



Healthwatch Hertfordshire
Annual Report 2013/14

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Chairman's Introduction



Welcome to the first annual report for Healthwatch Hertfordshire. After a busy first year, we are delighted to be able to share with you the highlights of the work which has been undertaken by our staff and volunteers in our role as consumer champion for health, public health, and social care services in Hertfordshire.

The challenges facing public services are greater than ever: funding pressures are still increasing, demand for services is growing, and as the population ages the need for both health and social care services continues to rise. In this context it is ever more important that local people have an opportunity to shape the development of the services which they need, and to receive consistent, high quality, and respectful care.

Over the past year, Healthwatch Hertfordshire has worked with a wide range of health and social care partners across the County to help develop and improve services to meet the needs of local communities. Acting as a critical friend, it has challenged and worked with many organisations, and has provided support and signposting to local people.

I should like to thank our highly skilled and committed staff team, our passionate Board, knowledgeable Stakeholder Panel, and incredibly committed volunteers and monitors for their hard work and enthusiasm over the past year. We all look forward to serving Hertfordshire residents over the coming year, and to ensuring that everyone has access to the health and social care services that they need.

Sarah Wren
Chairman

Executive Summary

Healthwatch Hertfordshire is proud to report on our first year of activity

This annual report provides an outline of our work and the impact it has had over the past year. It also looks to the future, outlining our key priorities and planned activities for the year ahead.

We see our role as being a *Consumer Champion* for health and social care in Hertfordshire. We gather the views and experiences of local people, building a picture of people's needs and service quality from the patient and public perspective. We use this as evidence to influence decision making and propose change. This emphasis on evidence is reflected in our approach to information management and our research function. We record all comments and enquiries on our database, which we use to identify trends and areas to investigate in more detail. The issue that we hear most about is access to General Practice and in response to this we are carrying out a detailed piece of research to find out more and build a case for change. We also provide a Signposting service which we have set up to complement the established information and advocacy services in the County. We have had a significant volume of enquiries about the NHS complaints process, including how to access it and what to expect. We are planning some work on improving the way the process is communicated for the year ahead.

Over the year we have worked hard to raise our profile to ensure that more people know who we are, how to contact us and how we can help. As the team has grown we have been able to spend more time in the community speaking to people and introducing ourselves to local groups and community organisations. We have also grown our digital presence considerably: our Twitter and Facebook activity has measurably helped us to get messages out to a wider audience. We understand that there are some groups that are harder for us to reach and are therefore underrepresented in the intelligence we're gathering. As these groups might also be disadvantaged in accessing services, we consider them in all that we do and have also done some targeted engagement work, for example, our involvement in the implementation of the pioneering Transgender Health Needs Assessment for Hertfordshire.

We value the strong relationships we have built with service providers, commissions and other partners over the year. We see ourselves as a *critical friend*: we offer feedback and challenge while welcoming opportunities to work in partnership to improve services and promote patient and public involvement. We have been able to influence decision makers through our involvement on key Groups and Boards and by working in partnership on major projects. An example of this is the role we have had working with West Herts Hospitals Trust's new leadership team on the significant changes that have taken place at the Trust this year. This includes being on the interview panel for all senior posts within the Trust to represent the patient's perspective.

Our Quality and Improvement Subcommittee (QISC) has planned and overseen this year's monitoring activity, which has been carried out by our team of skilled and committed Enter and View monitors. A packed programme of training has been delivered for new monitors as well as those with experience. This has been put in to practice with our first programme of Enter and View visits. Monitors are currently visiting Care Homes around the County with a focus on quality of life and mental wellbeing. We've also been heavily involved in visits for PLACE (Patient Led Assessment of the Care Environment), with monitors undertaking visits for five NHS Trusts.

As a new organisation we have had to establish our physical environment and ensure we have the right people. In October we moved to a new building which we share with Age UK Hertfordshire. The move has given us additional office accommodation as well as the space to hold events and training on site. The staff team has also grown, with the addition of our Information Officer and Communication Officer in January and our Youth Health Ambassador who has just started with us.

We're enormously grateful for the hard work and commitment of our volunteers who have given their time this year to be Enter and View monitors; represent us at meetings and on Boards; and support our research and project work. We also want to thank our wider membership for their interest in our work; sharing their views with us; and responding to requests for involvement.

Health & Care Provision in Hertfordshire

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.

*Source: Hertfordshire Joint Strategic Needs Assessment Summary 2014

Commissioning

There are three Clinical Commissioning Groups commissioning health services in Hertfordshire: Herts Valleys CCG; East and North Herts CCG; and Cambridgeshire and Peterborough CCG.

In Hertfordshire, Primary Care and specialist services are commissioned by the Hertfordshire and South Midlands Local Area Team of NHS England.

Hertfordshire County Council commissions social care services for adults and children.

Joint funding arrangements are in place between the NHS and County Council for the commissioning of Mental Health and Learning Disability services.

Integrated arrangements are due to be extended in 2014/15 with the Better Care Fund, the introduction of a single pooled budget to support health and social care services to work together locally.

Key providers of Hertfordshire services

Service	Provider
Watford General Hospital, Hemel Hempstead Hospital, St Albans City Hospital	West Herts Hospitals NHS Trust
Lister Hospital (Stevenage), QEII Hospital (Welwyn Garden City)	East and North Herts Hospitals 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	Barnet and Chase Farm Hospitals NHS Trust
Luton and Dunstable University Hospital (Luton)	Luton and Dunstable University NHS Foundation Trust
Addenbrooke's Hospital (Cambridge)	Cambridge University Hospitals NHS Foundation Trust
Mount Vernon Cancer Centre	East and North Herts Hospitals NHS Trust (Northwood)
Community Health Services, including: district nursing, community midwifery, Intermediate Care e.g. Queen Victoria Memorial Hospital (QVM), Neurological rehab e.g. Danesbury Hospital, family planning clinics	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

Voluntary Sector

Hertfordshire has a thriving voluntary and community sector including a wide range of health and care charities supporting individuals and their families. HertsHelp is a network of local community organisations working together to help people to find practical support, guidance and information.

