



healthwatch

# Healthwatch Hertfordshire

## Annual Report 2016/17



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**healthwatch**  
Hertfordshire

Health and  
Social Care.

Your  
voice  
counts.

**01707 275 978**

[info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk)  
[www.healthwatchhertforshire.co.uk](http://www.healthwatchhertforshire.co.uk)

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*Introduction*



# Message from our Chair

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## *Healthwatch Hertfordshire has had another turbulent, roller coaster ride in the past twelve months.*

There is unlikely to be any let up in the coming year given the continuing and growing problems facing the services we attempt to monitor and influence on behalf of the people of Hertfordshire.

I fully endorse the thanks expressed by our Chief Executive, Geoff Brown, to all the volunteers and Staff of Healthwatch Hertfordshire, as well as including Geoff himself. We are fortunate to have a group of people working for us with a rare compound of commitment, competence and experience. The Report is a record of substantial achievement in which all involved can take pride. It also indicates the issues that need dealing with if this record is not just to be maintained but enhanced.

First, like the services we monitor, we are faced with growing demand and reduced resources. We have started to develop strategies to deal with this, but their implementation has barely started.

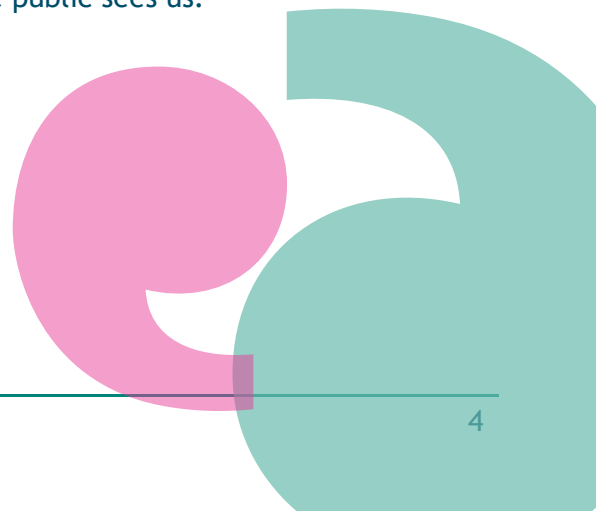
Second, we must not allow the necessary concern with internal matters to be a distraction from engagement with the wider

world. Rather it has to be a means of responding better to changing service provision. As mental Health, for example, continues to move up the political agenda so our practice must reflect this. We need more information gathering to inform our continuous search for more effective ways of engaging service users.

The Sustainability and Transformation Partnership (STP) continues to loom large over the scene. It is our responsibility, as the only countywide organisation with oversight of both health and personal social services, to ensure not just a robust process of public engagement but to be a major force in shaping the agenda for the outcome of the STP process.

Perhaps most important we should be to the fore in developing a new vision for Social Care so that it becomes a service which, in its own right, is enabled to meet the growing needs of an ageing society rather than be seen as an adjunct to the NHS. Such a vision flickered briefly 50 years ago but has hardly been seen since.

To achieve all this we need a step change in the level and depth of our public recognition and involvement. Success depends not just on the professional expertise of staff and the dedication of volunteers but a recognition of our role as champions of the public interest not because of our statutory right but because that is how the public sees us.





# Message from our Chief Executive



*It is customary to begin an introduction to the Annual Report with something like... “another year, another annual report and reflecting on what we have achieved”.*

The report that follows does this- in presenting a broad overview of what we’ve achieved, how we work and the things we do. I think we can be proud of our achievements but know that we want to work differently to ensure we achieve the most we can in the future.

What the report can’t really show is the changing landscape in which we work. Since the last report many changes have happened: the introduction of STPs, strong financial pressures on the CCGs to make savings, challenges between commissioners as to who should pay for services, an additional local hospital trust developing improvement plans to address an inadequate CQC report and significant recommissioning of services to improve them or reduce their costs. Within this challenging world, we are very fortunate to have a voice that is listened to, and going forward we need to continue that we ensure we provide every opportunity for the patient perspective to be heard and be influential.

Within Healthwatch Hertfordshire things have changed considerably too:

- Our budget for the coming year has been reduced by 20%. This will be managed for this year, but longer term planning is needed to determine how we work and what services should be provided in the future.
- Enhanced working with our commissioners and the introduction of quarterly reporting of our activities.
- A refreshed Board with five new members, bringing strong new expertise, but also leaving gaps with three Board members leaving
- A new staffing structure and new roles to meet our strategic objectives
- New opportunities for volunteering being implemented
- A move to new premises in late June

We have also focused our attention on ensuring that our customer care is exemplary and our values are demonstrated in all the work we do - that we are compassionate and supportive, remain independent, credible and influential and ensure we promote equality and help seldom heard voices to be heard

I hope you’ll enjoy reading the report and seeing the range of things we have done. My thanks go to our volunteers, our Board and our executive team for the huge amount of time and expertise they have given through the year to help to improve health and care services for Hertfordshire people. It is a great privilege to be in this role and work with people who bring such strong commitment, positive approaches and compassion to their work.

# Who We Are and What We Do

## Who are we?

*Healthwatch Hertfordshire is the voice for local people on health, social care, and public health in Hertfordshire.*

More simply put: we represent the public's views on health and social care at a strategic, or decision maker, level. We have significant statutory powers to ensure the voice of the consumer is strengthened, and heard, by those who commission, deliver, and regulate health and care services.

Our primary focus is on services provided in Hertfordshire, but our work does not stop at the county border. We also work with several out of county organisations that provide services to Hertfordshire residents such as the Royal Free London NHS Foundation Trust hospitals in London, and the Princess Alexandra Hospital NHS Trust in Essex.

There are nearly 150 local Healthwatch across the country. As part of this national network our impact extends beyond Hertfordshire. We not only contribute to local decision making, but also feedback to our national body (Healthwatch England) and the Care Quality Commission (CQC) on matters that warrant a national response.



## What do we do?

Our role can be summarised as follows:

- Gather evidence and the public's views on health and social care.
- Act as a 'critical friend' to providers and commissioners
- Provide information, and signposting, to Hertfordshire residents.
- Challenge health inequalities
- Represent the people of Hertfordshire
- Keep an eye on where services are doing well and where they can be improved
- Raise issues with health and social care services
- Sit on Hertfordshire's Health and Wellbeing Board to act as a 'critical friend'.



### ***Gather Evidence***

All of our work is based on what people tell us, either through email, telephone calls, surveys, at events we attend, social media, or by comments left on our website.

### ***Being a 'critical friend'***



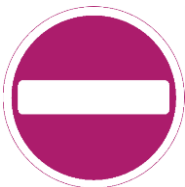
We produce reports and make recommendations about how local care services can be improved (we often do this through targeted research projects and 'Enter and View' visits).

### ***Signposting***



We help people to find information about local care and health services. If we can't help, we put them in touch with someone who can.

### ***Challenging Health Inequalities***



We want to find out what has happened to those who are finding it difficult to make use of services, or who have trouble making a complaint.

### ***Getting People Involved***

We try to ensure the involvement of Hertfordshire's communities in improving and developing health and social care services.



Our work also involves working with providers and commissioners to:

### ***Represent the People of Hertfordshire***

We aim to help commissioners plan and design services making sure that the views, experiences and needs of patients, carers and users are listened to.



### ***Keep an Eye***

We highlight where services are doing well and also where they can be improved. We carry out visits to services to see how well they are working.



### ***Raise Issues***

We can also take concerns to the inspectors and regulators if necessary.



## *How are we Commissioned and Funded?*

Healthwatch Hertfordshire is a charity and limited company, commissioned by Hertfordshire County Council, and is a completely independent body. Our funding covers the basic costs of running the organisation, fulfilling our statutory functions, and delivering our core services.

For more information on our finances, see page 68





# Highlights from our Year



**healthwatch**  
Hertfordshire

Got something to say...

About your GP, pharmacy,  
hospital, mental health, optician,  
or local care home?

Talk to us today and help to  
make things better.

Healthwatch Hertfordshire is your  
local health and social care  
consumer champion, representing  
your views at a decision maker level.  
We are here for you.



01707 275 978

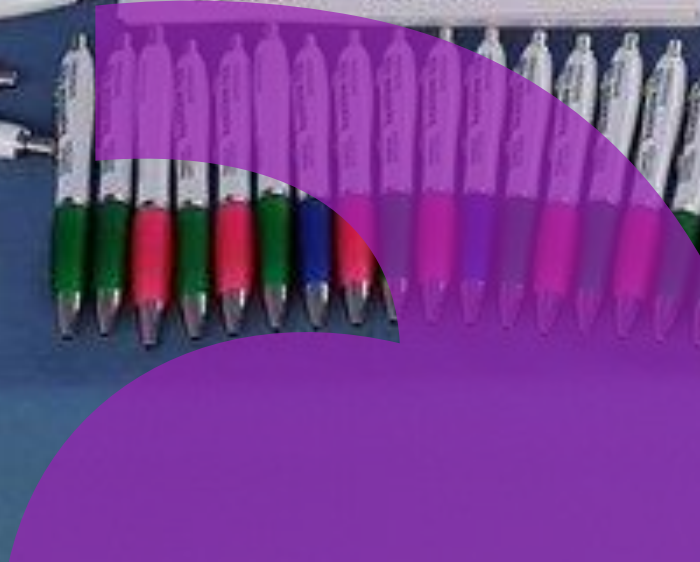
SPEAK OUT VOLUNTEER FIND OUT

Healthwatch Hertfordshire is a not-for-profit organisation. We are a registered charity and a limited company. For all the latest news and information visit our website [www.healthwatchhertfordshire.org.uk](http://www.healthwatchhertfordshire.org.uk) or call us on 01707 275 978. We are here for you.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSTCODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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SPEAK OUT VOLUNTEER FIND OUT



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## Highlights from our Year

We have completed **16** Enter and View visits



We delivered **8** training sessions for our volunteers



We have **1,613** followers on Twitter



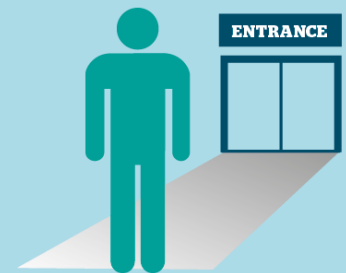
Our volunteers have racked up **2,002** hours



We have **4,629** members



We have visited **46** services



We regularly attend **99** boards, committees, and groups



We have spoken to children and young people at **14** events



**349** people from the Polish Community have given us their views



We have spoken to **866** people about their experiences of making an NHS or social care complaint





*It Starts with  
You*

healthw  
Hertford



# #ItStartsWithYou

*Everything we do starts by listening to the feedback that you give us, and every piece of work we do 'starts with you'.*

We collect feedback on health and social care services in many ways. However, we know that many people may be nervous or anxious to share feedback with people who are professionals, or people who work in the system. At Healthwatch Hertfordshire, we are fortunate enough to have users of services helping us to break down these barriers, and see things through the eyes of the people who experience services directly.

## Case Study:

Keith is one of our volunteers, and is one of our Enter and View authorised representatives. Whilst Keith specifically brings a wealth of experience and expertise as an Enter and View monitor he is a service user himself.

Keith started volunteering for us in 2014 and surveyed people as part of a project we ran on Access to GP services. Keith has been involved in a number of areas of our work over the years, and has most recently visited a few dental practices as part of our Enter and View programme.



For more information about our dental work, please see page 29

Healthwatch are not the only organisations that visit services, however, Keith feels that we manage to get a completely different insight compared to those who 'inspect services' such as the CQC (Care Quality Commission). Keith explained:

“What I like about being with Healthwatch is that we do not do inspections. We are not inspectors, and people don't feel intimidated by us, so they are more likely to tell us things”

Keith, Enter and View Monitor

However, this does not mean that our findings, and recommendations, are not taken seriously. All of our findings are recorded, analysed, and presented in formal reports that we ensure organisations receive. Our volunteers therefore know that their findings, and suggestions, are going to be addressed.

