programme with a number of work streams. Healthwatch Hertfordshire is on the Project Board for information sharing, which is leading changes to ensure that the collection and communication of information supports the integration of services and a seamless experience for the patient. Through our involvement with this group, we have raised the importance of involving patients and the public in decisions about information sharing, due to the increased level of interest following media attention around Care.Data. See page xxx for more information on our research about attitudes towards information sharing.

Older and Frail People in West Hertfordshire

This is a formal Partnership of Herts Valleys CCG, West Hertfordshire Hospitals NHS Trust, Hertfordshire County Council, Hertfordshire Partnership University NHS Foundation Trust, Hertfordshire Community Trust and ourselves.

The Aim of the partnership, which has been facilitated by University College London Partners, is to develop a model of care for older or frail people which is evidence based, takes the best of practice which is found, and describes how West Herts could be in a future state if known good practice was applied locally. The result will be recommendations for a whole system model of care for older or frail people to inform commissioning and provision.

Your Care, Your Future

This is a system-wide review that brings together partners from across West Hertfordshire to review the way health and social care services are provided. The initial phase focused on gathering information and knowledge, including hearing about patients' needs, both now and in the future. This will lead to potential options for change, based around the following:

- Local people are supported to stay well, preventing ill-health

- Patients, service users and carers are empowered to take an active part in their own care
- Patients and service users will receive their care and treatment in the right place: at home or as close to home as possible
- Patients and service users will experience services that are joined up
- Services are sustainable within the budgets available and provide value for money for the taxpayer

We have taken a central role in the information gathering phase of the review, by being the point of contact for the public to contribute comments and stories. We have also been involved through providing advice on effective public and patient involvement through the Communications Group. In addition, we have ensured a patient and service user perspective is addressed at the Project Executive Group, of which we are a member alongside Chief Executives of Commissioning and provider organisations.

West Herts Hospitals Trust

Healthwatch Hertfordshire regularly attends the following groups and meetings:

- Patient Safety, Quality and Risk Group which gives assurance around key issues facing the Trust
- Patient Experience Group where we give a briefing about our activities as well as being able to comment on other agenda items
- Patient Experience Panel
- Equality and Diversity Panel
- Dementia Implementation Group

Acting as a critical friend to the Trust, and in our role as the voice of patients and the public, we have reviewed and commented on various documentation where changes have been introduced. For example, we were asked to review new guidelines for hospital visitors and carers. We also considered and provided feedback on new forms for nurses to use in their regular checks of patients.

Additionally, we reviewed West Herts Hospitals Trust's evidence for their Equality Delivery System (EDS) grading. We offered suggestions on what could be included to clarify improvements and to raise grades.

A Healthwatch representative has been on the panel for the interviews for all senior posts, to represent the patient's perspective. This has involved exploring what patient centred care means and how issues of patient dignity and respect should be addressed.

Our involvement in interviewing has helped to ensure candidates appointed have understood the importance of these issues. In addition, we have been on interview panels with Herts Valleys CCG and Hertfordshire County Council, to support the selection of a Clinical Director, and Head of Community Wellbeing, respectively.

Dementia

A new Dementia strategy for Hertfordshire will be launched in May 2015. Healthwatch Hertfordshire responded to the consultation and has been involved in a number of meetings and events about dementia care and awareness throughout the year. As part of the East Herts Ageing Well Steering Group, Healthwatch Hertfordshire is involved in becoming part of a Dementia Action Alliance to make a commitment to promoting dementia friendly communities.

Public Health

Healthwatch Hertfordshire has continued to work closely with Public Health Hertfordshire. We have a seat on the Public Health Board as a representative of the voluntary sector. Through this role we have been part of the decision making process on initiatives such as the prevention and management of long term condition, tobacco control, reducing alcohol consumption, promoting physical activity, sexual health, and obesity reduction. We are

also part of the Hertfordshire Tobacco Control Alliance Group which looks at ways to reduce smoking prevalence across the County; and through this group we have raised concerns about barriers to accessing the Stop Smoking Service for people whose first language is not English.

Healthwatch Hertfordshire has also established its own Healthier Lifestyle group, which looks at activity to promote a healthy weight and areas where more action is needed. The group hears from people who are trying to lose weight to find out if the appropriate support is in place. A key role for the group will be reviewing and commenting on how the Hertfordshire Healthy Weight Strategic Plan 2014/15 is being implemented.

Non-Emergency Patient Transport

Healthwatch Hertfordshire was an integral part of the process leading to the award of the new non-emergency patient transport contract which started from 1st April 2015. A Board working group was set up to oversee the contribution and this was communicated to Hertfordshire County Council and the Clinical Commissioning Groups which were leading the tender. Following the award of the tender, Healthwatch Hertfordshire was actively involved in the launch meeting which introduced the new provider, Medical Services,

to operations managers of Hertfordshire's Trusts.

Healthwatch Hertfordshire continues to be involved with the Patient Transport Services through our ongoing membership of the Collaborative Forum which meets quarterly for discussion of contract matters and the performance of the service. Healthwatch contributes to this group by monitoring patient experience and influencing commissioners to pursue on-going quality improvements.