Our Priorities

In May 2013, the Healthwatch Hertfordshire Board agreed the organisation's Priorities to 2016: the areas that we plan to focus our work on. The Priorities are currently being refreshed for the year 2014/15 and will include the following:

1. Major issues of concern.
For example, these could come from our local Quality Surveillance Group, public feedback, Enter & View, the Care Quality Commission, or Healthwatch England. This will include:
 - Safeguarding and risk
 - Responding to feedback
 - Transformation and change
2. Engaging Children and Young People on health issues
3. Addressing the combined health, wellbeing and social care needs of older people
4. Addressing the needs of people with mental health conditions
5. Addressing the needs of people with a learning disability
6. Engaging offenders and ex-offenders on health issues
7. Groups, issues and programmes identified by Public health colleagues and through the Joint Strategic Needs Assessment (JSNA).
8. In all that we do, we will show awareness of inequalities and endeavour to address them. In particular those experienced by:
 - Black and Minority Ethnic communities
 - People who identify as Lesbian, Gay, Bisexual or Transgender
 - Gypsies and travellers
 - People with sensory and physical disabilities
 - Men
 - Veterans
 - People with mental health conditions
 - People with a learning disability
 - Deprived communities
 - Offenders and ex-offenders
9. Being a consumer champion, representing patients; signposting and providing information.



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. Making sure that people know who we are and how to contact us has been a significant challenge for us in our first year of operation. Our work over the year to raise the organisation's profile has meant that the volume of contact we receive from the public continues to increase. People can contact us on our office telephone number, through our info@ email address or by leaving questions or comments on our website form. With the addition of two more staff in mid-January, the team's capacity to spend time in the community speaking to the public has increased. We are able to attend more events and be in key locations so that people can meet us and talk about their experiences face-to-face.

We have committed a lot of time this year to meeting with community organisations, introducing ourselves, building relationships and expanding our profile. Here are some of the organisations we have met and worked with over the year.

<p>Community Groups</p>  <p>Stevenage Health Involvement Partnership MacMillan Partner and provider forums Church Street Surgery, Bishops Stortford Nouvita Conference West Herts Hospital Trust Patients Group Royston Hospital Action Group Watford and Three Rivers Health partnership Dacorum Health partnership</p>	<p>NHS England HCC Strategic Commissioning Group Older People and Dementia HCC Public Health Herts Valleys CCG East and North Herts CCG Cambridgeshire and Peterborough CCG East and North Herts Acute Trust including Involvement Forum West Herts Hospitals Trust Herts Partnership University NHS Trust Herts Community Trust Princess Alexandra Harlow Herts Urgent Care East of England Ambulance Trust</p>  <p>Organisations held to account</p>	<p>Partners and Stakeholders</p>  <p>HCC Scrutiny GMC Herts Care Provider Association VOICE Herts Aid Crossroads Care Age UK Carers in Herts Herts Sports Partnership Hertfordshire People First</p>	<p>West Herts Hospital Trust Risk Review Committee Older People and Complex Conditions - Herts Valleys CCG Community Sector Brokerage with HCC Micro providers project with HCC End of Life Forum Leadership forum West Herts Hospital Trust East and North Herts CCG Stakeholder Forum Speaking at Hertfordshire Diversity Conference Welwyn Hatfield Clinical Commissioning Group Patient Leadership Programme Speaking at Hertfordshire Public Health Conference Interviews for senior posts at West Herts Hospital Trust Independent Inquiry into two week cancer pathway Interviews on Three Counties Radio</p>  <p>Profile</p>
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We have worked especially closely with Hertfordshire's Library Service. Over the past year we have attended several health and wellbeing themed community events in libraries around the County: Welwyn Garden City, Berkhamsted, North Watford and Bishops Stortford. We have also started joining the mobile library rounds, allowing us to meet people who would normally be unable to access us or may be unaware of our services, including people in rural areas and those who have problems leaving their home.

Over the past year, 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 later in this section.

Communications

Digital Communications

Although Healthwatch Hertfordshire's website is increasingly used as way of leaving feedback and accessing our newsletters, it is felt that it requires significant development which will be taking place in the summer. We have worked hard this year to increase Healthwatch Hertfordshire's social media presence. Our high level of activity on Twitter and Facebook has led to a measurable increase in online interest in our work. Within the three month period starting mid-January the number of 'likes' for the organisation's Facebook page increased by just under 900%; and our Twitter following increased by around 33%, with a peak mention reach of 62,000 users and re-tweet reach of 40,000. Additionally, since the Healthwatch Hertfordshire Board has been meeting in public, these meetings are live tweeted, with questions from our followers welcomed and addressed.



We have recently commissioned a short film, designed to appeal to a broad spectrum of the community. From the summer, it will appear both online and on screens in waiting rooms of local hospitals. We are also exploring the possibility of showing the video in local colleges.

Newsletters

Members of Healthwatch Hertfordshire receive a regular newsletter which is sent by email or printed and posted to members who request this. It is also made available on the Healthwatch Hertfordshire website and via the Facebook page. The newsletter is published every few weeks and covers the activities of the Board, staff, and members of the organisation, as well as upcoming events that may be of interest and links to news stories. We also use the newsletter to ask for members' views and experiences of particular services, where we have heard about a potential issue or planned change.

Marketing and promotion

We have made use of the Healthwatch trademark, branding and branding guidance when undertaking activities covered by the licence agreement. This year we have invested in thoughtful promotional items to give away and increase interest in our message when attending events. We also give special packs of plasters to anyone who signs up to become a member. This added incentive has allowed us to increase and diversify our membership which is something we plan to focus on in to the coming year.

Future plans include launching branded promotional pedometers to give away as part of National Walking Month, as well as attending more community events around the County.

Comments and feedback



Comments and feedback received by Healthwatch Hertfordshire over the last year have been recorded on our database. We have received 212 comments, including comments that we have received over the phone, email, through our website and face-to-face in the community. This does not include feedback we have received through surveys we have carried out as part of targeted projects.

These are the areas we have received the most feedback about this year:

GP Access

We have had a large volume of comments from people about getting an appointment to see a GP. Some people have told us that it's difficult to get an appointment at the right time or with the right doctor. Equally, we have heard that some people are satisfied with the appointment

system at their surgery. In response to this we are carrying out a targeted piece of research to gather more detailed information and find out what is working well and what needs to change. For more information about this project see page 16.

