

## Service Delivery 6 monthly update

### **Purpose/ objective of the paper:**

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.

**Recommendation:** Trustees are asked to recommend this paper to the public meeting of Board in June (after the team ensures all sensitive information has been removed).

### **Introduction:**

At our October 2024 Board Advisory Committee meeting, it was decided that the information contained in this paper (previously routinely presented to Trustees at our Board Advisory Committee), should be brought to the meetings of the Board in public, as it allowed us to be transparent about how we spend public funds, and accountable to the decisions we make from the insights we are gathering throughout our work.

The paper presented was then brought to the November 2024 meeting of the Board in public. The same approach has been taken on this occasion.

This paper presents a 6 monthly overview:

- 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 – 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. In light of our reporting being under review with our commissioners, the shape and form of these reports might evolve in the

future, so this is also a good opportunity to provide your feedback about what you find useful in your role as governors.

In light of these, 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 research and engagement 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 in these papers 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. An overview of our recent signposting and holding to account activities**

**Section 2. An overview of our recent research and engagement activities**

## Section 1. An overview of our recent signposting and holding to account activities

### Overview of Signposting Feedback and Holding to Account: 1<sup>st</sup> Oct 2024 – 31<sup>st</sup> Mar 2025

#### Background

This paper forms our six monthly update to the Board on signposting activity and how we held providers and commissioners to account, supplementing the signposting data and Chair/Chief Executive Reports already provided to Board on a quarterly basis as part of contract monitoring.

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. Please see the appendices for more detail on the holding to account model and approach.

#### Introduction

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 are unsolicited), however the service is reliant on the public knowing about us and seeing the value of contacting us.

To understand and evaluate how the public hear about our signposting service and whether they see a value in 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.

#### Overview of number of contacts

Table 1 – Number of Signposting Contacts per month

Month	Number of contacts
October	43
November	25
December	27
January	48
February	57
March	52
<b>Total</b>	<b>252</b>

Table 2 – Services discussed

Ranking	Service	Number of contacts
1	Primary (includes general practice, pharmacies, opticians, and dentistry)	116
2	Acute hospitals	87
3	Mental health	30
4	Local & national commissioning	12
5	Social care/HCC/Care homes	11

*Please note: The above figures do not add up to 252 because some callers reported on more than one service type, and some were general enquiries unrelated to particular services.*

Table one shows a continuation of the unexpected from our last reporting period, with a slowdown in the lead up to Christmas – however, our contact numbers for this time are back up to levels comparable with the same 6-month window in 2023/24. It is worth noting that, in January, Healthwatch England introduced a facility for commenters on its ‘Have your say’ webform to request return contact from their local Healthwatch, which has proven a popular choice by people completing the forms (approx. half), although only a few replies asking for help. The fact that we are still spending more than 60 minutes (on average) on each case/piece of feedback demonstrates the level of complexity that we often deal with for those contacts who *are* in need of signposting support.

Table two shows a different range of services has come through the feedback this time, but with the top two service types staying the same. Mental health services, both adult and children’s, returned to 3<sup>rd</sup>-most discussed position, and it has continued to make up 10% of all comments received to the signposting/feedback service. Feedback about commissioning decisions or potential gaps in commissioning was an important feature this time, particularly in relation to ADHD Shared Care Agreements and awareness of ‘Right to Choose’.

## Main Themes

These themes have been collated from the feedback shared with the Holding to Account team during this period 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

As has been consistently reported for several years, difficulty accessing GP Services continues to be one of the most common issues we heard about from the public. Feedback related to a few practices’ continued reliance on the 8am appointment rush and/or lacking variety and flexibility in

ways of accessing the GP. While some practices' decision to lean into digital appointment-making systems has been welcomed by a few people we heard from ("efficient and quick"), it hasn't been welcomed by all ("too many issues with the app", "repetitive questions"). This feeling of a barrier to access was also demonstrated in our recent [digital GP Services report](#). Another continuation from the last reporting period in this theme related to a lack of, or, long waits, for face-to-face appointments with clinicians. Contacts to our service also commonly told us about their frustrations with long waits on the phone, and a lack of continuity of care in the clinicians that patients were seeing when they did get an appointment.