“Our reports go to NHS England directly, so we know it is going to have an impact”

*Keith, Enter and View Monitor*



Whilst our volunteers do sometimes identify significant problems which need immediate attention, our volunteers often spot things on visits that would otherwise go unnoticed. Keith recalled one visit he went on to a care home where he had made a suggestion about something that had been overlooked. He explained:

“An example comes to mind where one of the rooms, a bedroom, had a poor view looking out on rubbish bins. I mentioned this and said ‘why don’t you plant some shrubs and screen the area so that the outlook is improved residents are not looking out on bins?’ The staff said that they would act on it and I believe they have.

Small things can make a huge difference”

*Keith, Enter and View Monitor*

We see speaking to people about their experiences as one of the most fundamental things that we do. Without this insight, we would not be able to have the same influence on services.

**healthwatch**

The value we bring



*Looking  
Forward:  
Our  
Strategy*



# Our Strategy

Last year, we published our strategy; this outlines our vision and strategic objectives from 2016 - 2020. We are a values driven organisation, and this is very much at the heart of our strategy and runs through everything we do. For the full version of the strategy, please visit our website at:

[www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)



A summary of our strategic objectives, and how we plan to deliver against them, is included on the following pages.

# Our Values

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## *Compassion and Equality*

- We are empathetic to the experience and voice of individuals
- We work in an inclusive way, showing respect for all
- We are part of the community and are committed to the wellbeing of all people in it
- We are approachable, and trusted
- We promote equality & diversity



## *Influential*

- We gather, and search for, data and intelligence to influence, and challenge, decision makers
- We offer practical and feasible ideas for change in our findings, and related recommendations
- We work towards positive working relationships with those empowered to lead locally on health and social care provision



## *Credible*

- We set a work programme that is consistent with strategy, realistic, makes a difference on the ground, with specified outcomes
- We have good and transparent governance
- We want to be here for local people in the long term
- We do not promise what we cannot deliver, or promise for others
- We strive to ensure that the views expressed by our representatives are those of HwH, and not an individual opinion.



## *Independent*

- We listen to people and speak on their behalf without judging
- We are politically, and organisationally, impartial, challenging those in power locally to design and deliver health and social care services from that position
- We are pleased to highlight what works well, and confident in reporting identified problems
- We use our independence to enable creative approaches to our work



## *Supportive*

- We always work with positive intent
- We promote and practice the idea of ‘critical partnership’ with local bodies, without compromising our role to challenge, or their role as decision makers
- We will challenge each other in a supportive and constructive way
- We share our learning and learn from others
- We use our Stakeholder Panel to generate extensive and supportive networking
- We take collective responsibility as a ‘Healthwatch Team’ and help each other to be successful.





# Strategic Objectives

*What is important to us:*

*Having strategic influence over health and social care in Hertfordshire*

*We will do this by:*



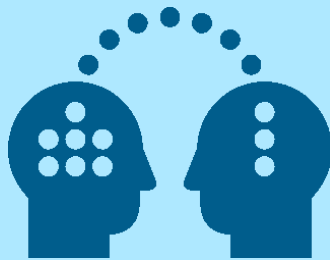
Participating in key health and social care developments focusing on:

- Safeguarding
- Dementia
- Increasing our work with social care
- Developing and maintaining strategic relationships
- Retaining flexibility to respond to unplanned activities at short notice
- Contributing to the 'Your Care Your Future' West Herts strategic review



*We aim to:*

*Train 20+ members of staff and volunteers for safeguarding per year*



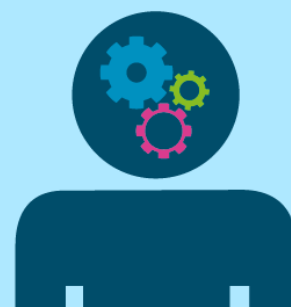
*Influence the strategy for public and patient involvement in 'Your Care Your Future' and the STP's Vision for a Healthier Future*



*Represent the patient and public voice at over 100+ board, committees, groups, and meetings*



*Train 30+ members of staff and volunteers on dementia per year*





## What is important to us:

### Going from evidence to outcomes

#### We will do this by:

- Strengthening our policy, partnership, and research capacity
- Broadening engagement and awareness
- Developing our signposting service
- Making the most of our stakeholder panel
- Giving young people (16 - 24) a say
- Providing analysis of key trends from contacts and research



#### We aim to:

Deliver **4** large to mid-scale research projects per year, in addition to adhoc smaller research projects



Attend **20+** events, per year, to engage with the public and with professionals to collect evidence (excluding youth engagement)



Resolve **95%** of signposting queries on first contact



Increase Youth membership to **600** members to represent the views of young people





## What is important to us:

### *Growing our reach and communications*

#### **We will do this by:**

- Developing and implementing a communications strategy
- Making the best of 4,000 members
- Developing and increasing the diversity of our contacts with the public
- Meeting the Accessible Information Standard and producing literature in easy read, where possible
- Developing our website to provide information and collect feedback
- Having an effective stakeholder panel



#### **We aim to:**



Attend **12** local events per year



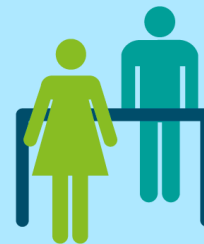
Have **10** radio appearances per year



Continue to grow the number of hits on the website



Hold **quarterly** meeting with our stakeholder panel



**Double** our stakeholder panel membership



Increase our Twitter followers to **1,800**





## What is important to us:

### Strengthening the voice of the public

#### We will do this by:

- Developing a wide range of innovative and effective ways for the public to engage in providing use with their views and experiences
- Sustaining and developing our Enter and View programme and Patient Lead Assessments of the Care Environment (PLACE) with Trusts
- Giving voice to seldom heard and disadvantaged people and communities
- Implementing key, time limited engagement projects each year to support the strategy
- Building lasting relationships with other organisations to share learning and patient experiences



#### We aim to:



Do **30+** Enter and View visits, per year, and provide recommendations based on the users perspective



Increase the volume of volunteers for PLACE and Enter and View by **25%**



Develop a process for reviewing commendations to escalate to commissioners and CQC



Deliver a research project focused on Eastern European migrants and communities by 2017



Contribute to **7+** Quality Accounts per year





**What is important to us:**

**Securing sustainability and quality**

**We will do this by:**

- Making better use of information technology
- Reviewing staffing requirements to deliver on our strategic priorities
- Growing our pool of trained and active volunteers, within a reviewed framework
- Strengthening governance and accountability
- Cultivating an enterprise culture and developing a business model to sustain Healthwatch Hertfordshire



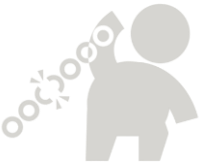
**We aim to:**



**Increase ICT usage to enable staff to fulfil their duties**



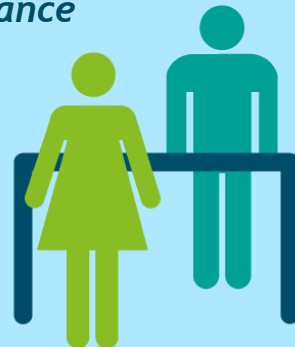
**Publish all reports, and meeting papers, to our website within 1 week**



**Increase our number of volunteers by 25%**



**Hold 10 board events and 16 team events, per year, to share learning and improve governance**



*Your Views on Health  
and Social Care:  
Engaging with  
Communities*





# Helping You Find the Answers: Signposting

*As part of our statutory duties, we provide a signposting service for the general public. Working closely with other signposting and advocacy organisations such as HertsHelp, POhWER, and the Patient Advice and Liaison Service (PALS), we ensure that people are directed to the service they require, or get the support they need, in partnership.*

Most of our signposting interactions are complex and are usually rooted in the individual's previous experiences with the health and social care system.

“This year we have resolved 100% of our signposting cases on first contact”

The main themes of the signposting calls we have received are:

- Complaints and information
- Primary care services (GP and Dental)
- Mental Health services
- Unsafe/delayed hospital discharge
- Information sharing and communication between services

## Case Study 1: Watford General Hospital

### Background:

We were contacted by a member of the public who had concerns about how pre-existing conditions (such as diabetes and Parkinson's) are managed in hospital if a patient is admitted for a physical injury. This was following their personal experience with the Trust.

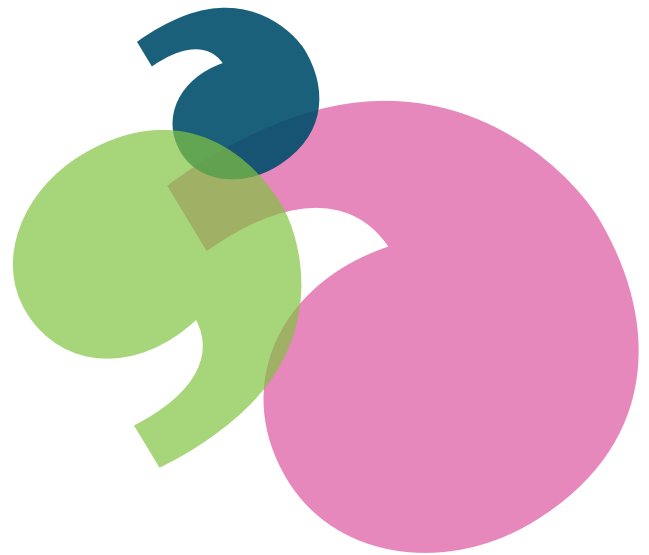
### What we did:

We contacted West Herts Hospital Trust (WHHT) with a series of questions related to the concerns raised with us. WHHT responded positively to us raising this, and were aware of this particular issue. They asked us to share some information with the person about:

- A working group just started in collaboration with Parkinson's UK; this group also included members of the public.
- The employment of a Parkinson's disease Specialist Nurse
- The process for checking people's medical history upon admission
- Posters used on medicine trolleys highlighting the importance of medicines classed in 'critical therapeutic groups'
- Training nursing staff on 'Omitted Medicines' to emphasise the importance of patients' medicine not being omitted nor delayed.
- The use of 'omitted dose' audits to monitor compliance

- The process for getting medicines out of hours
- A Self-Administration of Medicines Scheme (SAMS) for patients that can administer their own medicine safely.

We shared this information with the member of public. We also liaised with WHHT so they could enrol member of the public on the working group and they could share their personal experiences directly.



## Case Study 2: Unsafe Discharge at Lister Hospital

### Background:

We were contacted by a carer who felt that a person that they cared for was discharged from hospital unsafely.

A non-emergency Ambulance was arranged to take patient home despite the carer telling ward staff that the house would be empty at the time. The patient was sent home anyway, and left there by staff. Their homecare provider was also not informed that the patient was at home so they were left with no means of getting support until the patient's carer returned home.

The person also told us that the discharge paperwork was not clear and contained some information that hadn't been discussed with them as a carer.

### What we did:

We shared this feedback with the East and North Herts NHS Trust (ENHT) who said they would address the issues. We are also talking to ENHT about potentially working together on a piece of work to focus on carer involvement with patient discharge in the future.







# Projects and Research

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*As an evidence driven organisation, we collect views and experiences through targeted research and engagement projects in addition to running our regular groups and forums.*

Our projects and research this year have included:

**The Patient Experience of the Health and Care Complaints System**

*(see page 26)*

**Eastern European Project**

*(see page 31)*

**Dual Diagnosis**

*(see page 34)*

**Engagement regarding cuts to community pharmacy funding: Manor Pharmacy**

*(see page 32)*

**West Herts Qualitative Review of Complaints Handling**

*(see page 28)*

**Access to NHS Dental Services**

*(see page 29)*

# The Patient Experience of the Health and Care Complaints System

In consideration of the large proportion of feedback we receive related to complaints in both health and social care, we undertook a targeted piece of research to better understand patients', service users', and carers' experience of the complaints system. Our main objective was to learn as much as we could about people's experiences, so we could effectively influence improvements in the complaints process.

This year we have been focussing on the recommendations we made following the publication of our findings last year.

