People's voices, local choices: local services in Hertfordshire and West Essex

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healthwatch Hertfordshire

Hertfordshire and West Essex Integrated Care Partnership

healthwatch Essex

Contents

Executive summary

Over 1,700 residents in Hertfordshire and West Essex shared how they feel about their local community, healthcare and the services and support available to them.

Priority 1 – Give every child the best start in life: Around **50%** of parents and carers know how they can support their child's development and where to seek and find that support. However, an average of **a third** of parents and carers needed more information and support.

Priority 2 – Support our communities and places to be healthy and sustainable: **Over half** of residents knew about and can afford to access local social groups and activities, had opportunities to learn and volunteer, and able to match their interests and skills. However **over a quarter** called for local provisions to be more accessible.

Over **70%** felt safe and part of their community, live in an environment that supports them to be healthy, and consider their home to be appropriate to their needs. **Less than one in ten** felt negatively about their local community.

Priority 3– Support our residents to maintain healthy lifestyles: More than 80% were positive about their health and wellbeing, and **over 50%** felt supported to have good mental health, know about and can access health and care services, including digitally. However **one in four** did not feel supported by local community services to stay healthy and change their behaviour for the better**.**

Priority 4 – Enable our residents to age well and support people living with dementia. Over 75% know how to plan for their old age, can live independently and feel they are treated with respect by friends, family and carers. **45%** felt they were supported to think about their future, and **39%** felt they would be supported with their end of life wishes.

Priority 5 – Improve support for people living with life-long conditions, long-term conditions, physical disabilities, and their families: One in two understand their condition, feel in control of their care, and know where to get help. However **50%** do not feel services are joined-up to support them and **one in four** do not see the right professionals, do not feel they work together, and do not feel supported to manage their condition or disability.

Priority 6 - Improve our residents' mental health and outcomes for those with learning disabilities and autism: Only **13%** of residents felt supported and understood by professionals and struggled to understand and manage their own needs. Over **50%** are underserved in this priority.

Recommendations

At the time of engagement, Integrated Care Partnerships existed under the structure of the Integrated Care Systems[1]. The new NHS 10-Year Plan proposes that a neighbourhood health plan will be drawn up by local government, the NHS and its partners under the leadership of the Health and Wellbeing Board. This new approach will replace Integrated Care Partnerships[2].

We have worked closely with the Hertfordshire Health and Wellbeing Board and received commitment that the findings from the survey will feed into the delivery plan of the Health and Wellbeing Board and the work of individual partners and services.

In addition to this, we ask the Health and Wellbeing Board to consider the following:

1. **Who would be responsible for addressing the challenges outlined, with a specific focus on priorities five and six, which highlighted worse health outcomes and experiences for people with long-term conditions and/or neurodiversity to ensure they receive the care they need and deserve.**

2. **How to take this to the next phase and include more targeted engagement with groups who were not represented in the survey, or groups which tended to have poorer health outcomes and experiences. These include: younger and middle-aged groups, those from ethnic minority communities, men, parents/carers and families, and Broxbourne and Stevenage residents.**

3. **Ensuring any additional engagement undertaken is accessible (for example providing materials in Easy Read, different languages, British Sign Language) to ensure a wider range of communities can share their views.**

4. **Reflecting on how the insights from this survey can be shared with Hertfordshire residents, highlighting how the Health and Wellbeing Board is listening and acting upon experiences.**

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[1] Integrated care systems: how will they work under the Health and Care Act? | The King's Fund (kingsfund.org.uk)

[2] Fit for the future: 10 Year Health Plan for England

1. About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

2. Background

The Hertfordshire and West Essex Integrated Care Partnership (ICP) is an alliance dedicated to improving the health, care, and wellbeing of the population in Hertfordshire and West Essex. The goals of the ICP are:

- Improve health outcomes for the population.
- Tackle inequalities in health and care.
- Enhance productivity and value for money.
- Support broader social and economic development

The partnership has developed a 10-year integrated care strategy and a 5-year delivery plan to address the health and care needs of the local population. There are six priorities in the strategy:

- Priority 1 – Every child has the best start in life
- Priority 2 – Support our residents and communities to be healthy and sustainable
- Priority 3 – Support our residents to maintain healthy lifestyles
- Priority 4 – Enable our residents to age well and support people with dementia
- Priority 5 – Improve support to people living with life-long conditions, long-term health conditions, physical disabilities and their families
- Priority 6 – Improve our residents' mental health and outcomes for those with learning disabilities, autism and neurodiversity.

The ICP has created "I statements" for each of the priorities in the integrated care strategy. These statements are personal expressions used in health and care to seek feedback on the feelings, beliefs, and values of individuals receiving care. The partnership has also established a Monitoring Framework to track progress, change, and impact as organizations across the system deliver interventions that support the integrated care strategy. This framework includes data, narratives and case studies.

The partnership commissioned Healthwatch Hertfordshire and Healthwatch Essex to design a survey using the "I statements" as a basis for the questions to gather feedback by local residents. The evidence will be used to assess progress in delivering the priorities of the integrated care strategy and to inform further development or improvement.

At the time of engagement, Integrated Care Partnerships existed under the structure of the Integrated Care Systems[3]. The new NHS 10-Year Plan proposes that a neighbourhood health plan will be drawn up by local government, the NHS and its partners under the leadership of the Health and Wellbeing Board. This new approach will replace Integrated Care Partnerships[4].

We have worked closely with the Hertfordshire Health and Wellbeing Board and received commitment that the findings from the survey will feed into the delivery plan of the Health and Wellbeing Board and the work of individual partners and services.

3. Limitations

This survey is a valuable starting point for understanding how local residents feel about receiving care and support. However, it is important to recognise the following limitations and to note these as issues to address when undertaking further consultation and engagement on the integrated care strategy:

- Although there was the option for respondents to request a hard copy of the survey, the majority completed the survey online. This means it is unlikely we heard from residents who are digitally excluded and/or not confident in using technology. It is also likely we did not hear from other underserved communities, and we would recommend consideration to be giving to providing examples in Easy Read, various languages, and British Sign Language (BSL) to ensure a wide range of communities can share their views.

- The majority of residents (66%) who completed the survey were aged 65-74 and over 75. This means further work needs to be undertaken to hear from younger age groups to ensure their views and experiences are captured. Similarly, most residents (87%) were White British, so it is imperative that targeted engagement is conducted with communities representative of the resident populations of Hertfordshire.. We also found that some areas of Hertfordshire and West Essex were underrepresented compared to others.

- This survey was primarily quantitative which provides insightful data but does not fully capture people's lived experience. We would recommend in-person targeted work to be undertaken, particularly with groups we did not hear from.

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[3] Integrated care systems: how will they work under the Health and Care Act? | The King's Fund (kingsfund.org.uk)

[4] Fit for the future: 10 Year Health Plan for England

4. Demographics

It is important to note that it was optional for respondents to share their demographic data.