Concerns related to local and national commissioning, as referenced above, featured heavily again in this period. This mostly related to the ICB's decision to prohibit GPs from entering into Shared Care Agreements with private practitioners for ADHD medication (repeat prescriptions). We confirmed that an impact assessment was not undertaken by the ICB alongside this decision. We additionally heard from an individual who is housebound and had asked for a home visit cervical screening; this was refused by the surgery and when raised with the ICB it was refused again on the advice of national colleagues as it is part of a national cancer screening program. Their recommendation was to take a risk-based approach, considering the number of sexual partners the person said they'd had, amongst other factors. We have raised this with national Healthwatch colleagues, and our ICB has supported us in expressing concerns to NHS England on this approach.

## **2. Acute Hospital Trusts**

There was a variety of issues fed back to us during the period regarding the two main hospital trusts in Hertfordshire, and this grew to include Princess Alexandra Hospital Trust as well. Continuing on from the last reporting period, contacts across the three hospital trusts said they felt that the clinicians they saw had not listened or taken their concerns seriously; this included a concern about the lack of a holistic approach to inpatient care, where ward staff would only think about the specific medical reason the person was there to be treated for – regardless of the detrimental side effects in light of their broader medical history and wellbeing. Another person we heard from described their experiences of staff as "uncaring" or "lacking compassion".

Feedback about waiting times for first outpatient appointments, and inadequate communication from hospitals featured again during this period, as well as an increase in the number of people saying they had to wait a long time in A&E (varying from 8 – 16 hours). The lack of updates and proactive communication with patients/family members clearly remains a key issue for people contacting the signposting/feedback service.

## **3. Mental Health Services**

This period revealed a new theme in the feedback we received related to mental health services: interconnectivity between different branches and services underneath the same umbrella. Community Mental Health Teams (CMHTs) in different areas of Hertfordshire appeared not to talk to each other about referrals, as far as commenters could tell, and this was causing long delays in

the progression of their care and treatment – in many cases, a backslide on the improvements made so far. One person we heard from told us that they'd been pushed "from pillar to post" between various services (e.g. Eating Disorders, Learning Disability, Psychiatry, etc) because each service thought another one was more appropriate – without knowing the eligibility criteria. This person said over 6 months had been "wasted" as a result of this, and they feel no closer to any treatment.

The familiar theme from previous reports this time related to individuals feeling unsupported by services due to a lack of consistent contact with the same support person, or the perceived poor attitude of the staff dealing with them. Lacking expertise around autism particularly featured, and people with a confirmed diagnosis felt it was seen as a complication that the service was unequipped to deal with – causing delays to treatment. One individual told us that when they presented for an assessment, they were told by a senior clinician that they "don't look very autistic". Another person we spoke to said that they'd provided their Care Coordinator with a list of trigger words and phrases to avoid to distribute to the duty team for when they call; nearly a year later, despite repeated reminders, this still had not been done, and this understandably added to the individual's distress. All contacts were signposted, where appropriate, to the advocacy service so they could make a complaint.

### Responding to Signposting Concerns

Signposting issues are considered at a bi-monthly Holding to Account meeting attended by the Office & Signposting Manager, the Quality Manager, the Senior Research Manager, the Deputy Chief Executive and the Chief Executive. Signposting feedback is considered alongside a range of other information such as research findings, national concerns or service changes, as issues to raise with providers and commissioners. This approach is shown diagrammatically in the appendix, which also highlights the routes taken with different sorts of feedback.