Key Partnerships

The Care Quality Commission (CQC)

We attend the CQC Local Healthwatch Advisory quarterly meetings, which bring together local Healthwatch from across the country to strengthen the relationship with CQC.

Healthwatch Hertfordshire was represented at the CQC Stakeholder focus group ahead of the inspection of Hertfordshire Community Trust in February, in order to give feedback prior to the inspection. We have also been asked to comment on local GP Practices as part of CQC intelligence gathering to inform inspections.

Local Councils

District, town and parish councils have a key role around wellbeing and are attuned to the needs and preferences of their local communities. District council services - including leisure, environmental health and housing - have clear health and wellbeing implications and are important areas for Healthwatch Hertfordshire. District councils have a key role in fulfilling the Public Health agenda, along with the County Council, health partners and Healthwatch.

We have established strong relationships with Dacorum Borough Council and Welwyn Hatfield District, in particular, through our regular attendance of Health Scrutiny Committee meetings. We've also continued to work with East Hertfordshire District Council on the Ageing Well work (see previous section).

Local councils were key to the research we carried out this year on access to General Practice in the Stort Valley and Villages area. The support of East Hertfordshire District Council was (and continues to be) vital in promoting the research and supporting the implementation of the recommendations. We also worked with Bishops Stortford and Sawbridgeworth Town Councils to identify locations to carry out street surveying and we are grateful for their support with promoting the survey and the final report.

Scrutiny

Healthwatch Hertfordshire has continued to be an important partner of Hertfordshire County Council's Scrutiny function in helping to improve the quality of services delivered by both the Council and the NHS. Our approach compliments that of Scrutiny and we are privileged to have a former Health Scrutiny Chairman as the Chairman of Healthwatch Hertfordshire.

Regular meetings are held between the Healthwatch Hertfordshire and Scrutiny Chairmen to share knowledge and insight from patients and the public as well as intelligence gleaned from Enter and View and other research. Scrutiny provides a formal framework to hold services to account and this arrangement allows us the opportunity to influence the Scrutiny programme by proposing areas of interest.

Following the success of our partnership with the Health Scrutiny Committee last year, in scrutinising Trusts' responses to the Francis Report, we were invited to work with the Committee again this year. This year a review of progress on the Francis recommendations was combined with the annual scrutiny of health budgets. We jointly planned a Scrutiny event which looked at these two aspects. We worked with the County Council's scrutiny team to write questions for the Trusts to respond to; and Healthwatch Hertfordshire Board members once again joined Health Scrutiny Committee members on the scrutiny panel. The Scrutiny event was well attended and resulted in a number of recommendations for the Trusts which will be reviewed later in the year.





Quality Accounts

Each NHS Trust produces a Quality Account in May. This is a report on how the Trust is pursuing better quality care through a number of priorities that form the focus of the Trust's yearlong efforts to improve.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Healthwatch Hertfordshire has a right to comment on the individual Trusts' reports and throughout the year, we meet with the Trusts individually and jointly to monitor progress, discuss other areas of concern and to contribute to the priorities for the coming year.