Age:

- 18-24: **1%** (17)
- 35-44: **5%** (62)
- 45-54: **9%** (106)
- 55-64: **17%** (207)
- 65-74: **35%** (421)
- Over 75: **31%** (375)
- Prefer not to say: **2%** (27)

Gender:

- Female: **62%** (748)
- Male: **35%** (419)
- Prefer not to say: **3%** (34)

Carers: 16% (284)

Ethnicity:

- Asian/Asian British: **2%**
- Asian/Asian British: **2%** (28)
- Black/Black British: **1%** (9)
- Mixed/multiple ethnic groups: **1%** (8)
- White British: **87%** (1050)
- White Irish: **1%** (16)
- Any other White background: **5%** (51)
- Any other ethnic group: **1%** (10)
- Prefer not to say: **3%** (41)

District/borough:

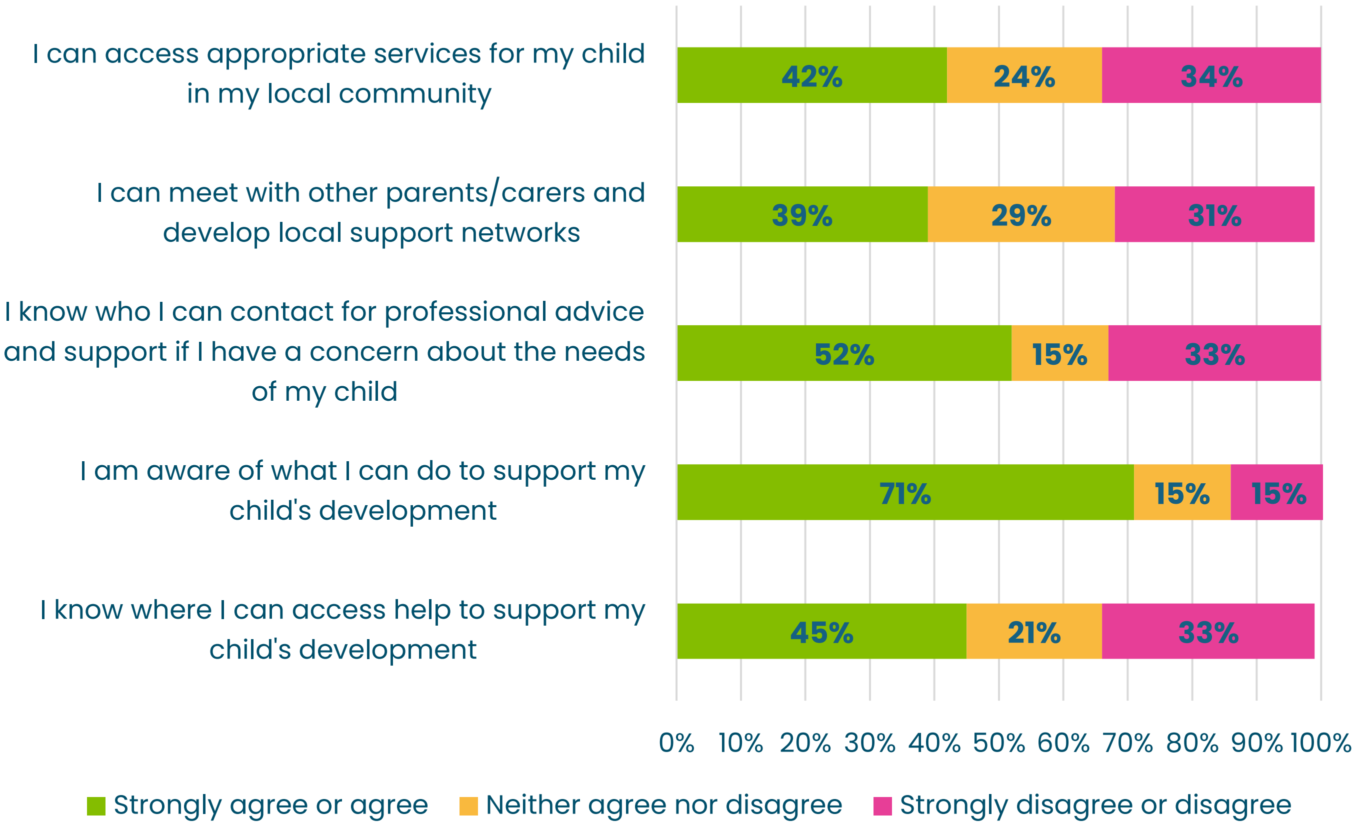
- Broxbourne: **7%** (78)
- Dacorum: **17%** (190)
- East Herts: **14%** (155)
- Hertsmere: **8%** (86)
- North Herts: **11%** (127)
- St. Albans: **17%** (193)
- Stevenage: **5%** (61)
- Three Rivers: **5%** (56)
- Watford: **7%** (75)
- Welwyn Hatfield: **7%** (82)
- West Essex: **2%** (21)

5. Key findings

5.1. Priority One – Every child has the best start in life

Most parents and carers were confident in supporting their child's development and knowing who to contact for professional support and advice. However, a quarter of parents and carers called for more local provision and support in accessing NHS services, in which residents suggested waiting times needed to be reduced for children.

Priority 1: To what extent do you agree with the following statements?



11% (187) of residents have a child or care for a young person under the age of 18.

Of this figure over **70%** (116) know how they can support their child's development and over **50%** (86) know who they can contact for professional advice and support.

45% (74) know where they can access help for their child's development and **42%** (70) can access appropriate services for their child in the local community. Less than **40%** (66) said they can meet other parents/carers to develop support networks.

From the free-text responses, over **30%** (25) of residents said they received good support from schools and local services, including family centres and charities. **24%** (19) said their child received high quality care from health and social care services, although many emphasised difficulties in initially accessing this support.

"The family centres are wonderful. They run a great range of free groups for parents and children. The staff are brilliant and so helpful."

"GP services very responsive to needs with timely GP appointments for young children, usually same day for urgent-ish issues."

"The local schools are excellent and provide support, both directly and by linking to local services."

However, the quantitative data found that on average **a quarter** of residents disagreed or strongly disagreed with the statements. From the free-text responses, **23%** (18) experienced challenges in accessing support from local services for their child, particularly NHS services, with the majority citing long waiting lists.

"Have waited a long time for Ears, Nose and Throat (ENT) services to get a hearing test for a teen with significant hearing loss – about two years."

"Voluntary sector support groups are great and supportive but can't fill the gaps left by education, heath and mental health services that are impossible to access or have to wait many years."

"I do not feel supported and when I try to get support, it's difficult to get appropriate and timely support."

