

healthwatch

Hertfordshire

Annual Report

2021-2022





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Message from our Chair

It is heartening to see life almost getting back to normal after the past two years. Despite this, we should always remember that 180,000 people have died in the UK as a direct result of Covid-19 and many continue to suffer the effects of long-Covid. Some may want to forget Covid-19, but many will never be able to.

Although it was a challenging year, this report shows how much was achieved and I would like to thank those who support me: the highly qualified, hard-working Healthwatch Hertfordshire team, committed volunteers and our dedicated Board who ensure that we maintain a strong, ethical business that is Healthwatch Hertfordshire.

Ensuring the patient voice is heard remains our priority and as I write this introduction, I'm reflecting on the recent report on maternity services at Shrewsbury and Telford Hospital Trust where not listening to patient concerns was highlighted as a significant factor.

I would like to place on record my thanks to retiring Board members who stepped down in October. At the same time we were pleased to welcome five new Trustees representing a wide range of backgrounds. You can meet a couple of our new Trustees on page 25.

This change gave the Board an opportunity to collectively focus on and to refresh our governance. The 'Better Boards' programme training delivered through Hertfordshire Community Foundation consolidated good practice as well as highlighting areas for learning. It also provided an opportunity for both new and longer standing Trustees to obtain a shared understanding of good governance to take us forward into the next year.



"Having run a session on Better Boards for the Trustees of Healthwatch Hertfordshire, it is clear from the response that the organisation is in safe hands. The Trustees are clearly motivated and put the users of the service at the heart of what they do."

Robin Hodgkinson, Better Boards Trainer on behalf of Hertfordshire Community Foundation



This year I have continued to represent Healthwatch within the Hertfordshire and West Essex transformation process. The Hertfordshire and West Essex Integrated Care System (ICS) created an Integrated Care Board and a wider Integrated Care Partnership which brings together local NHS organisations and local government to look at how services will evolve and become sustainable over the next five years, to deliver better health, patient care and ensure services are affordable for years to come.

We have embraced the chance to lead in helping create and develop new models of patient and community engagement across health and care partnerships. These models reflect the need for health and social care providers to work more closely with patients, the voluntary sector and wider community. I look forward to the greater collaboration it will bring to tackle issues such as health inequalities. Read more about this and our research and engagement this year from pages 11 to 17.

We have also spent a lot of time listening to your concerns about GP access, dentistry, mental health provision, hospital waiting lists and social care visitation restrictions. This feedback has been raised at regular meetings with Chairs and Chief Executives of health and social care providers, where we share intelligence and hold the system to account from a patient and community perspective. Find out what has changed as a result of this and how your voice has made a difference on pages 22 and 23.

Our work within redevelopment projects at local hospitals this year has unfortunately been slower than initially expected. New hospital developments at Princess Alexandra Hospital and West Hertfordshire Teaching Hospitals NHS Trust have been paused or delayed due to protracted negotiations nationally, while Mount Vernon Cancer Centre has still not heard whether its Expression of Interest for a new cancer hospital in Watford has been successful in the New Hospitals Programme. Despite these delays, we continue to ensure patient involvement in these projects and encourage regular and effective communication.

In terms of our own engagement with the community and stakeholders, we have reviewed and updated many of our communication channels. We have just launched a new-look newsletter which will help us better promote the work we do, ways to get involved and the impact we have. It aligns closely to our website, which was updated last year, and will help widen our reach with a more accessible format. In line with this, our communications reflect our sustainable business model, moving to electronic where possible and reducing pages when printing.

We have also shown commitment to the sustainability of our organisation by supporting other new approaches to running the business. Home-working is now standard practice and the majority of our meetings are virtual, reducing travel costs and time. An office move this year has resulted in cost savings and environmental benefits, by relocating to a smaller, more efficient premises.

I hope you enjoy reading about these initiatives and our work this year.

Thank you to the team, our Board, volunteers, partners and the public for your continued support.



A handwritten signature in black ink, appearing to read 'Steve Palmer', with a horizontal line underneath.

Steve Palmer, Chair of Healthwatch Hertfordshire

“Our strong working relationship with Healthwatch Hertfordshire (HwH) – and also Healthwatch Essex – continues to grow as we make the transition from three CCGs to the Hertfordshire and West Essex Integrated Care Board. The expertise of HwH has helped us to gain a better insight into our communities’ needs – at a time when health and care services have been operating very differently. We know that people experiencing good health and good outcomes from healthcare is dependent on a wide range of factors and as an Integrated Care System we want to understand these issues and help remove the barriers which might be in the way of people living as healthy a life as possible. Key pieces of research work HwH has delivered this year around GP access, NHS dentistry and the particular experiences of Black and Asian communities have brought valuable insight which will help us commission services which better meet people’s needs. We look forward to continuing our work with our two local Healthwatch organisations at both system and ‘local’ level over the coming year.”

Dr Jane Halpin, Chief Executive Officer Designate, Hertfordshire and West Essex Integrated Care Board and Integrated Care System

“The Covid-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities.”

Sir Robert Francis QC, Chair of Healthwatch England

About Us



Who we are and what we do

Healthwatch Hertfordshire is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to shape and improve care.

As an independent body with statutory powers, established under the Health and Social Care Act 2012, our role is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. By providing robust challenges and holding the system to account, we work at a local and national level to get services right for the future and ensure that your worries and concerns are addressed.



