

## Contract Monitoring Projects &amp; Activity Qtr 2 (July - September 2020)

**1. Website & Social media (data broken down by media type/nr over the quarter)**

a. Number of web visits	2,906
b. Facebook reach	2,276
c. Twitter followers	2,234
d. Instagram followers	130

**2. Number of groups HwH is represented on**

a. Total number:	44
Staff	17
Board	25
Representative volunteers	2

**3. Projects (Objectives/aims, Who benefits from the project (e.g. HwH, External organisations, a particular sector of the population), outcomes/potential impact) including groups where we have an ongoing leadership role****Annual Health Checks**Objective

To work with Hertfordshire County Council and the statutory and voluntary sector to co-design and co-produce research that aims to understand the experience and barriers of Annual Health Checks.

Target population

People aged 14 years and over with a learning disability

Project aims

- To understand from the patient's perspective, the experience of receiving an Annual Health Check
- To evaluate how patients with learning disabilities are supported to attend, receive and feedback on Annual Health Checks
- To assess the barriers of Annual Health Checks and identify how these could be addressed
- To identify and share good practice relating to Annual Health Checks, communication and support

Activity

- Worked with Hertfordshire County Council and Clinical GP Leads for Learning Disabilities from East and North Herts Clinical Commissioning Group (ENHCCG) and Herts Valleys Clinical Commissioning Group (HVCCG) to produce recommendations (July)
- Worked with Health Liaison Team to produce recommendations and discuss the new Annual Health Checks pathway (July)
- Finalised report and recommendations (July)
- Created stakeholder distribution list (July)
- Created easy read website news article (July)
- Created website banner (July)
- Created social media campaign (July)
- Created easy read version of the report (July)
- Created email signature (July)
- Created Twitter cards promoting the report (July)
- Worked with Health Liaison Team to produce a video promoting the report (July)
- Attended LeDeR Mortality Review to present key findings (August)
- Launched report (August)

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- Emailed stakeholders the report (August)
- Internal meeting to plan how we will measure impact (August)
- Emailed LeDeR to discuss monitoring and measuring impact (August)
- Attended Improving Health Outcomes Group (IHOG) to present the report (September)

Outcomes/potential impact

To improve the experience and uptake of Annual Health Checks for the target population of this work.

**Covid-19 Patient Experience: Learning from Hertfordshire**Objective

To understand patient and public experiences of changes made to health and social care services in response to the Covid-19 pandemic.

Project aims

- To investigate the public's experiences of health and social care services within Hertfordshire during the pandemic
- To better understand how the pandemic has affected people's mental health and those shielding in particular
- To assess the quality of communication and information from the Government and local health and social care services
- To share what the public told us to help inform and build back better health and social care services locally

Target population

- General population
- People with mental health conditions/concerns
- Clinically extremely vulnerable groups

Activity

- Produced two interim reports including initial findings from June and July (July)
- Shared both interim reports with key stakeholders (July)
- Presented findings to Voluntary and Community Sector (VCS) COVID Response Group (July)
- Presented findings to Community Reassurance Cell Leadership Group meeting (July)
- Working with learning disability stakeholders to gather feedback from this community (July - September)
- Analysed data from 11<sup>th</sup> May - 31<sup>st</sup> July (August)
- Produced first draft of the report (August)
- Created social media plan/campaign (August/September)
- Finalised report and recommendations (September)
- Created email signature for promoting the report (September)
- Created website banner (September)
- Created website news article (September)
- Created press release (September)
- Created first draft of cut down version of the report (September)

Outcomes/potential impact

To inform service providers and commissioners of public experiences of health and social care during the Covid-19 pandemic.

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### Hertfordshire Veterans Healthcare Access Research

#### Objective

To understand the healthcare needs and priorities of the veteran community in Hertfordshire and better understand how the Armed Forces Covenant is being upheld in the county.