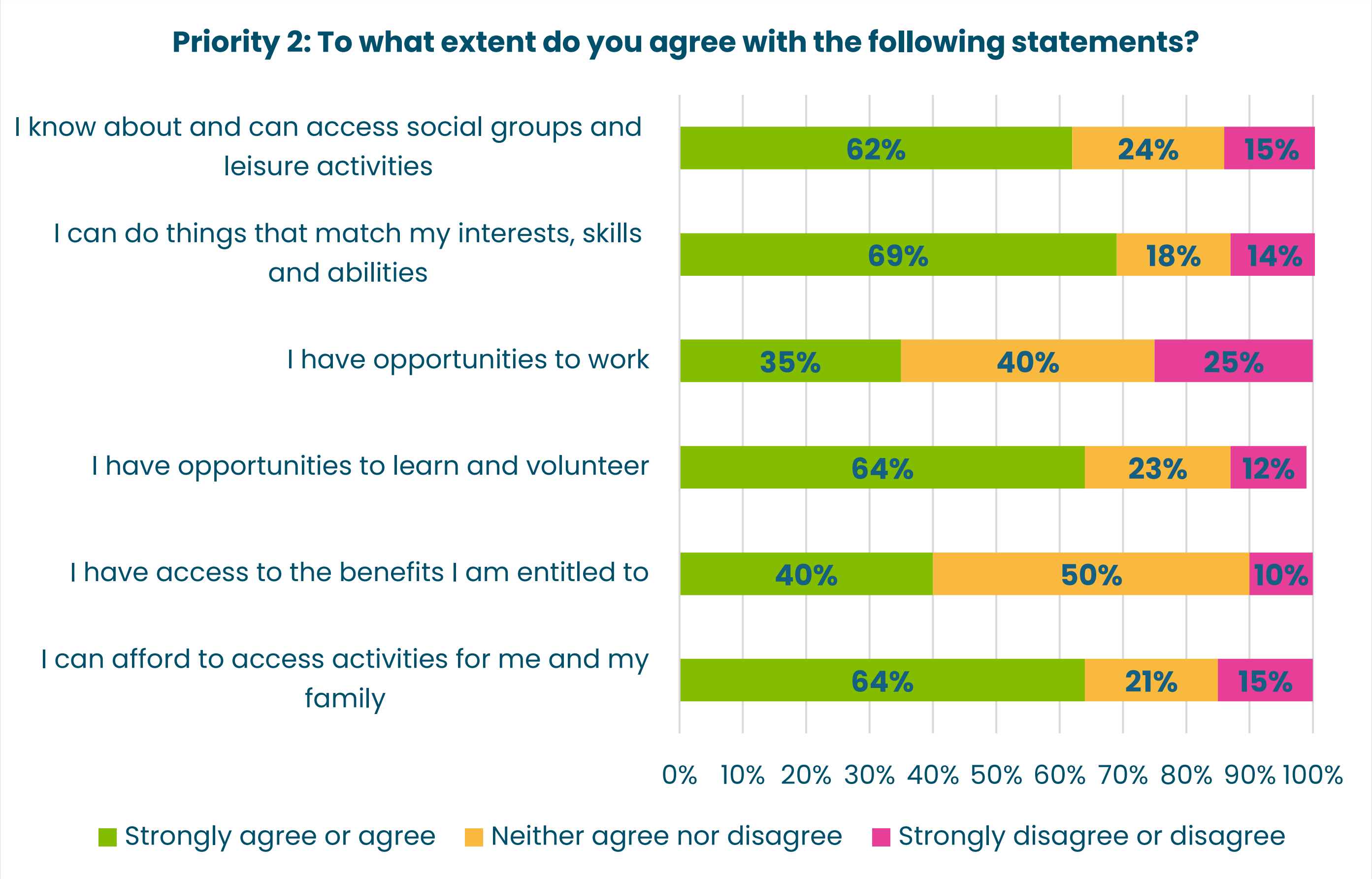
5.1.1. Spotlight on inequalities: Priority One

Carers and residents with a long-term condition were more likely to have a poorer experience. Only **22%** (13) of carers and **31%** (15) of those with a long-term condition felt they could access appropriate services for their child in their community compared to the **42%** average.

Carers were more likely to feel they could not meet other parents/carers and develop support networks at **42%** (19) in comparison to the **31%** average. Residents with a long-term condition were less likely to know who to contact for professional advice and support at **36%** (21) compared to the **52%** average.

5.2. Priority 2 – Support our residents and communities to be healthy and sustainable

The majority of residents felt opportunities, groups and activities were available to them, and felt safe and welcome in their local community. However, over a quarter of residents disagreed with the statements and emphasised the need for groups, services and activities to be more accessible for residents. Less than one in ten residents suggested their local community needs to be improved, particularly addressing social isolation, housing and safety.



Many residents felt confident that opportunities were available to them. Almost **70%** (959) can do things that match their interests, skills and abilities. **64%** (886) can afford to access activities for them and their family, and a further **64%** (887) have opportunities to learn and volunteer. **62%** (858) said they know about and can access social groups and leisure activities.

This was reflected in the free-text responses in which **13%** (68) of residents said they do not have any problems accessing support, services and activities, commenting that they are active in their local community, participating in hobbies, activities, volunteering opportunities and/or employment.

"As a relatively new resident of Hertfordshire I have been impressed by the level of information that I can access about health and wellbeing."

"I'm retired, aged 81. I'm healthy and busy. I belong to two U3A organisations and attend a film club and signing group."

A smaller proportion have access to the benefits they are entitled to at **40%** (545) and/or opportunities to work at **35%** (368). However for many residents these statements were not applicable to them, either because they are not entitled to benefits and/or have retired and are no longer looking for employment. This is indicative of the large percentage of residents who selected neither agree nor disagree.

An average of **18%** of residents disagreed or strongly disagreed with these statements. This was emphasised in the free-text responses, in which **18%** (97) of residents cited the accessibility of activities, groups, and services as a key challenge. This included: the location of services, lack of public transport, access issues for those who are physically, visually and/or hearing impaired, and the availability of services for those with caring and/or work responsibilities.

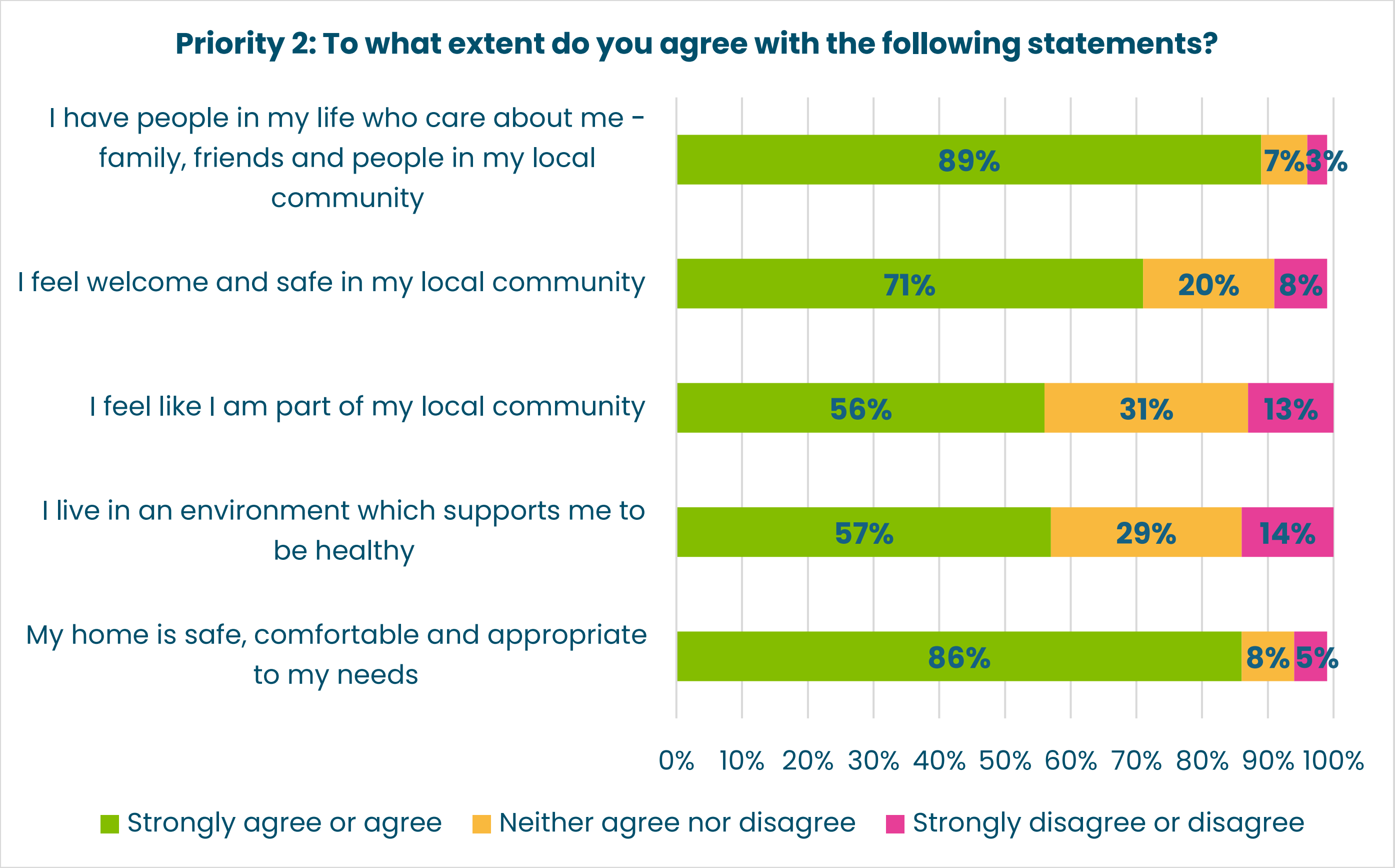
Cost was another barrier with **15%** (82) of residents stating this prevents them from accessing support, activities and groups in their community. They commented that they are struggling to afford basic necessities due to the rising cost of living and are not able to afford the cost of hobbies and activities, particularly those involving physical activity.

