


Our Year 2024-25



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Message from our Chair

Much has changed locally and nationally since our last annual report. A lot more is in the process of changing across the health and social care environment. This has presented us with both opportunities and challenges. In these pages we set out what we've done to tackle the big issues that matter to people, to make care fairer and to ensure communities are involved in improving services. I'm struck by how Healthwatch Hertfordshire has continued to develop with the times while maintaining a constant focus on what makes Healthwatch unique and so vital.

By the time you read this, the new government may have published its 10-year NHS plan, to which Healthwatch insight will have contributed. We know the plan will focus on three strategic shifts, but the ways in which changing NHS structures are asked to make those shifts happen have the potential to make differential impacts on people's experiences and outcomes, including on whether we see real improvements in health equity.

Change of this nature entails risks, one of the most substantial of which is that decision-makers' attention becomes too focused on structures and systems and not enough on people's experiences and outcomes. Those current and future experiences need to be at the centre as these changes unfold. We're ready to make that happen, along with our many partners.

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.

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

This annual report provides a wealth of evidence that we're up to that important task. It sets out how we've helped people shape the ways services are delivered, through our professional approach to gathering their insights and the assertive, constructive and independent stance we've adopted when carrying recommendations into rooms where decisions are made. While representing Healthwatch on the Integrated Care Partnership Board and the Hertfordshire Health and Wellbeing Board, I've found it heartening to see how often our work has been cited and how open NHS and local government colleagues have been, not just to drawing upon specific pieces of our work, but also to developing their approach to public involvement and co-production.

As our Integrated Care Board changes shape and clusters with others across our region, and as Hertfordshire's county, district and borough councils reconfigure into a unitary system, Healthwatch Hertfordshire's ability to keep people's experiences at the forefront of change – and to be an important source of institutional memory – will be crucial. The work we've done during 2024-2025 to develop our organisation and our ways of working through our chief executive transition, the continuing strengthening of our board, our focus on quality, sustainability and impact, and the developing platform of our longer-term core contract with the County Council has put us in a strong position to play that role.

In these days when there is often so much distrust, division and polarisation, I'm constantly inspired by the amazing thing that happens when people step up, tell us their stories and combine them into a clear, credible, powerful case for improvement. We are privileged to be the independent vehicle through which that can happen. 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.



Neil Tester
Chair, Healthwatch Hertfordshire

How we made a difference

Reaching out



5,632 people shared their experience of health and social care services with us, helping to raise awareness of issues and improve care.

49,626 people came to us for clear advice and information about topics such as finding an NHS dentist and how to complain about their GP surgery.

Making a difference to care

We published **8 reports** about the improvements people would like to see to health and social care services. We made **49** recommendations in these reports to help decision-makers act.



Making your voice heard



We continually provide feedback, robust challenge and hold to account where required. Last year we met with health and care leaders on more than **200** occasions to highlight issues raised by patients.

We spent more than **400 hours** helping people access care through signposting.

Addressing health inequalities

Our Research and Engagement programme focused on **addressing health inequalities** across Hertfordshire. As an organisation we have been expanding our reach throughout Hertfordshire and amongst seldom heard communities including armed forces veterans, refugees, people with long-term disabilities, people recovering from addiction and those struggling with mental health.



Spotlight on our impact

We listen to your voices

500 people spoke to us about online GP consultations. Of these, 53% told us they'd rather talk to a person than use an online system to arrange their **GP appointments**.

68 of the 100 people we spoke to told us they felt judged and discriminated against for using **drugs and alcohol** and this prevented them accessing support.

We heard from **560 women** with experience of perimenopause and **menopause** about their journey accessing support.

We heard from **233 Hertfordshire women** about their **cervical screening** experiences.

A resident told us their **dentures** caused a choking risk during an **epileptic seizure**. National dental commissioning guidelines confirmed what their dentist told them, that bone-anchored dentures are not available on the NHS.