How we work

Through our innovative and varied research and engagement programme, we encourage people to share their views and lived experiences. Using this data, we make evidence-based recommendations to NHS and social care leaders, demonstrating how lived experience can have a positive impact on the redesign and improvement of local services. We also provide a confidential information and Signposting Service to help people access, understand and navigate the health and social care system. The experience and data we collect using this service provides a further source of valuable information.

We meet with health and care leaders on a regular basis to assess key initiatives together, highlight issues raised by patients and the public and help to shape service improvements and outcomes. We also work closely with the voluntary and community sector to help design service improvements and ensure that voices from the sector are heard.

As part of the wider Healthwatch network, we share information and contribute to initiatives with Healthwatch England and the Care Quality Commission, which helps us to have an impact across the County and help shape the national agenda.

“The Hertfordshire Health Scrutiny Committee (HSC) has once again benefited from its partnership working with Healthwatch Hertfordshire (HwH). The HwH chair attends the HSC meetings and represents the patient view and experience at the committee. Members have noted with interest the research undertaken by HwH, especially with regard to the health experience of the county’s ethnic minority communities. HwH has also contributed to the deep dive scrutiny work undertaken by councillors. As the HSC chairman I value the strong partnership we have with HwH and the insights it brings to the work of both HSC and the Overview & Scrutiny Committee.”

Dee Hart, Chairman of Health Scrutiny at Hertfordshire County Council

Our Governance

Our Board of Trustees are all volunteers appointed for having a mixture of skills and knowledge of health and social care.

They govern our activity by setting priorities and providing strategic oversight. As well as ensuring that we fulfil our legal and statutory obligations and that we use our resources wisely. The Board meets publicly four times a year. Dates can be found on our [website](#).



Our Year in Focus

It has been a year of transformation, challenge and significant demand but with positive signs as we move into an era of 'living with Covid-19'

The last year has seen the health and care system continuing to face long term pressures and understandably some people are still suffering both emotionally and physically. We also saw concerning fallout from the pandemic revealing and exacerbating significant inequalities and service access issues. There is a sense of light at the end of the tunnel but over-demand for services continue and sustainability for the healthcare workforce, as well as services is a concern.

Despite these ongoing challenges over the last year we saw huge effort, creativity and achievement in finding ways to address the pandemic by all sectors working together. As you will see in this report, our work has contributed to this effort through our representation of the patient voice informed by our research and engagement, and our professional and caring signposting team, who continue to support patients through these difficult times.

Our programme for the year remained focussed on our strategic priorities whilst ensuring that our purpose and values guided our delivery plans. These priorities include:

- ✓ being more strategic
- ✓ focusing on evidence and outcomes
- ✓ reaching more seldom heard groups and
- ✓ raising more revenue

Our strategic focus has been highlighted through our growing relationship and raised profile with the new Integrated Care System (ICS) and its Partnership (ICP). We have been instrumental in developing coproduction and involvement models for the system across Hertfordshire to ensure community and patient involvement. Pages 16 and 17 set out how this has grown and been a successful area of revenue generation for us.

Across the system the importance of place based care is increasingly being recognised and our relationships and profile with Voluntary, Community and Faith Sectors have grown even more.

Ethnically diverse communities were disproportionately affected by the pandemic and health inequalities have been a major concern leading to our research into equal treatment and work with the County Council highlighting ethnic health inequalities. The focus of these projects was initially to gather lived community experience about vaccine confidence, but now we've identified a broader role to address health inequalities. We are also achieving our priority to reach more diverse and seldom heard groups.

Our highly acclaimed evidence driven research programme focussed on outcomes and has gone from strength to strength with partners coming to us expressly for our expertise. Our research projects also demonstrate how we help to make a difference through findings that lead to service improvements for patients. You can read more about some of our research projects on pages 11 to 17.

At the same time we continued to meet with health and care leaders on a regular basis to highlight issues raised by patients, hold to account and scrutinise services.

We are proud of our communication achievements including the website and our new newsletter which demonstrate our impact in a clear and accessible way.

Our year also shows that as an organisation we continue to develop a dynamic and talented team and a motivated and more diverse Board of Trustees. Adapting to a changing environment, our Board has shown its commitment to the sustainability of the organisation through supporting new approaches to running the business.

How we've made a difference throughout the year



We provided 67,648 people with advice and information about health and care services.



We received **123** compliments telling us how we helped make things better.



We reviewed all of our **communication** approaches to ensure a clear and consistent purpose and style, as well as improved accessibility for all.



Over **3,000** Hertfordshire residents shared their health and care story with us, to help shape and improve healthcare services for the future.



We worked on ways to reduce worsening **health inequalities** by ensuring community voices are at the heart of design and change. For example we are designing and facilitating new patient involvement models across the ICS*



We held **65** meetings with senior NHS and Care leaders and attended a further **66** Boards and Committees to ensure your voice and what matters most to you was represented and heard.

*The Hertfordshire and West Essex Integrated Care System is a partnership of NHS, local Council, voluntary and community sector partners. The partnership aims to improve population health and reduce inequalities between different groups.

Research and Engagement



Your voice matters

In 2021/22 over 3,000 of you shared your lived experience of health and care with us. Read how your voice has been captured through our research and engagement, and how it has made a difference.

Central to our success as an organisation is our rigorous and nationally recognised research. Within this section you will read highlights from our programme which include our work on local attitudes towards the Covid-19 vaccine, tackling health inequalities and ensuring community and patient involvement.

Full [reports](#) can be found on our website or [requested](#) in hard copy.