Referral to treatment waiting times

We have heard from people who are frustrated about having to wait a long time to be seen by a hospital consultant or for surgery. Issues raised include, poor communication about estimated waiting times and repeated cancellation of operations. We have fed back these comments to the relevant services and have been able to challenge providers where trends have shown a particular problem.

Issues with communication between services and with patients and families

A major theme that we have identified in the feedback that we receive is poor communication. People have told us about not feeling informed about their choices or decisions regarding their care. Some carers have told us that they don't feel involved in the planning of their family member's care, this is particularly in relation to social care. Many of the issues that we hear about are caused or exacerbated by poor communication. For example having a realistic idea of how long you will have to wait to have surgery might reduce the frustration and worry while waiting.

The table below is a district breakdown of the feedback Healthwatch Hertfordshire has received during our first year.

Locality	% of total comments received	Key trends and themes
Broxbourne	3%	No significant trends identified
Dacorum	3%	No significant trends identified
East Herts	21%	GP Access - problems getting an appointment Positive comments about the NHS 111 service
Hertsmere	4%	GP Access - problems getting an appointment
North Herts	4%	GP Access - in particular, problems getting an appointment following changes to the system at a surgery in the area.
St Albans	19%	Relocation of the neurological unit at St Albans City Hospital

Closure of the hydrotherapy pool at St Albans City Hospital

Stevenage	19%	GP Access - problems getting an appointment GP referral to secondary services e.g. Mental Health and paediatric services
Three Rivers	3%	No significant trends identified
Watford	14%	Waiting for Hospital referrals, including internally / inter-departmentally
Welwyn Hatfield	9%	GP services - positive and negative comments Waiting times for surgery
Unknown	1%	-



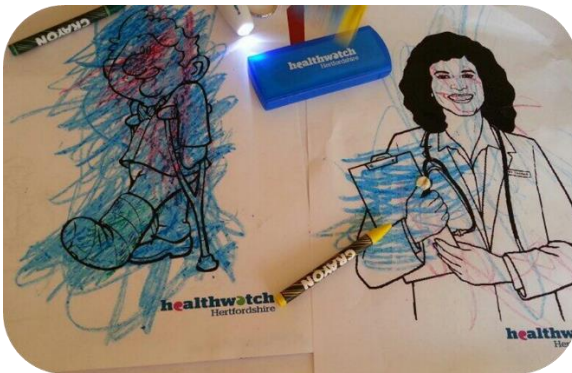
Case study: Holywell Neurological Unit

Healthwatch Hertfordshire was contacted by a large number of users of the Holywell Neurological Unit at St Albans City Hospital who have Parkinson's disease. They were concerned about the possible relocation of the unit and felt that their needs were not being considered. We convened and Chaired a meeting with Herts Valleys CCG (the commissioner), Hertfordshire Community Trust (the provider), the Parkinson's Society and those people who had contacted us. The meeting ensured that a group who had felt excluded realised that their views and input were important, and that their concerns would be listened to. It became clear that there had been a breakdown in communication which had led to a misunderstanding about future plans for the unit. The outcome of this meeting was a clearer understanding of why changes were being made and an agreement from commissioners and providers to keep users of the service informed and to seek their input regarding future changes.

Engaging the groups we hear from less

We realise that certain sections of the community are underrepresented in the feedback we gather and the picture of services from the patient and public perspective that we are building. We understand that some of these groups might also be disadvantaged in their access to health and care services, so we have prioritised trying to reach them and hear their views. The following are examples of ways we are doing this.

Children and young people



During the year we have developed a partnership with Herts Valley CCG, East & North Herts CCG, Public Health and Herts County Council's Children's Services to create the post of Youth Health Ambassador for Hertfordshire.

All partners have equally funded the post and a member of staff to fulfil this role was appointed in April 2014. Over the next year we will be engaging with children and young people to ensure their voices and experiences of services are heard, valued and included in decision-making processes. Children and young people can face a range of challenges, disadvantages and inequalities. Through our Youth Health Ambassador we hope to increase young people's participation and give them a stronger voice to influence service improvement.

Minority ethnic communities

We have worked closely with Broxbourne and East Herts CVSs to identify ways of reaching the Polish community. This is a group that faces health inequalities with some people experiencing barriers to accessing services and social isolation. We wanted to gather the views of local Polish communities in order to influence local services and ensure they are inclusive to those who might not otherwise have a voice. We targeted places where people gather together such as local churches and multicultural events, for example on art event celebrating Polish culture and promoting community cohesion. We went to these places to meet people, explain the role of Healthwatch and to talk to people about their views and experiences. We have also worked with a Polish Saturday School in Welwyn

Garden City. We attended the official opening of the school which gave us the opportunity to speak to over 70 Polish families in their language. Through this we established good relationships with both the Polish school founders and head teacher of the host school which opened channels for future collaboration.

From this work we have identified some issues which are important within the Polish community and we plan to do some targeted work with single men and young families to gather more evidence. Areas we'll be looking at include alcohol misuse, emotional wellbeing (particularly in relation to financial problems in the current climate), and access to services.

Offenders and ex-offenders

We understand that people who are in prison; those serving community sentences; and people resettling in the community following a prison sentence, are harder for us to reach. This group faces the double disadvantage of having typically poorer health than the general population combined with barriers to accessing the health services that they need. We made links with the Hertfordshire Probation Trust and learnt that people leaving prison often don't have the information and support they need to access community services like registering with a doctor; accessing dental care and mental health services. We approached HMP The Mount and have arranged for our leaflets and posters to be available for prisoners and their families in the Visitor Centre. We are also planning to have a regular presence in the prison library to offer information about accessing services and to gather feedback on prison healthcare.

The following are examples of projects we have been involved with this year to target particular issues, localities or parts of the community.

Access to General Practice

We receive a large volume of feedback from people about access to GP services. To respond to this we are currently carrying out a large piece of research to gather more evidence. We wanted to highlight the systemic challenges as well as looking at good practice and useful ideas to help Practices improve the patient experience. We have targeted a single CCG locality area (Stort Valley and Villages) which is an area that we have had a significant number of comments about. We began the project by consulting with stakeholders, including the five GP Practices in the locality; Patient Participation Groups; our NHS England Local Area Team; and the local hospitals to gather background information about local context. The main part of the research is a public survey carried out over a four week period in

a variety of locations in the community as well as in surgeries. This is supplemented by focus groups to target parts of the community that we might not hear from through our street surveying work: older people; homeless and vulnerably housed young people; and people with a learning disability. The output from the research will be a report, published in the summer, with recommendations for individual practices as well as some which are more strategic.