To champion for real change

We told local NHS decision-makers and Hertfordshire County Council's Health Scrutiny Committee. We continue to champion that non-digital options should be available for residents to contact GPs. [**\[Read more...\]**](#)

Our work informed the launch of a website tackling this stigma, a **£2 million investment** in key workers and **£100,000** for peer support. [**\[Read more...\]**](#)

Our recommendations were presented to a network of gynaecologists and have been used to develop guidelines across Hertfordshire and West Essex. [**\[Read more..\]**](#)

Local NHS decision-makers used our findings to create a toolkit for professionals that addresses women's concerns about, and barriers to, attending appointments. [**\[Read more...\]**](#)

We raised this with local NHS decision-makers and found that NHS funding is available, but many dentists may not be aware of this option. They committed to increasing the awareness of this special funding pot among dentists for similar high-risk cases. [**\[Read more...\]**](#)

You shared your experiences

Sexual Health testing

It has improved access to services for everyone

METRO Charity used our report to increase testing take up and introduce more self-testing options. We also contributed to the Council's Sexual Health Delivery Plan. [**\[Read more...\]**](#)

Diabetes symptoms and management

Local NHS decision-makers launched a targeted awareness campaign to improve awareness of risk factors, symptoms and the importance of diagnosis and monitoring. [**\[Read more...\]**](#)

Autism in adulthood

We were one of the first organisations to deep dive into the experiences of autistic people's take up of annual health checks, contributing to the work of the Autism Strategy of Hertfordshire County Council. [**\[Read more...\]**](#)



The way we work

As Hertfordshire's independent health and social care champion, we help improve NHS and social care services and address systemic inequalities. We 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 continues to grow 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 2024/25 our Healthwatch Board consisted of eleven members who are all volunteers and were appointed because they brought a mixture of skills and knowledge of health and social care. Our Board provide 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 2024/25 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 the clear steer on what our priorities for the short-term must be. Our strategy for the next four years was finalised in July 2024. We also underwent a change in leadership in the Executive Team, giving a fond farewell to Geoff Brown, and welcoming Ivana Chalmers as our new CEO.

Finances and Resources

Healthwatch Hertfordshire’s budgets are drawn up annually and reviewed frequently. Healthwatch Hertfordshire’s core funding is set and supplied by our local authority Hertfordshire County Council. Our funding for 2024–25 was £456,228. In addition to core funding we received £26,354 as a contract variation.

To meet the needs of the NHS and Social Care for specific and detailed patient and community perspectives on key themes, we are separately commissioned for some projects. In the year 2024–25 this amounted to £70,783.

Healthwatch Hertfordshire established a subsidiary company in January 2024, Healthwatch Hertfordshire Trading Ltd. Healthwatch Hertfordshire Trading Ltd will be running a 15-month financial year in 2024–25, as a one off to align with Healthwatch Hertfordshire’s financial reporting period. The setting up of Healthwatch Hertfordshire Trading Ltd was to ensure that additionally commissioned income is recognised separately from our core contract.

We are committed to using our resources wisely and have also generated efficiency savings throughout the year.

Detailed information is provided in our annual accounts.





Tackling the big issues

Impacting health and social care in Hertfordshire

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

This is exemplified by our report concerning [GP online consultations](#), where **500** residents shared their experience of using GP online bookings. Rich insights were also gathered from our survey for the Integrated Care Partnership (ICP) on Hertfordshire residents' health and wellbeing; we heard from **1,734** residents, who shared their perspectives on the Integrated Care Partnership's six priorities.

Our work on these issues draws attention to both positive and negative experiences, and shines a light on systemic trends in health and social care in Hertfordshire.

As Director of Public Health, I hugely value our relationship with Healthwatch Hertfordshire. They are a flexible and innovative team that consistently produces high quality and impactful work. They are trusted partners to the system with great connections into Hertfordshire's diverse communities. Recent reports from Healthwatch have championed the needs of those facing the greatest health inequalities and shone a light on how financial insecurity impacts on health.

Sarah Perman FFPH, Director of Public Health, Hertfordshire County Council

Let's talk about sexual health. Again. With even more impact.

We heard from people about the barriers they had experienced in accessing sexual health services. Our resulting [sexual health services report](#) has encouraged and enabled [METRO Charity](#) to use community events and social media to increase awareness of sexually transmitted infections (STI) testing. This led to many people accessing testing, some of them for the first time.

Additionally, thanks to our work, **Hertfordshire County Council** has created a range of new resources and information for community pharmacies. These resources are intended to make it easier for people to access STI tests, with initiatives including pharmacy staff training and provision of shelf boxes, so people can take a test kit without needing to ask a member of staff.