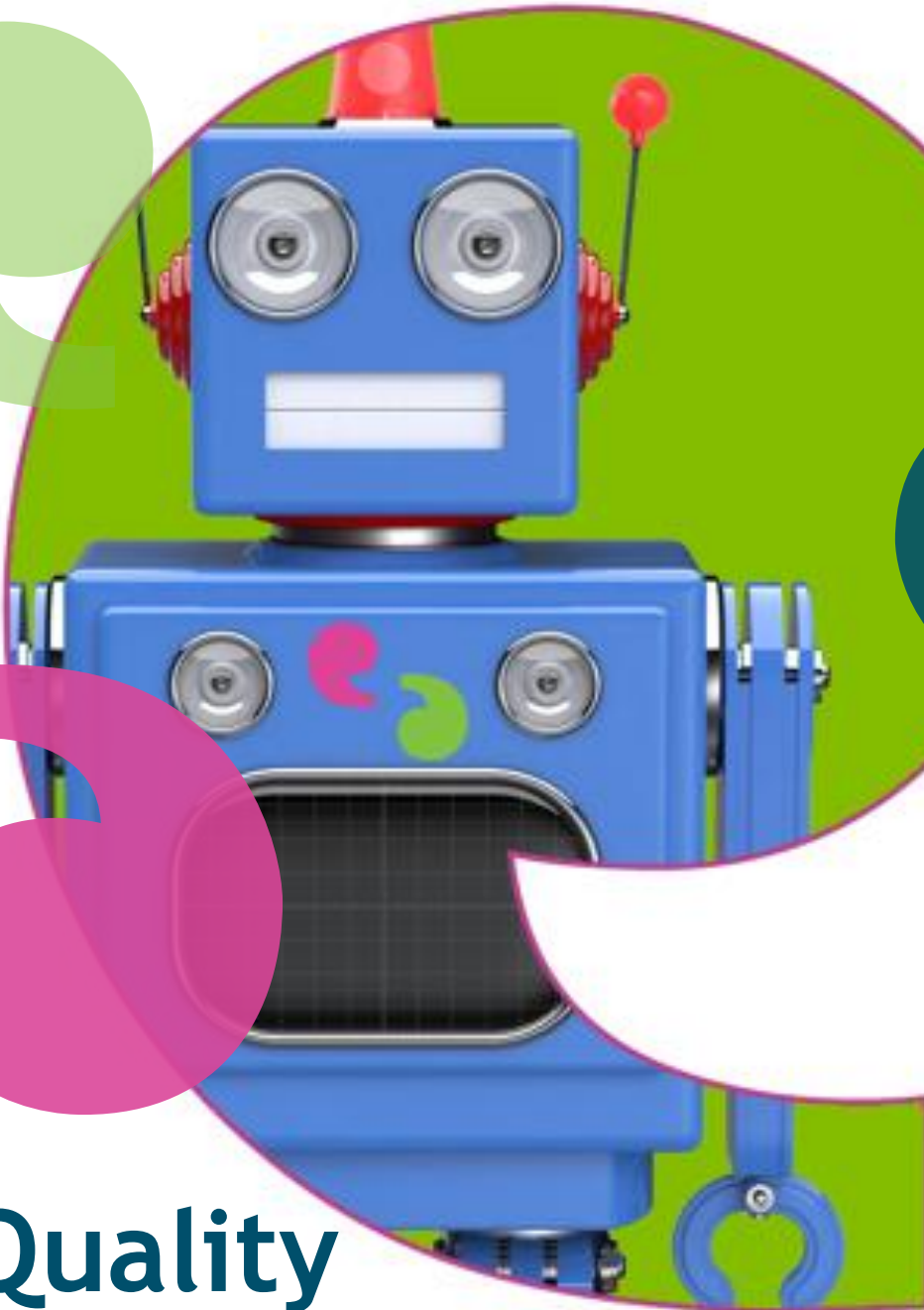
In 2014 Healthwatch Hertfordshire commented on the Quality Accounts of the following Trusts:

- East and North Hertfordshire NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Hertfordshire Community NHS Trust
- Hertfordshire Partnership University NHS Foundation Trust
- Princess Alexandra NHS Trust
- East of England Ambulance Service NHS Trust

We also provided a comment for the following hospices:

- Rennie Grove Hospice
- Garden House Hospice
- Peace Hospice

If you would like any more information on any of the trusts Quality Accounts it can be found on their websites.



Quality & Improvement Sub-Committee

Healthwatch Hertfordshire has a number of ways that it can engage with health and social care providers to see and hear for ourselves how services are meeting the needs of the people that use them.

One of our statutory powers is to 'Enter and View'. This is where trained volunteers (known as authorised representatives) go into health and social care settings with a particular focus and report on what they find, making recommendations for improvements or highlighting good practice.

Within Healthwatch Hertfordshire, The Quality Improvement Sub-Committee (QISC) manages the Enter and View programme and other

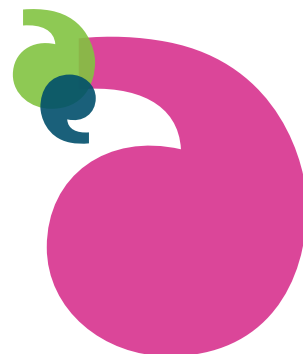
quality monitoring projects such as Patient Led Assessment of the Care Environment (PLACE).

Enter & View

This year the focus of our Enter and View programme has been on visiting twelve care homes across Hertfordshire to look at the quality of life and choice for residents with regard to their environment, leisure and activities, food and drink and digital inclusion. How care homes were making the environment dementia friendly was also observed. Additionally, Hertfordshire County Council and East and North Herts Clinical Commissioning Group asked us to include an Intermediate Care Unit based in a care home to our programme. This was because they wanted a lay perspective to add to intelligence about the unit due to concerns following inspections.

All the reports of our care home visits, which include recommendations, were agreed factually with each care home manager and shared with the Care Quality Commission, East and North Herts Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group, Hertfordshire County Council and Hertfordshire Care Providers Association. These reports were well received by commissioners and added a different dimension to the information they already held on these homes. The CQC commented "They are incredibly useful".

QISC will continue to monitor the progress of the recommendations and will be conducting



three follow up visits in 2015. It is intended that this programme of care home visits will be further developed and continue on a rolling basis throughout the year.

Individual reports as well as an overview report of the thirteen visits with key conclusions can be found on our website and hard copies can be requested via the Healthwatch Hertfordshire office.

Volunteer Training and Support

As at 31st March 2015, Healthwatch Hertfordshire has 38 Enter and View authorised representatives. We have provided a number of training courses and events to support our volunteers throughout the year, including:

- Enter and View training for Authorised Representatives
- Safeguarding training
- Report writing training
- Equality and Diversity training
- Dementia - Step Inside
- Disclosure and Barring Service checks
- Hertfordshire Care Providers Association presentation
- A get together for all representatives

● Quarterly Newsletters

This year QISC has also reviewed its Enter and View policy and procedure and has put together a feedback review pack for the volunteers that will be launched in September 2015. This will allow for a two way exchange of information, experience and ideas about the work undertaken by the authorised representatives on behalf of Healthwatch Hertfordshire.