Issues are then raised at regular meetings with Commissioners and Providers, in the case of the concerns in this paper at the following meetings:

- **Integrated Care Board meetings**
  - Six-weekly meetings with the Senior Managers and Nursing and Quality Team from the Integrated Care Board, who have responsibilities for both the East and North Herts Health Care Partnership and the South and West Herts Health Care Partnership
  - Chair, Chief Executive Officer, Chief of Staff, Health Inequalities Lead, and a number of other key people in the ICB
- **East and North Hertfordshire Trust meetings**
  - Chair and Chief Executive, and Director of Comms and Engagement
  - Director of Nursing, Complaints Manager and Director of Quality
- **West Hertfordshire Teaching Hospitals Trust meetings**
  - Chair and CEO, and Director of Nursing

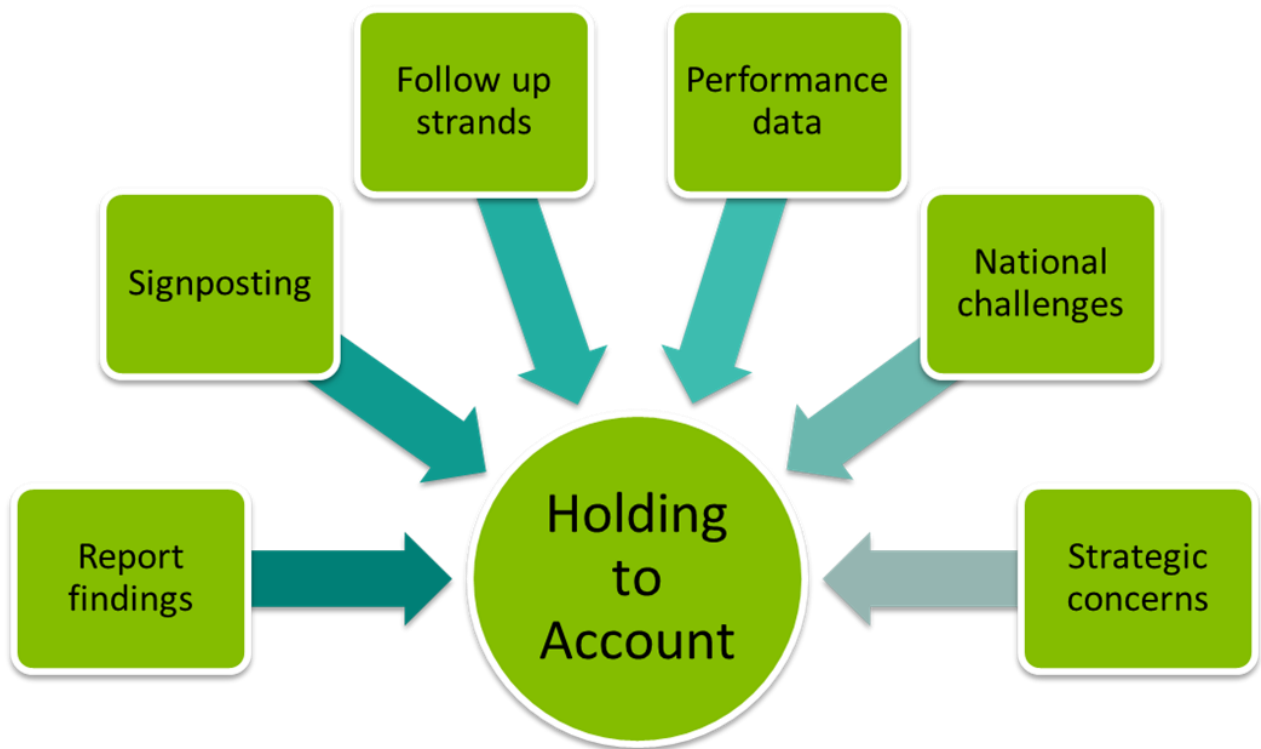
- **Hertfordshire Partnership University Foundation Trust (HPFT) meetings**
  - Chief Executive
  - Director of Nursing
- **Princess Alexandra Hospital Trust meetings**
  - Chief Executive