Hertsopedia project

In partnership with the County Council's Joint Strategic Needs Assessment (JSNA) team, we have launched Hertsopedia: an open source website where approved local voluntary and community organisations can share information they have about the health needs of the communities they work with. The website can be found here www.hertsopedia.org.uk

The project was intended to create a place for informal, anecdotal and qualitative information that is not already captured by the JSNA to be brought to the attention of commissions and decision-makers. Organisations with expertise in a number of areas have been trained and approved to add content to Hertsopedia and the site includes a growing number of articles on topics including ageing well; Carers needs; and the health needs of the Transgender Community. The CCGs and local councils have welcomed Hertsopedia and supported its development. In the year ahead we will continue to promote the project and recruit more contributors so that content continues to grow.

Transgender Health Needs Assessment

In October 2013 the Transgender Health Needs Assessment was launched in Hertfordshire. A unique piece of work carried out by Viewpoint (a mental health service user involvement project in Hertfordshire) with Sonny van Eden, a trans man, leading the research, it was supported by Healthwatch Hertfordshire, NHS Hertfordshire (now Herts Valleys Clinical Commissioning Group), Public Health and Hertfordshire County Council.

The aim of the research was to give transgender people in Hertfordshire a voice in what sort of support they need and to provide information about existing provision. Until recently, no services existed for the transgender community in Hertfordshire and this is the first piece of research in the country to look specifically at their health needs. The Report lists 22 recommendations which have been endorsed by the County Diversity Board.

The Report has also been presented to the Public Health Board and will be included in Hertfordshire's Joint Strategic Needs Assessment (JSNA).

After the launch event, many individuals and organisations committed to making a difference through taking action within their communities or areas of work. For example, Hertfordshire's Drug and Alcohol Thriving Families Service has recruited six support workers who are Transgender Champions. Healthwatch Hertfordshire has provided training and support to create a Transgender section on its new Hertsopedia web page to address one of the recommendations of the research: "*Set up an Internet Information Site which can be trusted to provide accurate advice*".

In March 2014 the piece of work was shortlisted in the top three in its category for the NHS England Excellence in Participation awards. The project received a *highly commended* certificate which was presented at the awards ceremony of the Health and Care Innovation Expo 2014 event in Manchester.

An Implementation Group continues to meet regularly to drive forward the recommendations. Membership includes Healthwatch Hertfordshire, key commissioners, the voluntary sector and members of the trans community. Sonny van Eden who has been an inspiration to the group is now Chair.



Engagement with Decision Makers

Healthwatch Hertfordshire values the strong relationships it has built 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. It has also enabled us to get involved with joint projects and influence major changes, some of which are described in this section.

Sarah Wren, Chairman of Healthwatch Hertfordshire is our representative on the Health and Wellbeing Board. The Information team provides a written briefing ahead of each meeting of the Board, to share comments and feedback 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. We have also been asked to run a workshop on public engagement at the Health and Wellbeing Board conference in June.

Older People

Healthwatch Hertfordshire has prioritised the combined health, wellbeing and social care needs of older people and over the last year we have used our influence to address some of the issues affecting this group through working in partnership.

We have also looked at Care Homes for older people in our first round of Enter and View visits. We worked with partners to identify places to visit and the programme focusses on how well the home promotes the mental wellbeing of residents. See page 35 for more information about this.

The following are examples of ways in which we have worked with and influenced decision makers on issues relating to Older People.

Herts Valleys CCG's Older People and Complex Conditions Programme

Healthwatch Hertfordshire has been actively involved in Herts Valleys CCG's Older People and Complex Conditions programme (OPCC). The programme aims to develop innovative, integrated improvements, recognising the need for patients and service users to be involved and part of the solution. Because of this, HVCCG could see the importance of significant Healthwatch involvement, and we recognised that this project fitted with our own Priorities.

Healthwatch Hertfordshire was invited to represent patients and service users on the Strategic Leadership Group of the OPCC. We facilitated discussions at a series of planning events in June 2013; and attended a co-production event in the autumn, which involved patients, providers, commissioners, carers and communities developing shared solutions.

Recognition that patients and service users should help shape service developments is central to the OPCC programme. Healthwatch Hertfordshire Chairs the Patient and Service User Forum, which brings together patients and commissioners every quarter to discuss service developments. Through our involvement in the programme, we have helped to ensure that patient and service user voices are central to this work. This has resulted in the implementation of practical service improvements as well as long term integration being firmly on the agenda. This project has been key to establishing ourselves as a patient leader; a strong, independent voice; and critical friend. In the year to come, Healthwatch Hertfordshire's role as a critical friend of HVCCG is to be extended to cover primary and planned care, as well as having a role to play in the reconfiguration of neurological services.

Older People and Dementia Strategic Commissioning Group

The County Council's strategic commissioners for older people's services wanted to ensure the voice of services users and carers was heard as part of a new approach to commissioning which moves away from the block contracting which has been used previously. Healthwatch Hertfordshire and Carers in Herts were invited to be involved to represent these voices.

Through our involvement in this work, Healthwatch Hertfordshire supported and encouraged a number of shifts within the commissioning approach which promote a holistic approach to ageing well rather than just commissioning services. Our involvement has also encouraged the increased inclusion of the voluntary and community sector to ensure integrated commissioning solutions. Commissioning of support based on this new approach will take place later this year.

East Herts Aging Well Working Group

This group was formed following an East Herts Local Strategic Partnership (LSP) Board Ageing Well Workshop held in June 2013. From that event a Group was set up to develop a work plan based on the learning from the workshop and to report back to the LSP on a regular basis. Through this group, Healthwatch Hertfordshire has linked up with the Head of Community Safety and Health Services to share information and we are investigating the downturn in referrals for the Disabled Facilities Grant.