## Activity and Methodology:

This project had a two-phased approach:

- **Phase 1** - Engagement with 10 providers and commissioners in Hertfordshire:
  - East of England Ambulance Service NHS Trust
  - East and North Herts Clinical Commissioning Group (ENHCCG)
  - East and North Herts NHS Trust (ENHT)
  - Hertfordshire County Council (HCC)
  - Herts Community Trust (HCT)
  - Hertfordshire Partnership University Foundation NHS Trust (HPFT)
  - Herts Urgent Care (HUC)
  - Herts Valleys Clinical Commissioning Group (HVCCG)
  - NHS England: Herts and South Midlands
  - West Herts Hospital Trust (WHHT)
  
- **Phase 2** - Engagement with the public

- 705 face to face and telephone survey engagements
- Engagement with 75 young people through an online survey and focus groups
- 86 interviews with complainants about their experiences of making a complaint

“Nearly half of all complainants stated they found the NHS complaints process complicated and complex”

## Conclusions and Findings:

- Only 2 out of 10 Trusts and Commissioners had an easy read version of their complaints process on their website.
- 9 out of 10 organisations stated that they receive little to no complaints directly from Children and Young People. With 5 out of 10 organisations noting this as a gap in collecting feedback.
- Nearly half of all complainants stated they found the NHS complaints process complicated and complex.
- More than 50% of people wouldn't know to whom they can complain.
- Compared to the 6% whom had made a complaint in the last 12 months, double that had wanted to make to make complaint but not done so. 45% stated the reason for this was they didn't feel it will make a difference; 23% felt they didn't have the support and 19% were worried it would have an adverse effect on their care or treatment.
- 49% of young people stated they had wanted to complain but had not done so. This group was shown to be less likely to complain compared to adults, citing similar reasons as the adults, but

they also stressed ‘not feeling listened to (33%).

- Complainants highlighted that organisations did not comply to their own established procedures when dealing with a complaint, which made things more confusing.
- Complainants’ experiences of the complaints process contradicted the way complaint handling should work.
- People wanted more publicity and information around complaints

## Our Action:

All 10 providers and commissioners have responded positively to our recommendations, and have made some commitment to progress them.

West Herts Hospital Trust (WHHT) and Herts Community NHS Trust (HCT) presented at our Annual General Meeting about how they were going to respond to complaints in the future, and how they would be taking our findings forward.

Following this, we have worked with WHHT and:

- Conducted a qualitative review of their final response letters to complainants
- Presented findings, and spoke to staff, at the Trust Wide Complaints Learning Event
- Presented findings to the WHHT Board
- We also now regularly attend the Complaints Managers network meeting.

For the full report, please visit our website at:  
[www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)



*Left: our Research Manager, Priya, presenting on our complaints work at our AGM*

## West Herts Qualitative Review of Complaints Handling

Following our work on complaints, we were approached by West Herts Hospital Trust (WHHT) and asked to conduct a qualitative review of final response letters they had sent to complainants.

We were asked to review a sample of written complaints made to WHHT and compare these with the final response letters provided to the complainant. The overall aim was to identify good practice, but also to recommend any areas that improvements could be made, or to see if there had been an improvement in their responses from 2013-2015.

### Activity and Methodology:

We reviewed 20 complaints and final response letters dated between 2013 and 2016. To do this, we used the Parliamentary and Health Service Ombudsman (PHSO) 'Principles of Good Complaint Handling'; the principles of which can be summarised as follows:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

Our Quality and Improvement Sub-Committee (QISC) scored each of the response letters individually. This group was made up of 7 people, and consisted of our board members; retired or non- practising clinicians, as well as our staff (including our Quality & Research leads).

### Conclusion and Findings:

The overall standard of response letters was consistently high and showed marked improvement from 2013 -2016. We also noted that the response letter consistently stated who investigated, or oversaw, the investigation and the allocated person always seemed to be in an appropriate role.

The rest of our findings can be categorised as follows:

- **Tone** - the tone of the letters was at a very high standard
- **Style and Language** – on the whole, responses were easy to understand
- **Remedies** - we saw some good examples of learning and change in practice, but sometimes WHHT could do more to explain how a change in practice related to the complaint. Also, the advocacy service POhWER was not offered in any letter.

### Our Action:

We presented our report to the WHHT Oversight Group in May 2016 and made 6 recommendations based on our findings. There responses to our findings were positive, and some have been taken forward. We hope to work together again on a similar project to look at the improvements made.

For the full report, please visit our website at:  
[www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)

## Access to NHS Dental Health Services

Last year we were approached by Public Health England: East of England and asked to support an 'Oral Needs Assessment on Access to Primary Care Dental Services' and we were asked to gather the lived experiences of people using dental services.

Our main objectives for this piece of research were to:

- Identify trends on how and why people use dental services the way they do.
- Understand how people access information on dental services and whether current methods meet these needs.
- Identify how services can be improved from the public's perspective.
- Identify and share good practice.
- Actively seek views and experiences from groups who have characteristics which are defined as being 'protected' under the Equality Act (2010)

### Activity and Methodology:

Through focus groups and an online survey, we engaged with over 200 people. Our focus groups included users of dental services and unrepresented groups including carers of people with learning disabilities, people living with HIV, people supporting people that are living with HIV, people with mental health issues, and older people.

We took advantage of a number of forums to do this, and worked in partnership with organisations like Viewpoint, Herts Aid, Herts People First, and the Watford and Three Rivers Five Ways Friends Club.

### Conclusions and Findings:

Our findings broadly fit into the following categories:

- **Access** - the main two reasons people hadn't visited the dentist were due to finding an NHS dentist nearby, and the cost of treatment
- **Information** - Over half of our respondents felt there wasn't enough reliable information about dental services
- **Cost** - people said they found costing confusing, and didn't understand what treatment came under each band

.....  
We engaged with over 200 people through an online survey, and focus groups.  
.....

However, our focus groups also told us:

- The relationship with the dentist was more important than practice proximity; people were willing to travel further for a dentist.
- People found registering with the dentist challenging
- Participants with HIV felt they were often discriminated against
- For some people, sharing information online was not accessible
- Some people said that it wasn't clear whether they were receiving NHS or private dental treatment until payment
- Text message reminders were considered very helpful
- People were very positive about the dental services provided by HCT

## Our Action:

We shared all of our findings with Health Scrutiny in January 2017. We have also shared these findings with NHS England, and the Local Dental Committee. NHS England have responded to our recommendations, full details of which can be found on our website:

<http://www.healthwatchhertfordshire.co.uk/news/scrutinising-teeth/>

Finally, given the feedback we received, we have started to Enter and View dental practices as part of our Quality Programme. These visits will focus on the areas highlighted in our report.

For more information about our Enter and View work, please see page 52

For the full report, please visit our website at:  
[www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)



## Eastern European Project

One of our roles is to gather the views of underrepresented groups and to tackle health inequalities. The Eastern European Community is one such group that typically experiences poorer outcomes and suffers inequalities when accessing, and using, health and social care services.

We have been speaking to people from the Eastern European community about the barriers they face when accessing health care, including the difficulties associated with speaking English as a second language, and having a lack of information about the health system.

### Activity and Methodology:

We realised that to effectively engage with people for whom English is not their first language, we would need to be able to communicate in other languages. We therefore recruited the Ula, who was born in Poland and speaks Polish as her first language. This has allowed us to break down several barriers; not just those related to effective translation. We have found that cultural barriers also exist, and many people can be wary of providing feedback. Therefore, having someone who can appreciate these cultural differences, and speak their first language, has made a huge difference to the effectiveness of our engagement.



*Above: Ula, our Project Research Officer (left), and Monika, our Resources Manager (right), holding one of our Polish posters*

We have talked to people through reference groups, and have worked in partnership with Polish schools, shops, churches, and football clubs to reach as many people as possible. However, not all of our information gathering has been face to face, and we have also taken advantage of digital mediums to gather feedback. We published a survey on our website, and ensured people could complete it in either Polish or English at the click of a button.

“349 people from the Polish Community have given us their views so far”

### Conclusions and Findings:

This project will continue into 2017 and we aim to publish our findings in September 2017.

## Engagement regarding cuts to community pharmacy funding: Manor Pharmacy

In October 2016 the government imposed a two year funding package on community pharmacies. On average, this meant a 12% reduction in funding for 2016/17, followed by another 7.5% reduction in 2017/18.

We were approached by Manor Pharmacy in Harpenden regarding their concerns about the potential consequences of these cuts on their business, on other local pharmacies in the area, and the people that use their services.

### Activity and Methodology:

In response to this, we decided to place a Healthwatch branded box in the pharmacy to ask people how they felt this would impact on their health, and their experiences accessing pharmaceutical services. We also provided 250 cards that included a multiple choice question and 'free text box' so people could record their own concerns.

We left the box in the pharmacy for one month, after which we retrieved all the comment cards and analysed the data.

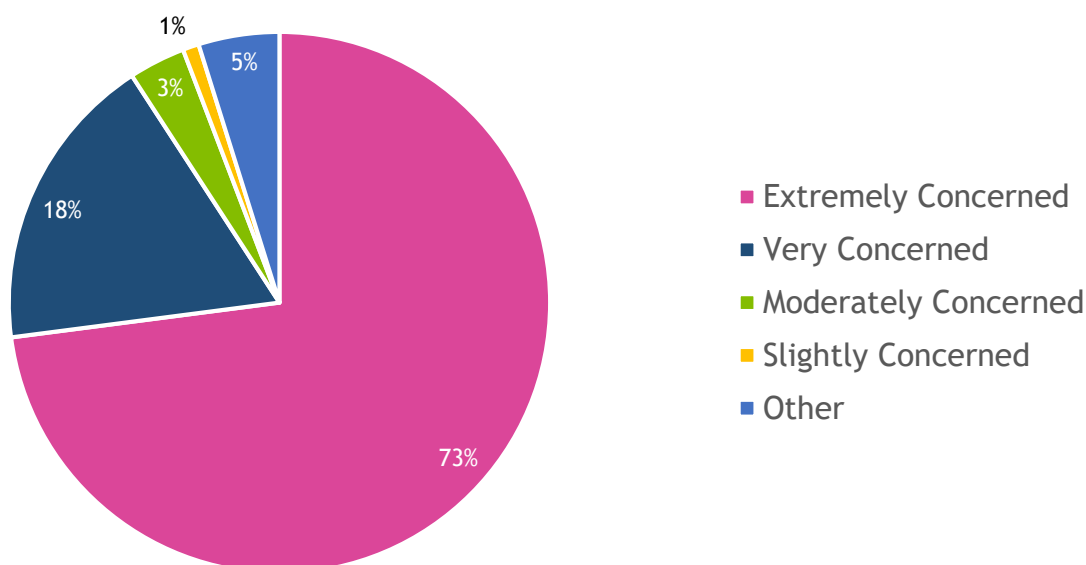
We received 208 responses and it was very clear that the majority of the local population were very concerned about the potential closure of the pharmacy.

### Conclusions and Findings:

The top three reasons for peoples concerns where:

- The location of the pharmacy, and travelling to alternative pharmacies in the surrounding area
- The loss of the social value that the pharmacy brings
- The overall quality of service provided by the Manor Pharmacy.

### "If this pharmacy were to close, how concerned would you be about its effect on your health care"





## Our Action:

We shared our findings with a number of bodies including: Healthwatch England, Public Health England, NHS England, the Local Pharmaceutical Committee (LPC), the Herts Valleys Clinical Commissioning Group (HVCCG), and the East and North Herts Clinical Commissioning Group (ENHCCG).

England with other stakeholder organisations (e.g. Public Health, local government etc).

- Conflicting messages undermine public confidence in government messaging. Informing the public that to save money they should visit their pharmacist whilst simultaneously cutting funding for local pharmacies frustrates and confuses people.
- This kind of 'mixed messaging' should be avoided, especially at a time when there is already much confusion and worry about the future of health and social care services throughout the country.

