

## Healthwatch Hertfordshire Operational Focus and Priorities 2021-22

### Purpose of this report and Background

In the context of the paper produced by the Chair of Healthwatch Hertfordshire for the February Awayday, and the strands of our new strategy, this paper reports the focus of this year's operational activity for Board awareness and comment. The rationale for why pieces of work have been identified is also shown.

Understandably Board interest may focus on our external priorities, but this paper also highlights some crucial internal matters such as our main commissioned contract, premises, and Board recruitment.

It is important to reiterate that Healthwatch Hertfordshire's resources can never meet the breadth of our remit in every area that we would like to work on, nor is appropriate to handle all work with the same approach. For example, an important activity for a partner may not need our involvement other than to enhance awareness through our communication channels, at the other end of the scale would be an in-depth piece of engagement or research such as our surveys on vaccination and follow up research addressing wider inequality.

### Context

#### Board focus for 2021-22

As Board members will remember the 2020-24 HwH strategy emphasises an emphasis on

- ✓ Being more strategic
- ✓ Gathering more evidence
- ✓ Carrying out more research
- ✓ Reaching more seldom heard groups
- ✓ Focussing on outcomes
- ✓ Generating more revenue

This direction is complemented by the discussion at the Awayday in February when the Board agreed its focus to be on:

- A shift to prevention, which will be increasingly important going forward.
- The Health and Wellbeing Board will be producing their new strategy and health inequalities will be a big aspect of this which Healthwatch should be involved in.
- WHHT redevelopment
- Mental health
- Mount Vernon
- The ICS and how this develops
- A long-term informational role on COVID-19.

At the February meeting it was also emphasised that our role is to always remind the system of the patient and the service user at the centre of the experience, systems, and processes.

This paper looks at what operational activity has recently been delivered and what is planned. Much activity is determined by and within the context of COVID-19.

The pieces of work are summarised here, it also gives an indication whether the focus will be Research and Engagement, Holding to Account, communication, or a supportive role to other organisations - more detail on current projects is available in the contract monitoring documentation also on this meeting's agenda.

### **External Affairs Priorities 2021/22 - themes**

#### **Restoration, Recovery and Reset**

Our role at this stage is mainly to be aware and have a watching brief. As guidance for restoration becomes more clearly defined this is likely to have some specific threads. However some issues are immediately a focus for Holding to Account: waiting list management; communication by providers with patients about treatment and any changes to this; the impact of increased demand without the equivalent increase in resources. It is also important for us to look to ensure a balance between restoration of services and new ways of doing things.

#### **Patient Involvement**

Strands of this activity are already being undertaken:

- (a) Choice and Personalised Care
- (b) Hospital redevelopments
- (c) Patient Involvement with the Integrated Care Partnerships (including the Community Assembly)

This work has included the redevelopment of West Hertfordshire Hospital Trust and the East of England Strategic Review of Mount Vernon Cancer Centre. For both these areas our role has involved (and continues to involve) holding to account, encouraging patient participation and the communication of important messages such as opportunities for patient involvement around pathway development.

#### **Impact on those disadvantaged**

Our role includes a duty to help tackle health inequalities and the pandemic has both evidenced systemic inequality issues and in itself impacted disproportionately on particular groups and communities. It has also heightened the focus within Health and Care on wider determinants of health. Our focus will therefore include:

- a) Health inequalities
- b) Going beyond health inequalities, including long terms issues around trust and the impacts of issues beyond health
- c) Hidden impact on carers and families