Herts Valleys CCG Care Home Steering Group

We are a member of this group which also includes key people from Herts Valleys CCG, East and North Herts CCG, Hertfordshire County Council, Hertfordshire Community Trust, Hertfordshire Partnership University Foundation Trust, Pharmacy teams, and Herts Care Providers Association to share intelligence across health and social care. The focus is improving care and working closely with Adult Safeguarding. Through links made via this group, we have addressed Herts Care Providers Association's Provider Forums and their Providers Network meeting.

Older People and dementia

Healthwatch Hertfordshire is a member of the West Herts Hospitals Trust (WHHT) Dementia Implementation Group (DIG) which was set up to implement the National Dementia Strategy - Living Well with Dementia - across the Trust. A particular focus for Healthwatch Hertfordshire has been looking at how the needs of carers of people with dementia are considered and also developing a carers agreement. In the DIG Annual Report, the Trust states: *"(we are) now recognising and valuing the carers perspective of our service. A survey directed at carers of people with dementia is now taking place in the Trust. Working with Healthwatch we will be reporting on a monthly basis to the Dementia Implementation Group (DIG) to develop strategies to improve our relationship with carers"*.

Children and young people

Healthwatch Hertfordshire is represented on three strategic commissioning groups, which bring together the key partners in Children's Services: Early Intervention and Prevention; Children and Young People Living Away from Home; Children with Complex Care and Additional Needs; and Children and Adolescent Mental Health Services (CAMHS). Representation on these strategic commissioning groups enables Healthwatch to be part of decision making for Hertfordshire's young people at a much earlier stage. The strategic commissioning groups aim to improve the outcomes for children and young people from conception to 19 years by maximising resources available, ensuring commissioning decisions are based on identified needs and that services respond to the needs of children, young people and their families.

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

We launched our own Mental Health and Learning Disability Service Watch Group in September 2013. Over 30 people attended the launch event, with service users, carers, service providers and commissioners represented. The event was extremely interactive and feedback from this enabled us to put together a work plan for the year. The Group now meets bi-monthly to progress work which focuses on drug and alcohol services; Improved Access to Psychological Therapies; enabling people with Learning Disabilities; and the CAMHS Emotional Wellbeing Strategy. Meetings have produced lively debate particularly where representatives of service providers and commissioners have attended to respond directly to the concerns raised by members. The Group ensures that the voice of Healthwatch is heard at both the Governors and Public Board meetings of HPFT and at relevant joint commissioning bodies.

We are working closely with North Herts People First, a self-advocacy network, to make it easier for people with a learning disability to participate at meetings and to ensure agendas are meaningful to them. We are now producing papers in Easy Read format to enable people with learning disabilities to participate fully.

We have a seat on Hertfordshire's Learning Disability Partnership Board, which includes self-advocates with a learning disability, carers of people with a learning disability, commissioners, and providers. This Group considers plans and has its own work programme which aims to identify issues and work together for improvements. Through our involvement with this group we have worked with the Joint Commissioning team to produce a survey for people with a learning disability about the quality of their lives, including the way health professionals explain things to people and how safe and happy they feel in their home communities. This will become a regular survey so that partners will have, for the first time, information about how people feel about their lives, not just satisfaction with formal services.

Physical and sensory disability

The needs of people with physical and/or sensory disabilities was identified as a priority issue for Healthwatch Hertfordshire as it had been for LINK, previously. The previous approach had shown a strong commitment to the needs of the community but hadn't necessarily been integrated with other groups and was not operating countywide. The existing countywide sensory disabilities group was seen as commissioner and provider led and needed reforming.

Healthwatch Hertfordshire has had the opportunity to champion the needs of service users and patients with sensory disabilities in a number of forums such as the OPCC programme, mentioned above, and around a number of specific access issues. The Countywide group looking at sensory disability is now Chaired by Healthwatch, though remains user-led. The Group is a forum of users, carers, support organisations and providers which deals mainly with specific service improvements. The Group is currently reviewing its meetings to ensure they will make a real impact. Based on this model, we want to establish a countywide group focusing on the needs of older people and those with complex conditions.

In Autumn 2013 the Healthwatch Hertfordshire Board participated in a very successful, experiential, practical training session looking at access issues as people with disabilities encounter them.

Public Health

Healthwatch Hertfordshire has established a strong relationship with the Public Health team in Hertfordshire. We have a seat on the Public Health Board as a representative of the voluntary sector which allows us to hold the team to account and be involved in decision making. The Public Health team has looked to Healthwatch to help develop and widen engagement with the voluntary sector and local community. We regularly promote Public Health campaigns through our membership and social media activity.

We had our first Stakeholder Panel meeting in September on the theme of Public Health. Jim McManus, Director of Public Health in Hertfordshire spoke to the group and led a question and answer session. Healthwatch Hertfordshire Chief Executive, Geoff Brown spoke at Hertfordshire's Public Health conference in December about how Public Health can engage with the voluntary sector.

Our work alongside the Public Health team over the last year has included the following:

- We helped to shape training outlines produced by Public Health to ensure their suitability for the voluntary sector.
- We contributed to workshops with the voluntary sector to look at how organisations can work together to encourage people to take greater responsibility for preventing illnesses which can be avoided through lifestyle changes.
- We contributed to an event with the District Councils which looked at health and wellbeing considerations in local and neighbourhood planning, for example to encourage people to maintain a healthy weight. The output from this piece of work will be a template to be used countywide.
- We attended an event focussed on developing a framework for increasing physical activity in local areas through partnership working.
- In September 2013 we worked with Herts Valleys CCG, Public Health and Governance International on an event to showcase the principles of co-production: public and patient involvement in the commissioning cycle. The event was attended by 45 patients, carers and voluntary organisations and 65 front line staff from across the health and social care economy.

Healthwatch Hertfordshire took part in the recent Obesity Strategy consultation on a plan to help people in Hertfordshire to maintain a healthy weight. Obesity is an issue which is extremely prevalent and has a significant impact on the health of Hertfordshire's communities. A subgroup of the Healthwatch Hertfordshire Board has been established to focus on the issues and work with partner organisations to promote healthy weight and challenge influences that lead to excess weight. The group will hold Public Health to account, identifying areas where action is needed.

Equalities

We have continued to meet regularly with the Hertfordshire NHS Equality Leads and attended the NHS Values Summit in London which launched the refreshed EDS 2 (Equality Delivery System), following the launch of EDS in 2011. The main purpose of the EDS remains to help local NHS organisations, in discussion with partners and local communities, review and improve their performance for people with characteristics protected by the Equality Act 2010.