Case study: METRO's community STI testing event – promoting health and awareness

METRO's outreach team held community STI testing events at the Delta Refugee Hotel, Oaklands Colleges and Hertfordshire University.

These events were well-attended by individuals from diverse backgrounds, including members of the LGBTQ+ community, young adults, and individuals from areas with limited healthcare access. METRO's team **empowered attendees to take control of their sexual health** by providing testing kits for HIV, syphilis, chlamydia and gonorrhoea.

In addition to testing resources, participants received free condoms, lubrication, and educational materials and safer sex practices. Attendees appreciated the supportive environment and the opportunity to speak openly about sexual health.

METRO's outreach team also provided training and materials for local organisations, enabling them to act as distribution points for sexual health resources. This collaboration is essential in continuing to support Hertfordshire residents in managing their sexual health.

METRO's efforts to combine education with direct services are just part of the ongoing improvements in Hertfordshire's sexual health services. By increasing awareness and accessibility, METRO and its partners are actively addressing gaps identified in the Healthwatch Report, supporting a healthier, more informed community.

Having this kind of service accessible and stigma-free made it easy for me to get tested and learn about prevention.



The Healthwatch research on local testing services for sexually transmitted infections (STIs) has been really helpful. The findings will help inform Hertfordshire County Council's Sexual Health Delivery Plan. The Council will collaborate with commissioned sexual health services to incorporate the research findings and other local data, in the planning and delivery of support to Hertfordshire residents...

**Rob Bacon, Sexual Health Lead,
Hertfordshire County Council**

Heart health in Hertfordshire

Our [report](#) for Hertfordshire and West Essex's Integrated Care Board, **Heart Health: Views and Experiences of Hertfordshire Residents**, showed a wide range of issues when it came to diagnosis of heart-related conditions, understanding about symptoms and how people could manage their own heart health.

The Hertfordshire and West Essex Integrated Care Board is taking our report seriously.

We said.	They did.
We identified issues with home blood pressure monitoring. Supporting home blood pressure monitoring enables people to have more control over their health and care.	They distributed thousands of digital blood pressure monitors to GP surgeries, and then on to patients. In some areas this led to a 33% increase in blood pressure readings.
We highlighted the importance of raising awareness of heart health, and promoting the range of opportunities to get heart health checked.	They used this to target the messaging in their 'Invincible feeling, invisible danger' blood pressure campaign. The campaign aims to raise awareness that high blood pressure has no symptoms. It also encourages people to get a free check at a pharmacy.
We found that many people, particularly younger men, had hypertension identified as part of their hospital treatment.	They are working with local hospital and community services, nominating a 'hypertension champion' who will raise staff awareness of the importance of blood pressure checking, and include more checks as part of appointments and visits.

Dealing with diabetes

The Hertfordshire and West Essex Integrated Care Board (ICB) also asked Healthwatch Hertfordshire to research knowledge and awareness of Type 2 Diabetes amongst Hertfordshire Residents.

Our [recommendations](#) are informing their approach, particularly through the development of a new Integrated Diabetes Service, and a sustained, multi-level communications campaign.

We said.	They did.
Address inequalities in awareness, diagnosis and management, including through the education and training of clinicians, and increasing awareness of mental health complications for people with diabetes.	The ICB has begun developing an Integrated Diabetes Service (IDS) across Hertfordshire and West Essex.
Increase awareness of risk factors, symptoms and long-term complications, and encourage attendance at supporting services, like NHS Health Checks and the NHS Diabetes Prevention Programme.	The ICB has launched a review of communications, and plan to initiate an awareness campaign.
Ensure people with Type 2 Diabetes are routinely monitored and given sufficient information and support.	The IDS will aim to integrate diabetes care across providers and disease stages to improve outcomes for patients.
Social prescribers should be enabled to support people at risk of developing diabetes.	The ICB has integrated social prescribers into the IDS' activities and associated communications.

Signposting for signs: British Sign Language and the Health Exchange Diabetes Prevention Programme

We repeatedly received reports concerning the online Health Exchange Diabetes Prevention Programme.

The individual who contacted us uses British Sign Language (BSL) to communicate. Despite the claim on the programme's website that all access needs are accommodated, an interpreter was never offered on the online calls.