For the full report on this project please visit our website at:

[www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)



We also made a number of recommendations including:

- NHS England to provide more information about alternative provisions if a pharmacy were to close (e.g. delivery services could continue from alternative pharmacies).
- In addition to the concerns over a loss of the medical support a pharmacy represents, it is important to recognise and do something to alleviate the worries over the loss of the Social Value. This could be coordinated by NHS

## Dual Diagnosis

Over the past couple of years, we have received feedback on the services available for people with a dual diagnosis, specifically a diagnosis of mental ill health and substance misuse.

Following this feedback, we submitted a ‘call for evidence’ in July 2015 to the mental health Trust HPFT (Hertfordshire Partnership University NHS Foundation Trust) and the drug and alcohol service provider CGL Spectrum. The responses from this call for evidence were then discussed through our Mental Health and Learning Disability Service Watch Group in January 2016.

We have revisited the commitments made, and outstanding issues raised, from this call for evidence through a task and finish group that we have coordinated and delivered this year. In recognition of the complexity of this pathway, and the number of services involved, the task and finish group includes representatives from:

- HPFT (Hertfordshire Partnership University NHS Foundation Trust)
- CGL Spectrum
- Carers in Herts
- Hertfordshire County Council
- Herts Mind Network
- Mind in Mid Herts
- Turning Point
- Viewpoint

During the past year, CGL Spectrum and HPFT have co-produced a new ‘dual diagnosis protocol’ and pathway. This clearly demonstrated a commitment to improving the pathway and the outcomes people with a dual

diagnosis would experience. We therefore felt a positive way forward would be to check whether the new protocol addressed the concerns, and feedback, that we received.

Broadly speaking, we have categorised the feedback we have received into 5 themes:

- People falling between mental health, and drug and alcohol services
- The reliance on carers and family members, and the support available to them
- The availability of services across the county (e.g. the post-code lottery)
- The quality of services provided to people with a dual diagnosis, and the equality of service provision depending on the diagnosis
- Training and awareness of staff on dual diagnosis issues and treatment



We are still assessing whether the protocol addresses these issues, and this work will continue to the end of 2017. However, once we have ensured that all feedback has been addressed, we will set a review date and monitor progress with the protocol from the perspective of service users, and carers.



# Groups and Forums

*We run a number of groups and forums for patients, service users and carers.*

Whilst some of these have been established to engage on a specific subject or for a specific project, a number are part of our regular activities and are one of the many ways that we ensure we continue to hear the voices of the public and of professionals.

## **Mental Health and Learning Disability Service Watch Group (MHLDSWG)**

In 2017 the Mental Health and Learning Disability Service Watch Group (MHLDSWG) was split into two separate groups; one focussed on mental health services and one focussed on learning disability services. Each group has also been reviewed and provided with a separate chair, work programme, and agenda.

Whilst work plans have changed, the priorities of the Service Watch Groups have remained the same: collecting the views and experiences of patients, carers, and users of mental health and learning disability services respectively.

The range of stakeholders attending these groups has also remained the same. We welcome representatives from voluntary sector

organisations, self-advocates, support services, patients, service users, carers, commissioners, and professionals from statutory services.

To ensure that stakeholders from both groups are able to network, share ideas, and continue to discuss cross cutting issues, we hold a lunch for an hour between the two groups that any attendee is welcome to join us for.



## **Mental Health Service Watch Group (MH SWG)**

Since splitting from the Learning Disability group, the focus for the Mental Health Service Watch Group (MH SWG) has been on the following topics:

- Dual diagnosis
- Crisis Care Concordat
- Physical Health Checks
- Support for autistic people
- Dementia services

The group continues to meet bi-monthly and engages with a range of different stakeholders.

## Learning Disability Service Watch Group (LD SWG)

One of the drivers for splitting the Learning Disability Service Watch Group (LD SWG) from mental health was to ensure that the meeting is accessible for all those who attend. We have therefore made some adjustments that include the use of: flash cards, acronym lists, easy read documentation, and providing plenty of time on the agenda to discuss things in detail.

The focus of LD SWG has been on the following topics:

- Annual Health Checks
- Enter and View training for people with learning disabilities
- Carers who have a learning disability
- GP services
- The Accessible Information standard

Much like the MH SWG, the group continues to meet bi-monthly. We have seen an increase in the number of people with learning disabilities attending and we would like to see this continue.

## Sensory and Physical Disability Service Watch Group (SPD SWG)

Similar to Mental Health and Learning Disability, we also run a service watch group for sensory and physical disability.

This group is well attended, but we are always looking to increase our reach, and have been looking to increase representation from the voluntary sector this year. Regular attendees to this group include:

- NHS service users
- Commissioners
- Providers
- Voluntary Sector Representatives including Sign Health, Interpreter Now, and Guide Dogs UK

Our approach, through this forum, is to collect patient stories and present these directly to relevant providers and commissioners for action. However, we will support these stories with independent research if required.

To ensure we keep discussion relevant to those attending, we run the meetings in themes (for example 'Access to NHS buildings'). However, the focus of our discussions is always determined by the group, and there is always room to discuss items that don't feature on the agenda, or fit into the current theme.

For more information about our service watch groups, and for information on how to attend, please visit our website at:

[www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)

## Dual Diagnosis Task and Finish Group

The Dual Diagnosis Task and Finish Group was established following feedback gathered from carers of people with a dual diagnosis. Whilst dual diagnosis can refer to a wide range of things, our project has been specifically focussed on a diagnosis of mental ill health and substance misuse.

As part of this work, we have set up a dual diagnosis task and finish group that is attended by stakeholders from voluntary organisations (including Mind and Herts Mind Network), carers, service users, the drug and alcohol provider (CGL Spectrum), and the mental health trust HPFT (Hertfordshire Partnership University NHS Foundation Trust).

For more information about this project, please see page 36.

## Herts Trans Implementation Group

The Hertfordshire Trans Implementation Group was set up in 2013 following our partnership work on the creation of a Trans Health Needs Assessment. From this Needs Assessment 22 recommendations were made to improve the health and wellbeing of transgender people in Hertfordshire.

The Group includes representatives from the two Clinical Commissioning Groups, Herts County Council, mental health and acute NHS trusts, charities, community groups, and members of the trans community.

One of the highlights of the year was the re-launch of the Herts Transgender Needs

Assessment in October 2016. The aim of this was to reduce health and social care inequalities experienced by Trans people, and to raise awareness that there are needs of the community that remain unresolved. We recieved emotional and inspiring contributions from Youth Connexions and heard some of peoples experiences as members of the trans community. We were also lucky enough to have a performance from Fay Presto (Britain's Premier Close up magician) who is also a powerful voice for the rights of women and the LGBT community, who gave her time for free.

“I have to say you did a truly fabulous job last night and indeed over the past few years in this, I really cannot stress sufficiently how well that went”

Jim McManus, Director Public Health at Hertfordshire County Council

In addition to the our Herts based trans implementation group, the NHS England Transgender Task and Finish group invited Healthwatch England and local Healthwatch to present their findings around transgender experiences of health services, which we also attended and contributed to.

# Children and Young People

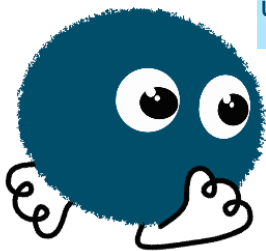
*At Healthwatch Hertfordshire we recognise that young people’s views are underrepresented with regard to health and social care services.*

We therefore have a very specific focus on children and young people through a separate area of our website, youth membership (that is separate to our adult membership), targeted engagement, a youth magazine, and lots of merchandise for young people! This is all coordinated by our Young People’s Engagement Officer, Frankie, who spends his time gathering the views of young people in Hertfordshire.

## Youth Membership

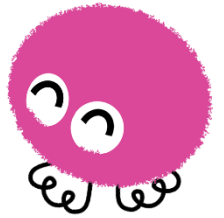
This year we increased our Youth Membership to over 700 young people! Our Youth Membership entitles young people to quarterly newsletters, a printed copy of our ‘Your Voice’ magazine, a bag of freebies, and our youth members are the first to know about new opportunities to get involved with us and other organisations we work with.

If you, or someone you know, would like to become a youth member, please contact us at [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk), or give us a call on 01707 275978



## Feeling Good Week

Feeling Good Week gives the opportunity for young people and organisations (such as schools and youth projects) to bid for up to £500 of funding, which is provided by the Integrated Health and Care Commissioning team on behalf of East and North Herts Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group and Hertfordshire County Council. The awarded funding must go towards a project to improve health, physical health or general wellbeing for children and young people and has to run during Feeling Good Week; this is usually in mid-February.



“This year we increased our Youth Membership to over 700 young people!”

We have been involved in co-ordinating Feeling Good Week since 2016. Our brief was make the application process more accessible for young people. Last year we worked with St Albans Youth Council to re-design the application and bidding process and implemented a new scoring system where young people were involved in

scoring bids. It was the first time young people applied for a cut of the money to run a project, and over a quarter of the applications were submitted by young people.



This year 52 applications were received and 44 of these successfully won their bids. There has been a huge increase in the number of young people applying; nearly all projects were submitted solely by young people or as part of a joint application.

This year we continued our involvement with young people, and 11 young people from St Albans, some who were involved last year, formed a vigorous scoring panel to score the bids.

The applicants had really thought about the concept of what 'Feeling Good' actually meant to them. The projects ranged from healthy cooking sessions, circus skill workshops, African drumming, yoga sessions and wellbeing days. Some bidders used their funding to purchase resources which could be used to support activities beyond Feeling Good Week such as wellington boots for garden play time, buddy benches, and games which supports mental health work in their settings.

This year we also visited 31 of the 44 successful projects in order to experience and witness how much of a difference these projects really are making and long lasting impact on children and young people's wellbeing.

If you would like to receive the Feeling Good Week 2017 report highlighting the projects and outcomes please contact us on 01707 275 978.



## Your Voice Magazine

Our 'Your Voice' magazine, is our very own publication containing highlights from the feedback we have gathered from young people throughout the year. The magazine also contains outcomes from key projects and events that we have attended. The magazine is given to all youth members, and we circulate it to as many professionals and organisations as possible.

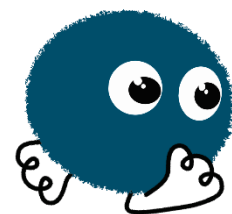
If you would like a copy of the magazine, please contact at [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk), or give us a call on 01707 275978.

## Pinehill Visit

Pinehill Hospital has a strong reputation for delivering high quality hospital treatment. The hospital is in Hitchin and treats patients of any age. Although the hospital is private, they also treat NHS patients with dedicated paediatric days held on Saturdays.

Pinehill approached us to ask if we could conduct a visit to the Hospital to look at the building, and the care provided, from a young person's perspective. They are passionate about ensuring they know what is important from the perspective of young people, and how they could improve going forward.

We involved young people in partnership with the Priory school in Hitchin and invited them to look around the hospital. A questionnaire was designed for the students to complete as they visited the hospital that covered several aspects such as judging the atmosphere, feel, cleanliness, approachability and friendliness of staff, layout and displayed information. Our first visit was conducted in November 2016 (on a non-paediatric day). We are now in the middle of arranging a follow up visit to take place on a paediatric service day and we will publish a report with our findings.





# 6

## Communications and Membership

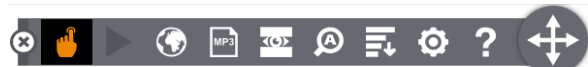
*Our network of patients, service users, carers, and professionals is integral to our success. Keeping people up to date about what we are doing, and ensuring we hear their views in return, is a key priority for us.*

We have spent some time this year preparing our new Comms and Engagement Strategy for 2017 - 2020. This strategy will ensure that we continue to develop our primary forms of communication and engage with all the stakeholders that are key to our work. Our communications this year have been delivered through:

- Our website
- Social media
- Our newsletter
- Radio
- Press releases

### Our Website

Our website has been developed this year to make it more accessible to users, reflect the way we structure our programme of work, and ensure the user journey is as simple as possible.



Above: the browsealoud toolbar



Browsealoud is a feature on our website that allows the user to: have content read aloud, translate the website into different languages, add a screen mask (which is useful for people with dyslexia), and zoom into any area of the website. It is a grey coloured toolbar that sits in the top right hand corner of the page.