Future Work

As well as responding to local issues that arise and continuing with the care home visits, Healthwatch Hertfordshire is also anticipating starting some new Enter and View visiting programmes in the year to come.

The provision of Intermediate Care services and the variation in access to NHS dental services are two potential areas of concern in Hertfordshire, as indicated by patient and public feedback received over the year. QISC is currently looking at developing effective Enter and View programmes to quality check the experience of users of these services.

Following presentations to the Healthwatch Hertfordshire Mental Health and Learning Disability Service Watch group, QISC would also like to explore providing an Enter and View training programme for people with learning disabilities.

Patient Led Assessment of the Care Environment (PLACE)

PLACE is a self-assessment of a range of non-clinical services which contribute to the environment in hospitals, hospices and independent organisations providing NHS-funded care in England. The assessments look at cleanliness, the condition of the buildings, how well the buildings meets the needs of those who use them. For example, signage, car parking, the availability and quality of food and drink and how well privacy and dignity is supported by the environment.

This type of assessment was introduced in April 2013 and it is carried out annually. The aim is to focus on what patients say is important and they must be undertaken by a team comprised of at least 50% patients, the public and other bodies with an interest in healthcare such as Healthwatch. These representatives work in partnership with staff of the NHS Trust, using a range of criteria to identify how well the Trust is performing and identifying areas for improvement.

Our Enter and View Authorised Representatives have supported the following five NHS Trusts with their PLACE visits which started in March 2014 and finished at the end of May 2014:

- Hertfordshire Community NHS Trust (HCT)

- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- East and North Hertfordshire NHS Trust (ENHT)
- West Hertfordshire Hospitals NHS Trust (WHHT)
- Barnet and Chase Farm Hospitals NHS Trust (BCFH)

HCT and HPFT have multiple sites where care is delivered and are undertaking PLACE visits continually during the three month period. The acute trusts (ENHT, WHHT and BCFH) may only have two or three assessments within the same time frame.

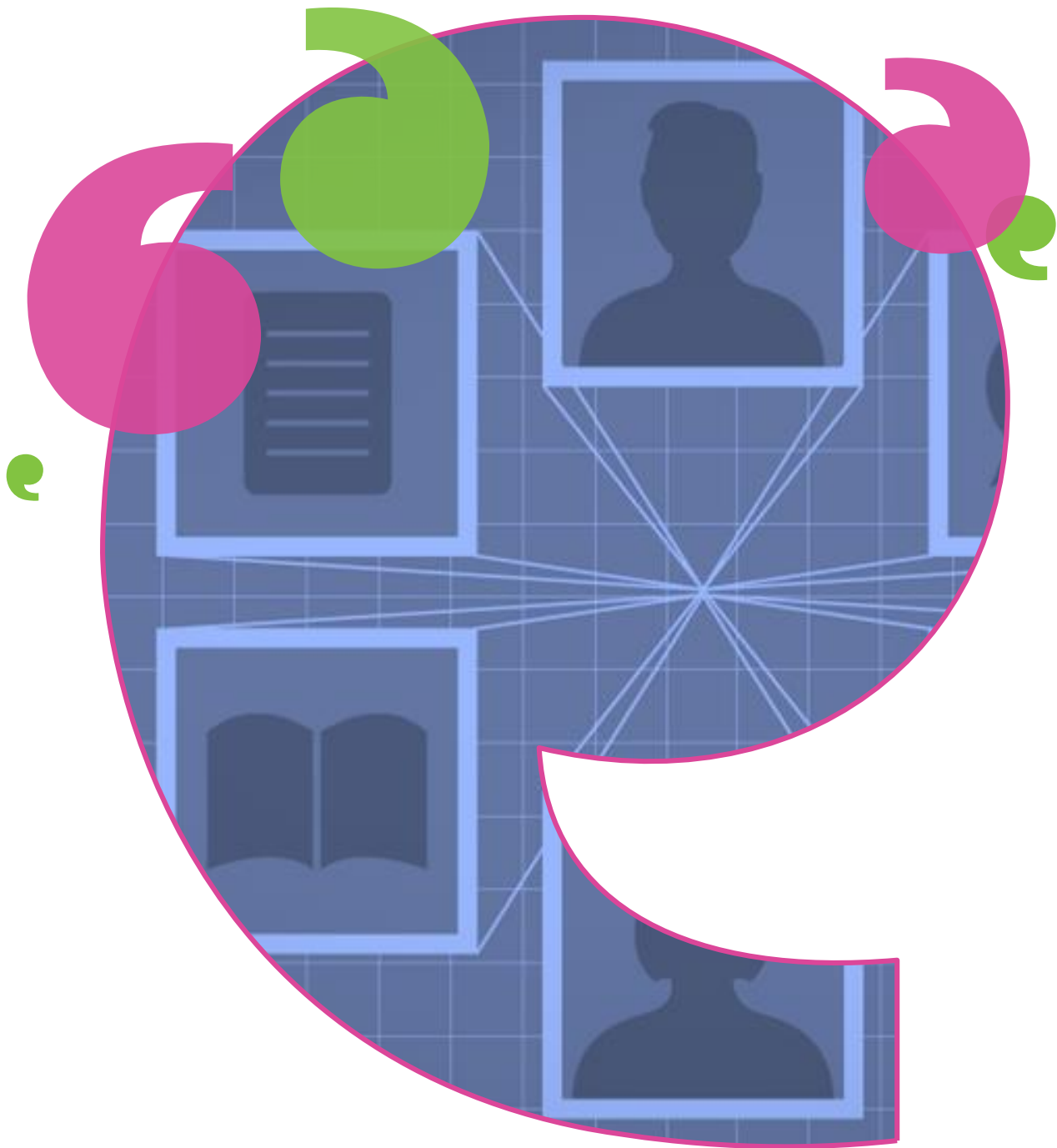
In total, our volunteers supported thirty PLACE visits in 2014. Following the visits, we gathered feedback from them about their experiences with each Trust regarding the planning and execution of the visits. Based on this, we produced a report to share good practice with the individual Trusts; encourage a consistent approach to PLACE across the County; and to improve the experience for the patient-led assessors.