Tackling health inequalities and recognising that every patient has different needs and experiences of healthcare remains a key focus in Hertfordshire. Healthwatch Hertfordshire will continue to work with the Hertfordshire Trusts to drive improvements in services through equality.

In November 2013, Healthwatch Hertfordshire was invited by Hertfordshire County Council to run a workshop at their Annual Equality Conference on the theme of Engaging Communities through Partnership Working. We facilitated sessions for HCC delegates and partner organisations which allowed us to promote the value of community engagement and raise our profile as a community champion.

Safeguarding

We are now a member of the Hertfordshire Safeguarding Adults Board Public Engagement Subgroup. The aim of the group is to involve the public as active participants in the work of the Hertfordshire Safeguarding Adults Board by commenting on its activity, providing accessible information and identifying possible areas of work.

West Herts Hospitals Trust

West Herts Hospitals Trust has gone through significant change in the last year. The appointment of a new Chief Executive and senior management team, as well as considerable change within the Board, has led to a new

culture of commitment to ensuring both safe patient practice and significantly increased involvement of patients and community voices. Healthwatch Hertfordshire has welcomed the opportunity to be heavily involved in working with the Trust to ensure that the patient voice is heard and that Patient safety is at the centre. Our role has been a critical friend supporting the direction of the Trust, but remaining an independent voice.

Our involvement with West Herts Hospitals Trust has included the following:

Interviewing for Senior Posts

A Healthwatch Board Member has been on the panel for the interviews for all senior posts including the Chief Nurse, Director Of Communications and Director of Finance, 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.

Risk Review Summit Response Committee

In spring and early summer 2013, a number of performance issues were highlighted at the Trust including nursing levels and care, governance issues and performance in a number of clinical areas. These had become apparent through new approaches within the Trust and concerns raised by external organisations. The Trust has transformed its performance by significant changes in culture, clinical performance, leadership and good practice. Healthwatch Hertfordshire was able to help focus on key messages around patient safety and dignity and provide an independent, patient-focused perspective. We were also invited to participate in a staff leadership and innovation event.

Two week cancer pathway

In early 2014 the Trust identified problems around the two week cancer pathway and it was agreed that an independent inquiry should be convened. This inquiry analysed systems within both the Trust and also GP practices and Dentists to see why the standard two week cancer pathway was not followed when patients failed to attend their first appointment. The inquiry was made up of clinical and cancer experts but included Healthwatch Hertfordshire as the voice of patients. This was a key role to ensure that the experiences and rights of patients were fully appreciated and that specifics

such as correspondence with patients reflected their needs. The recommendations of the inquiry are likely to be published in June 2014.

We also are also represented and actively involved on the following groups and committees of the Trust:

Patient Experience Group

The purpose of the group is to oversee continued improvements in the quality, deliverability and sustainability of services to improve the patient experience, through leadership and working together. This group includes Healthwatch as well as the Trust's patients, carers and staff and has the following functions:

- Reviews and discusses progress and performance against all patient experience activities.
- Holds to account those responsible for the operation of patient experience initiatives and agrees changes where required.
- Identifies and reviews the risks and threats to the achievement of Trust objectives and organisational performance in relation to patient experience.
- Promotes a culture that strives to continuously improve patient involvement and experience.
- Reviews and discusses feedback from patients and all external stakeholders

Patient Safety, Quality and Risk Committee

The Committee's role is to scrutinise areas of work, to provide the Board with assurance, and also to highlight any areas of concern. At the March 2014 meeting the Chair requested that the membership be revised and to include Healthwatch Hertfordshire and the Patients Panel at these meetings.

Patient and Public Involvement and Experience Panel

This group includes health professionals from WHHT and external stakeholders. It meets to drive forward health improvements in the quality of patient care, to share good practice and to identify concerns.

Equality and Diversity Panel

The Group meets to discuss equality and diversity within the Trust and to feedback on issues and update on other work. This includes reporting on the Equality Delivery System (EDS).

Non-emergency patient transport

Healthwatch Hertfordshire was invited to contribute to the process leading to the award of the new non-emergency patient transport (PTS) contract. The successful provider will deliver this service to patients when the existing contract expires at the end of September 2014. We have been asked to remain involved in the oversight of patient transport services in particular reviewing the quality of the service from the patient's perspective.

Hertfordshire County Council and CCG Commissioners have acknowledged Healthwatch Hertfordshire's contribution to this exercise as a positive experience and have commented that putting patient experience at the centre of the tendering process is helpful in the selection of a quality provider. We welcome future opportunities to have a similarly influential role in selection of providers and quality monitoring.

Ambulance turnaround audit at Watford General Hospital with the Ambulance Trust User Group

The East of England Ambulance Service (EEAST) Trust User Group wanted to tackle ambulance turnaround times at hospitals to improve response times for patients. In Hertfordshire, Watford General Hospital was the focus and the Trust User Group (TUG) as well as Healthwatch Hertfordshire volunteers carried out an audit.



The purpose of this was to identify areas where improvements could be made to reduce the length of time it takes for an ambulance to handover a patient to the hospital and be ready for the next call. Pairs of volunteers spent seven days from 8am to 8pm in the A&E department observing ambulance crews and the process of handover to the hospital.

Based on their observations, the team made recommendations to the Ambulance Service and Hospital Trust, which included: having a member of

staff in the office to help the bed manager to find beds for A&E patients; and improving access to wheelchairs when patients arrive at A&E.

The recommendations have been presented to the EEAST Manager for Hertfordshire who is developing actions in response. Pam Morris from TUG said *“I so appreciated all the dedicated help the Healthwatch Hertfordshire volunteers gave me on this project, I couldn’t have done it without them.”*

Healthwatch Hertfordshire and EEAST now meet on a regular basis. We were recently invited to visit the Control Centre in Bedford and went on a ‘ride out’ with an ambulance crew to increase our understanding of the service in Hertfordshire.

Royston Hospital

The closure of Royston Community Hospital has proved to be an important and sensitive local issue causing considerable community interest. Plans for the redevelopment of the site include the creation of health facilities, a care home and housing but the detail of these elements remains unclear. Healthwatch Hertfordshire was asked to be involved by the Royston Hospital Action Group and our involvement has also been welcomed by the County Council, CCG and local GPs.

