

6 Monthly Service Delivery Update

FOR DISCUSSION

Overview

This paper provides an opportunity for Trustees to review the activity of the work undertaken as part of our three core services, over the past 6 months. This enables Trustees to consider how our work can deliver impact, and ask questions and share insights that to help inform and shape our thinking.

This paper presents an overview of the past 6 months’:

- Signposting – unsolicited public contact for information, advice, and guidance. A typical caseload over a year is approximately 500 cases, which are nuanced and complex, taking an average of an hour to resolve.
- Holding to Account – a list of the recent critical friend conversations we have had with system leaders, using our insights to help inform decision making to the benefit of the public.
- Research and community engagement activity – proactive deep dives into issues most pressing for our communities, with special focus on those who are facing most disadvantage.

It should be noted that a substantial amount of information on these services is also provided to our commissioners in our quarterly reporting, which is also presented regularly to Trustees. This paper serves as a complementary set of insights at a less granular level, and shows the public how Healthwatch Hertfordshire deliver their statutory services.

Trustees are invited to reflect on:

- The types of enquiries raised by the public, consider how the spread of holding to account conversations provides opportunities to raise public concerns, and whether there are any gaps or overlaps.
- How the Engagement and Research program helps to supplement the insights from signposting, and expand our evidence base for making cases for change, and whether there are any gaps or overlaps.
- How we might use the insights to best illustrate our impact, and help us build the case for the importance of a local Healthwatch.
- The elements of this report you find most useful to meet your responsibilities as Trustees, and to ensure we are meeting our obligations as an organisation.

There are two sections to this paper:

Section 1. Overview of Signposting Feedback and Holding to Account

Section 2. Overview of Research and Engagement activities

Section 1. Overview of Signposting Feedback and Holding to Account:

1st October 2025 – 31st March 2026

Background

This paper collates data from Quarters 3&4, covering the calendar months of October 2025 to March 2026. The data below outlines the quantity of signposting contacts, the services involved, as well as the key themes identified. This data is shared on a regular basis at internal operational meetings, and is used to help inform action via the holding to account function as well as inform research and engagement priorities.

Overview

The signposting data within this report refers to calls and enquiries made from the public into our signposting service. All data collected under this function is driven by what is important to the public (as the views and contacts are unsolicited), however the service is reliant on the public knowing about us and seeing the value of contacting us. All signposting contacts are asked where they found our contact details/how they heard about us, and whether they are satisfied with how their call was handled and the information provided.

As a reminder, the public tend to contact us when all other avenues have been exhausted, and there is a feeling there is nowhere else to turn. Therefore, the majority of enquiries we deal with are complex, and tend to require a level of understanding of the NHS/social care landscape, that unfortunately is not always accessible to the public.

Signposting queries and feedback are handled in the main by the Governance, Operations & Signposting Manager, who is supported by other members of the team on a more ad hoc basis. Service changes continue to be closely monitored by the Quality Manager and shared with the signposting team to enable effectiveness and clear messaging. The model is continuously reviewed in line with national guidance and operational need/capacity.

Overview of number of contacts

Table 1 – Number of Signposting Contacts per month

Month	Number of contacts
October	47
November	28
December	48
January	57
February	70
March	79
Total	329

Table 2 – Services discussed

Ranking	Service	Number of contacts
1	Primary (includes general practice, pharmacies, opticians, and dentistry)	164
2	Acute hospitals	128
3	Mental health	27
4	Urgent and Emergency Services (includes IHI, ambulance and urgent treatment centres)	19
5	Community-based services (includes district nurses and various diagnostic services)	18

Please note: The above figures do not add up to 329 because some callers reported on more than one service type, and some were general enquiries unrelated to particular services.

Table one shows a sudden and sustained significant increase in demand on the signposting and information service for quarter 4. Notably, the majority of contacts during this period came via Healthwatch England's 'Have Your Say' webforms with requests for return contact from their local Healthwatch (72-79% in Feb-Mar). In spite of this, we are spending between 60 – 80 minutes (on average) on each case/piece of feedback, demonstrating the level of complexity that we often deal with for those contacts who *are* in need of signposting support.

Table two shows, once again, that more than half of the feedback/contacts received during this period related to primary care services, but that contacts related to acute services increased again to more pre-pandemic numbers. We understand there was an increase in complaints to the acute Trusts during this period as well, so it seems to reflect what we understand the system's pressures to be at the time. Mental health services, both adult and children's, maintained the 3rd-most discussed position, but only amounted to approx. 9% of all comments received this time. Feedback about urgent and emergency services appeared again after not having featured since 2024, as well as the community trusts and outsourced community-based providers; e.g. Circle Health Group, Herts Community Trust, Continuing Healthcare, etc.

Main Themes

These themes have been collated from the feedback and arranged in order of frequency, while also giving weight to the seriousness of the feedback given. We have incorporated quotes from the service users to illustrate this where appropriate.