The report and the responses from the Trusts can be found on our website.

This year Healthwatch Hertfordshire is fully involved with the 2015 PLACE assessments and

on top of those Trusts supported last year, we are involved in the audit of Princess Alexandra Hospital. Early indications are that Trusts have acted upon many of the recommendations in our report.





Signposting

As a service to the public, our signposting function continues to operate alongside Hertfordshire's health complaints advocacy service and HertsHelp, which is an information and advice service based on a network of over 200 local community organisations.

Both of these services are provided by POhWER. At Healthwatch Hertfordshire we signpost lots of people who contact us to HertsHelp or POhWER's advocacy service. We also work closely with POhWER to promote each other's services; share information; discuss specific issues; and carry out project work in partnership.

We also have regular contact with the Patient Advice and Liaison Service (PALS) teams from local hospitals, to which we signpost people with complaints and also to gather information when we have questions or concerns.

We continue to get a significant volume of enquiries about making complaints. People contact us to ask how they can access the NHS complaints process and what they can expect. In response to this, we are carrying out a significant piece of research on complaints processes, in partnership with POhWER (see page 18).

This year we have done a lot of work to promote our signposting service with young people, including encouraging them to contact us to share experiences. From engaging with young people we have received a wealth of feedback, with comments and queries so far including feedback about CAMHS, foster care policies, visiting policies in hospitals, communication between services and availability of information.

Themes and Case Studies

NHS Dental Charging

We have received a large volume of questions and feedback this year about dental charging and this is an issue that has received media attention. We are regularly asked about treatment charging bands and the application of charging policies. We have also heard about

experiences which suggest policies are applied differently between practices and the clarity of communication with regard to charging varies too. As an example of an experience reported, we were contacted by a patient of a dental Practice in Hemel Hempstead with a query about a charge she had paid for dental treatment received. She had paid a 'band 1' and a 'band 2' charge for treatment carried out during one appointment, and believed she had been over-charged. We signposted the patient to the 'dental charging' pages of the NHS Choices website which explains that a band 2 charge also includes band 1 treatment delivered as part of the appointment. With this information, the patient was able to challenge her dental practice and received a refund for the excess charge she had paid.

In response to the feedback received on dental charging, we are beginning a piece of research into access to dental services, to build the evidence we have about people's experiences.

Hospital visiting for young people

We have received stories from young people about negative experiences visiting relatives on hospital wards. One of these involved a 17 year old being stopped from seeing a family member at Watford General Hospital without an explanation of why she was not allowed to visit alone. Healthwatch Hertfordshire's Youth Health Ambassador contacted the Hospitals Trust about this matter and received a positive response. The Head of Children's Nursing

confirmed that this should not have happened and that young people are allowed to visit relatives as long as they have a safe route to and from the hospital. She told us that the visiting policy would be reviewed with a particular focus on how it applies to young people and can be better communicated to them.

Safeguarding

An important part of our responsibility as a signposting organisation is to ensure that safeguarding concerns (when a child or vulnerable adult is at risk of abuse, harm or neglect) are quickly escalated to the correct place for investigation, and that the public is informed about the route. We are a member of the Hertfordshire Adults Safeguarding Public Engagement group which aims to raise awareness of adult safeguarding issues with the public and organisations.

New leaflets, posters and promotional pop-ups have been designed which were officially launched in February 2015 along with the Twitter feed @HertsSab and a refreshed website. Healthwatch Hertfordshire will be including the safeguarding materials at events and promoting awareness through social media and newsletters.