5% (28) of residents suggested there is not enough information about the activities, groups and support available in their local community and called for this information to be provided in a central place.

"Opportunities are available but they are in so many different places it's impossible to find. Please make this easier by having it in one place."

"I am disabled, wheelchair bound and partially sighted. I am knowledgeable about social, volunteering opportunities in my local area. But I am socially isolated due to mobility impairment and lack of community transport provisions."

"I struggle with the cost of living, let alone have any spare money for activities."



Most residents were positive about their local community. Almost **90%** (1221) have people in their life that care about them and **86%** (1180) felt their home is safe, comfortable and appropriate to their needs.

Over **70%** (970) feel welcome and safe in their community, 57% (776) live in an environment which supports them to be healthy and **56%** (771) feel part of their local community.

This was reflected in the free-text responses in which almost a third (**31%** - 133) of residents said they feel part of their community and have the support of their friends and family, and **14%** (60) feel content with their home and the environment in which they live.

"I am lucky and fortunate to have a safe, comfortable home, but I know others that don't."

"I am fortunate to have a loving family and although I am on my own I do not feel isolated within the local community."

On average **less than one in ten** (**9%**) felt negatively about this priority. From the free-text answers, **13%** (57) feel socially isolated and/or not part of their community. A further **11%** (46) said their home is not appropriate to their needs, however they are not able to afford the adaptations needed or find alternative housing. **10%** (43) had concerns about the safety in their local area, with examples including anti-social behaviour, drug use, and lack of police presence. **7%** (31) were unsatisfied with the environment in which they live, citing concerns about air pollution, traffic and lack of green spaces.

"I live alone with no family. My friends do not live locally. I therefore have little support."

"I live in a ground floor single bed council maisonette that is only just about big enough to accommodate needing a walker to get around and would be unliveable when I go into an electric wheelchair."

> ***“Anti-social behaviour and lack of street lighting is a real issue for women living in the town, especially in the winter. Street lighting and lack of police patrols does not make residents, especially women, feel safe on the streets.”***

5.2.1. Spotlight on inequalities: Priority Two

The following groups were more likely to experience inequalities. This is demonstrated within the statistics below.

Residents aged 18-44

- **33%** (37) felt they could access social groups and activities compared to 62% average
- **26%** (11) did not feel part of their local community compared to 13% average
- Three times more likely to feel their home is not safe or comfortable compared at **15%** (9)to 5% average
- **43%** (44) felt they lived in an environment that supported them to be healthy compared to 57% average

Carers

- **50%** (115) could access social groups and activities compared to 62% average
- Twice more likely to feel they could not access the benefits they are entitled at **10%** (45) compared to the 10% average
- **55%** (126) could do things that match their interests, skills and abilities compared to 69% average

Ethnically diverse groups

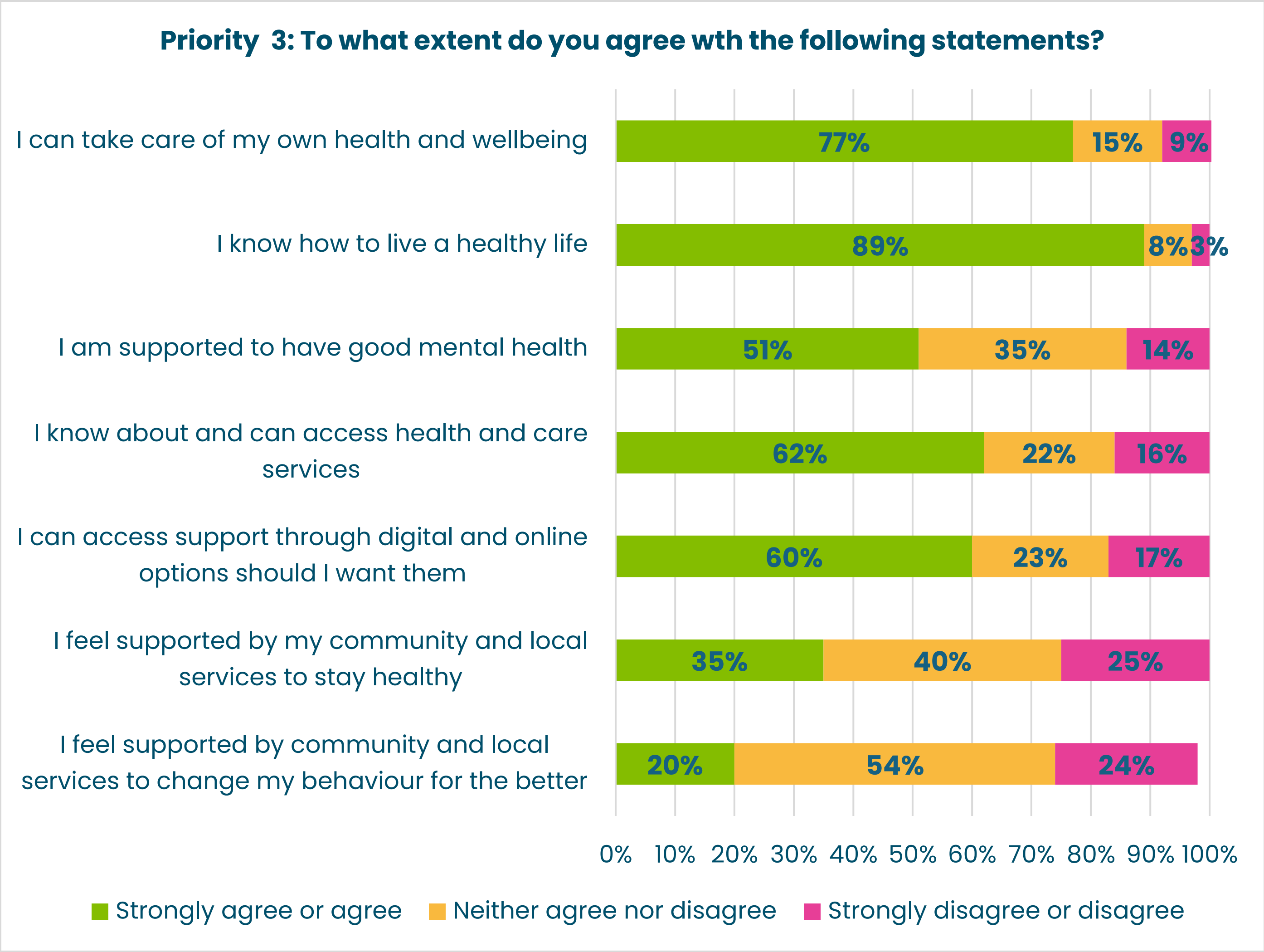
- **57%** (70) could do things to match their interests, skills and abilities compared to 69% average
- **25%** (30) could not afford to access activities for them or their family compared to 15% average

Stevenage residents

- **58%** (30) could do things to match their interests, skills and abilities compared to 69% average
- **26%** (8) could not afford to access activities for them or their family compared to 15% average
- **27%** (11) did not feel part of their local community compared to 13% average

5.3. Priority 3 – Support our residents to maintain healthy lifestyles

Most residents felt confident in managing their own health and wellbeing. However, one in four residents did not feel supported by community and local services, and improving access to healthcare services and the quality of care these services offer was a top priority.