The individual told us that they had requested the same thing every year for the 5 years that their GP had referred them to the service. Each time it was not made available.

Following Healthwatch Hertfordshire's repeated raising of this issue, the Integrated Care Board (ICB) investigated and learned of other commissioners who had raised this same concern. They also learned that it was a flaw in the contract for the service, which had been drawn up by NHS England.

The ICB and other commissioners in the East of England region are now considering routes to close that gap.

We will continue to monitor the situation.



Biting danger: an epilepsy close call, and how we're changing the system

One of the individuals we supported this year lives with epilepsy and experienced a frightening near-miss incident when they almost choked on their dentures during a seizure. Thankfully their spouse was present and able to intervene. Shaken, the individual consulted their dentist to explore the option of bone-anchored dentures, which would eliminate the risk of choking.

However, the dentist informed them that this was not available on the NHS. Our team looked into national dental commissioning guidelines and, unfortunately, confirmed this was correct.

Concerned by the risk to patient safety, we raised the case with the Integrated Care Board. We argued that there should be room within NHS dental funding for exceptions where there is a clear clinical need.

The ICB was sympathetic and pointed out that the dentist could have submitted an Individual Funding Request (IFR) for NHS funding. They acknowledged that many dentists may not be aware of the IFR process, which is more commonly used by GPs and consultants.

As a result, the ICB committed to increasing awareness of the IFR pathway among dental practices in our area, helping to ensure patients with urgent or exceptional clinical needs are not left without viable NHS treatment options.

This is just one example of how we can make a difference to those who have had difficulty accessing health and social care. If you are struggling too, please contact us.



Making care fairer

Ensuring talented professionals deliver great care

The NHS has seen an increase in the number of internationally recruited staff deciding to leave their jobs. The NHS already has a high number of vacancies and is hugely reliant on the international workforce to provide services to patients. So, it is essential to try to retain these staff and to understand why they are choosing to leave the NHS.

Our [research](#) showed that nearly 50 per cent of international recruits we heard from at local hospitals were seeking employment elsewhere, indicating that much work needs to be done to retain these staff.

The ICB and hospital leaders acknowledged that further work needs to be done to improve the experience of global majority nursing and midwifery professionals and are putting bespoke plans into action to retain staff.

On working with Healthwatch:

I just wanted to highlight how effective our regular meeting is and such a great example of collaborative working with the patients being at the forefront of all our discussions. [...] Healthwatch Hertfordshire has been a pleasure to work with and is very much the voice of the communities and I wish you every continued success in the future.

Chris Harvey, Assistant Director of Nursing and Quality, Hertfordshire and West Essex Integrated Care Board

We spoke about the menopause. They listened.

We heard from **560 women** who are either currently going through, or have experienced, the perimenopause/menopause. **Our [report](#) informed a Joint Strategic Needs Assessment and has enabled county-wide efforts to address women's health issues.**



I am part of the Hertfordshire and West Essex Gynaecology Clinical Network who have recently been working on menopause clinical practice guidelines in Primary Care. This work has been guided and informed by your 'Let's Talk About Menopause' report which highlighted issues women have reported in accessing support for menopause symptoms and treatment from Primary Care. I presented your report to the Network alongside guidance from the Women's Health Strategy to emphasise the importance of considering patient experience when producing the guidelines and rolling them out across the system.

Ruth Dean, Health Improvement Lead for Women's Health and Partnerships, Hertfordshire County Council

We spoke about cervical screenings. They listened.

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



The work that Healthwatch Hertfordshire completed on the cervical screening experience in Hertfordshire in 2024 has helped to shape how we approach activities to improve the uptake of cervical screening in our population.

Kathryn Cremins, Senior Manager, Planned Care (Cancer and Stroke) and Macmillan Primary Care Facilitator, Hertfordshire and West Essex ICB

But there is more work to be done: cervical screening for people who are housebound

We received feedback from someone who was housebound that had requested cervical screening at home. Their GP surgery, and then the local commissioners refused to provide this. The individual was told a 'risk-based approach' was being taken regarding their cervical screening access, based on their 'low number of sexual partners'. This was based on advice from colleagues within the national screening programme.

We raised this with the Integrated Care Board, who confirmed this was in line with the national guidelines, and that they would be reviewing the situation 'annually, or more frequently if necessary'. They told us that a 'risk-based approach' would be applied to all housebound people accessing any of the cancer screening programmes across the Hertfordshire and West Essex area.