Local Views and Attitudes Towards the Covid-19 Vaccine

The UK's Covid-19 vaccine rollout has been the most significant public health exercise in recent history and understanding people's motivations to either receive or refuse the vaccine has been crucial to its success.

To support the local vaccine programme we ran two surveys between February and March 2021, and heard from **1,820 Hertfordshire residents**.

What we found

- The findings highlighted many positives about the vaccine rollout in Hertfordshire but also indicated that more work was needed to address the concerns of those with lower levels of vaccine confidence, a greater focus on ensuring equal access to the vaccine, as well as a focus on improving communication standards in a range of areas.
- Initially 79% of respondents told us that they 'definitely would have' the Covid-19 vaccine, largely to protect themselves, those who are clinically vulnerable, or because they felt it was the responsible thing to do.
- This level of intention declined over time, as different concerns arose. People said issues such as long distances to vaccine centres and needing to use public transport (particularly affecting people with additional needs and those living with a disability) as reasons preventing them from getting the vaccine. Other barriers included a lack of suitable timeslots and not being registered with a GP.
- The most common theme under suggestions for improvements was a need for better information and communication. People wanted improved information about side effects, clarity about receiving multiple doses of the vaccine, and better communication from their GP.



How we made a difference



- By sharing early findings with health and care providers, we helped to increase their understanding of how the vaccine was being received, and to inform their commissioning and communication decisions.
- Based on the findings, we made seven recommendations to service providers and commissioners to improve access, information and communication. For example, in response to the report, the ICS said it would use the insight and share with NHS England.

Tackling Ethnic Health Inequalities: Learning from Black and Asian community leaders

Certain ethnic health inequalities mean that Black and Asian people may not always receive equal and fair treatment from healthcare services. The Covid-19 pandemic highlighted a worsening of this type of inequality, but also the specific risks faced by Black and Asian communities in relation to Covid-19, and that these communities tended to have lower levels of vaccine confidence.

To better understand people's views and experiences of healthcare and the vaccine, but more importantly how we can work with local communities to tackle ethnic health inequality more generally, we built ongoing partnerships with community and faith leaders through a range of one-to-one interviews and group activities.

What we found:

- A deep mistrust in government and healthcare bodies, resulting in less involvement or engagement from these communities on issues relating to healthcare.
- Feelings of being undervalued or concern about not being treated equally or fairly by healthcare professionals and local government.
- A feeling that Black and Asian communities are only engaged with when it suits the needs of the NHS or local government. Community leaders instead wanted more meaningful engagement, that demonstrated a longer-term commitment to listening and building trust.
- Experiences of areas with lower populations of Black and Asian people being ignored.
- That one size does not fit all – community leaders stressed the damage of homogenising lots of different groups, cultures and communities into the term 'BAME'.
- That quick simple solutions for complex issues don't work – community leaders stressed the importance of designing interventions from a place of understanding.
- Representation matters – leaders discussed the lack of representation of Black and Asian communities, especially in leadership positions. Meaning that individuals sometimes have nowhere to take their concerns and are unsure their concerns will be heard if they do.
- Linked to the point above, leaders also talked about the complexity of representation. They highlighted that the use of Black and Asian celebrities encouraging vaccine uptake lacked credibility for a lot of people who didn't share the same lived experience as a celebrity. This resulted in the counterproductive effect of people feeling that vaccines were being forced upon them.

Find out how we shared these findings on the next page.

What are health inequalities?

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

According to the King's Fund, health inequalities are ultimately about differences in the status of people's health, but also refer to differences in care that people receive and the opportunities that they have to lead healthy lives.



Tackling Health Inequalities: How we made a difference

- We submitted evidence collected from this work, and initial evidence from our 'Making Healthcare Equal for All' research (below), to local councillors at the Black Asian Minority Ethnic (BAME) Health Inequalities, Health Scrutiny Topic Group. We focused on the lack of cultural competence within local healthcare services and the need for a system-wide approach for tackling ethnic health inequalities. Recommendations were made to healthcare providers by Hertfordshire County Council's Health Scrutiny Committee, and we continue to work with them to ensure these recommendations are taken forward.
- Our work with the Ethnic Minorities Inequalities Group, made up of NHS, Council and Voluntary sector groups is ongoing. The group was initially established to address vaccine confidence within communities, but now has a broader role of addressing health inequalities through community interventions where possible. Here, we have been sharing our knowledge and evidence on how best to engage with different communities and the importance of using a tailored approach.
- Our findings have fed into the Hertfordshire and West Essex (ICS) Health Inequalities Workstream to support with the development of a good practice engagement model to ensure the community voice is heard.



Making Local Healthcare Equal for All: The work so far

Following on from the engagement work above, we have been running a project exploring Black and Asian people's views towards, and experiences of, local healthcare. Through an online survey, one-to-one interviews and focus groups, we have been exploring in more depth whether people think they are treated fairly in healthcare settings and what they believe needs to be done to tackle ethnic health inequality and improve inclusivity of services. In addition to this, we have been holding one-to-one interviews with senior NHS staff to understand how their services aim to be culturally competent and how they will achieve this.

Based on feedback from Black and Asian Hertfordshire residents, we will make recommendations to health and care leaders to improve equality and inclusivity within the NHS.

The full report will be published in Summer 2022.



Healthwatch Hertfordshire's communication, interaction and work has been to the highest standard and should form the template for working with the Black community in the future for other organisations. It's clear that they were informed on some issues on our community specifically, before first contact, practically inputting what they learn from Black Voice Letchworth, other groups and their own investigation, then putting it into practice. This approach built a sustainable relationship of trust between us, making it a joy to be part of our partnership.