The majority of residents were positive about their health and wellbeing. Almost **90%** (1170) know how to live a healthy lifestyle and over **75%** (1015) can take care of their own health and wellbeing. This was reflected in the free-text responses, in which **10%** (113) of residents felt confident in managing and maintain their health, and thought this was their responsibility.

62% (823) know about and can access health and care services and **60%** (791) can access support through online digital options and over **50%** (672) are supported to have good mental health. Within the free-text responses, **7%** (78) said they received good support from healthcare services, with GP services and secondary care referenced in particular.

> ***"I am aware of my own health needs and importance of physical exercise and good diet. I can access my local leisure centre or join exercise classes in the area."***

> ***“I have access to a very good NHS GP. I have been given advice on how to better my health and I feel supported.”***

However, **one in four** (657) residents did not feel supported by community and local services to stay healthy and/or to change their behaviour for the better.

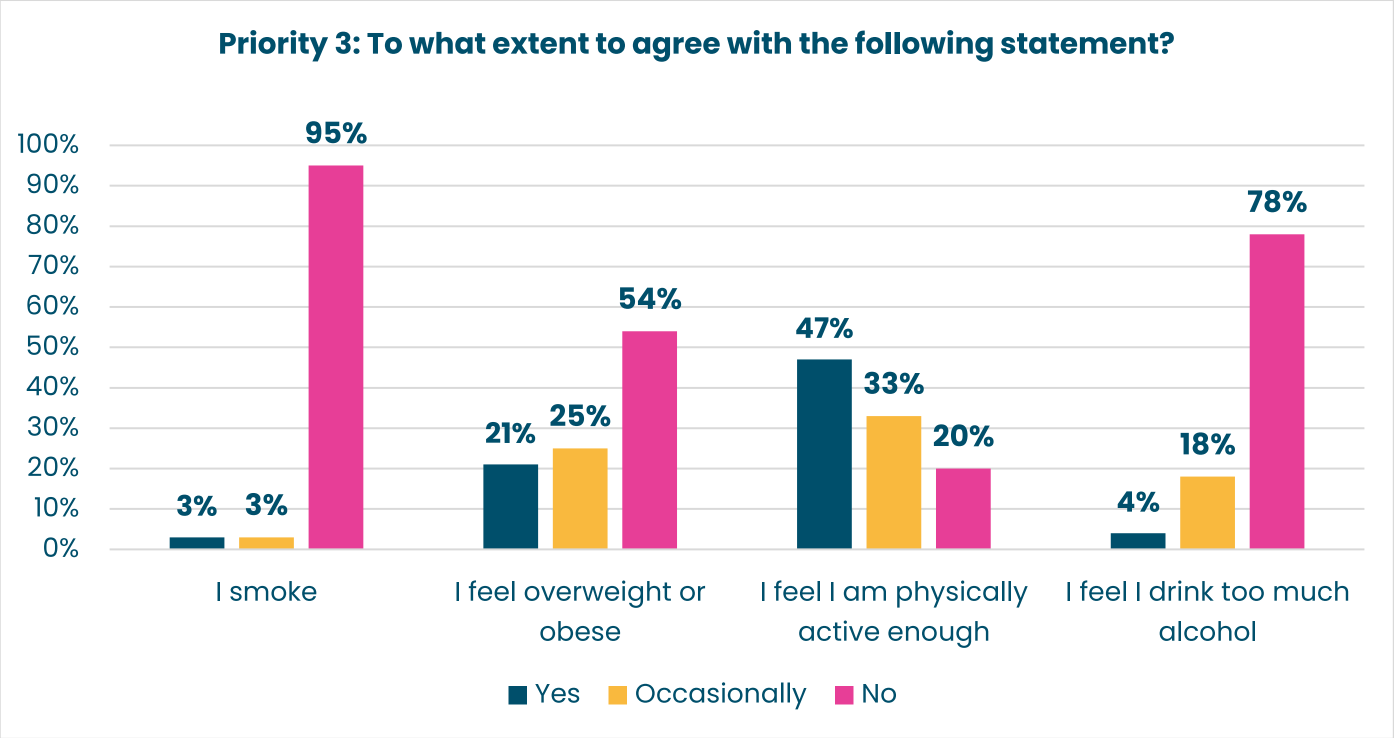
In the free-text responses, almost **30%** (312) of residents emphasised difficulties in accessing healthcare services, particularly GP services, mental health services and secondary care. Unsurprisingly then, improving access to these services was the top priority for residents. **17%** (190) said they received poor quality care from healthcare services, with the core issue cited being lack of face-to-face support and personalised care. A further **10%** (112) of residents suggested that healthcare services need to be made more accessible by addressing digital exclusion, public transport, and the location of services.

> ***“I can never make a GP appointment. Haven’t been for seven years and at 65 years old I think that’s too long.”***
>
> ***“There is little or no provision for the digitally excluded who are unable to use computers.”***
>
> ***“More access to support via face-to-face personal means, not online. Doctors need to be more accessible. Face-to-face allows doctors to ready your body language which helps with diagnosis. Not everyone has or is comfortable with online appointments.”***

Over a quarter (average of **28%**) neither agreed nor disagreed with these statements, potentially indicating a lack of awareness or availability of such support. This was reflected in the free-text responses, in which **12%** (133) of residents emphasised the need for more information about healthcare, community and local services, groups and activities, as well as support in navigating this information and reducing reliance on providing digital options.

A further **10%** (111) called for more support, including healthcare services, community services, activities and groups and emphasised that all of these facilities need to be free or low cost and accessible.

> ***“I wouldn’t know who to contact in the community to help support life and change behaviours for the better.”***
>
> ***“There is so much information provided by councils, NHS, charities, it is overwhelming in its duplication and volume. There is so much information, we need advisors to help us navigate it.”***
>
> ***“There is no community support, there are too many exclusions and we do not fall nearly into anyone’s boxes.”***



Residents were asked about their lifestyle habits in which **95%** (1223) said they do not smoke and **78%** (1018) do not drink too much alcohol. Over **50%** (697) do not feel overweight or obese and **47%** (617) consider themselves physically active. This was highlighted in the free-text answers, in which residents **10%** (113) of residents felt able to live a healthy lifestyle and access support from healthcare services for this.

Despite this, over **20%** (227) do feel overweight or obese and a further **20%** (260) do not consider themselves physically active. This was also reflected in the free-text responses, in which a small percentage of residents said they did not feel able to live a healthy lifestyle, with some mentioning challenges such as mobility, caring and/or working responsibilities.

"I do not feel healthy, this is part of my job as emergency service personnel. Eating healthy is difficult because of the job, but I know how to do it and try where I can. I can take care of myself but it's a struggle sometimes."

"I take responsibility for my physical and mental health and don't expect anyone else to do this for me."

"I don't have time to do things for my own health and wellbeing because I am supporting my wide and daughter helping them regulate as they are both autistic. My job used to be more active and now my role has changed so I earn more money to support my family so I spend more time sitting behind a desk for my 37 hour working week."

5.3.1. Spotlight on inequalities: Priority Three

These groups were more likely to experience inequalities. This is demonstrated within the statistics below.