This raises important questions: Why should the housebound be risk-assessed differently? Why are those who cannot leave their home excluded from what is meant to be a universal offer?

We are concerned this could amount to disability discrimination, and we have raised the issue with colleagues at Healthwatch England, preparing to challenge the guidelines.

Addressing gambling harms

Our **Gambling Harms Strategy** [report](#) showed that many of those in Hertfordshire who contributed to the research were unaware of the impact of their addiction until it was too late, and substantial damage had been caused to their relationships, livelihood, finances and mental health.

Our report and its recommendations informed Hertfordshire County Council's Public Health team and the Hertfordshire Gambling Harms Alliance in drafting their Gambling Harms strategy. They have already launched a campaign to help those affected by a gambling addiction to be aware of, and access **free and confidential support**.



Our recommendations identified five priorities:

- Increasing awareness and knowledge for public and professionals
- Protecting vulnerable groups from gambling harms
- Increasing data and evaluation
- Influencing the licensing and regulatory environment
- Providing effective treatment and support

A lot of it is done behind closed doors now because of social media. You can go on your phone, and you can bet for as long as you want and no one around you will ever know about it, it can just go undetected, whereas with alcohol it doesn't.

Challenging stigma around drugs and alcohol

Public Health at Hertfordshire County Council commissioned us to gather people's views to inform the new campaign they are creating to raise awareness about the stigma surrounding challenges related to drugs and alcohol. **Over 100 people shared their views and 68% told us they felt judged or discriminated against because of their substance use.**

Our work with Public Health at Hertfordshire County Council has informed their campaign to reduce myths, and improve understanding, around drug and alcohol use. This will ensure residents, carers and professionals can access tools and information to help them support people facing drug and/or alcohol-related issues.



Our [research](#) showed that the campaign should feature conversations with people in news articles and videos, social media posts, website information, posters and online workshops. Public Health have incorporated our findings into the development of their new campaign and website, which has now been [launched](#).

This has been accompanied by a **£2m** grant to embed additional key workers, a grant of more than **£100k** to embed lived-experience roles, travel expense pilots and additional funded work with community groups.



Autism: We listen when others won't and hear when others don't.

Our signposting service often has to mediate between autistic individuals and providers without proper expertise to meet their needs. People with a confirmed diagnosis felt their autism was seen as a complication to their condition that services were unequipped to deal with – causing delays to treatment.

One individual told us that when they presented for an assessment, they were told by a senior clinician that they “don’t look very autistic”. Another person we spoke to said that they’d provided their Care Coordinator with a list of trigger words and phrases to avoid, to distribute to the duty team for when they call to get support. Nearly a year later, despite repeated reminders, this still had not been done, and this understandably added to the individual’s distress.

We help residents like this by signposting them, when appropriate, to the advocacy service so they can make a complaint, and ensure they get the care they deserve.



Influencing and changing strategic direction

Autism Health Checks began to be piloted in Hertfordshire in 2023. Our [study](#), **one of the first to capture autistic people’s voices in detail**, showed strong support to extend the programme county-wide, improving healthcare for those who may find it challenging to access GPs and address some of the underlying concerns, fears and barriers to healthcare.

We made recommendations concerning **autism health checks, identification, reasonable adjustments, communication, flexibility of appointments and training and awareness to help ensure fair provision**. The Health and Wellbeing Board have incorporated our findings into the draft autism strategy.



Our work in this area will continue. We will not only be monitoring the implementation of our recommendations but have also launched a further study concerning post-diagnostic support for autistic adults.



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 of our activities. We are making 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 Marie Curie to hear from communities to improve End of Life care.

Everyone deserves the best experience possible at the end of life, with access to high quality care and support, when and where they need it most.

On behalf of those responsible for shaping palliative and end of life care, NHS East of England and Marie Curie conducted a survey to understand the experiences of people in the East of England. We helped Marie Curie to hear from Hertfordshire residents about their palliative care experiences, and to assess how well the NHS "6 Ambitions of end-of-life care" were being met. Our support has helped to inform recommendations on how to improve services.

The support provided by Healthwatch Hertfordshire was hugely appreciated and in particular the innovative and enthusiastic approach to different engagement opportunities was very helpful.