To ensure that the user experience is as simple as possible, we are in the process of redesigning the website so all pages are accessible in three clicks or less, and all content is accessible within six clicks or less.

However, we also know that having an accessible website is pointless if people aren't visiting it. Having up to date, and fresh, content has been a focus for us this year and we have relied on everyone in the organisation to contribute to keeping our website up to date and to keep our content interesting. We have introduced the 'question of the month' to encourage visitors to interact with our site, and to provide us with some basic feedback on topics we are currently working on.



We have also introduced blogs to our website. This has been a real team effort, and every member of staff has uploaded a blog this year; in fact, most have done two or three. These blogs have proven to be very popular, and we have seen an increase in web traffic since their publication. We feel these add a personal touch to our communications, giving people an insight into our own staff's thoughts, feelings and views on things currently happening within health and social care (and sometimes on things

that are completely unrelated to our work). We hope they give our stakeholders a small insight into our staff as people, patients, service users, and carers just like those that we work with.

## Twitter Stats

1,613 total followers

671,100 impressions

17% increase in followers from 2015/16



## Social Media

Our presence on social media has gone from strength to strength. We passionately believe that using social media enables us to engage with a wide range of people from all backgrounds and walks of life. Never relying on one method to engage with communities, social media is just one of the tools we use to reach as many people as possible.

Our plans for social media next year include live Tweeting board meetings, so people can attend, and ask questions, virtually.

Follow us on Twitter:

@HWHertfordshire

## Newsletter

In addition to our use of social media, our physical presence at meetings and forums across the county, and providing information on our website, we also publish a newsletter every quarter. We distribute this in both hard copy and digitally, and can also send a recording of the newsletter to those with a hearing impairment.

“We currently post hard copies of our newsletter to over 2,600 households, and distribute our digital version to over 1,400 email addresses.”

We have been planning how to develop our newsletter and recently completed a short consultation with current receipts to ask whether they would prefer to receive a hard or digital copy. Following the feedback we have received, it is clear that a physical copy is still desired by many of our members. We will therefore be developing both our hard copy mail out newsletter, and adding additional, more interactive, features our digital version.

If you would like to receive a copy of our newsletter please contact us

Phone: 01707 275978

Email: [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk)

## Membership

We do not want being a member of Healthwatch Hertfordshire to be a taxing experience. We have therefore developed our membership offer to make it more bespoke to individuals, and to enable people to engage with us as little or as much as they like. Many of our members receive a newsletter and contact us when we are working on something relevant to them, without any other ongoing commitment. However, we are also reviewing the opportunities for people to volunteer with us should they wish to be involved further.

For more information about volunteering, please see page 63

“We have 4,629 members”

We have also tried to make the signing up as a member as simple as possible. There are a few ways you can do this such as:

- Visiting our website
- Calling us
- Emailing us
- Or simply come and have a chat with us if we have a stall at an event you are attending





# “Tell Us How We’re Doing”

*We collect a lot of feedback on other services, but we also want to hear what you think about us. This year we asked for your thoughts through our survey we called “Tell Us How We’re Doing”.*

Through this survey, we asked all those that work with us to tell us what they think we do well, and where we can make improvements.

Our “Tell us How We’re Doing” survey ran for 6 weeks, and 49 people responded

We asked 5 questions about the things that we do well and 49 people told us what they thought.

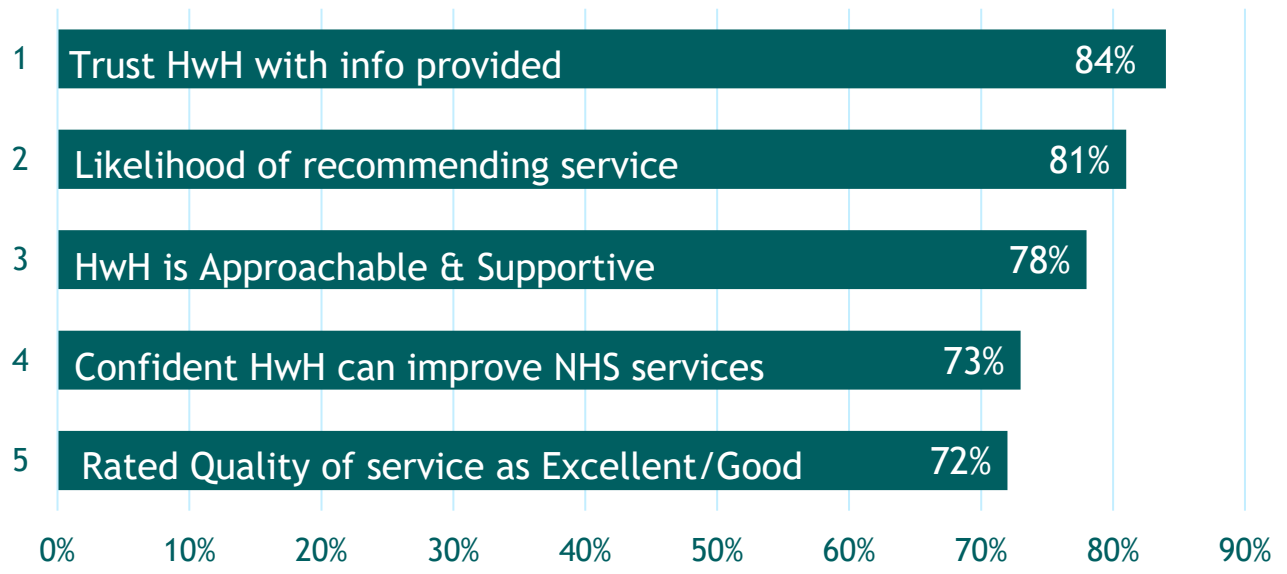
We asked you about:

- The quality of service we deliver
- The trustworthiness of the information we provide
- Our approachability and supportiveness
- Whether people think we have the ability to improve NHS and Social Care services together with service users
- The likelihood that people would recommend our service

We are pleased to say that the majority of people were happy with the services we provide, but we recognise there is always room for improvement. Some of the things we are going to address include:

- The cost of our newsletter
- The size of our remit
- Demonstrate our impact more
- Do more to raise our profile and public awareness

## You Told Us:



***Making a  
Difference  
Together:  
Engaging with  
Decision Makers***

**healthwatch**  
Hertfordshire

**healthwatch**  
Hertfordshire





# Influencing Strategy and Service Development

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*A large part of our role is to have an influence on strategies and service developments within health and social care, by ensuring the voice of the public is heard.*

To do this, we work in partnership with a variety of different health, social care, and voluntary sector organisations. This includes delivering projects in partnership to providing regular attendance at strategic meetings; we also sit on a number of boards and governance groups. These relationships are integral to our success and allow us to have an impact at the most senior, and strategic, level. This, in conjunction with our direct engagement with the general public, allows us to represent the public's voice where decisions are made and services are developed.

For a visual representation of the groups, forums, committees and meetings we attend, please see page 56.

## **West Herts Hospital Trust: Oversight Group**

The West Herts Hospital Trust Oversight Group reviews the progress made on implementing planned improvements following the CQC inspection in 2015. This includes assessing performance against the plans and looking at particular areas of focus in depth.

Our role at this group is to represent the voice of patients and to support the Trust to make

progress. One example of this is the work completed with them around improving complaint handling.

For more information about our complaints work, please see page 28

This group brings together a wide range of stakeholders including NHS England, NHS Improvement, the Clinical Quality Commission (CQC), the Herts Valleys Clinical Commissioning Group (HVCCG), and the General Medical Council (GMC). Patients also attend this group to feedback on their experiences and support the Trust to make patient focussed improvements.

We feel the Trust has made significant improvements, and have worked with us to do so. In addition to the complaints work we completed in partnership, we have also had several sessions with senior management to discuss the importance of including patient feedback in improvements.

## **Your Care Your Future (YCYF)**

Your Care Your Future is a programme that has taken a whole system approach to improving care in West Hertfordshire. At the heart of this programme is the provision of a sustainable model of care closer to home. The focus is currently on developing effective and efficient hub based approaches to community care,

having focused previously assessing options for reconfigured acute care in west Hertfordshire.

Your Care Your Future is committed to co-production and we have played an important part in this. We have offered opportunities to hear the patient voice and we have also been part of assessing the design of the model for patient involvement. Furthermore, we have acted as an independent facilitator at public events to ensure patient feedback is heard.

The programme will lead to a significant shift to service provision in Hertfordshire. We have encouraged good practice for patient and community involvement, and will continue to monitor solutions to ensure they are sustainable and robust.

## ***Dementia***

We are committed to representing the views of people with dementia, and raising the profile of the issues facing people who are living with dementia.

Promoting awareness of what is like to live with dementia is also a priority for us, and we have therefore trained both our staff and volunteers about dementia awareness. To do this, we have run Dementia Friends and Dementia Awareness courses; we also cover dementia awareness as part of our safeguarding training.

Our strategic influence on dementia strategies in Hertfordshire includes our response to Quality Accounts, and through our membership at Dementia Action Alliances. This year we included comments about dementia in 7 of our NHS Trusts Quality Account responses, and East and North Herts NHS Trust added a section on dementia to their Quality Account based on our feedback.

We have supported the development of several Dementia Action Alliance groups, and are currently members of the following:

- Broxbourne DAA
- East Herts Ageing Well and DAA Group
- Hertsmere DAA
- North Hertfordshire District DAA
- Stevenage DAA
- Welwyn Hatfield DAA

**We are members of 6 Dementia Action Alliance Groups**

## ***STP - Sustainability and Transformation Plan***

Sustainability and Transformation Plans (STPs) are proposals developed in 44 areas across the country that demonstrate how health and social care systems are going to be sustainable in the future. The NHS and local councils have come together to develop these plans which are built around the needs of the local population.

To ensure that care is provided in line with the needs of local populations, NHS England has split the country into 44 'footprints'. Each plan must cover a 'footprint' and evidence how the health and social care system is going to work together to provide sustainable care in the future. In Hertfordshire, our footprint includes West Essex, partly due to the number of Hertfordshire residents that use the Princess Alexandra Hospital.

Although the final plans are still being finalised, we have been involved in regular discussions around the STP and have been working with local leaders to ensure patients are consulted

and involved in the process. We are currently involved in:

- The East and North Primary and Community Care Delivery Board
- The STP Comms and Engagement Group
- Regular meetings with the STP lead

In recognition of the importance of this work, and to ensure we have a meaningful impact, we have developed our own Healthwatch STP Working Group. Our Chair, CEO, board members, and senior managers are all members of this working group.

“We discuss how patients are currently being involved in the STP, update on current progress with the programme, and discuss any issues or challenges that need to be addressed”

Going forward into 2017-18, we plan to monitor how patient and public consultation takes place across the STP, hold the system to account, and continue to share feedback and raise concerns that we receive from stakeholders.

## Health Scrutiny

We have worked closely with Scrutiny, which is led by HCC (Hertfordshire County Council), to scrutinise issues around NHS and Social Care. We feel this relationship, and our involvement with scrutiny, is very important for ensuring that commissioners and providers are held to account.

We are involved as partners in the two large annual scrutiny events that happen where priorities and service pressures in social care

and the NHS are assessed. The NHS Trust’s Quality Accounts are also considered at these events. We regularly provide input in scrutiny topic groups and have presented to the Health Scrutiny Committee on our work on complaints and dentistry.

For more information about our work on complaints see page 28, and for dentistry see page 29.

We look to help to shape effective scrutiny through feeding in issues raised with us by patients, service users and carers, and through our awareness of systemic opportunities and challenges.

## Quality Accounts

Each NHS Trust produces a Quality Account in May. This is a report on how the Trust is pursuing better quality care through a number of priorities that form the focus of the Trust’s yearlong efforts to make improvements. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

We have a right to comment on the individual Trust’s report and throughout the year we meet with the Trusts individually, and jointly, to monitor progress, discuss other areas of concern, and to contribute to the priorities for the coming year.