Residents aged 18-44

- **36%** (26) did not feel supported to have good mental health compared to the 14% average
- **49%** (41)knew about and could access healthcare services compared to the 62% average

Carers

- **36%** (113) did not feel supported to have good mental health compared to the 14% average
- **35%** (72) did not feel supported by community and local services to stay healthy compared to the 25% average

Ethnically diverse groups

- **24%** (30) did not feel supported to have good mental health compared to the 14% average
- **51%** (62) knew about and could access healthcare services compared to the 62% average
- **37%** (43) feel physically active compared to the 47% average
- **32%** (37) feel overweight or obese compared to the 21% average

Welwyn Hatfield residents

- **24%** (18) did not feel supported to have good mental health compared to 14% average
- **31%** (24) feel physically active compared to the 47% average

Parents

- **39%** (57) did not feel supported by community and local services to stay healthy compared to the 25% average
- **34%** (46) feel physically active compared to the 47% average
- **6%** (4) smoke compared to the 2% average
- **33%** (44) feel overweight or obese compared to the 21% average

Broxbourne residents

- **78%** (61) know how to live a healthy life compared to the 89% average
- **44%** (34) can access support through digital and online options compared to 60% average
- **6%** (5) smoke compared to 2% average
- **33% (**33) feel overweight or obese compared to the 21% average

Hertsmere residents

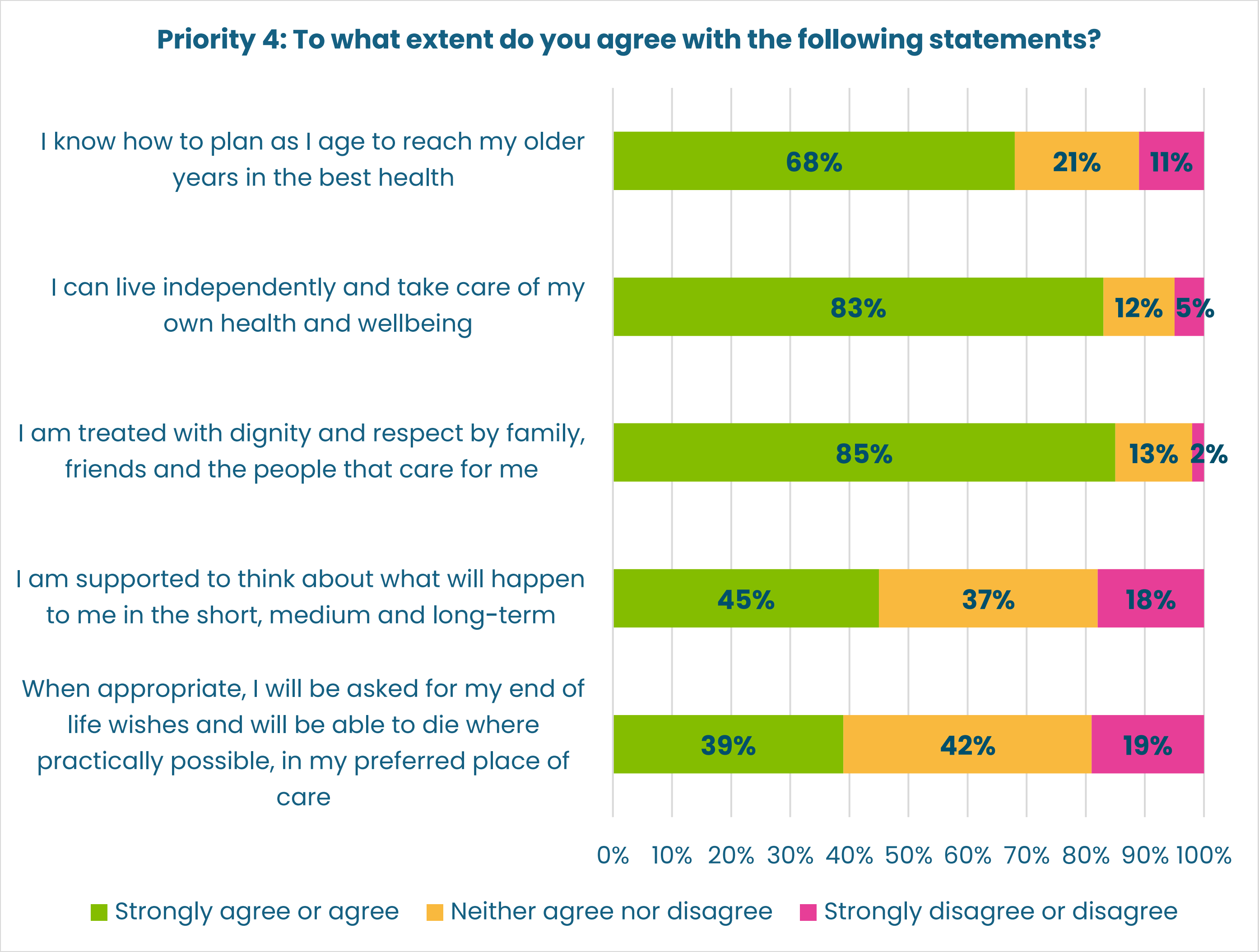
- **37%** (30) did not feel supported by community and local services to stay healthy compared to the 25% average

Long-term conditions

- **66%** (419) can take care of their own health and wellbeing compared to the 77% average

5.4. Priority 4 – Enable our residents to age well and support people living with dementia

Most residents felt confident in planning for their older years and able to take care of their health and wellbeing as they age. However, areas for improvement including providing more support for end of life care, improving access to healthcare services for preventative care, and offering more information about local services and provisions.



85% (1081) feel treated with dignity and respect by family, friends and people that care for them and 83% (1062) can live independently and take care of their health and wellbeing. Almost **70%** (869) said they know how to plan as they reach their older years.

A smaller proportion (**45%** - 574) felt they were supported to think about the future and even fewer (**39%** - 494) felt they would be supported with their end-of-life wishes. This was highlighted by the free-text responses by which **a quarter** of residents (235) said they have discussed plans for their older years with their loved ones and have proactive in organising wills, funerals, advanced care plans and lasting power of attorneys.

Just over **10%** disagreed or strongly disagreed with the statements listed within this priority. This was reflected in the free-text responses in which **23%** (216) of residents felt there is not enough support in regards to end of life care. A further **12%** (113) were worried about their future and questioned whether they will get a choice in where they die.

"I have discussed death with family and friends. My family have access to the necessary paperwork."

"I am 79 so all these issues are current. Given the current financial pressures on social and hospice care, I think any choice about end of life care is unrealistic."

"No one in the health community has ever had a conversation with me about my end of life wishes or long-term care or planning."

When asked how they could be better supported to maintain independence and age well, **32%** (300) of residents said they would like greater support from healthcare services, including routine health checks and monitoring, preventative care, and more reliable primary, secondary and community services. A further **18%** (169) would value more information and support. Examples of this included more financial assistance, better transport, suitable accommodation, and more clubs, groups and activities.

However it is important to recognise that a large number of residents selected neither agree nor disagree to these statements. A key reason for this was because residents did not feel these statements applicated to them. This is despite **35%** (421) of residents being aged 65-74 and **31%** (375) over the age of 75. This was also true with the free-text responses, in which 20% (187) of residents felt these questions were not relevant to them.

"As my health is good at the moment I haven't spend much time thinking about end of life care."

"Easier access to health services. I find it difficult to get help and advice when I am worried or concerned about my health."

"Better community support for elderly people so they can live independently as long as possible."