Options for the redevelopment of the Royston hospital site are now being explored. The project is complex, involving the NHS England Local Area Team, the CCG and NHS Propco with the County Council leading on the care home aspect.

Healthwatch Hertfordshire is seen as an integral player in the exploration of options alongside the CCG, local GPs, the community and the County Council. Our role will be to represent the needs of patients and service users to help develop modern, appropriate and integrated services for the community.

Key Partnerships

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 built relationships with district councils over the last year, for example, we wrote to all Chairs of Health Working Groups and Scrutiny Committees to introduce ourselves and were invited to meetings to talk about our role and to discuss local issues in Broxbourne, Watford and Three Rivers, Dacorum, Stevenage and Welwyn Hatfield. We've also worked with East Herts District Council on the Ageing Well work (described above). Earlier this year we were invited to speak at the Local Government Association's District Councils Network.

Local councils have been key to the research we are currently doing on access to General Practice in the Stort Valley and Villages area. We have worked with Bishops Stortford and Sawbridgeworth Town Councils to identify locations to carry out street surveying and we're also grateful for their support with promoting the survey and the project generally.

In the year to come, we plan to take a more systematic approach to our engagement with councils by providing regular feedback from patients and the public in their localities, as has been requested.

Healthwatch Hertfordshire has been 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 complements that of Scrutiny: Healthwatch Hertfordshire feeds back the views of 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. As an organisation we have a good understanding of the Scrutiny function by way of having two former Health Scrutiny Chairmen on the Healthwatch Hertfordshire Board.

Regular meetings are held between the Healthwatch Hertfordshire and Scrutiny Chairmen to share knowledge and insight. This allows us the opportunity to influence the Scrutiny programme by proposing areas of interest.

We have also contributed to Scrutiny activity itself. We jointly planned a Scrutiny event which looked at the way local Trusts have responded to the recommendations of the Francis Report on the Mid Staffordshire failings. We worked with the County Council's scrutiny team to write questions for the Trusts to respond to; and Healthwatch Hertfordshire Board members 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. Healthwatch Hertfordshire was also asked to provide evidence as a witness in the recent Scrutiny of the Joint Strategic Needs Assessment (JSNA) process.

In the year to come, we plan to maintain this relationship and have been invited to join upcoming Scrutiny Panels.

The Care Quality Commission

Our relationship with CQC is important for setting priorities and sharing information about potential risk areas. Our respective areas of expertise are complementary, with Healthwatch Hertfordshire's patient perspective alongside CQC's professional insight. We have shared work programmes to ensure they complement each other but do not duplicate.

Intelligence from CQC has helped to shape our Enter and View programme. Enter and View monitors have attended training from the CQC to help them fulfil their roles and better understand how our monitoring function compares with CQC inspections. We have also provided feedback to CQC on specific patient and service user concerns that required escalation.

We intend to continue to make use of the formal and informal avenues that are available for liaising with CQC to help reduce risk and improve patient and service user experience.

The Healthwatch Network

We value our relationships with other local Healthwatch, individually and through the network, particularly in relation to the following:

- Sharing knowledge about provider (and commissioner) performance and developments.
- Service users from outside Hertfordshire using Hertfordshire services; and Hertfordshire residents using services elsewhere.
- Sharing good practice and supporting each other in providing excellent services to our communities.

- Practical advice and support, for example, use of software and internal policies.

We have participated in a number of focused meetings with one or more Healthwatch and regular meetings, such as the NHS England Herts and South Midlands Area Team meeting with the Local Healthwatch in the area; and the East of England Healthwatch group involving the Local Government Association and Healthwatch England.

Examples of joint projects, include:

- Developing a shared response to the reconfiguration of adult community services in Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire with Healthwatch Cambridgeshire, Healthwatch Northamptonshire and Healthwatch Peterborough.
- Meeting with Healthwatch Barnet and Healthwatch Enfield to explore 'cross border' issues such as patient care at Barnet and Chase Farm hospitals. Similarly with Healthwatch Essex and Healthwatch Cambridgeshire around Princess Alexandra and Addenbrookes hospitals.
- Working with local Healthwatch to discuss strategic issues including Healthwatch Essex, Healthwatch Suffolk, Healthwatch Norfolk and Healthwatch Cambridgeshire
- Working with neighbouring Healthwatch in the same NHS England area to explore practical approaches and issues, for example in relation to Quality Surveillance Group. This has included Healthwatch Luton, Healthwatch Central Bedfordshire, Healthwatch Bedford Borough and Healthwatch Milton Keynes.

Quality Accounts

Each NHS Trust produces a Quality Account in May. This is a report on how the Trust is improving the quality of care through a number of priorities for the year. The quality of 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. 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 2013 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
- Barnet and Chase Farm NHS Trust.

We also provided a comment for the following hospices:

- Rennie Grove Hospice
- Isabel Hospice
- Garden House Hospice
- Peace Hospice

Quality & Improvement Sub-Committee (QISC)



QISC is now well established, comprising six members with health, social care and voluntary sector experience. QISC meets monthly and reports regularly to the Healthwatch Hertfordshire Board.

At the end of our first year, QISC is working within a formal framework that allows concerns to be addressed and good practice recognised. QISC has established a profile, the work programme has begun to take shape and we are actively engaged with our first Enter and View activity.

Enter and View

Part of the Healthwatch brief is to *Enter and View* health and social care premises to look at the nature and quality of services. In August 2013, the Healthwatch Hertfordshire Board set up the Quality Improvement Sub-Committee (QISC) to manage all Enter and View activity. This includes other related monitoring projects such as Patient Led Assessments of the Care Environment (PLACE) and special monitoring projects, as required, which are carried out within this approach and overseen by QISC.

In practice, Enter and View is the opportunity for authorised representatives (known as monitors) to go into health and social care settings to hear about, observe and report on the way services are provided from the patient's perspective.

The main focus of QISC's work this year has been the following:

Recruitment and training of Monitors

Approved Monitors carry out Enter and View monitoring visits and related activity. In addition to a Disclosure and Barring Service (DBS) check and Safeguarding training, monitors are expected to complete training in relevant areas of practice.