Micaelia Clarke, Chairperson, Black Voice Letchworth



Going Digital



Children and young people with learning disabilities wanted to see a digital alternative to the Hertfordshire Purple Folder to help them better manage their health. This was based on feedback that not only can the hard copy Purple Folder be impractical to use on a day-to-day basis, but that individuals are only eligible for a Purple Folder when they are 18 years old.

Working with Hertfordshire County Council, children and young people with learning disabilities and their Carers, we evaluated whether the 'Hear Me Now' app could be the solution, and if it could help them to better manage, share and communicate information about their health.

Through a series of exercises and one-to-one sessions we tested how accessible and intuitive using the app was for people, and whether participants would recommend it to others.

What is the Purple Folder?

The Purple Folder is an initiative in Hertfordshire for people with learning disabilities aged 18 and over. It's a tool which allows people with learning disabilities to record information about their health and wellbeing and to share this with healthcare professionals.

What is the 'Hear Me Now' app?

Hear Me Now is an independently designed digital app, created specifically for people with learning disabilities to support them in managing, recording and sharing health information.

People told us that they:

- Were not inclined to use the app for managing their healthcare, and instead preferred to use the app to record personal information and their hobbies.
- Required support from their Carer to use the app, who also did not always find the app intuitive.
- Found it difficult to share information with clinicians, and were concerned that clinicians would not have the time to learn how to use the app and therefore wouldn't use it.
- Had concerns about the privacy and security of the information stored on the app, as well as the yearly cost of the app.
- Were already using alternative online tools to help manage their health and appointments. However, what was missing was all the information being in one place.

Why was this important?

By participants sharing their views, the Council listened to and acted on what children and young people want from a digital health app.

Laura Gordon and Andy Lawrence, Joint Chair of Preparing for Adulthood Board, Children Services, Hertfordshire County Council commented to say that:

"The insights provided by all those involved have helped us better understand what different service users want. Based on this valuable feedback, the Board has made the decision to promote a range of apps that individuals can choose from depending on their wants and needs in relation to managing health information. Included within this selection will be suitable free apps... all with the aim of improving health outcomes and independence for individuals with a learning disability."

"The Purple Folder is so big. We like this as it can be on our phones."

"I'm not sure doctors would have the time to learn how to use the Hear Me Now app."

Making Carers' Voices Count

Carers and local stakeholders raised concerns about the lack of information and support for Carers of people who have used psychiatric inpatient services. For many Carers this disengagement made them feel vulnerable and unsupported, particularly during challenging times such as inpatient admission and discharge.

In response, we created a coproduction group which included senior staff from Hertfordshire Partnership University NHS Foundation Trust (HPFT) as well as Carers and representatives from Carer support groups to develop new information resources that better empowered and supported Carers during inpatient admission and discharge.

How we made a difference

As well as creating new information resources, it was important that the resources created would be used and promoted. With this in mind, the group coproduced a measurable action plan detailing who within the Trust is accountable for delivering on actions, and how Carers will be involved in monitoring the actions going forward.

Towards the end of the project we held a launch event which included clinical staff within the Trust to ensure their awareness of the new information resources. We also worked with Carers in Hertfordshire to ensure that the Carer support training delivered to the Trust includes reference and information on the new resources.



What is coproduction?

Coproduction brings together people who use services and professionals in equal partnerships; sharing different perspectives, knowledge and experience to co-design and help make services better.

A Carer involved in the project said:



"I wanted to be part of this coproduction group to ensure Carers coming into the service have a better experience than I did. It was important to create these new resources to make sure Carers know where they can get help. I hope the resources are taken forward by HPFT so Carers can get the support they are entitled to and deserve."



We are pleased to have worked closely with Healthwatch Hertfordshire on a range of key issues this year. The detailed research and engagement carried out by Geoff and his team enables the CCG to better understand local people's needs and experiences and helps us to target our efforts where we can have the greatest impact. Healthwatch continues to share insight and intelligence on patients' experiences of health services including GP services and the CCG has used this evidence to help support individual GP practices to improve and enable us to understand wider themes and trends in accessing primary care. For example, our quality assurance visits to practices have reinforced the importance of care for veterans and to ensure that patients retain choice in how they receive their care, with face to face appointments being widely available. Findings from the Healthwatch research on Covid-19 vaccinations has also helped the CCG to target our work and ensure all can access the vaccination programme. The work currently being undertaken by Healthwatch on the experiences of Black and Asian patients in using health services will provide valuable insight and we look forward to listening and learning from this feedback so that services we commission can be as inclusive and accessible as possible.

Sharn Elton, Managing Director, NHS East and North Hertfordshire CCG



Ensuring Patient and Community Involvement

Ensuring the patient voice is heard is a vital role for us, built into all our activities. We are pleased to be leading on a range of projects designed to enable this to happen – focussing on how patient involvement is embedded into Health and Care systems, plans and processes, and ensuring patient voices are treated equally with those of providers and commissioners.

The projects include:

- Our work for **West Hertfordshire Teaching Hospitals NHS Trust** to design a coproduction approach. This sets standards for patient and voluntary, community and faith sector involvement through a joint Board of partners. It also drives improvement through projects at the Trust, for example on carer involvement, lost property and improving services for children with breathing difficulties. The approach is now embedded into Trust governance and we co-chair the Board with the Deputy Chief Nurse.
- Our involvement with the **Integrated Care System** health inequalities workstream. Here we used evidence collected through our research programme to demonstrate how different individuals and groups have experienced health inequalities. The “place-based approaches we used to access and gather this intelligence has helped support a model of community development seen as central to strengthening equality and empowerment at a local level. As this work proceeds, our insight into communities complements a population health management approach which uses data to show the extent of inequalities in practice.