Structure & Governance

The Board

In the summer we were sad to say goodbye to our Chairman, Sarah Wren, who stepped down due to the demands of her day job as Chief Executive of thriving local social enterprise, Hertfordshire Community Meals. Sarah was at the Healthwatch Hertfordshire helm from day one and was instrumental in establishing the organisation. Her passion, energy and dedication were much valued and we wish her all the very best for the future.

The Board elected Deputy Chairman, Michael Downing as Sarah's successor. With a background in mental health and a former Chair of Hertfordshire's Adult Care and Health Scrutiny Committee, Michael brings a wealth of knowledge and experience and we are delighted that he has stepped up as leader.

The Healthwatch Hertfordshire Board continues to meet bi-monthly, with meetings now being held in public and minutes published on our website.

The Stakeholder Panel

The Stakeholder Panel is made up of a range of local organisations and individuals and has an increasing and developing role in holding the Healthwatch Hertfordshire Board to account and helping to plan future priorities.

The Panel currently meets quarterly and the interim Chair is Caro Hart, Watford & Three

Rivers Trust's Director of Health and Wellbeing, who is fulfilling the role until an election is held.

The purpose of the Stakeholder Panel is to represent communities and interests from across Hertfordshire; and its membership is open to those with an interest in the agenda and operation of Healthwatch Hertfordshire. The Panel acts as a critical friends for the Board, adding a level of oversight, informed feedback and challenge on the projects and priorities of the organisation.

The breadth of knowledge and information possessed by members of the Stakeholder Panel will be used to effectively guide the policy and direction of Healthwatch Hertfordshire. This will be promoted in the following ways, during the year to come:

- The Panel will be made up of a broad range of individuals and organisational representatives, but always ensure that the patient or service user's perspective is represented.
- The Panel will act as a sounding board for future decisions and priorities.
- The Panel will act as an 'intermediary voice', bringing to Healthwatch a fuller understanding of health and social care challenges and issues faced by the people of Hertfordshire.

- The Panel will challenge decisions made by the Healthwatch Hertfordshire Board, where appropriate, and consider how Healthwatch activity improves outcomes.

The Team

The Healthwatch Hertfordshire Team comprises eight members of staff. We are delighted that our apprentice, Frankie, will be staying with us following the completion of his apprenticeship in March, as our fulltime Youth Health Ambassador.

Membership and volunteering

We value our growing membership of more than 500 people as a way to spread messages, gauge views and seek support with project work. We keep our members updated on our work and opportunities to become more involved. Some of our members are trained to volunteer for us as Enter and View authorised representatives; and others help guide and support our projects. For example, many volunteers fulfil important representative roles for Healthwatch Hertfordshire on Boards or panels of commissioners, providers and partners.

This year our youth membership has been developed to help keep young people informed and involved with what's going on in the health and social care system in Hertfordshire. Healthwatch youth membership is an easy

channel for young people to access a peer young person in order to give feedback about services they use. Thanks to the work of Frankie, our Youth Health Ambassador, we now have over 60 youth members. As members of Healthwatch Hertfordshire, young people can be involved as little or as much as they like: from receiving a quarterly newsletter explaining what we're doing; to volunteering with Healthwatch Hertfordshire at local events.





Finance

Statement of profit and loss (actual) 2014/15

		£	£
Income	Funding HCC	459,699	
	Other operating income	8,188	
		<hr/>	467,886
Cost of sales	Grant		-500
			<hr/>
			0
			<hr/>
			467,386
Expenses			
	Employment Costs		
	Wages, salaries, and Pension Costs	-236,652	
	Employers NI	-18,711	
	Temporary staff	-10,716	
	Staff expenses	-8,314	
	Staff training & welfare	-2,121	
	Enter and view training	-2,780	
	Members expenses	-6,386	
		<hr/>	
		-288,680	
	Office Costs		
	Rent	-21,600	
	Room Hire	-1,496	
	Depreciation Computer Equipment	-6,618	
	Depreciation of Fixtures and Fittings	-2,663	
	Computer costs / Maintenance and Backup	-5,080	
	Postage	-1,214	
	Telephone and fax	-6,362	
	Software purchases / licence	-1,080	
	Insurance	-1,938	
	Repairs and maintenance	-134	
	Sundry	-522	
	Refreshments	-4,518	
	Subscriptions	-95	
	Membership fees	-380	
	Bank charges	-203	
		<hr/>	
		-53,948	

Legal and Professional Fees

Other legal and prof	-2,105
Consultancy fees	-10,657
Accountancy fees	-1,534
Solicitors fees	-1,519
	<u>-15,815</u>

PR & Promotions

Advertising and PR	-20,112
Stationery and printing	-12,383
Website	-23,238
	<u>-55,733</u>

	<u>-414,176</u>
C/fwd expenditure to support core business delivery 15/16	<u>53,210</u>

The figures above provide above are produced to show income and expenditure for the period 1st April 2014 t 31st March 2015. This is not the company's financial year which runs from February 1st to 31st January.