#### Project aims

- To establish the health care needs of the Armed Forces community in Hertfordshire by carrying out an online surveys and focus group, and identify the healthcare priorities for this group
- To compare any issues with access to health care services for this group with those of the civilian population
- To make practical recommendations to the Hertfordshire Armed Forces Covenant Board and Health Sub Group to allow them to identify potential projects going forward to be addressed by service providers and commissioners

#### Target population

- Veterans and healthcare professionals

#### Activity

- Finalised draft of interview questions for NHS partner organisations (July)
- Met with Herts County Council partners to review and finalise interview questions for NHS partner organisations (July)
- Carried out three 1:1 interviews with representatives from West Herts Hospitals Trust, Herts Partnership University Foundation Trust and East & North Herts Hospital Trust (July)
- Carried out online interviews with representatives from East & North Herts Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group (July)
- Met with Herts County Council partners to discuss themes from interviews with NHS partners and discuss focus group with veterans (July)
- Communicated with stakeholders (July)
- Created promotional materials for focus group recruitment to share with partners and on social media (August)
- Produced finalised draft of focus group questions (August)
- Met with County Council partners to review and finalise focus group questions (August)
- Communicated with veteran focus group participants (August)
- Communicated with "Veteran Friendly" GP practices to arrange 1:1 interviews with representatives from their practice (August)
- Carried out online veteran focus group and held three 1:1 interviews with veterans (September)
- Transcribed veteran focus groups and 1:1 interviews (September)

#### Outcomes/potential impact

To inform service providers and commissioners of the healthcare experiences, needs and priorities of veterans in order to improve services.

### Carers' needs and involvement in psychiatric inpatient discharge

#### Objective

To ensure carers of people being discharged from Hertfordshire Partnership University NHS Foundation Trust (HPFT) mental health inpatient services are involved in the decision making process and are having their own support needs met in line with the Triangle of

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Care and the Trust's policies during the service user's transition from inpatient to community settings.

### Project aims

- To co-produce information resources for carers supporting loved ones through inpatient discharge.

### Target population

Carers of mental health patients that have been discharged from a mental health inpatient setting within the last two years.

### Activity

- Updated the advisory group about plans to restart the work (July)
- Planning meetings with the Trust to discuss taking the work forward (July - September)
- Created progress document to indicate completed and outstanding actions (August)
- Created risk assessment for conducting the advisory group virtually (August)
- Conducted and engagement with advisory group members individually to discuss restarting the work and their concerns (September)
- Scheduled advisory group meeting for October (September)
- Session planning for upcoming advisory group (September)

### Outcomes/potential impact

To improve the way carers are communicated with and supported through inpatient discharge.

## **What it means to be digitally excluded during Covid-19**

### Objective

To better understand the effects of being digitally excluded during the current pandemic.

### Project aims

- To better understand access and quality of information for those who are digitally excluded
- To better understand barriers to digital inclusion
- To explore awareness and interest of digital inclusion schemes and support

### Target population

Digitally excluded members of the public.

### Activity

- Finalised methodology and created interview questions (July)
- Created promotional materials including newsletter entry and flyer (July)
- Communicated with participants (August)
- Conducted six 1:1 interview with participants (August-September)
- Transcribed interviews (September)

### Outcomes/potential impact

To improve awareness of digital inclusion schemes and support by better understanding need and barriers.

## **Connected Lives Gateway Programme (CLGP) Advisory Co-production Group**

### Objective

To provide advice and guidance on the principles and practice of co-production.

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- To provide guidance and advice on co-production and co-design
- To support with the development and programme management of the advisory co-production group
- To be an independent facilitator of the group

**Activity**

- Met with partners to discuss restarting the group (September)
- Held CLGP Advisory Group meeting, covering how the group will work moving forward, feedback from the Strategic Co-production Board and creating Task and Finish Groups (September)

**West Herts Hospital Patient Involvement****Aim**

To work with West Herts Hospital Trust to evaluate current patient involvement models.

**Target population**

Patients & staff of West Herts Hospital Trust.

**Activity**

- Planning meetings with partners for inaugural coproduction board meeting (July)
- Creating materials - Project Initiation Document template, guidance, agenda, presentation and messages (July)
- Chairing and facilitation of inaugural co-production board meeting (August)
- Debrief (August)
- Planning meetings with partners for second meeting (August and September)
- Developing materials - agenda, session plans, prioritisation tool (September)

**Mystery Shop of Connect Health Musculoskeletal Service PhysioLine in West Hertfordshire**

To support quality improvement and enhanced patient experience in this service following poor signposting feedback and complaints to Herts Valleys Clinical Commissioning Group. Meetings have resumed with Connect Health and Herts Valleys Clinical Commissioning Group at the request of Connect Health to see how the project could be taken forward. Enter and View visits could no longer take place but the proposed mystery shop of the PhysioLine service could.