***Similarly signposting concerns not covered by this paper were raised at the following meetings:***

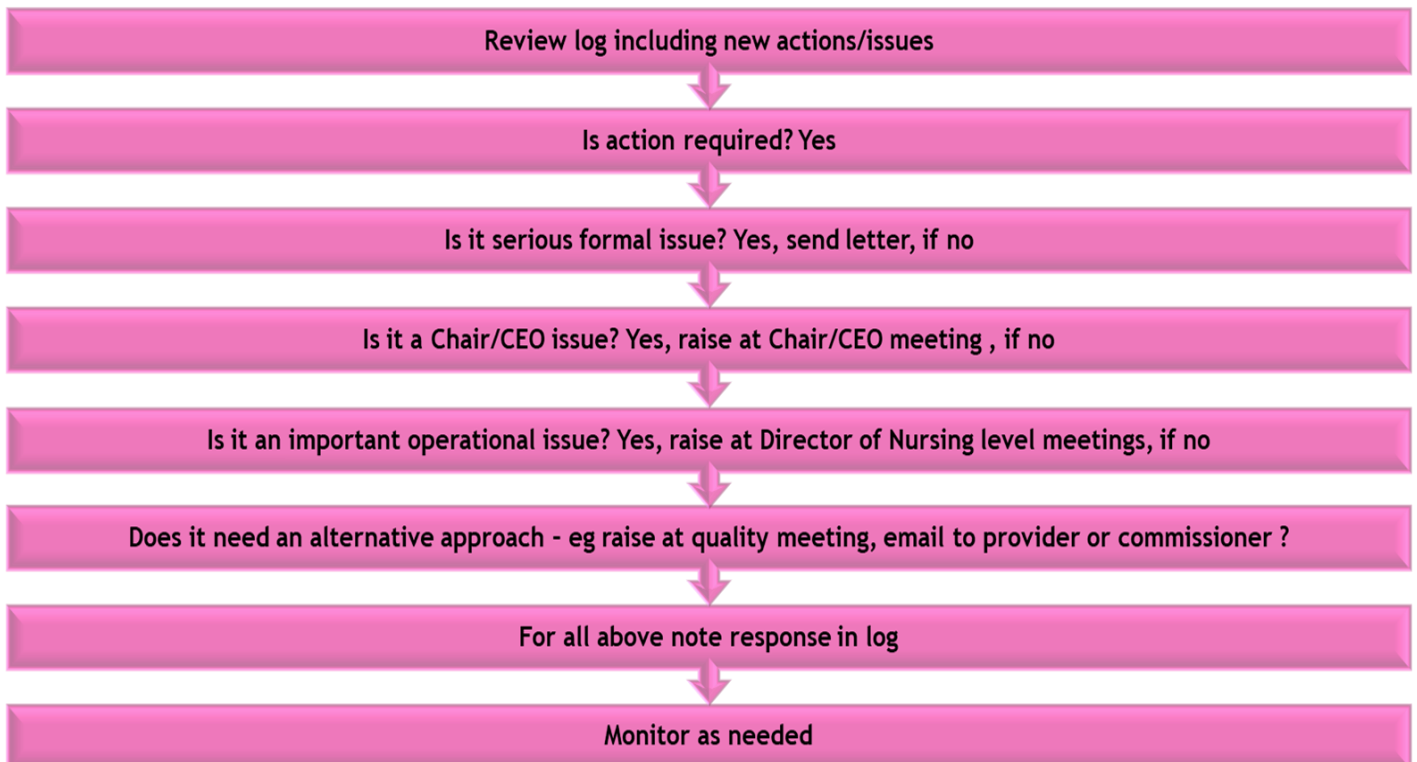
- **Hertfordshire County Council (HCC) meetings**
  - Executive member, Executive Director and Senior Team for Adult Social Care including Director for Health Integration
  - Executive Director for Children's services, and Service Manager Sensory Services
  - Executive member, Executive Director and Head of Commissioning and Service Delivery, Head of Research and Evaluation, Women's health improvement lead at Public Health
  - Head of Scrutiny Committee
- **Herts Community Trust meetings**
  - Chair and CEO, and Director of Nursing
- **Central London Community Healthcare NHS Trust meetings**
  - Director of Nursing and Therapy- Hertfordshire Division
- **Circle Health Group meetings**
  - GP Engagement and Community Integration Lead