In 2016 we provided responses to the following Quality Accounts:

- East and North Herts NHS Trust
- West Herts Hospitals NHS Trust
- Princess Alexandra NHS Trust



- Royal Free London NHS Foundation Trust (Barnet and Chase Farm Hospitals)
- Hertfordshire Partnership University NHS Foundation Trust
- Hertfordshire Community NHS Trust
- East of England Ambulance Service NHS Trust
- Rennie Grove Hospice Care

Through this relationship, we regularly exchange feedback we have received from patients, and we have addressed a number of concerns in partnership.

We also have good links to some local pharmacies, and the owner of a local pharmacy is a member of our Stakeholder Panel.

Furthermore, in March 2017 we were part of the Hertfordshire County Council’s Health Scrutiny Committee’s ‘Annual Health Scrutiny’ panel that covered elements of the Quality Account for 2017/18 and progress of the priorities during 2016.

For more information about the Stakeholder Panel, see page 65

## Pharmacies

Our work with Pharmacies this year has covered a few areas including:

- National cuts to community pharmacy budgets
- Repeat prescribing
- Pharmaceutical Needs Assessment

### Pharmaceutical Needs Assessment:

The Pharmaceutical Needs Assessment (PNA) is a statutory requirement and has to be completed every 3 years. It is a document that is used by NHS England to determine whether to approve applications for new pharmacies based on the needs of the local population.

We sit on the Pharmaceutical Needs Assessment Steering Group and have participated in the development of the PNA including the development of a patient survey that achieved over 1,200 responses.

We have a very positive relationship with the Local Pharmaceutical Committee (LPC), and hold a regular seat at their meetings.

Our work on the PNA will continue into 2017-18.

Right: The Manor Pharmacy



## National cuts to community pharmacy budget:

In October 2016 the government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17. This will be followed by another 7.5% reduction in 2017/18. Following this announcement, we were approached by a local pharmacy who informed us they this reduction in funding could lead to its closure. To establish the impact on patients, and to ensure their views have been collected, we started a small project to gather feedback.

For more information on the Manor Pharmacy project, please see page 31.

## Repeat Prescribing:

In June 2016 we were informed that the Herts Valleys Clinical Commissioning Group (HVCCG) were planning a review of the repeat prescribing process.

Over prescribing, and over-ordering, medication can cost the NHS in Hertfordshire approximately £3 million per year.

However, we were asked to ensure that any changes to the process would not have an adverse impact on patients, and that patient views were considered.

We therefore raised some concerns about potential changes to the process with the HVCCG and LPC, and shared some literature with our members about how to order prescriptions responsibly.

## Patient Transport

We know that patient transport can be challenging for many people, which is why we have developed our own working group to monitor issues. Our working group primarily focusses on Non-Emergency Patient Transport in Hertfordshire, which is commonly used by people accessing hospital treatment and diagnostics.

Part of the challenge of gathering views on patient transport is that the people who use this service are typically frail, or have a physical or sensory impairment. Therefore, the opportunities to be involved in the consultation process can often be limited. This is why we have taken on a role to represent these individuals and ensure their voices are heard. Our primary objective is to ensure that the Clinical Commissioning Groups consult the public when procuring services and when monitoring, and reviewing, services. This year we represented patients at monthly meetings in both Herts Valleys and the East and North.

## Mental Health

We have been pleased to see mental health receiving a lot of media attention in recent years, the publication of the NHS England 'Five Year Forward View for Mental Health', and the focus on parity of esteem for physical and mental health. Needless to say, mental health is also a key priority for us. We run our own forum called the Mental Health Service Watch Group where we gather the views and experiences of service users, carers, and professionals about the work we do on mental health, however we also influence mental health service development at a strategic level too.

For more information about the Mental Health Service Watch Group, please see page 35.

We are a member of the HPFT (Hertfordshire Partnership University NHS Foundation Trust) Governing Body, and regularly attend their carer, and service user, council meetings. These forums give us an opportunity to hear directly from users of HPFT services, and share feedback that we have received through our own forums. We have presented to the councils on a number of occasions, and find the insight they provide invaluable. Both of these councils report into the Involvement and Experience Action Group, which we also attend.

We feel we have good relationships with third sector organisations such as Mind, Herts Mind Network, and Viewpoint. Working in partnership with these organisations, we have fed back service user and carer experiences on several subjects including: physical health checks, issues surrounding care coordination, dual diagnosis, and access to mental health services, to name a few.

In addition to routinely sharing feedback, we also contribute to HPFT's quality account and our volunteers participate in the Trust's PLACE visits annually.

For more information on quality accounts, please see page 48

For more information on PLACE, please see page 52

## ***Learning Disabilities***

It is widely accepted that people who have learning disabilities experience poorer health outcomes than those who do not.

On average people with learning disabilities die 16 years sooner than the general population. Approximately a third of these deaths are due to people not getting the right healthcare.

It is also true that people with learning disabilities do not have the same opportunities to express their views, and experiences, on health and social care services. Fortunately, that is changing, but there is still a long way to go until people with learning disabilities receive the same outcomes, and have the same voice, as the rest of the general population.

Our work with people with learning disabilities varies from gathering people's views and experiences directly, to representing these views at a strategic level.

We run our own forum called the Learning Disability Service Watch Group where we ask people with learning disabilities about their own experiences, and ask for their steer on what our priorities should be for our own programme of work.

For more information on the Learning Disability Service Watch Group, see page 36

However, we appreciate that it can be challenging for people with learning disabilities to attend, and participate in, meetings. Therefore, we have spent some time this year trying to engage with people at other, already established, forums and groups. For example, we have visited the Bishops Stortford LD Forum to present on the work we are doing, and we have approached the Bishops Stortford Day

Service about working in partnership to train volunteers who have a learning disability.

We work in partnership with statutory bodies like the Hertfordshire County Council, and third sector organisations like Herts People First and Mencap to gather views and influence service development.

We currently belong to a number strategic of boards, groups, and committees that discuss the development of learning disability services too. These include: the Learning Disability Partnership Board, the Feeling and Keeping Safe Group, and the LD Planning and Partnership Group. Most recently we have also been asked to do some work on the LD Mortality Review, which investigates the premature deaths of people with learning disabilities.

Recently, Hertfordshire County Council have developed a Social Care Co-Production Board that includes partners from a number of statutory and voluntary organisations. This group discusses how co-production can run through all decision making in the council, and we have been a member of this group since its inception.



Above: The Social Care Co-Production Board

## PAH Oversight Group

Following the Princess Alexandra Hospital's CQC (Care Quality Commission) inspection that resulted in an 'Inadequate' rating, we have been a member of the Trust's 'Oversight Group'. This forum brings together representatives from both Hertfordshire and Essex to discuss the issues outlined in the CQC report, and monitor progress against the Quality Improvement Plan. Our role is to represent Hertfordshire patients that use the hospital, and to ensure that developments consider patient feedback.

Since our involvement, we feel the Trust has shown a true commitment to improving services, and has considered patient experience to be a key part of this. Our work with the Trust will run into 2018, and we are currently discussing opportunities to work in partnership with Healthwatch Essex around the End of Life pathway.

## The Care Environment: PLACE

PLACE, or Patient-Led Assessments of the Care Environment, are a self-assessment of a range of non-clinical services that contribute to the environment in hospitals, hospices and independent organisations providing NHS-funded care in England.

The assessments look at cleanliness, the condition of the buildings, how well the buildings meet the needs of those who use them (e.g. signage, car parking), the availability and quality of food and drink, and how well privacy and dignity is supported by the environment. Last year a new strand was added that looked at how 'dementia friendly' the environment of each organisation was for

patients with dementia, and this year some questions on disability have also been added.

Visits generally start at the beginning of March and end at the beginning of June, and NHS Trusts are given a specific time frame in which the site visits must be completed. Results from these audits are logged onto a national database that is analysed and fed back to the Trusts and the public.

Our aim has been to provide at least one representative on the visits to act as an independent observer; we utilise our trained Enter and View representatives for this wherever possible. This is the third year that we have formally written a report about our volunteer's experiences of the PLACE audits.

We supported the following 6 NHS Trusts with their PLACE visits which started in March 2016 and finished at the beginning of June 2016:

- Hertfordshire Community NHS Trust (HCT)
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- East and North Hertfordshire NHS Trust (ENHT)
- West Hertfordshire Hospitals NHS Trust (WHHT)
- Royal Free London NHS Foundation Trust -Barnet and Chase Farm Hospitals (RFL)
- The Princess Alexandra Hospital NHS Trust (PAHT)

**“This year our volunteers attended 40 PLACE visits”**

This year we participated in 40 PLACE visits, using 68 of our volunteers. This included 15 visits to 4 Acute Trust Hospitals, 18 mental

health services, and 7 Community Inpatient Units.

## ***The Care Environment: Enter and View***

Our Enter and View programme is based on our statutory power to ‘Enter and View’ health and social care premises. Legislation allows our qualified volunteers, known as authorised representatives, to enter premises in order to provide feedback on the care environment based on their own observations. To ensure feedback is objective, we ensure our volunteers can see and hear, for themselves, how services are provided. Most of our visits, to date, are announced which means we indicate the time and date we will visit.

### **Care Homes**

Our care home visiting programme has continued this year, and looks at wellbeing of residents living in care homes. Through our visits, we consider the residents choice and control, environment, food and drink, activities, and digital inclusion. We use NICE (National Institute of Clinical Excellence guidelines) to assess the quality of these care home services, and make recommendations based on best practice.

As Enter and View is one of our statutory duties, services are obligated to respond to our recommendations. In some cases, if providers do not respond, we have to escalate. This year, we had to escalate one such example to the monitoring team at the Hertfordshire County Council (HCC), and to the Care Quality Commission (CQC) as we hadn't received a response from the provider. We asked for assurance from HCC and CQC and we were given detailed information about the work

going on to improve the management issues detailed in our report.

We are also now represented at the Strategic Quality Improvement Group to share intelligence about care homes, and home care services, with other monitoring agencies such as HCC, CQC, and Clinical Commissioning Groups.

## Dental Practices

Our visits to dental practices were prompted by the findings from a project we ran in partnership with public health.

For more information about our 'Access to NHS Dental Care Practices' work, see page 29.

“So far, we have visited 7 dental practices”

We conducted 7 announced and unannounced visits to dental practices in the Welwyn and Hatfield District; approximately 50% of practices have an NHS contract. The dental practices we visited were:

- Church Road Dental Practice
- Ivory Dental Clinic
- Ivory Dental and Implant Clinic
- Hatfield Dental Centre
- Beehive Dental Practice
- Peartree Dental Clinic
- Knightsfield Dental Practice

We have produced a report for each dental practice that contains information from the visit, a pre-visit questionnaire completed by the practice, a review of the practice website, and the practices NHS Choices entry.

To download the full versions of our Enter and View reports please visit our website at: [www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)

## Health and Wellbeing Board

Hertfordshire, like every other authority, has a Health and Wellbeing Board set up by the same Act of parliament that established 'Healthwatch.' This brings together leading members and Chief Officers of the County Council, leaders of the CCG's (Clinical Commissioning Groups), two Trust Chief Executives, two District Councillors, the elected Police and Crime Commissioner, and the chair of Healthwatch.

The Board does not directly provide or commission services, but is the principal body that considers and agrees strategic plans for the whole of health and social care provision.