Scenarios have been written by Connect Health testing both clinical and administrative processes. Connect Health are providing the sort of questions e.g. how long before I get an appointment, how many gyms are in my area etc. Volunteers will also give a qualitative review of the process.

**East of England Strategic Review of the Mount Vernon Cancer Centre**

NHS England East of England Specialised Commissioning Team and NHS London are undertaking a review of the Mount Vernon Cancer Centre (run by East and North Hertfordshire NHS Trust) at the Hillingdon Trust in north London. The aim is to organise services in ways that provide the best modern care for patients, including access to research trials and new technology and treatments, from good quality buildings and facilities.

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The Mount Vernon Cancer Services review has moved into phase 2 following a pause due to Covid-19. The pause, which was necessary to allow clinicians to focus on the immediate challenges Covid-19 presented has pushed the timeline back by around 6 months. However, planning for patient and staff engagement has now begun in earnest. This includes:

- **Communications and Engagement Workstream**
- **Virtual patient engagement events**
- **A Patient Reference Group** has been proposed to explore how patient feedback has influenced the options that are developed. Local Healthwatch will be asked to nominate patient representatives proportionate to the percentage of Mount Vernon patients from their area.

### Enter and View visits

These are currently on hold due to the pandemic and the restrictions on face to face activity and visiting in general.

### Volunteering

We continued our regular bi-monthly newsletter communication with volunteers, including invitations for them to take part in some of the above-mentioned projects. We also completed the induction process for one of our volunteers who had not quite completed the process before lockdown.

## 4. Holding commissioners and providers to account and partnership working

*Please note, as would be expected, many meetings took place via Zoom or MS Teams during the quarter and unsurprisingly there was a focus on both the impact of the pandemic and plans for recovery and restart of services. We have used the term meetings - these were all virtual during this period.*

**Herts Valleys Clinical Commissioning Group** - We held our regular meeting with the Chair and Managing Director of the Clinical Commissioning Group. The meeting explored management of Covid-19, achievements and lessons learnt and the importance of effective partnerships between the NHS, Social Care and the Voluntary Sector. The meeting also plans for recovery and challenge of the winter ahead and concerns about mental health and frailty. The meeting was followed up with a separate meeting with the Managing Director to look at particular commissioning decisions.

**East and North Herts Integrated Partnership Board** - We were contacted by the Development Director of the East and North Hertfordshire Integrated Care Partnership to ask us to be members of the new Integrated Partnership Board, to lead on ensuring patient involvement and to co-chair the engagement strand of the Partnership's activity.

**West Hertfordshire Hospitals Trust** - During the quarter our meetings with the Trust have explored the impact and management of Covid-19 including issues such as visitor arrangements and equal treatment of Covid and non-Covid patients. We have also had regular conversations with the Deputy Chief Executive and the Director of Communications about the latest stages of Trust redevelopment. In addition, we have been involved with the work of the new reference group to help ensure an open and supportive process for patients to be heard.

The Trust was very keen to restart our co-production work with them and the Board held its inaugural meeting in early August. More detail is provided in section 3.



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**East and North Herts Hospital Trust** - During the quarter we had regular contact with the Trust including conversations with the Director of Nursing. Amongst items covered were how the Trust is encouraging take up of its services and raising some concerns about how maternity services were managed during lockdown.

**Princess Alexandra Hospital NHS Trust** - As key stakeholders in the new hospital development, we and our colleagues from Healthwatch Essex were involved to represent the patient perspective in the range of stakeholder interviews taking place.

**Herts Partnership University Foundation Trust (HPFT)** - As in the previous quarter we have had regular contact with the Director of Service Delivery and Service User Experience. This has included discussing how the Trust managed during the pandemic with increasing concerns about people's mental health, and raising issues we heard about from patients regarding issues such as premature discharge, the effectiveness of dual diagnosis services, and communications from the Trust

**Hertfordshire Community Trust** - Our meeting with the Director of Nursing covered the challenges for, and achievements of, the Trust during lockdown and ways of providing services such as the 'digital first' approach. We also discussed how the Trust was managing services to patients with specialist needs and vulnerable groups generally. In addition, we raised a number of signposting issues including diabetic podiatry, eligibility for 'step 2' CAMHS services, and district nursing.