## Appendices: Holding to Account Models

### Holding to account – sources



### Holding to account – flow chart and logging of issues





## Section 2. An overview of our recent research and engagement activities

### Background

The Research and Engagement Programme aligns with the strategic direction of the organisation and has been approved by 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 that are currently underway, and upcoming projects.

Project name	Project summary	Progress
<b>Projects completed in the last 6 months</b>		
Drugs and Alcohol Workstream	<p>Supporting Public Health in Hertfordshire County Council to implement improvements in drug and alcohol services by undertaking a series of projects to engage with affected communities. Completed projects in the last 6 months include:</p> <p><b>Children and young people:</b> Engaging with children and young people about their experiences of using drug and alcohol services.</p> <p><b>Stigma campaign:</b> Using insights from local residents to inform a new campaign to challenge stigma around drugs and alcohol.</p>	<p>Children and young people report is available on our <a href="#">website</a>.</p> <p>Stigma campaign report is available on our <a href="#">website</a>. A summary of our findings were also shared on Heart Radio Breakfast East.</p> <p>Prison leavers report is available on our <a href="#">website</a>.</p>

	<b>Prison leavers:</b> Engaging with prison leavers about their experiences of receiving support from drug and alcohol services.	
Primary Care Workstream	<p>Supporting Hertfordshire and West Essex Integrated Care Board (ICB) to engage with Hertfordshire residents about key issues within primary care. Completed topics in the last 6 months include:</p> <p><b>NHS orthodontic care:</b> Engaging with parents, children and young people about their experiences of using NHS orthodontic care.</p> <p><b>Online GP services:</b> Engaging with residents about their experiences of using online GP services and how they could be improved.</p> <p><b>Armed forces community:</b> Engaging with the armed forces community about their experiences of accessing NHS services.</p>	<p>NHS orthodontic care report is available on our <a href="#">website</a>.</p> <p>Online GP services report is available on our <a href="#">website</a>. A summary of our findings were also shared on Heart Radio. Barriers highlighted in our report also came through our signposting service over the last 6 months.</p> <p>Armed forces community report is currently awaiting final sign-off and will be published in Summer 2025.</p>
Blood Pressure Checks in Dental Practices and Opticians	Engaging residents about their views of measuring blood pressure within dental practices and opticians, to support Hertfordshire and West Essex Integrated Care Board (ICB) with their pilot. .	We will be publishing a news article about our involvement and the impact this work has had in Summer 2025.
Engagement with Adults with Learning Disabilities about the use of their Health Data	Supporting Health Innovation East with the introduction of its Secure Data Environment (SDE) by engaging with adults with learning disabilities to capture their views on the use of their health data.	We will be publishing a news article about our involvement and the impact this work has had in Summer 2025.