The figures above reflect a number of factors:

- Delay in filling some vacancies
- Timing of some ICT costs and pension costs, which will now appear in next year's figures
- Delay in implementation of a project to work with hard to reach (e.g. Eastern

European) communities, which now take place in 2015-16

Healthwatch Hertfordshire's Board have reviewed activity underway and planned and the financial position as part of its work to produce a 3 year strategy to ensure that the organisation fully reflect the needs of all the communities it represents.

The future plans will include deploying resources in an in-depth campaign to promote Healthwatch, to ensure awareness of Healthwatch Hertfordshire is further increased and that our voluntary sector partners are fully engaged with our work.



Sharing this Report

We will share this report with our partners, stakeholders and members. We will also make it available on our website. Hard copies of the report are available on request, including in alternative formats and languages, if required.





Appendices

Appendix 1

Recommendations from the HwH Enter & View Care Home Reports

Abbreviations:

ACH	Alexandra Care Home	JC	Jubilee Court
RSR	Beane River View	PMKC	Prince Michael of Kent Court
BRV	River Court Residential	SA	St Anthony's
FCV	Forest Care Village	SG	St George's
FX	Foxholes Care Home	TR	Tara's Retreat
HL	Heath Lodge	WH	Westgate House
HH	Houndswood House		

Area	Recommendation	Outcome
Environment		
HL	Cleaning practices to be reviewed as areas looked dirty and smelt bad	Cleaning schedule in place, new carpet cleaner purchased and the continence needs of Residents reviewed
ACH	Review arrangements for cooling where air conditioning is not available	Referred to the Regional Manager for review
RRC	Ensure residents requests for help are responded to immediately	New call bell system installed that records waiting time
BRV	Lengthen emergency red cords in toilets, bathrooms and wet room so that they can be reached by anyone who falls	Call bell cords untied
FCV	Provide fully equipped disabled toilet with grab rails and pull cord fully in place	Completed and redecorated
BRV	Review pull down rails in toilets	Completed and adjusted as required
BRV	Improve signage on toilet doors	Completed
FCV	Introduce colour contrast between sanitary ware and walls in toilets/wet rooms	Dementia unit is set to be refurbished between January and March 2015 and this will be included as part of the improvement plan. This will also be considered for other areas of the home
FCV	Consider installing a large type-face clock and date display.	This has been 'actioned' following the visit. The dementia unit already has 'orientation' clocks. Alternative clocks will also be installed
FCV	Provide more reminiscence artefacts, consider themed areas especially in the dementia unit	Decorating and themed areas have been scheduled to commence in February 2015. All bedrooms will be painted in a colour of the resident's choice
FX	Differentiation in the décor to enable residents to find their way around.	More pictures now on the corridor walls, helping to differentiate areas
HL	Home to be compliant with dementia friendly initiatives	Home to look at signage and colour coding for prominent doors in the home

SA	Consider introducing a more permanent ramp for access to the garden to enable ease of access at all times	This will be looked into
HL	Repair keypad lock to fire escape door	Completed
HL	Redecoration of communal areas	Decoration programme to be planned by the home
HL	Clean and fill antiseptic gel dispensers	Completed
PMKC	Ensure all visitors sign in and out of the Home	Signing in book moved to the Reception desk and a new notice put up. Staff now welcome and ask visitors to sign the book when entering and leaving the building
HH	Provide marked disabled car parking spaces	To be looked into when resurfacing is complete
SG	Entrance Hall brightened up to improve first impressions and the Quiet Room made cosier	Plans are in place to buy new lights for the entrance hall and upstairs corridor. The Quiet Room will be redecorated and different furniture and accessories obtained to lighten and enhance the ambience
WH	Staff work rotas should be available to staff in advance	Completed
WH	Infection Control champion to be appointed	Completed
SA	Consider the arrangement of chairs in the lounge area to achieve a more versatile environment	This will be discussed at residents meetings
SA	Carry out an audit to ensure residents are happy to have lap tables in front of them and do not feel constrained by them	Completed. Residents confirmed that they were happy with this arrangement
ACH	Reserving visitor car parking spaces	Staff to double on parking on busy days
TR	Consider fixing a doorbell sign at the entrance	New sign installed
Leisure and Services		
HL	Improve activities to socialise and activate residents	SMILE mentoring programme to commence in August 2014
FCV	Display a pictorial activity schedule	In progress
JC	Large print and pictorial activity timetable	Now printed on A3 paper
WH	Evidence of residents meetings	All minutes will be displayed on notice boards
ACH	Consider contacting Hertfordshire Libraries about their Reminiscence service	Contact to be made
ACH RCR	Consider becoming a member of the Herts Care Providers Association for training and support	Contact to be made -ACH. Completed by RCR also arranged a mentorship course for staff through SMILE service and is 'proving beneficial'
JC PMKC SA TR	Consider using the HCPA SMILE service	This will be investigated