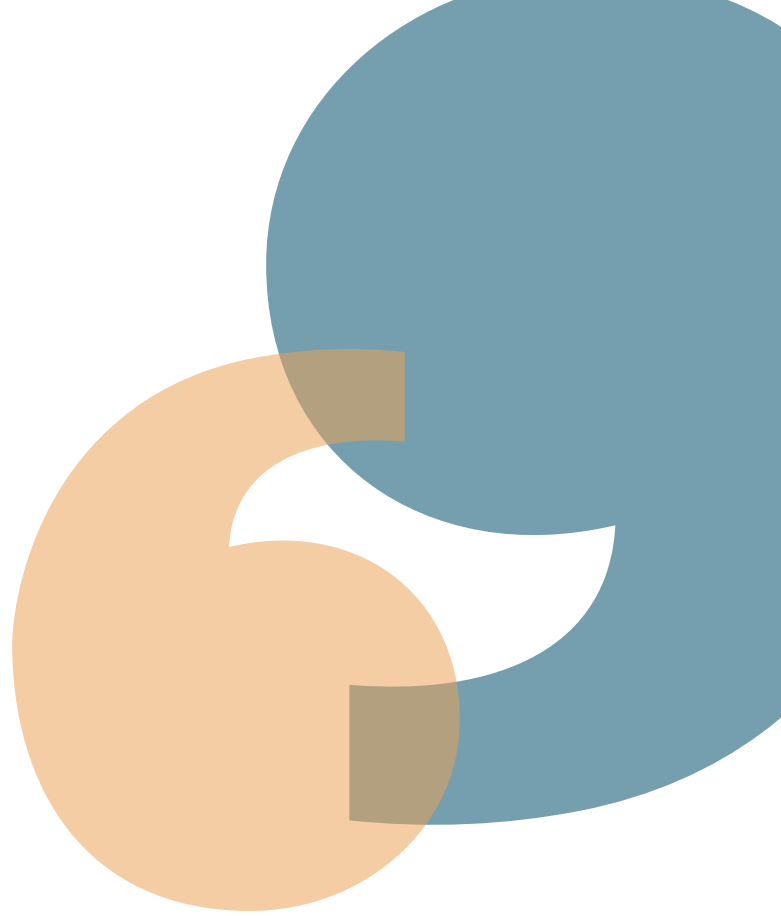
Meetings are held in public and anyone has the right to submit questions to be answered. Our Chair, Michael, represents us at these meetings and ensures that the views of the public are heard and considered in future health and social care planning.

## 111 and Out of Hours Procurement

Recently, NHS England issued commissioning standard for integrated urgent care. These standard recommended setting up a Clinical Advice Service, where people's needs could be assessment and treatment could be provided over the phone. The standard also emphasised the importance of integrated working between NHS 111, the out of hour's services, and all other health services. The aim of this was to

provide the public with an enhanced service that provided access to urgent clinical assessments and advice 24 hours a day.

Part of this work, in Hertfordshire, included the recommissioning of our local 111 and our of hours services that are provided by Herts Urgent Care. We were asked to contribute to this process by providing 2 patient representatives, from each side of the county, to provide expertise on patient experience. We have provided feedback on the commissioning specification, helped to score the bids submitted by potential providers, and sat on a moderation panel. In addition to this, we have also worked with the commissioners to develop promotional materials.





# Representation

*This year our representatives have attended over 100 boards, committees, and groups to represent patient views and perspectives.*

The diagram below depicts how many groups we have attended over the last year (each person represents a meeting we attend). For full details about our representative role, please see Appendix 1 on page 72):







The Princess Alexandra Hospital **NHS**  
NHS Trust



**Health and Wellbeing**  
Hertfordshire



**NMC** Nursing &  
Midwifery  
Council



East of England Ambulance Service **NHS**  
NHS Trust



**Dementia Groups**



**Locality CCG Groups**



# *Our People*





# Governance

## Our Board (as of 31<sup>st</sup> March 2017)

**Michael Downing**

Chair



**Brian Gunson**

Board lead for Strategy



**Sundera Kumara-  
Moorthy**

Vice-Chair



**Mobeena Khan**

Board lead for Children  
and Young People and  
Equality and Diversity



**Steve Palmer**

Treasurer



**Virginia Kirri-  
Songurst**



**Eve Atkins**

Board lead on Mental  
Health



**Mike Pym**

Board lead for Research

**Alan Bellinger**

Board lead on Learning and  
Development



**Barbara Suggitt**

Board lead for Human  
Resources and Learning  
Disabilities



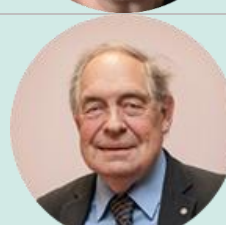
**Meg Carter**

Board lead on Quality and  
Improvement



**Michael Taylor**

Board lead for  
Representation





## Appointments

We were delighted to appoint the following board members at our Annual General Meeting (AGM) on the 23<sup>rd</sup> September 2016:

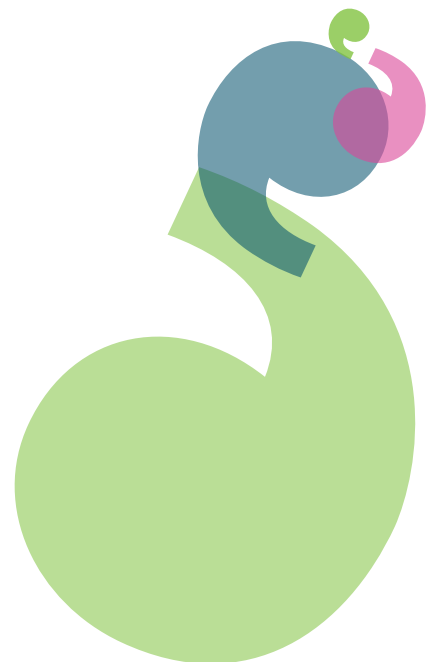
- Eve Atkins
- Alan Bellinger
- Mobeena Khan
- Michael Pym
- Barbara Suggitt

## Acknowledgements

We would also like to thank the following board members who stepped down in 2016:

- Jean Brown
- Marion Birch
- Mel Wood

Healthwatch Hertfordshire is a company limited by guarantee and has charitable status. It is governed by a board of trustees who bring a mixture of expertise in governance and understanding of health and social care.





# Our Team

as of 31<sup>st</sup> March 2017

**Geoff Brown**

Chief Executive



**Frankie Walsh**

Young People's  
Engagement Officer



**Nuray Ercan**

Operational Manager



**Jo Wilkinson**

Project Coordinator



**Tom Barrasso**

Policy and Partnerships  
Manager



**Ula Kazmierska**

Eastern European Project  
Research Officer



**Monika Brzozowska-  
Neroth**

Resources and Finance  
Manager



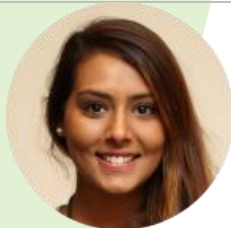
**Paul Regan**

Communication and  
Liaison Officer



**Priya Vaithilingam**

Research Manager



**Sharon Meakin**

Reception Assistant



**Jane Brown**

Quality Manager



**Alice Lovell**

Team Support Assistant



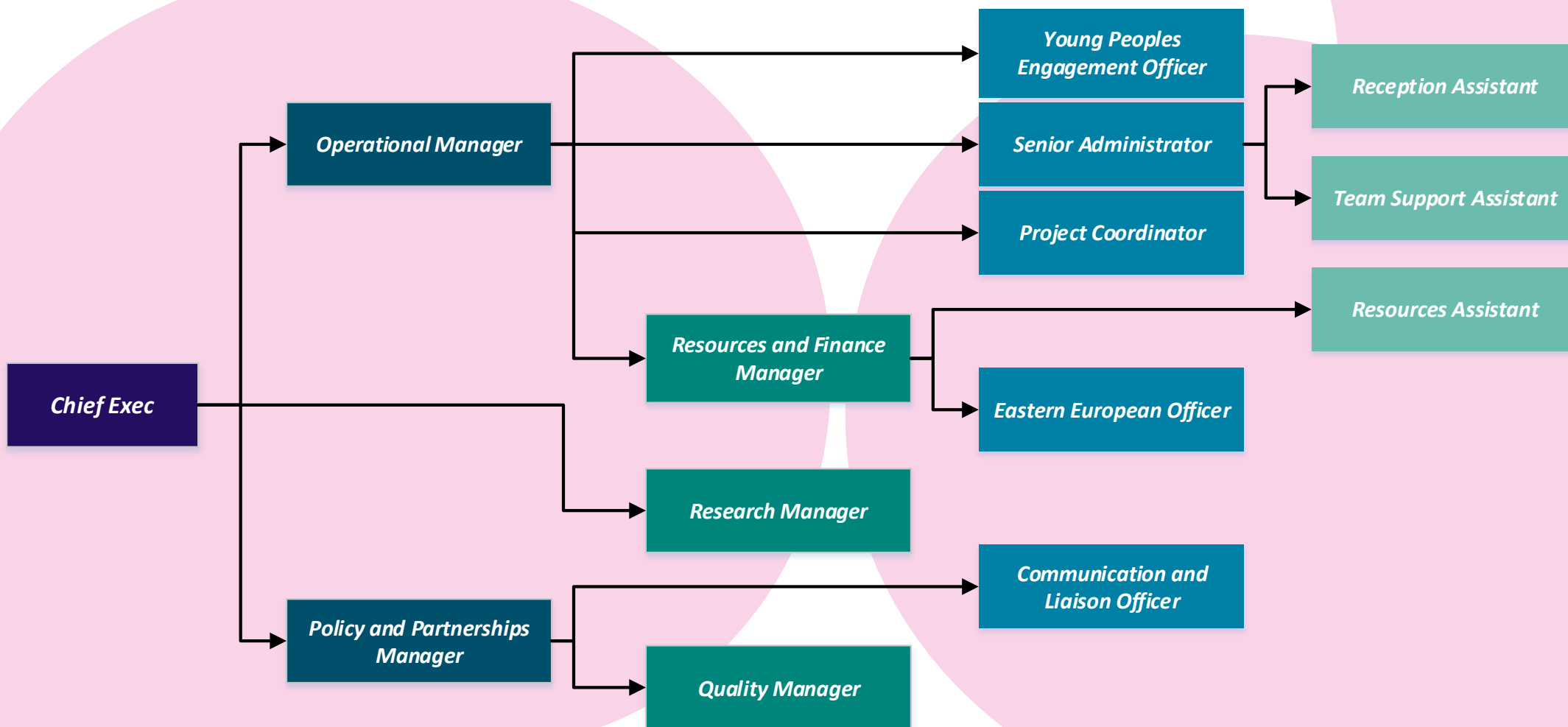
**Natalie Stone**

Resources Assistant





# Our Team: Structure and Governance





# Volunteering

*We could not do what we do without our volunteers. In fact, we cannot begin to express how important our volunteers are to the work we do.*

That is why we ensure all our volunteers are fully trained and have an opportunity to get involved in the areas they are interested in.

## Training Our Volunteers

Ensuring our volunteers have all the skills and knowledge they need to succeed, and to represent Healthwatch effectively, is extremely important to us. Therefore, this year we have provided a number of training courses and events for our volunteers, some of which include:

- Enter and View training for Authorised Representatives
- Enter and View Follow Up
- Dementia Awareness
- Dementia Friends
- Safeguarding
- ‘Improving Inclusive Engagement’
- Disability Awareness
- PLACE feedback sessions
- Disclosure and Barring Service checks

## Our Plans for Volunteering

Whilst we are fortunate to have a dedicated and successful team of volunteers, we recognise the importance of continuing to develop our offer and provide more opportunities for people to get involved. We have therefore spent some time this year developing our plans for volunteering going forward.

“From everyone at Healthwatch Hertfordshire, we would like to say a huge thank you to all our volunteers for all their hard work, and the value they bring!”

In August 2016 we received approval from our board on our volunteering review. This review covered all the roles our volunteers currently perform, and considered how we could build on our current successes. We have also begun to implement our plans at the beginning of 2017, and this will continue throughout the year.

As part of our review we have revised our approach to include:

- Recruitment and induction of volunteers
- Developing our policies and guidance
- Creating a new handbook for volunteers
- Developing new volunteering roles including:
  - Engagement volunteers
  - Community Ambassadors
  - Research volunteers
  - An updated Enter and View representative role
  - Representing us at meetings, groups and committees
  - An updated Youth volunteer role
- Updating our website to reflect the new resources and opportunities we have on offer

## How to get involved

There are many different opportunities to get involved with us at Healthwatch Hertfordshire. Whether you would like to feedback your own personal experience, represent us at events, or help us to gather other people's views, we have a role for you.