Live Projects		
Drugs and Alcohol Workstream	<p>Supporting Public Health in Hertfordshire County Council with the improvement of drug and alcohol services by undertaking a series of projects engaging with service users and affected communities.</p> <p>Our remaining project is exploring <b>co-occurring needs</b> by engaging with people with a lived experience of substance use and mental health issues, as well as carers.</p>	<p>Engagement by Viewpoint and Carers in Hertfordshire is complete. Recordings are currently being transcribed and analysed.</p> <p>Key findings have been shared with Public Health and we are in the process of finalising the report and producing recommendations. The final report will be published in Summer 2025. We will also be presenting the work at an event in July.</p>
Improving primary care (2024-2025)	<p>Supporting Hertfordshire and West Essex Integrated Care Board (ICB) to engage with Hertfordshire residents about key issues within primary care.</p> <p>Our remaining topic is focusing on <b>children and young people's oral health</b> by engaging with parents and carers about their experiences of accessing NHS dentistry and what information and support may help them.</p>	<p>Our engagement has now closed. We are in the process of finalising the report and producing recommendations. The final report will be published in Summer 2025.</p>
Research & Engagement Network Programme	<p>Supporting the Hertfordshire and West Essex Integrated Care Board (ICB) to ensure research participation is more accessible, diverse and inclusive.</p> <p>This will include 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.</p>	<p>Our Senior Research Manager will continue support with the project management of this programme.</p> <p>Scoping is underway for our project focusing on the experiences of the d/Deaf community. If you are interested in finding out more or sharing your views please contact: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a></p>
Integrated Care Partnership (ICP) Monitoring Framework	<p>Engaging with Hertfordshire residents to assess progress in delivering the priorities of the integrated care strategy and to inform further development or improvement.</p>	<p>Initial findings have been shared with the Senior Officers Advisory Group. The full report is underway and due to be shared with the Integrated Care Partnership Board in June and the Health and Wellbeing Board in July.</p>

		The report will be published in Summer 2025.
Refugees and Asylum Seekers	Engaging with refugees and asylum seekers about their experiences of accessing healthcare and how this could be improved.	<p>We are in the process of finalising the report and producing our recommendations. The report will be published the week commencing 16<sup>th</sup> June in line with Refugees Week.</p> <p>We will also be sharing our findings at the Hertfordshire County Council Refugees and Asylum Seeker Conference in June.</p>
Smoking cessation services	Hearing from smokers, ex-smokers and friends and family to improve smoking cessation programmes.	<p>Our engagement is currently live. If you currently smoke, or have recently quit and are interested in sharing your story, please contact: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a></p> <p>If you are a healthcare professional, please share your views by completing our short survey <a href="#">here</a>.</p>
Support for Autistic Adults	Engaging with autistic adults about their experiences of post-diagnostic support and the care they would like to receive.	<p>Our engagement is now live. If you were diagnosed with autism in adulthood, we'd love to hear from you. You can complete our survey <a href="#">here</a>.</p> <p>You can also share your story by contacting: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a></p>
Improving primary care (2025-2026)	<p>Undertaking two in-depth projects exploring key issues within primary care.</p> <p>Our first topic will be exploring <b>frailty</b>, scoping of which is currently underway.</p>	<p>Our engagement is now live. If you are aged 65+ we'd love to hear your views.</p> <p>If you'd like to share your story in more detail or take part in a video, please contact: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a></p>
South and West Hertfordshire Health and Care Partnership Coproduction Board	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 quality coproduction and engagement with their local communities	Coproduction Board meets on a bi-monthly basis, reporting into the South and West Hertfordshire Health and Care Partnership Board.

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	Community Assembly meets on a quarterly basis. If you are interested in attending the Community Assembly, please contact: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a>
<b>Upcoming Projects</b>		
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.	<p>We will be starting this engagement in Summer 2025.</p> <p>If you have a story relating to any of the following topics, we'd love to hear from you:</p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Long-term conditions (such as asthma, diabetes, epilepsy)</li> <li>• Special Educational Needs and Disabilities (SEND)</li> <li>• Neurodiversity</li> <li>• Drug use and its effects</li> <li>• Sensory needs (sight and/or hearing)</li> </ul> <p>If you are interested in sharing your story or want to find out more, please contact: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a></p>
Advanced Care Planning	Working with partners across the system to engage with residents about their awareness and experiences of completing advanced care planning, and how they can be better supported to think about their older years.	Scoping of this work is currently underway. If you are interested in finding out more or getting involved, please contact: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a>
Drugs and Alcohol 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 the improvements to services.	Scoping of this work is currently underway. If you are interested in finding out more or getting involved, please contact: <a href="mailto:research@healthwatchhertfordshire.co.uk">research@healthwatchhertfordshire.co.uk</a>