1. GP Services

During the period, difficulty accessing GP services remained the top issue we heard about from members of the public using our signposting and feedback service. There continued to be frustrations related to the new Digital Total Triage System, which was introduced in October 2025

as part of a mandatory roll-out across the country by NHS England (although, evidently, not all practices have implemented it yet). As in previous editions of this report, it was when individuals were being forced to use only one appointment-making route that they were dissatisfied; this ranged from individuals being told that they can *only* request appointments online, or *only* access support by phoning at 8am, and being refused in-person requests. This issue is further compounded by appointments apparently having all being taken up shortly after the phone line opened or the e-consult form being closed due to reaching capacity less than an hour after it opened. We raised these experiences with the ICB at our regular check-ins, and they agreed to share those concerns with the practices' contract managers for addressing.

Similarly to the last edition of this report, again, contacts to our service shared that they did not feel listened to – and some were seeing the evidence of it in their medical notes. One person wrote that they'd accessed 1st Contact Physio at their GP Surgery three times, but no time was ever taken to check which physical activity they were able to undertake. This was a common theme across a number of GP Surgeries in Hertfordshire, where many individuals felt pushed into the private sector to receive bespoke physiotherapy treatment or accept no improvement to their condition. Other contacts told us that they had tried to get their GP to make certain referrals for investigation, but faced what felt like unfair resistance; at least one person we heard from said they had gone to a private doctor for support instead. As always, all those who fed back to us were signposted to the appropriate complaints procedures.

2. Acute Hospital Trusts

During this period we heard about public dissatisfaction with the long waiting times for first outpatient appointments and tests, and as always, lacking communication and updates on where they are in the waiting list is a source of anxiety and frustration for people, particularly while contending with chronic pain and/or mobility issues. The joint-working of hospitals and GP Surgeries has also been highlighted, as individuals have felt abandoned to manage their appointments and referrals while also managing complex chronic conditions.

Furthermore, we had contact with a handful of people in this period who were dissatisfied with the quality of care they were receiving while an inpatient (often it was a loved one complaining on behalf of an inpatient). Feedback on this front related to concerns around the cleanliness of facilities, inattentive nursing staff, and difficulty finding clinicians to speak to about their condition. In many of these cases, we were copied into a complaint they had addressed to a Trust themselves.

During March, we also heard from a number of people through Healthwatch England webforms who complained about a "stealth tax on the sick" due to exorbitant hospital parking charges. Individuals were unhappy and "disgusted" with the charges, but also expressed frustration with a lack of disabled spaces, traffic jams within car parks, and this forced people to park further away – thus causing lateness for appointments and limiting accessibility.

3. Mental Health Services

The tone of the feedback we received during this period was particularly harrowing, with feedback about long waiting times and a lack of support whilst waiting particularly relating to

Child and Adolescent Mental Health Services (CAMHS) featuring heavily in this 6-month period. One individual fed back that their child had been “palmed off onto an app” when they were expressing suicidal ideation; another told us that “waiting times are appalling” and that they’d been told “anxiety and depression are a part of autism”. We also heard from a parent who said that it was only once their child had reached a crisis point that they were removed from the CAMHS waiting list and placed under their community team – even with this, they stated that the provision had still not been at the level needed by their child.

Considering the types of difficulties people experience when struggling with mental ill-health, it is understandable that any barrier put in the way of accessing support can feel insurmountable. Where possible, we signposted these contacts to the appropriate support.

Responding to Signposting Concerns

Signposting issues are considered at a bi-monthly Holding to Account meeting attended by the Governance, Operations & Signposting Manager, the Quality Manager, Head of Community Engagement and Research, Vice Chair of the Board and the Chief Executive. Signposting feedback is considered alongside a range of other information such as research findings, national policy or service changes, and partners in the system from other voluntary, health and care organisations.

Holding to Account Meetings with System Commissioners, designers, providers and decision makers

Issues across services are raised at regular meetings with commissioners and providers:

- **Integrated Care Board** – senior management
- **East and North Herts Health and Care Partnership** – meetings of the Board
- **South and West Herts Health and Care Partnership** – meetings of the Board
- **East and North Hertfordshire Trust** – Meetings with the Chair and Chief Executive and Director of Nursing
- **West Hertfordshire Teaching Hospitals Trust** – Meetings with the Chair and Chief Executive and Director of Nursing
- **Hertfordshire Partnership University Foundation Trust (HPFT)** – Meetings with the Chief Executive, Deputy CEO and Director of Nursing, Chief Operating Officer
- **Princess Alexandra Hospital Trust** – Meeting with the Chief Executive and Chief Nurse
- **Hertfordshire County Council (HCC), Adult Social Care** – Meetings with Executive Member, Executive Director and Senior Team
- **Hertfordshire County Council (HCC), Children’s Social Care** – Meetings with the Executive Members and Executive Director with children in their portfolio
- **Hertfordshire County Council (HCC), Public Health** – Meetings with Executive Member, Executive Director and Senior Team
- **Hertfordshire Community Trust** – Meetings with the Chair and Chief Executive and Director of Nursing
- **Circle Health Group** – Meetings with the GP Engagement and Community Integration Lead

Section 2. Overview of Research and Engagement activities

The Research and Engagement Programme aligns with the strategic direction of the organisation and the Board. The Programme has the following aims:

- To gather public views, particularly ensuring that we are hearing from underserved groups
- To understand and address health inequalities
- To ensure our research and engagement activity has influence, impact and positive outcomes
- To support with the financial sustainability of the organisation
- To build and sustain our reputation for high quality applied research

This paper provides an overview of the Research and Engagement activity undertaken in the last 6 months, projects which are currently underway, and upcoming projects.