“Healthwatch Hertfordshire has supported West Hertfordshire Teaching Hospitals NHS Trust with the development of our engagement and partnership working project. Together we have delivered a Coproduction Board that engages, involves, and places patients and the public at the heart of what we do.

This collaborative working has given opportunities for voluntary services and secondary care services to work on projects and design patient pathways with patient experience and their voice being at the centre of our thoughts and decision making.”

**David Thorpe, Deputy Chief Nurse
West Herts Teaching Hospitals NHS
Trust**

What is a place-based approach?

A ‘place-based’ approach makes the most of the connections we make across the places in which we live. It looks to understand the important issues and opportunities for communities linked by a specific place, and focuses on working together with all sectors to make a lasting difference to people’s lives.



- Our role as an independent champion, led to us being asked to chair and manage the new Community Assembly established for the **East and North Hertfordshire Health and Care Partnership**. At a time of transformation within the NHS, the assembly plays a vital role to bring together stakeholders; including patients, carers, communities, local government and the NHS to address issues at 'place' level. This can be looking at strategic direction, care pathways or a new service but crucially all voices are listened to and are equal at the assembly.
- **In South and West Hertfordshire** a commitment to coproduction as a default position has been agreed by the Partnership Board. We have been commissioned to lead on this activity, working with partners to develop principles for the approach and design a working model for coproduction.

“The East and North Hertfordshire Health and Care Partnership are delighted to have Healthwatch leading our Community Assembly which was established in September 2021. The Assembly is important for the development of health and care services in East and North Hertfordshire as it will help us understand the challenges, needs, and views of local people. As an independent body, Healthwatch has a key role to play in our Assembly, and we are confident that under Geoff Brown’s leadership people’s voices are already beginning to shape the way we provide services. We look forward to seeing the Assembly go from strength to strength.”

Sam Tappenden, Director of Development, East and North Hertfordshire Health and Care Partnership



Helping you find the answers



Our team spent over 650 hours signposting more than 450 enquiries this year.

This is an increase on last year's hours by 66%.

Our Signposting Service

If you have a question about health and social care services, our experienced signposting team is here to help – this can be when things go wrong, how to access a service, or how to give feedback.

We provide free confidential advice and information, online and over the phone to help people navigate and access the health and social care services they need. If someone has a query about an NHS or social care service we can direct them to the most appropriate place, or places, for help.

We use anonymised experiences and data to help improve services and future patient interactions with services. Working as a team, we identify and analyse patient feedback and share this with service providers and commissioners. This can include recognition of good practice, gaps in service provision and sometimes highlighting areas where we think improvements can be made.

We are able to do this effectively because we are an independent charity – not part of the NHS or social care services – and we have the benefit of a robust evidence base to support us.

What are people contacting us about?



Requesting help/support in communicating with their GP Surgery



Raising concerns about mental health services



Queries about current visiting restrictions



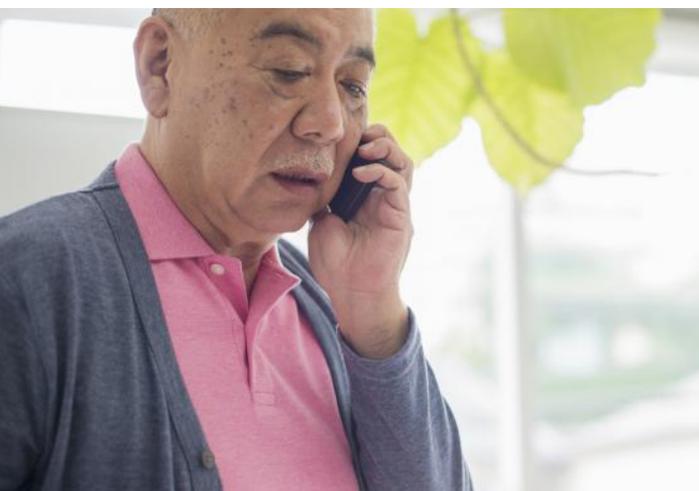
Concerns about long delays for first outpatient appointments or the start of treatment



Seeking advice on where to access NHS dentistry

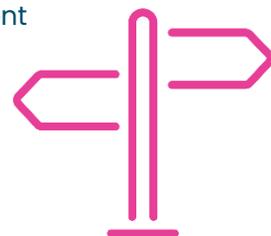


This year, the number of people coming back to us for further information and support, as well as people contacting us online increased.



"I hoped you would reply as you helped before and we are very grateful you have helped again. Thank you so much."

signposting client



Access and Support from your First Points of Contact

When you have a health problem or concern, it's reassuring to know that your GP surgery or your NHS dental practice is there for you. Sadly, this past year we have heard from a number of people who either could not get to speak to their GP Surgery, or book necessary NHS dental appointments, or both.

As a result of raising concerns with the Directors of Clinical Commissioning Groups, and sharing your experiences of particular GP practices, GP phone lines that were "constantly engaged" could be identified enabling funding to upgrade their telephone systems.

We have also helped patients who needed urgent dental treatment by bringing the issue to the attention of local providers, and in turn space was created and patients were offered dental appointments and treatment, as well as promoting the 111 service, which a lot of people were unaware of.