Pieces of research and engagement with a notable inequalities dimension include

- Research Project focused on vaccine confidence, inequality issues and Ethnically Diverse Communities, working with the new community development workers from Community Development Action Hertfordshire. This is separately commissioned work that is being scoped.
- Stevenage Public Engagement Project (working with the University of Hertfordshire, Stevenage Borough Council, children, young people and their families) - work completed
- Health needs of Veterans - work completed but possible work with other service providers e.g. Adult Care Services being explored.
- Healthy Stevenage Partnership - engaging ethnically diverse communities - This work is being scoped
- Youth Connexions Hertfordshire Partnership Survey aimed at young people with a learning difficulty and disability (Hertfordshire County Council) work currently paused
- Digital Inclusion (Jan-Oct 2021)
- Annual Health Checks app evaluation (Staying Connected Programme). Now commenced.
- Two pieces of work under the auspices of West Hertfordshire Hospital Trust Coproduction Board focusing on people with learning disabilities and difficulties, and a project where we have a supportive role on a project addressing the needs of Carers
- The Connect Health Mystery Shop which was completed in Feb 2021

We will also be using our knowledge of inequality issues and raising these at Holding to Account forums.

### **Vaccination Programme**

Work on vaccination includes:

- our vaccine research (looking at both attitudes and motivations towards the vaccine, and experiences of receiving the vaccine)
- research into vaccine confidence and inequality issues within Ethnically Diverse populations (listed above under theme 'impact on those disadvantaged')
- issues evidenced through research and signposting being raised through holding to account meetings
- through our communication channels we have been able to promote messages supportive of vaccination from the Integrated Care System

### **Postponement of routine and planned care**

Concern about postponement of treatment has been an issue raised regularly through holding to account meetings including the approaches being used to risk assess patients. It is envisaged that a focus may be determined for a potential piece of research on this strand later in the year.

## **Mental health**

The challenges of mental ill health and the impact of the pandemic on health and wellbeing are a serious concern.

From a holding to account perspective there are significant issues raised through signposting and these have been (and will continue to be) reported to Hertfordshire Partnership Foundation Trust for their detailed response. We will also continue to be involved in the work assessing service recovery after the pandemic led by the Mental Health and Learning Disabilities Integrated Care Partnership and the balance between service restoration and broader community needs.

We continue to be involved with particular programmes of work including:

- Ensuring a patient and carer perspective in the development of the revised protocol for substance misuse and mental health
- Our work on Carers' Needs and Involvement in Psychiatric Inpatient Discharge has now concluded
- Our research into patient's experiences of services during the pandemic and signposting during this time has highlighted issues relating to accessing mental health services, and around the quality of inpatient discharge. An action plan was created by HPFT in response which we are monitoring progress on via holding to account meetings.

## **Dentistry**

As Board members are aware, Dentistry has been the area of most signposting traffic in recent months. This has prompted activity such as the Dental Website Audit (which is currently at the analysis stage), supported by a dental survey which we launched in May and our attendance at the NHS England East of England Dentistry meetings to raise concerns received to ensure the system is held to account. Dentistry is an issue of serious national concern.

This work is anticipated to remain central to our holding to account role and be further informed by signposting evidence.

## **Children & Young People**

In recent years, our approach to involving and hearing from children and young people has changed. The previous model of having a Young People's Ambassador worked well but was very resource intensive. Although we have looked to involve children and young people in our project work and continue to hold the system to account over young people's services, we propose reviewing options to explore how the views of children and young people could be heard more often.

## **Maternity Services**

We have not recently done work related to maternity services and this is an area where we received signposting calls last year. This is an area for us to have a watching brief.

## **Internal Affairs Priorities**

### **HCC Contract**

Board Members are aware that our main contract to deliver Healthwatch services was extended until December 2021. The process for a new contract is still to be determined but our contract is of course a fundamental issue for the Board and Team

### **Office relocation**

Our current contract with Age UK has a break clause in February 2022. Assuming there is no change in our perspective, we will be looking to move to new smaller premises then. Planning for this work has commenced.

### **Board recruitment,**

Over the next year, our Board will experience significant change in its membership. Four Board members are retiring, and recruitment processes have been initiated with involvement of current trustees with the plan to recruit new Trustees scheduled in August and induction from the Autumn onwards.

### **Continuity planning for the Executive Leadership Team**

The Board have asked the Executive Leadership Team to address continuity planning for the organisation particularly at a senior level. This work is scheduled to begin in May 2021.

Geoff Brown

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