Monitors who previously worked as part of the Hertfordshire LINK Monitoring Team were invited to complete a one day 'refresher' training and this training is mandatory for all newcomers. Enter and View training is based on the Healthwatch England training model and is delivered on a rolling basis. Similarly, a rolling programme is in place to cover safeguarding, equality and diversity and some specialist training such as dementia awareness. To date this has been face-to-face training but in future may also include an e-learning approach.

Enter and View training was held on 14th and 19th October 2013 and a further day planned for June is well subscribed. Safeguarding training and Dementia Awareness training also took place in January 2014. In addition, Enter and View monitors, staff and Board members attended a presentation by the Care Quality Commission (CQC) on 14th February 2014. Training for Report Writing and Equality and Diversity Awareness will take place in June 2014.

As at 31st March 2014, we have authorised 27 volunteers to be Enter and View monitors. In 2014/15 we will be focusing on encouraging people from underrepresented backgrounds and areas of Hertfordshire to join the monitoring team.

We are taking steps to ensure that they are kept well informed about work that is taking place and training opportunities. For example, we have published three Newsletters and will continue to do this on a regular basis. We will plan regular get-togethers for monitors and at the same time we are looking at an appropriate process for annual review on an individual basis.

The Work Programme

Our first Enter and View initiative is a Care Home visiting programme. A Care Home Working Group was set up to plan and manage this activity. We consulted Clinical Commissioning Groups, Hertfordshire County Council and the Care Quality Commission (CQC) and have identified an initial 12 care homes to visit. We are looking at quality of life of residents under four headings: the living environment, leisure and services, food and drink and digital inclusion.

At the end of March, the first two visits (Tara's Retreat, Sandridge and Beane River View, Hertford) took place with members of QISC trying out the

newly created questionnaires and writing the reports following an agreed template.

After reviewing the process each member will now take a newly trained monitor out with them on the remaining visits. Recommendations and agreed actions from the visits will be shared with commissioners and the CQC. Signed off reports will be available to view on our website or from our office.

QISC has been involved with Healthwatch Hertfordshire's GP access project, with two members of the Committee on the Project Working Group.

Patient Led Assessment of the Care Environment (PLACE)

In April 2013, a new system to assess the quality of the patient environment, PLACE, was introduced. This involves local people going into hospitals as part of teams to assess how the environment supports patients' privacy and dignity, food, cleanliness and general building maintenance. Healthwatch Hertfordshire supported these visits by providing representatives in both Hertfordshire and Barnet.

For 2014, we have endeavoured to have a Healthwatch Hertfordshire representative (usually an Enter and View monitor) on every PLACE visit for 5 NHS Trusts: Hertfordshire Community NHS Trust, Hertfordshire Partnership University NHS Foundation Trust, East and North Hertfordshire NHS Trust, West Hertfordshire Hospitals NHS Trust, and Barnet and Chase Farm NHS Trust. Visits started at the beginning of March and by the end of May (when PLACE will have finished) our volunteers will have completed over 30 visits.

Results from these audits are logged on a national database which is then analysed and fed back to the Trusts and the public. However we would like to review the process and experience of PLACE with all those who took part, once the audits have finished, to see how it can be improved and strengthened for next year.

Signposting

Our signposting service has been set up to complement and 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 POWhER's advocacy service. We work with POhWER to promote each other's services; share information; and discuss specific issues. We also work closely with the Patient Advice and Liaison Service (PALS) teams from the local hospitals to signpost people with complaints and also to gather information when we have questions or concerns.

We 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. During the year ahead, we are planning a piece of work in partnership with POhWER to improve the accessibility of the complaints process by mapping current arrangements and communicating this in a simple, user-friendly way.



Case Study: While at an event in the community in Watford we met a man who was worried about his Father. He had been showing signs of memory loss and had been referred by her doctor to the Early Memory Diagnosis and Support Service (EMDASS). He had been assessed by the team but the family were confused about what would happen next. We signposted them to their local Alzheimer's Society, as they have support workers based in the EMDASS team. This person was able to explain the process to the family and reassure them of the next steps.

Structure & Governance

Board and Stakeholder Panel

The Healthwatch Hertfordshire Board meets bi-monthly in public at locations around the County. Board Members lead priority work areas and oversee projects carried out by the officer team in their respective areas. The Stakeholder Panel is made up of about 60 organisations and individuals and has a developing role of holding the Board to account and helping to plan future priorities. The Stakeholder Panel met in the autumn at a Public Health themed event, and there is another meeting planned for the summer.

Staff Team

The Healthwatch Hertfordshire Team has grown over the last year and now comprises 8 members of staff. This year we have gained an Information Officer; a Communications Officer and our Youth Health Ambassador.

Membership and Volunteering

Although Healthwatch Hertfordshire is an organisation committed to representing everyone in Hertfordshire, particularly those who are disadvantaged, we value our membership as a way to spread messages, gauge views and seek support with project work. We have a growing membership of around 300 people. This year we have worked hard to attract new members and in the year ahead we aim to recruit more young people, as they are currently underrepresented in our membership.

We have a pool of active members who volunteer for us as Enter and View monitors as well as guiding and supporting other projects. For example, the GP access project was overseen by project group which included volunteer members and the research itself involved volunteers working in the community. We are planning to make greater use of volunteers to support projects and to help increase our presence in the community.

Many volunteers fulfil important representative roles for Healthwatch Hertfordshire on Boards or panels of commissioners, provider and partners. A board subgroup has led on implementing a clearer role description for representatives encouraging canvassing of views before meetings and reporting back afterwards.

Patient Leadership Programme

In partnership with Herts Valleys CCG, East and North Herts Hospitals Trust and Herts Urgent Care, we designed and ran a training programme for patient representatives who were looking to assume more of a leadership role. The three day course covered the structure and operation of the system as well as behaviours and skills relevant to the role, like chairing meetings and interpreting information. The programme will be rerun later this year, using feedback from participants to further enhance its value. Those taking part in the first programme will also act as mentors for new participants.

Finance

Healthwatch Hertfordshire received payment of £455,147 from Hertfordshire County Council to run its services in Hertfordshire for the financial year 2013-14.

Full audited figures for Healthwatch Hertfordshire for the 2013-14 financial year are not available at the time of going to print and will be made available to interested parties when produced.

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.



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