Quality of Support provided by Hospitals and in Mental Health Care

Long waiting times for appointments and procedures to take place, coupled with a lack of communication about what to expect, led to some patients feeling unsure about their care and 'forgotten about'.

This was happening to some mental health service users who have contacted us. As community care services were not meeting their needs, individuals had requested hospital admission but a lack of beds meant this wasn't an option. The health of those individuals was deteriorating and they felt that their needs didn't matter. We reassured them that their feelings were not unreasonable, and that they had a right to ask for better care. By signposting them to POhWER for advocacy support they were able to raise their concerns directly with the service.

Another concern that came to our attention was the signing of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders apparently without the full awareness or understanding of the person and the family of the person affected. Everyone we spoke to said that having a listening ear made a difference. We were able to explain how they could work with clinicians to have a meaningful discussion about the implications and where appropriate have the order removed.



"Thank you for your mail and words of comfort and reassurance. Thank you for taking care of me by pushing for me to be seen."

signposting client

"I cannot thank you enough for your response, I feel this is the first time someone has genuinely listened after a year and a half."

signposting client

"Thank you so much for all your help, your ear, your kindness and professionalism and calling back when you said you would."

signposting client

Holding Health and Care to Account



Holding providers and commissioners to account

When we receive evidence about health and care services, from our research, engagement and signposting activities, we use this to hold the system to account from a patient perspective. We do this through:

- Regular meetings with health and social care leaders where we raise important issues fed back to us and hear about current service challenges and initiatives to change and improve services.
- Meeting with Directors of Nursing to raise patient concerns and discuss any actions they will be taking to remedy concerns raised.
- Working with partners, who also have a responsibility to hold services to account, such as Hertfordshire County Council Scrutiny.

Major themes within 2021-22 and responses from providers and commissioners

Access to GP Services

Throughout the year, access to GP services, was an area of local and national concern. We raised the issues with the Director of Primary Care for the Integrated Care System and with the Directors of the Clinical Commissioning Group and provided evidence to the Hertfordshire County Council Scrutiny topic group assessing access to GP services. As a result the NHS took some immediate actions such as:

- Reinforcing general messages to all GP practices about the importance of access and customer care.
- Addressing directly with practices where guidance or information provided by practices was incorrect.
- Monitoring practices where there were specific concerns raised by us.

More generally we worked with Primary Care and the Clinical Commissioning Groups around improving services longer term such as enhancing telephony, communications about services and extra support for practices.



Access to NHS Dentistry

Being able to see an NHS dentist has continued to be a major issue for patients. Our role here has focused:

- Locally on ensuring people can access emergency treatment. We raised issues with HUC 111 dental service and NHS East of England about the eligibility criteria for the service, the difference in understanding of what is 'urgent' dental care, and the lack of after care available to some patients. Following our feedback and our publication of information on what to do if you need urgent help, patients are reporting better access to urgent treatment.
- Regionally we had regular meetings with NHS East of England to raise issues including the lack of up to date information on the NHS website (see page 26).
- Nationally we fed into Healthwatch England's discussions with NHS England & Improvement which led to further investment into dental care by the Government. Find out more on page 26.

Hertfordshire Hospitals Trusts

Our feedback to the Trusts focused mainly on issues linked to the pandemic, in terms of treatment of Covid-19 and the impacts of the pandemic on planned treatment. Examples of matters we covered included:

- Waiting lists – the Trusts are very aware of the potential impact on patient health and well-being and gave detailed information about waiting list management in place. This included risk assessment processes to ensure that people with the most urgent needs should have operations first – a message we could convey back to patients.
- Changing rules on hospital visiting and the need for effective communication with families of Covid-19 patients. The hospital Trusts recognised the need for improved communication, particularly on their website and took specific action.



Mental Health Services

Demands on mental health services have increased significantly during the year impacting on access to services and increased waiting times in some cases. In our meetings with Hertfordshire Partnership University NHS Foundation Trust (HPFT) we discussed these challenges but we also raised other specific issues with them. These included:

- Holding the Trust to account for the action plan following our coproduction work on discharge from psychiatric wards (see page 15).
- Access to autism assessments to address a process issue which then enabled a service user to have the assessment.
- Access to Therapy Services, where we met with clinicians to explore the availability of different therapies. We expressed concerns from people wanting to access particular types of therapy and the need for clear information explaining why people aren't always offered the therapy they want. The Trust acknowledged these challenges and emphasised the importance of better record keeping to help understand the needs of service users and demands on services, as well as the need for clearer communication to better manage expectations.
- Eating disorder services were raised with our signposting service on a number of occasions throughout the year. Concerns included access to services, reductions in the amount of support available and whether all staff had the necessary expertise in the area. These issues were raised at the regular meetings with the Trust's Director of Nursing. The Trust is aware of the need for improvements and transformation of these services is being implemented.

"The last year presented HPFT with significant and ongoing challenges during the Covid-19 pandemic and its impact on mental health and learning disability services. Throughout the year, Healthwatch has continued to be a valued partner to HPFT and provided ongoing support, in consideration of demand and capacity, as well as inclusion and equality in the healthcare. We look forward to continuing to work in partnership with Healthwatch and their involvement within the Collaborative."

Jacky Vincent, Executive Director of Quality & Safety (Chief Nurse)
Hertfordshire Partnership University NHS Foundation Trust

Valuing our Volunteers



Our forty-two active volunteers, in different ways, all play a vital role in helping people have their say on health and social care.