Tracey Allan, Community Engagement and Development Manager, Marie Curie

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 and the Integrated Care Board's working groups around cost of living, drugs and alcohol, age friendly, research strategy and the strategic coproduction board, as well as supporting conversations at the Patient Engagement Forum and Herts and West Essex Participation Community of Practice.

It's a pleasure to work alongside a valued partner like Healthwatch Hertfordshire. Their work to champion the voice of the seldom heard communities and residents in our system is amazing. Their support in driving better health and social care outcomes for all residents in Hertfordshire is fantastic. They continue to be a champion for the voice of communities that otherwise would not be heard, this is needed more than ever as the NHS and other partners moves forward on the NHS 10 Year plan and local government re-organisation.

Kevin Hallahan, Health Inequalities Lead, Hertfordshire and West Essex ICB

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 helped inform the integrated heart failure service to ensure it meets the needs of patients, and has explored key issues in primary care services, focusing on pharmacy and dentistry.

A coproduction advisory group 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 plays an advisory role to the overarching HCP Board to ensure coproduction is effectively embedded across the partnership, and local communities have opportunity to shape the decisions made. Membership is comprised of leads from local NHS providers, patient representatives and the voluntary and community sectors.

Over the past year, the Board has supported with and advised on a range of transformation projects including the redevelopment program at West Hertfordshire Teaching Hospital NHS Trust including shaping the new Elective Care Hub, and helping inform projects around virtual hospitals, care closer to home and frailty.



Empowering those with learning disabilities to participate in research

Alongside other local Healthwatch in the East of England, we spoke to residents with learning disabilities about their views on taking part in research. This has enabled the East of England Secure Data Environment: a new NHS health data research programme which allows approved researchers to access patient data, to understand how best to engage this community. Our engagement has also informed the Easy Read materials produced to support people with learning disabilities in understanding how their data will be used, and how they can exercise their choice to opt-out of the programme.



Healthwatch Hertfordshire's partnership with the voluntary and community sector is growing from strength to strength. They are committed to amplifying diverse voices and ensuring inclusive representation in decision-making—especially for underserved communities. With a collaborative and positive approach, their team consistently delivers meaningful impact across Hertfordshire.

Mark Hanna, CEO Age UK Hertfordshire and Chair of Hertfordshire and West Essex Voluntary, Community, Faith and Social Enterprise Alliance

Making a difference, wherever we can

Thank you for your humanity and professionalism. It is so rare to find both in one person.
Signposting service user

I feel for anyone else who is going through these problems and I am thankful for organisations like yours who are monitoring them.
Signposting service user

Thank you for taking the time today to listen to my concerns about my cancer treatment at Lister Hospital. I found the conversation very reassuring and helpful.
Signposting service user

Our focus for next year

It's been a big year, and we have achieved so much. It is a privilege and an honour to be a trusted champion of local people. Going forward, the Healthwatch Hertfordshire team remain deeply committed to our values and the communities we are here to support – this stands at the heart of everything we do.

Looking ahead, we will continue to cultivate our partnership working to ensure our actions have a real impact on our communities, and especially where health inequalities are increasing. We will continue to consider mental and physical health as deeply interconnected and make links to wider determinants of health wherever possible.

We will keep listening to the people of Hertfordshire, gathering their views proactively with our research and engagement projects, and helping them navigate the system with our signposting service, to find out what is working and what needs to improve.

The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus, and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation.

Louise Ansari, Chief Executive Officer, Healthwatch England

We will ensure that local leaders in health and social care – who have the power to change things – hear what we have learned, and we will champion change for the better. We will monitor any changes and improvements to support accountability. In the coming year, you will be hearing more about the impact of our insights, reports and recommendations, and the ways we hold the system to account, so issues don't just slip through the net.

We are expertly supported by a diverse group of trustees who are proud ambassadors across health, social care and the voluntary sector. Having planned our finances prudently, we are in a confident position to deliver high quality services and meaningful change.

We promise to continue to work hard for your voices to be heard, with and despite any change that may come. Thank you to the people of Hertfordshire, for sharing your experiences and views, and for trusting us to use them to improve health and social care.

Ivana Val

Ivana Chalmers
CEO, Healthwatch Hertfordshire





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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](#).