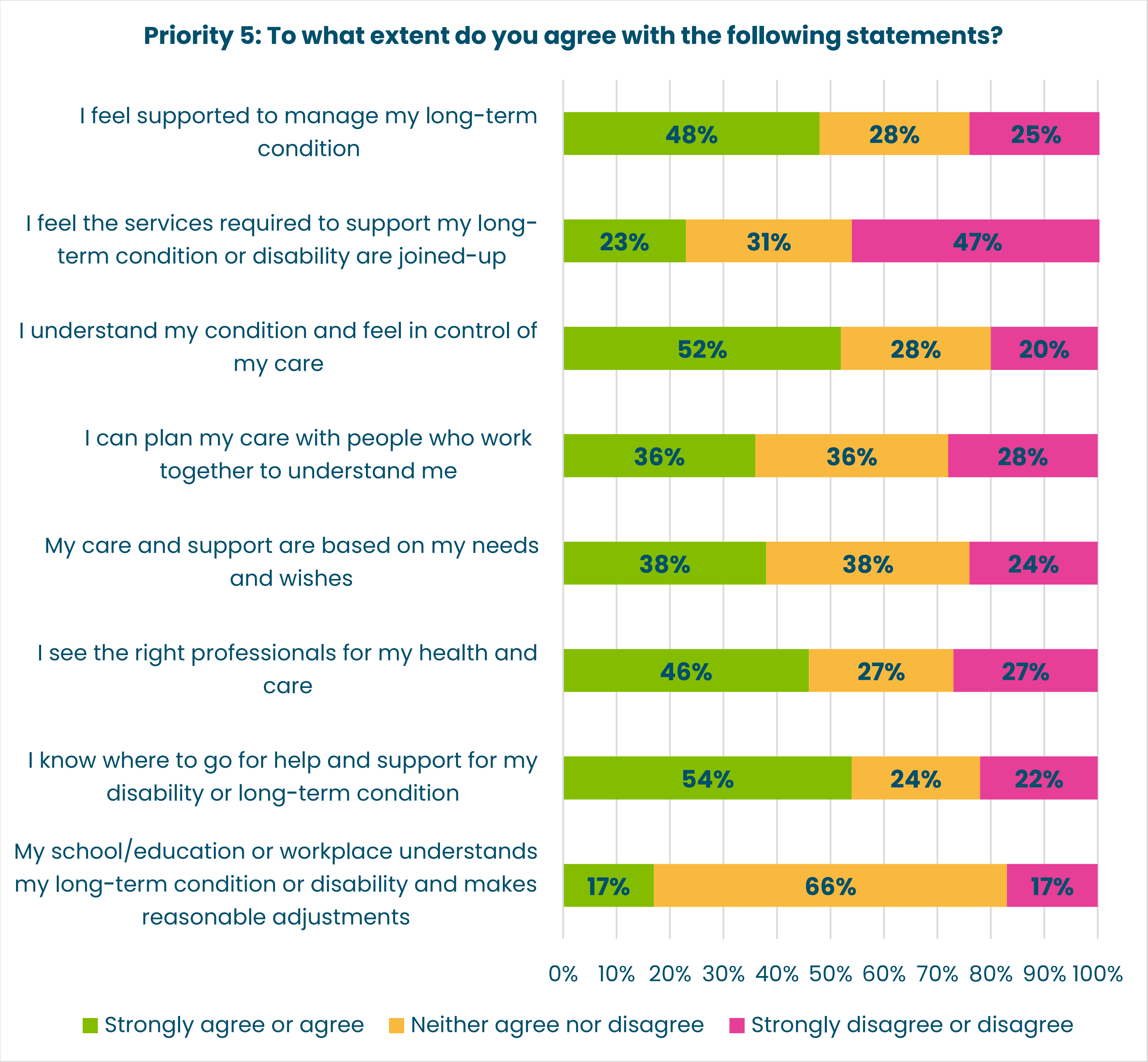
5.4.1. Spotlight on inequalities: Priority Four

A few inequalities were identified in relation to this priority. We found that **56%** (115) of carers know how to plan as they age to reach their older years in the best health compared to the 69% average.

We also found that **28%** (34) of ethnically diverse communities, **30%** (4) of Stevenage residents, and **25%** (23) of North Hertfordshire residents do not think they are supported to think about what will happen in the short, medium and long-term compared to the 18% average.

5.5. Priority 5 – Improve support to people living with life-long conditions, long-term health conditions, disabilities and their families

Around 50% of residents with a long-term condition understood their condition and felt in control of their care. Despite this, a further 50% did not feel that services are joined-up or supported to manage their long-term condition. Recommendations included improving continuity of care, providing more holistic and personalised care, and better communication from healthcare professionals.



51% (624) said they or the person they care for have a long-term condition. Residents were more negative about this priority compared to others.

Of this figure, **54%** (330) know where to go for help and support and **52%** (319) understand their condition and feel in control of their care.

48% (291) feel supported to manage their condition and **46%** (283) see the right professionals for their health and care. **38%** (233) feel their care and supported are based on their needs and **36%** (217) can plan their care with professionals. This was reflected in the free-text responses in which **10%** (27) of residents said they received high-quality care from health and social care services.

"Health care at my local GP is outstanding, appointments with hospital arranged when needed. Blood tests carried out when needed and lots of opportunity to talk about treatment and what suits me."

"I have MS and I am very well supported by my wife, MS nurse, GP and adult care services."

However almost **50%** (286) do not feel that services are joined-up. This was highlighted in the free-text responses in which **18%** (160) of residents said that continuity of care needs to be improved.

Over a **quarter** (**26%**) of residents disagreed or strongly disagreed with these statements. This was emphasised by the free-text answers in which **27%** (151) of residents did not feel supported by healthcare services to manage their long-term condition, which some having no choice but to resort to private care. A further **22%** (123) said the care provided needs to be improved, with suggestions including more holistic and personalised care, regular check-ups, and better communication from healthcare professionals.

"Services are too disjointed and lack resources to provide a high-quality service. For individuals with complex conditions, it would be helpful if they had one point of contact that could be contacted for support."

"Focus on the whole person. Do not separate each condition or aliment from that person or each other."

"I have chronic arthritis and back problems, neither of which the care services provide any assistance with. I have to resort to private care."

Over a **third** (**35%**) of residents selected neither agree nor disagree, potentially indicating a lack of awareness or availability of such support.

5.5.1. Spotlight on inequalities: Priority Five

These groups were more likely to experience inequalities. This is demonstrated within the statistics below.

Welwyn Hatfield residents

- **13%** (6) felt services are joined-up compared to the 23% average
- **37%** (17) understand their condition compared to the 52% average
- **26%** (12) can plan for their care compared to the 36% average

Ethnically diverse groups

- **12%** (10) felt services are joined-up compared to the 23% average
- **38%** (21)do not feel supported to manage their long-term condition compared to the 47% average
- **35%** (19) do not think their care is based on their needs and wishes compared to the 24% average

Carers

- **12%** (20) felt services are joined-up compared to the 23% average
- **34%** (54) understand their condition and feel in control of their care compared to the 52% average
- **34%** (52) do not feel supported to manage their long-term condition compared to the 47% average
- **36%** (57) know where to go for help and support compared to the 54% average