- **Members of the Board of Trustees:** who are collectively responsible for governance and organisational oversight.
- **Enter and View Authorised Representatives:** supporting us through digital mystery shopping projects and monitoring services. Examples this year included an Audit of Dental websites and the Care Home project.
- **Representative Volunteers:** representing the patient voice at a decision-making level at local health and care Board and Committee meetings.

New ways of working due to the pandemic and continued safe practices meant that our volunteer activity has stayed online. Our Enter and View monitors focussed on website audits and mystery shopping (which you can read more about on the next page).

The business of the Board as well as Board meetings have continued to be held virtually, as have external meetings our Representative volunteers attend. We are proud to have such an adaptable, skilled and dedicated group of volunteers who have contributed greatly to the work of the organisation this year.

This year we said goodbye to five long-standing Trustees. In their place we welcomed five new Trustees from a wide range of backgrounds, which has added to the diversity of the Board and now better represents Hertfordshire's communities.

Over the past few years I have had experience of several health and social care services through changes in my family's health and my personal life. After a period as a Foster Carer for a young child I have first-hand experience of working closely with Health Visitors and Children's Services and how these services support families effectively. Losing my father to cancer, I saw the care and compassion provided by palliative care services, who at an incredibly difficult time support patients and families. I was keen to share my experience and advocate for patients and families.

In my first few months as a Trustee I have witnessed the dedication and passion of the Healthwatch Board and team to represent patients and service users – holding providers to account as a critical friend working in partnership with other organisations. As an organisation we need to do more to focus on representing lesser heard voices such as those from ethnic minorities or less affluent families and this is a focus for the organisation going forward.

Alex Booth, Trustee



The pandemic has highlighted how vital it is for people's needs, experiences and voices to shape how the NHS and social care services operate and what they prioritise. It's also shown how easily that could be forgotten without Healthwatch.

I was keen to join Healthwatch Hertfordshire's board at this pivotal time for health and care, to help it build on its great track record and take forward its crucial work to tackle health inequity.

It's been exciting to work with such friendly, committed and professional staff, fellow trustees and volunteers and to see how strong and effective the team's relationships with NHS, social care, local government, voluntary and community organisations are, right across the county. It's also really important that local Healthwatch feed into and draw upon the Healthwatch network's national work. I've been delighted to see Healthwatch Hertfordshire collaborating with our regional neighbours and with Healthwatch England.

Neil Tester, Vice-Chair

Improving Dental Information Online



In response to the difficulties patients were having accessing online information, commissioners requested that all dental practices updated their websites and their corresponding entry on the NHS website to show current availability for all face-to-face appointments. Our project aimed to see if this had made a difference.

Six volunteers audited both the NHS entry and the website of the 157 dental practices with NHS contracts in Hertfordshire.

In addition, the volunteers 'mystery shopped' a sample of practices who stated they were accepting NHS patients, to assess if the information was accurate. We also carried out a survey to ask about people's experiences of accessing dental services.

What we found:

- The majority of dentists had not updated their entry on the NHS website for at least 90 days and in many cases not for some years. Even where practices had supplied information, it was not always accurate. Although frustrating for patients, updating the NHS website is not mandatory for dentists.
- Our mystery shop calls showed that some dentists with no information on the NHS website were in fact taking new NHS patients or compiling a waiting list.
- While some dental websites did not mention Covid-19 at all, there were some excellent examples of practices having dedicated pages, and videos or animations of what to expect in terms of current safety measures, so that the patient was completely prepared before attending the dental practice.
- Feedback from the survey highlighted that when patients did get an appointment they generally received good quality care.

"I was nervous about attending but the measures in place and communications reassured me enough to attend the appointment. When I arrived I felt taken care of and very safe. The practice is a good practice anyway, excellent customer service. I just wish they could take more NHS patients."

survey participant

How your voice has made a difference

Our findings have been shared with both NHS England East of England and the Hertfordshire Local Dental Committee so that they can work with dental practices to improve the information they provide .



The NHS website has now launched new service pages for dentists as part of a programme of work to try and improve the care and experience offered to patients.

Our work and focus on dentistry is supporting Healthwatch England's calls for dental reform to create a fair and inclusive dental service for all.

Peter Tatton, Hertfordshire Local Dental Committee (LDC) Secretary commented:

"Herts LDC appreciated being involved in this report and look forward to future collaborations. We share a joint goal in ensuring that patients receive the most appropriate dental treatment within the limitations of the current NHS contracts."

Care Homes – Visiting beyond the pandemic

To keep care home residents safe during the Covid-19 pandemic, care homes put in place visiting restrictions. These have had a huge impact on residents and their loved ones, at times negatively affecting residents' mental health.

Now as we learn 'to live safely with Covid-19' visiting restrictions have eased except in times of an outbreak when the care home will risk-assess the situation and decide their visiting policy. What is clear, however, is that a named visitor (previously an 'essential care giver') should now be able to visit a loved one in a care home at any point, including during outbreaks.

We are exploring with carers, residents, care home providers and commissioners what this means in practice. In the first phase of this work eleven volunteers helped to audit 135 websites of our Hertfordshire care homes to see what information is available for family and friends about visiting people who live in a residential nursing home.

Our volunteer Barbara Birch said:

"Thinking back I would say that I spent several hours per day for a week to find all the information that you wanted, as it wasn't always simple to find the link that I needed. Although some of the websites had clear guidelines on the role of the essential care giver, there was only one home that was offering information and training by appointment when I completed the report in March. My hope is that other care homes are now in a position to contact the resident's families to follow up on the procedures that they said that they were putting in place."