If you would like to enquire about one of our exciting new volunteering opportunities please visit our website and complete and online contact form

at: [www.healthwatchhertfordshire.co.uk](http://www.healthwatchhertfordshire.co.uk)

or contact us on:

Phone: 01707 275978

Email: [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk)







# Holding us to Account: The Stakeholder Panel

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*Patients and users of health and social care services should influence all the work we do. Our board is made up of volunteers, and our Stakeholder Panel’s most important job is to hold our board to account.*

Our Stakeholder Panel should be made up of a broad range of experiences, but should always talk from the service user’s perspective; we believe that this year our Stakeholder Panel has achieved this.

The Stakeholder Panel has several functions including holding our board to account. Where appropriate, they can question decisions made by our board and should challenge the outcomes we are achieving. They should also act as a sounding board when we make future decisions about our priorities, and they should also provide an insight into the challenges that are being faced by users of health and social care across the county.

The membership of our Stakeholder Panel is diverse. A few of the organisation that regularly attend include:

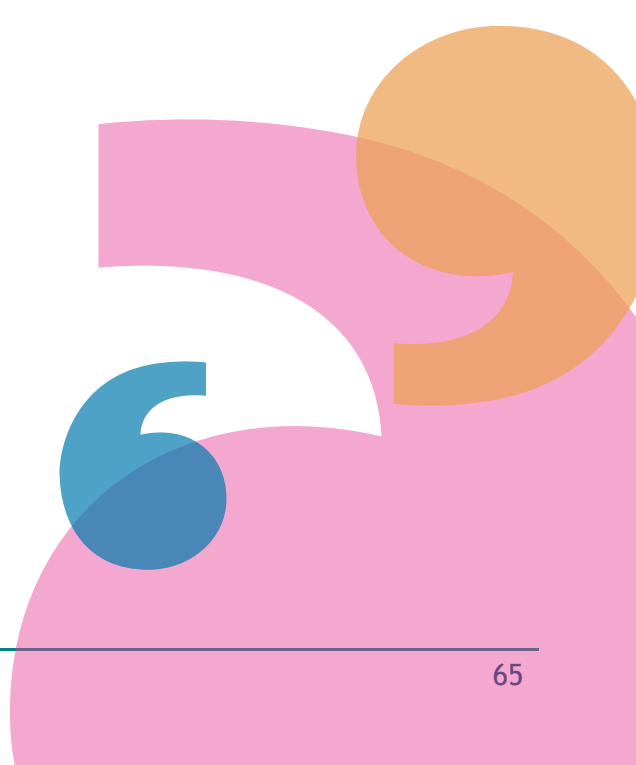
- Carers in Herts
- Viewpoint
- Herts Libraries
- Home Instead
- The Alzheimer’s Society
- The Local Pharmaceutical Committee

This year the Stakeholder Panel have helped inform and guide the work we have done including influencing our decision to engage with patients following cuts to the community pharmacy budget, and our “Access to NHS Dental Health Services in Hertfordshire project”.

For more information on our pharmacy project, please see page 31

For more information on our dental project, please see page 27

Our Stakeholder Panel have held our board to account and provided an independent voice at our board meetings resulting in us providing written clarification when challenged. Having this sort of ‘critical friend’ is crucial to ensure we are focussing on what matters most to the people of Hertfordshire.



# The Healthwatch Network

## Regional Healthwatch Network

*We are proud to chair the Regional Healthwatch Network meeting which all local Healthwatch in the East of England attend.*

Representing the patient voice across the region, this network is key for sharing learning to benefit patients and communities across the East of England. Our staff also had the opportunity to attend the regional conference held in March targeted at staff across the region.

## Healthwatch England Advisory Board

We welcomed the opportunity to be involved with the Healthwatch England Advisory Board, and are involved with ensuring that good practice around research and engagement is effectively implemented across the Healthwatch network.



*Above: The Healthwatch Regional Conference*

# *Our Finances*





# Our Finances 2016/17

<b>Income</b>		Funding HCC	£466,593
		Interest received	£3,270
		Less: Grants allocated	-£500
		<b>Total Income</b>	<b>£469,363</b>

<b>Expenditure</b>	<b>Employment Costs</b>	Wages and salaries	£301,010
		Employers NI	£24,026
		Temporary staff	£11,717
		Pension Costs	£17,870
		Life Assurance	£1,512
		Recruitment	£890
		Staff expenses	£6,029
		Staff training & welfare	£8,243
		<b>Total Employment Costs</b>	<b>£371,297</b>
	<b>Governance and Office Costs</b>	Rent	£17,615
		Off-site storage	£1,375
		Depreciation Computer Equipment	£2,598
		Depreciation of Fixtures and Fittings	£1,421
		Computer costs / Maintenance and Backup	£4,777
		Telephone and fax	£5,693
		Software purchases / licence	£492
		Insurance	£3,032
		Repairs and maintenance	£3,132
		Sundry	£117
		Refreshments	£1,790
		Subscriptions	£291
		Membership fees	£156
		Bank charges	£10
		<b>Total Governance and Office Costs</b>	<b>£42,499</b>
		<b>Other Costs</b>	Enter and view training

	Members expenses	£5,364
	<b>Total Other Costs</b>	<b>£8,193</b>
<b>Legal and Professional Fees</b>	Other legal and prof	£5,409
	Consultancy fees	£2,625
	Accountancy fees	£1,100
	Solicitors fees	£288
	<b>Total Legal and Professional Costs</b>	<b>£9,422</b>
<b>Engagement and Communications</b>	Advertising and PR	£23,824
	Stationery and printing	£9,173
	Postage	£432
	Website	£2,940
	Public Engagement /Praxis	£10,114
	Refreshments	£1,190
	Room Hire	£1,340
	Newsletter	£10,335
	<b>Total Engagement and Communications Costs</b>	<b>£59,348</b>
	<b>Total Annual Expenditure</b>	<b>£490,759</b>
Carry forward deficit / surplus to following year to support core business 2017/18		<b>-£21,396</b>

# Sharing This Report

healthwatch  
Hertfordshire





We will share this report with our partners, stakeholders and members. We will also make it available on our website. Hard copies and alternative formats are available on request. Please contact us on 01707 275 978.



# *Appendices*

es Bay  
ards that changed his life



# Appendix 1: Representation

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The table below outlines which meetings, forums, and committees we currently attend (accurate as of March 2017):

<b>General</b>
1. Pharmaceutical Services Regulations Committee
2. Hertfordshire Local Pharmaceutical Committee
3. Pharmaceutical Needs Assessment Steering Group
4. Quality Accounts
5. Equality Delivery Systems
6. Future East - Older People's Group
7. Care Quality Commission Board meeting
<b>West Hertfordshire Hospitals NHS Trust</b>
8. Board
9. Dementia Implementation Group
10. Patient Safety, Quality & Risk Committee
11. Patient Experience Group
12. Patient and Public Involvement and Experience Panel
13. Equality and Diversity
14. West Hertfordshire Hospitals NHS Trust Oversight Group
<b>East &amp; North Hertfordshire NHS Trust</b>
15. Board of Directors
16. Involvement Group / Committee
17. Care Environment Committee
<b>Hertfordshire Community NHS Trust</b>
18. Board
19. Patient Experience Safety Group
20. Equality and Engagement Forum
21. HCT Customer Service Transformation Programme Steering Group
<b>Hertfordshire Partnership University Foundation NHS Trust</b>
22. Board

23. Governors
24. Stakeholder
25. Stakeholder Reference Group
26. HPFT Recovery Conference Planning Group
27. Service User Engagement Group
28. Carer Engagement Group
29. Involvement and Experience Action Group
30. Single Point of Access Reference Group
<b>Herts Urgent Care</b>
31. Urgent Care Centre Stakeholder Council
<b>Other Trusts</b>
32. Royal Free London NHS Foundation Trust
33. Royal Free Healthwatch Group
34. Princess Alexandra Hospital NHS Trust Patient Group
35. Princess Alexandra Oversight Group
36. Luton & Dunstable University Hospital NHS Foundation Trust Patient and Public Participation Group
<b>East of England</b>
37. East of England Ambulance Service NHS Trust User Group
38. CQC NHS External Co-production Group
<b>Clinical Commissioning Groups</b>
39. Herts Valleys CCG Board
40. HVCCG Co-commissioning Board
41. HVCCG QIPP (Quality, Innovation, Productivity and Prevention) Programme
42. East & North Herts CCG Board
43. Herts Valleys PPI Committee
44. East & North Herts CCG Co-commissioning Board
45. Herts Valleys Children, Young People & Maternity Network Group
46. Maternity Services Liaison Committee E&N Herts CCG Group
47. HVCCG Maternity Services Liaison Committee
48. Herts Valleys PPI Officer Group

49. Herts Valleys CCG Planned and Primary Care Patient Group
50. HVCCG 7 Day Services Implementation Group
51. East and North CCG Patient Network Quality
52. East and North Herts CCG Personal Health Budget Peer and Network Group
<b>Partnership Groups covering HVCCG areas</b>
53. West Herts Strategic Review Chief Exec's Group
54. Communications and Engagement Steering Group West Herts Strategic Review (Your Care Your Future)
55. System Resilience Group
56. End of Life Group
57. Urgent Care Centre Working Group (West of the County)
<b>Partnership Groups covering East &amp; North Herts CCG areas</b>
58. Primary and Community Care East & North Herts Delivery Board
59. East Herts Ageing Well Working Group
<b>Countywide</b>
60. Complaints Managers Network
61. All Age Autism Council Board
62. Crisis Care Concordat: Data Group
63. Crisis Care Concordat: Steering Group
64. Hertfordshire Equality and Diversity Leads
65. Herts Safeguarding Adults Board Public Engagement Group
66. Trans Implementation Steering Group
67. Self-management in Hertfordshire Steering Group Meeting
68. Integrated Urgent Care Commissioning Steering Group
69. Neurological Services Co-production Project
70. STP Clinical Reference Group
<b>Joint Commissioning Team for Mental Health and Learning Disabilities Strategic Commissioning Group / Planning and Performance Groups</b>
71. Learning Disabilities Planning and Performance Group
72. Substance Misuse Planning and Performance Group

73. Mental Health Planning and Performance Group
74. Carers Performance and Planning Group
<b>Hertfordshire County Council</b>
75. Health and Adult Care Cabinet Panel
76. Public Health & Localism Cabinet Panel
77. Learning Disabilities Partnership Board
78. Sensory and Physical Disability Steering Group
79. Older People's Planning and Performance Group
80. The Purple Star Strategy Group
81. East Hertfordshire Support at Home Advisory Board
82. HCC Data Group
83. Learning Disabilities Mortality Review (LeDeR) Programme Steering Group
84. Dacorum Support at Home Advisory Board
85. Social Care Co-production Board
86. Carers Performance and Planning Group
<b>Health and Wellbeing Board</b>
87. Health and Wellbeing Board
<b>Transport</b>
88. Community Transport
a. East Herts Community Transport 6 Monthly Conference
b. East Herts Community Transport Working Group
<b>Public Health</b>
89. Hertfordshire Public Health (Officer) Board
90. Tobacco Control Alliance
91. Health Psychology in Public Health Network
<b>Nursing &amp; Midwifery Council</b>
92. Patient and Public Engagement Forum
<b>Health &amp; Wellbeing Groups - where there are vacancies Stakeholder Panel vols have been requested</b>
93. Dacorum
94. East Hertfordshire
95. Hertsmere
96. Broxbourne

97. North Hertfordshire
98. St Albans & Harpenden
99. Stevenage
100. Watford & Three Rivers
101. Welwyn & Hatfield
<b>Locality CCG Groups</b>
102. Lower Lea Valley
103. North Herts
104. Stevenage
105. Stort Valley and Villages
106. Upper Lea Valley
107. Welwyn Hatfield
<b>Locality Dementia Groups</b>
108. W3R Dementia Action Alliance
109. North Herts Dementia Alliance
<b>Care Homes</b>
110. Strategic Quality Improvement Group - SQIG
111. Multi-Agency Monitoring meeting (Care Homes)

## Healthwatch Hertfordshire

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