Residents aged 18-44

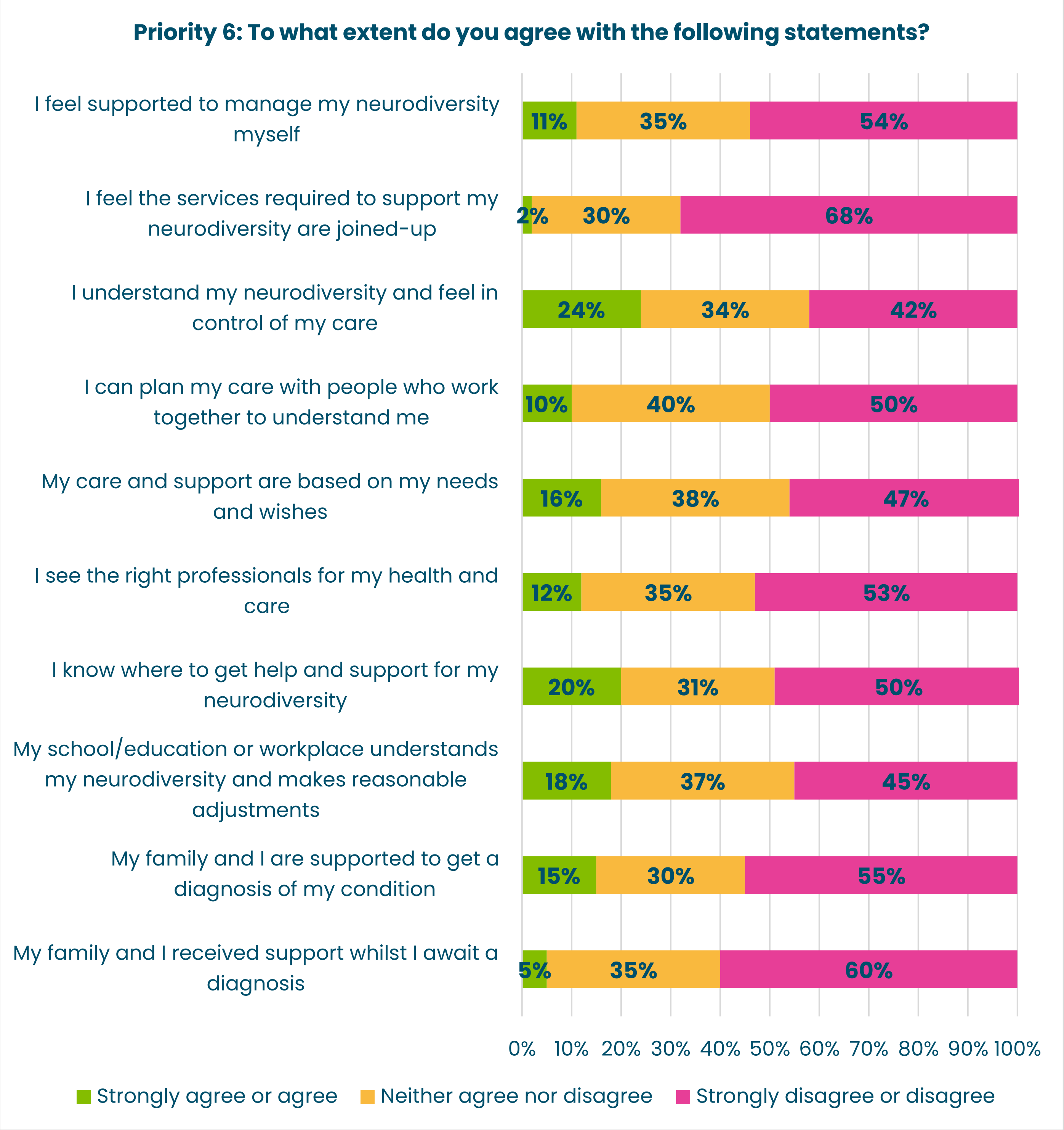
- **11%** (5) felt services are joined-up compared to the 23% average
- **33%** (14) do not feel supported to manage their long-term condition compared to the 47% average
- **34%** (17) know where to go for help and support compared to the 54% average

Broxbourne residents

- **25%** (15) can plan for their care compared to the 36% average
- **36%** (16) can see the right professionals for their care compared to the 46% average

5.6. Priority 6- Improve our residents' mental health and outcomes for those with learning disabilities, autism and neurodiversity

This priority was identified as the area requiring the greatest improvements, with only 13% of residents feeling supported. Most residents said they or the person they care for has received no support for their neurodiversity, with many calling for improving the diagnosis pathways, and ensuring post-diagnostic support is available.



14% (166) consider themselves or the person they care for to be neurodiverse. This priority received the most negative responses.

On average over **50%** disagreed or strongly disagreed with these statements and only **13%** felt supported. More than a third (**35%**) selected neither agree nor disagree which could also indicate a lack of awareness or availability of such support.

Within the free-text responses, **36%** (65) of residents said they experienced difficulties in receiving a diagnosis either for themselves or someone they care for, with many waiting several years before getting a diagnosis, or having to resort to private care. A further **32%** (58) said they or the person they care for did not receive post-diagnostic support and are struggling to manage their neurodiversity.

Unsurprisingly then, **37%** (67) of residents said diagnoses for neurodiversity should be faster and more accessible, and post-diagnostic support should be readily available.

"There are no services for autistic adults over age 25 in Hertfordshire."

"Two and a half years waiting for autism and ADHD diagnosis for child. No support in the meantime."

"Proper diagnosis without having to wait years and then being able to get medication which is apparently in short supply."

"Autism and ADHD diagnosis and EHCP has taken far too long – two/three years with no support. Resorting to private support."

5.6.1. Spotlight on inequalities: Priority Six

These groups were more likely to experience inequalities. This is demonstrated within the statistics below.

Residents aged 18-44

- **78%** (22) felt that services are not joined-up compared to the 68% average
- **56%** (16) do not understand their neurodiversity or feel in control of their care compared to 42% average
- **62%** (18) do not know where to get help and support for their neurodiversity compared to the 50% average

Carers

- **71%** (30) said they and their family have not been supported while they wait for a diagnosis compared to the 60% average
- **65%** (35) do not see the right professionals for their health and care compared to the 53% average

Parents

- **68%** (38) do not feel supported to manage their neurodiversity compared to 54% average
- **81%** (45) felt that services are not joined-up compared to the 68% average
- **68%** (37) cannot plan their care with people who understand them compared to the 50% average

Men

- **40%** (26) do not feel supported to manage their neurodiversity compared to 17% of women

Ethnically diverse communities:

- **70%** (19) do not feel supported to manage their neurodiversity compared to 54% average
- **57%** (18) cannot plan their care with people who understand them compared to the 50% average
- **58%** (15) do not think their school/education/workplace understands their neurodiversity and makes reasonable adjustments compared to the 45% average
- **70%** (19) do not feel they and their family are supported to get a diagnosis compared to 55% average

6. Conclusion

This survey has provided a valuable indication for how local residents feel about their community, healthcare and the services and support available to them. Positively, most residents felt there are opportunities available to them in the community, including activities, social groups, networks, volunteering and employment. Many also felt confident in taking care of their health and wellbeing and knew where they could access support for themselves and/or someone they care for.

However, across the survey, several recommendations were suggested across each of the priorities. This included: improving access to, and the availability of, healthcare services, improving the accessibility of local services and provisions, and providing more information about the support available to residents.

Priority five (*Improve support for people with life-long conditions, long-term conditions, disabilities and their families*) highlighted how residents with a long-term condition felt generally unsupported, with over half calling for healthcare services to be more joined-up and to provide continuity of care as well as more personalised and holistic care.

Undisputedly, priority six (*Improve our residents' mental health and outcomes for those with learning disabilities, autism and neurodiversity*) received the most negative responses and can be identified as a key area for improvement. Residents who are neurodiverse or care for someone who is neurodiverse called for urgent improvements to diagnostic pathways and the availability and accessibility of post-diagnostic support.

The data also found that particular groups had a higher prevalence of negative responses which were of statistical significance. These included Broxbourne and Stevenage residents, ethnically diverse communities, carers and residents aged 18-44.

We advise the Health and Wellbeing Board to focus on the priorities with the poorest results, the key recommendations cited by local residents, and to undertake further engagement with groups who were underrepresented.