FCV HL HH PMKC SA TR	Appoint Dementia and/or Nutrition Champions through Herts Care Providers Association	To be appointed following training FCV, HL, HH
ACH HH FCV	Consider contacting Herts Sports Partnership re physical activity for residents	Contact to be made
JC	Display of information in units should be reviewed in order to give a clearer and more comprehensive picture	Reviewed monthly
JC	Consider re-connecting with the library service	The home will approach the Library again and will put a trolley of books in a more prominent area of the Home for residents use
WH	A bath or shower to be available 2-3 times a week (more than reported at present)	This is being looked at as part of the individual's needs and choice
RCR	Investigate the possibilities of arranging real tasks for residents to undertake if they wish	SMILE service to be used for guidance
Digital Inclusion		
ACH	Provide Internet access for residents	Referred to the Regional Manager
ACH	Use of iPads and tablets to engage with people with dementia	Referred to the Regional Manager
JC	Consider appointing an IT Champion and the use of iPads/tablets to engage people with dementia	To be considered
SG	Provision of digital equipment to enhance the work being done with residents	A lap top will be supplied for residents use. A tablet may be purchased in the New Year (2015)
SA	Consideration should be given to setting up Wi-Fi	Management see this as an important development and will take this forward
TR	Use of iPads and tablets to engage with people with dementia	In progress
RCR	Investigate increasing the uptake of opportunities for digital inclusion	Home is working in partnership with their GP service to install a pioneering telemedicine system at the care home. Part of this project will involve a full Wi-Fi upgrade that will provide full access for residents
Food and Drink		
FCV	Display pictorial menus for easier visibility and understanding	Completed
FCV	Provide regular refreshers to staff who feed residents	Training has been provided and will continue
FX	Speed up the serving of food	Food is now served on pre-warmed plates to keep food warmer for longer
HL	Train staff who feed residents	Staff to receive training
HL	Review menus, portion size and keeping food warm	Menus being reviewed by nutrition champion and chef.

		Dining audits to be conducted to monitor the meal time experience
HL	Staff to be supported to fully understand the policy regarding actions to be taken for weight loss/gain	Staff to receive the appropriate training
WH	Perhaps a more flexible approach to breakfast time could be considered	This is being looked into with the residents on each unit to meet their needs and choice
JC	Water should be routinely placed on tables along with juice	Actioned
WH	Choice of hot food at meal times should be greater	New menu has been given to residents and relatives for feedback before implementation
WH	Wet wipes/hand cleaning facilities should be available before meals	Wet wipes are being ordered alongside alcohol gel
HL	Dining area too small on second floor	Residents to be encouraged to visit other floor's dining area to promote movement and socialisation
SG	Ensure residents are aware of the availability of snacks	A snack menu will be made available in the lounge



Appendix 2

Recommendations from the HwH PLACE 2014 Report

Assessor Teams

Trusts need to demonstrate that their assessment 'teams' are a random selection of the public, patients, carers and interested organisations and where possible ensure that they include a HwH representative.

A recruitment and publicity strategy for PLACE is important for each Trust to develop to meet its own needs. For example HwH was contacted by the Royal National Institute for Blind People about how their members could get involved with PLACE assessments in the future. How would each Trust respond to this request?

Training

In some instances it was felt that those on the assessment did not have an understanding about what they were doing or lacked confidence and this made it difficult to ensure a robust audit. This applied to both members of the public and in some cases to the staff.

New patient assessors and staff leads need to have had some kind of awareness training or information session. A pre -visit briefing incorporating the local aspects of the unit being assessed is a good way to get a team to start working together.

A clear approach to training needs to be thought through by each Trust before PLACE starts.

Timing

We appreciate that there may be a short window to carry out a visit once it has been advised but it would be good to avoid having visits at the same time as other Trusts as this will reduce the pool of volunteers. HwH is happy to act as a point of contact to check when other Trusts have organised visits.

Organisation

HPFT and HCT already have a well thought out engagement process with HwH as they have a complex and lengthy programme to deliver.

For acute trusts PLACE assessments can be an intensive and resource heavy time so it is important that planning starts early and that includes meeting with HwH. We recommend that WHHT, ENHT and BCFH meets with the key HwH Board member and officer before the start of PLACE 2015 to agree an action plan that can be implemented as soon as their site assessments have been notified.

As Princess Alexandra Hospital in Harlow receives a large percentage of the Hertfordshire population, HwH intends to approach PAH to see if it can be involved with their PLACE in 2015.

Feedback

A formal 2 way feedback session with HwH helps to improve the process and makes volunteers feel valued.

Travel expenses

Clarity on paying travel expenses is essential. Good practice would suggest that volunteers be reimbursed for travel costs and especially for car parking. It needs to be made clear from the outset what the Trust's policy is regarding reimbursement of expenses.

What worked well was where Trusts gave a token or pass to cover the cost of car parking so that the assessor did not have to worry about finding money up front.

HwH

HwH also needs to ensure that staff organising Trust assessments understand the difference between a volunteer who is representing HwH and volunteers that are members of Healthwatch who are offering to support the process.

HwH will brief its representatives and will ask for feedback on how the visit was organised and carried out and report back to the Trusts.





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