We expect to present our findings and recommendations in late summer to local health and social care leaders so that care home providers, residents and families can benefit from a shared understanding of how a good quality safe visiting experience can be enabled.

"We are very grateful to Healthwatch Hertfordshire for their continued support in the role of 'critical friend'. We find their advice invaluable as we engage with our local communities in discussions about plans to redevelop our hospital estate. The expertise that Healthwatch Hertfordshire has in bringing the lay perspective into discussions about engagement and working with us on ways to address key areas of concern relating to the redevelopment programme is much appreciated. Reminders about the importance of clear communications and best practice steer us to make the most of our engagement opportunities.

As well as supporting our coproduction project we are grateful for Healthwatch Hertfordshire's involvement in the appointment of our head of engagement."

Louise Halfpenny, Director of Communications, West Hertfordshire Teaching Hospitals NHS Trust

Our Finances



Our Finances and Resources

Healthwatch Hertfordshire's budgets are drawn up annually and reviewed frequently. Each year our focus is on activities which enable patient and community voices to be heard. Below is a breakdown of expenditure on our areas of activity throughout the year. More detailed information is provided in our Annual Accounts which are available with our AGM papers on our website [here](#).



Research and Engagement

£168,000



Signposting

£96,000



Holding to Account and Representing the Patient Voice

£60,000



Communications

£63,000



Governance

£31,000

Healthwatch Hertfordshire's core funding is set and supplied by our local authority Hertfordshire County Council. Although our expenditure exceeds our core funding of £384,000, we were separately commissioned for a number of particular projects.

We are also committed to using our resources wisely, and generated efficiency savings in a range of areas including printing, website charges, travel expenses and also room hire as most meetings are now held by video conference. These savings amount to £11,000. Costs will be further reduced in 2022/23 as a result of a decreased rent due to an office relocation.



Our Focus for the Year Ahead



Message from our Chief Executive

Reflecting on another busy and sometimes challenging year, our dedicated team, Board and volunteers have achieved so much. Looking ahead we want to build on these achievements and our reputation across the local health and care system and beyond, recognising that exciting opportunities lay ahead despite these difficult times.

Our areas of focus for the year ahead echo our priorities and include:

- Developing our patient and community engagement models so that local voices have a direct impact on the transformation and improvement of health and care services in Hertfordshire. Here we will have a leading role to ensure approaches are established across the county through coproduction and involvement. Our latest project, a new initiative for the year ahead, is based in South and West Hertfordshire where the Partnership Board has asked us to design and implement coproduction for them. You can read more about our work in this area on pages 16 and 17.
- Focusing our evidence-based research programme on ongoing issues further highlighted by the pandemic, such as health inequalities and access to services. You will have seen examples included in the report such as our current research exploring Black and Asian people's views towards, and experiences of, local healthcare (pages 12 and 13) – findings and recommendations to health and care leaders will be shared in the coming months.
- Monitoring areas which are likely to become projects, such as how the cost-of-living crisis is impacting on those more vulnerable needing to access health and care, and whether certain groups are being disproportionately affected by longer waiting lists.
- Continuing to provide much needed advice and information to individuals through our signposting service and using that insight and results from our research to hold the system to account.
- Ensuring that activities in our communication plans are delivered so that we enhance our reputation and reach more people, especially seldom heard groups.
- Continuing to develop our Board of Trustees including newly recruited members who are already committed and eager to make a difference.
- Aiming for a long-term sustainable future for Healthwatch Hertfordshire. This will include plans for continuing to complement our core contract with revenue generated for projects and discussions with our commissioners about balancing demand with the finance provided to fund our services.

“The value and contribution of Healthwatch Hertfordshire to the work of driving forward health and care outcomes for local communities should not be understated. Healthwatch Hertfordshire bring a wealth of experience and a clear voice of the people, their families and carers who need support. As we strive to deliver a more joined up, collaborative and genuine integrated health and care system to improve the quality, access and reach of our services, Healthwatch Hertfordshire provides that constant reminder that better outcomes for people is our primary objective.”

Tom Hennessey, Director of Health Integration (East & North Hertfordshire) Hertfordshire County Council

I would like to end by again celebrating our strengths and passing on my thanks to everyone. The dedication and hard work of our small team is proof that we can influence important changes and make improvements to local health and social care, if we keep putting patients at the heart of what we do.

Thank you to our Chair and Board who bring diverse, effective, patient-focused governance to the organisation. Thank you also to our volunteers, the wider voluntary and community sector across the Healthwatch network and our partners in the NHS and social care.

To conclude, the final thank you as always must go to the people of Hertfordshire who trust us with their feedback to try and improve health and care across the county and beyond.



A handwritten signature in dark ink, consisting of the initials 'GB' followed by a long horizontal stroke.

Geoff Brown, Chief Executive of Healthwatch Hertfordshire

"In my role as a social enterprise leader, I have had the pleasure of working with members of the Healthwatch Hertfordshire team over many years.

Through their representation, research, and challenge, they have highlighted inequalities, shown where services need to be adapted or improved, and have helped health, social care, and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to focus on the thing that really matters – improving the health and wellbeing of Hertfordshire residents by working positively and proactively together.

As statutory and VCFSE sectors work more closely in our new Integrated Care System over the coming year, we will all benefit from the challenge and independent view that has made Healthwatch Hertfordshire such a valuable part of our health and care system and such an excellent partner."

Sarah Wren, Chief Executive, Herts Independent Living Service



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