Projects completed in the last 6 months			
Project name	Aims and objectives	Target population	Activity and progress
Drugs and alcohol workstream	Supporting Public Health at Hertfordshire County Council to implement improvements in drug and alcohol services by undertaking a series of projects to engage with affected communities.	CYP, prison leavers, co-occurring health needs	All completed projects can be found on our website: <ul style="list-style-type: none"> - Children and young people report is available on our website. - Prison leavers report is available on our website. - Co-occurring needs report available on our website.

Primary care workstream (2024 – 2025)	Supporting Hertfordshire and West Essex Integrated Care Board (ICB) to engage with Hertfordshire residents about key issues within primary care. The program of work included looking at online GP services, experiences of the armed forces community, Children’s oral health, and orthodontic care	All Herts residents, armed forces, children and families	All completed projects can be found on our website: <ul style="list-style-type: none"> - NHS orthodontic care report is available on our website. - Online GP services report is available on our website. Our work received a spotlight on Heart Radio. - Children and young people’s oral health report is available on our website
Support for autistic adults	Engaging with autistic adults about their experiences of post-diagnostic support and the care they would like to receive.	Carers and adults who received an autism diagnosis in adulthood	The final report is now available on our website .
Primary care workstream (2025-2026)	Undertaking two in-depth projects exploring key issues within primary care. Our second topic explores community pharmacy , the engagement is now closed and report is written.	Hertfordshire residents	The community pharmacy report will be published in June 2026.
Experiences of children, young people and families	Creating case studies through engagement with children, young people and families, exploring a range of key health and social care issues.	Children, young people and families	We have publicised 4 case studies and a document highlighting what matters to children and young people. Further case studies to be collected.
Planning for the future	Working with partners across the system to engage with residents about their awareness and experiences of advance care planning, and how they can be better	People aged 65+	This work is completed and will be published in May

	supported to think about and plan for their older years.		
Health Innovation East Genomics	Engaging with those affected by cancer and anyone with an interest in genetics or healthcare research to take part in a focus group, to explore people's views on linking how genomic data (information about our genes) to data already available for approved research studies in the Eastern England Secure Data Environment (SDE).	Those affected by cancer and anyone with an interest in genetics	This final report is completed and is due to be published in the next few months.
Exploring Connected Lives	Engaging with relatives, residents and staff within three residential care homes rated as required improvement. Engagement will focus on the Connected Lives principles, with questions centre on independence, feeling safe, respected and valued.	Staff, relatives and care home residents	This work is completed, and a final report will be ready over the next few months.
Ongoing projects continuing into this year			
Research & engagement network programme	Supporting the ICB to ensure research participation is more accessible, diverse and inclusive. This includes a dedicated project working with the ICB and Hertfordshire Hearing Advisory Service (HHAS) to engage with the d/Deaf community about their experiences of accessing primary care.	Underserved communities in Hertfordshire	The final report focused on experiences of the d/Deaf community will be published in June 2026
South and West Hertfordshire Health and Care	Supporting with the management, chairing and delivery of the Coproduction Board, the role of which is to advise the leadership in the partnership on how best to embed	Residents in South and West Hertfordshire	Discussions are underway to establish a new approach to community engagement and co-production.

Partnership Coproduction Board	quality coproduction and engagement with their local communities.		
East and North Hertfordshire Health and Care Partnership Community Assembly	Supporting with the management, chairing and delivery of the Community Assembly, the role of which is to support the exchange of views, ideas and enable coproduction across local residents and those leading change and transformation programs	Residents in East and North Hertfordshire	Community Assembly meets on a quarterly basis. The next proposed dates are 18 August and 19 November. If you are interested in attending the Community Assembly, please contact: research@healthwatchhertfordshire.co.uk
Drug and alcohol coproduction: The Huddle	Advising leads in Public Health at Hertfordshire County Council to create a model of coproduction to help ensure professionals, service users, communities, carers and voluntary organisations are involved in the improvements to services.	Hertfordshire residents	The Drug and Alcohol huddle meets on a quarterly basis. The next proposed dates are 22 July and 21 October. If you're interested in attending or finding out more, please contact: research@healthwatchhertfordshire.co.uk
Making Every Adult Matter [Homelessness and Health] coproduction	Advising leads in Public Health at Hertfordshire County Council to create a model of coproduction to help ensure professionals, service users, communities, carers and voluntary organisations are involved in improvements to services affecting those with lived experience of homelessness and multiple disadvantage	Hertfordshire residents	The first Making Every Adult Matter coproduction huddle will meet on 15 July. If you're interested in attending or finding out more, please contact: research@healthwatchhertfordshire.co.uk

A list of our upcoming projects can be found online: [Annual Business Plan and Research Programme 2026 - 2027](#)