**Central London Community Healthcare NHS Trust** - We held our first meeting with the Associate Director of Quality to discuss the approaches the Trust took to effectively manage the response to Covid. We discussed the progress made in the first year of the Trust running the Adult Services contract in the west of the county. Plans for further involvement of patients which have been delayed as a result of the pandemic were also covered.

**East of England Ambulance Service Trust** - We met the Chief Executive of the Trust and discussed the challenges for the Trust during the pandemic including the increased workload because of 'staycations', staffing levels and PPE. We also covered progress on the Trust's transformation programme and we were informed about the CQC inspection which was subsequently published in September

**Hertfordshire County Council (HCC) - Social Care** - We met with the Executive Member, Director of Adult Social Care and senior members of his team to discuss a number of issues including the latest position on care homes and home care, restart and patient/service user perspective and the sustainability of the care system. We also covered our interim survey findings. The Interim Director of Adult Social Care attended our Strategic Board Meeting in September to outline plans for the winter, learning from Covid, and the need for the contribution of the care sector to be properly recognised.

Our regular meeting with the Assistant Director for Health Integration included: ensuring 'humanising' the restart of services, learning from patient experiences during the pandemic, and effective ways of working where service delivery is predominantly virtual.

**Hertfordshire County Council (HCC) - Public Health** - Our meeting with the Executive Member and Director of Public Health focussed predominantly on Covid issues. These included the disproportionate impact of the virus on the BAME and other communities, the prevalence of cases within District Council areas, and measures put in place to reduce the

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risk of infection. We highlighted messages from our surveys about the importance of communication with patients as demonstrated in our survey results.

**The County's Community Reassurance Cell (CRC) and work with District Councils** - One impact of our recent survey work has been to strengthen our relationships with new partners. For example, the Chair of the County's Community Reassurance Cell (CRC) invited us to speak at the Community Reassurance Cell Leadership Group meeting on our survey work, how this helps with the learning from the pandemic across the county, and the ways it complements the surveys done on behalf of the Cell.

**Covid-19** - We have maintained a Covid-19 Holding to Account Log and Changes to Local Delivery Monitoring Log, which we regularly update and review.

**Healthwatch England** - We chair the Regional Network meeting of Healthwatch and held regional meetings virtually in August which included: sharing how local Healthwatch have managed responses to Covid, how we have worked with the NHS, Social Care and the voluntary sector locally, and how we plan to provide our services in future. The meeting also focussed on access to dentistry and cancer services.

As well as this, we were interviewed by Healthwatch England as one of a small group of high performing Healthwatch organisations to discuss '*what makes for success*' for a local Healthwatch.

In addition to regional meetings, we offered informal advice and support to Healthwatch Essex. We also discussed patient access to primary care in Royston with Healthwatch Cambridgeshire and Peterborough.

**NHS East of England Citizens' Senate** - We met with the chair and a senate member to look at opportunities for partnership working and to enable the senate to promote Healthwatch.

**Voluntary and Community Sector partners** - We had enhanced partnership working with voluntary and community sector and provider organisations both strategically and operationally as a result of responses to Covid-19 (for example West Herts Hospitals Trust co-production work). We were also pleased to accept an invitation to join the Voluntary and Community Sector Covid Response Group and presented the interim findings of our Covid surveys to the group in July.

We have also been in contact with AgeUK in terms of our shared premises and short and long term ways of working.

**Hertfordshire & South Midlands Quality Surveillance Group** - We continue to attend this meeting, which includes Regional health and social care leads in NHS England, Public Health England, Health and Justice NHS England, NHS Improvement Clinical Commissioning Groups and the Care Quality Commission.

**Covid-19 to Reset** - We continue to maintain a 'Covid-19 to Reset' Holding to Account Log and Changes to Local Delivery Monitoring Log and have regular 'holding to account' reviews of the latest concerns and information and feedback from signposting and surveys.

Access to dental appointments has become a key area of concern not only for Hertfordshire but also for other local Healthwatch in the region. This concern has prompted regular East of England meetings between NHS England/Improvement and local



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Healthwatch. These meetings have been scheduled until December 2020 at the earliest, with the aim of keeping abreast of issues and actions taken to improve dental services as a whole.

**5. Budgets & Finance (Budget sheets; reasons for any significant under or overspend, as well as highlight any findings/issues which may impact on this contract)**

Healthwatch has regular meetings to discuss the financial position. Although the revenue generated shows £34k, part of these charges will be spread across financial year 2021/22. Therefore, it is likely that it will be £24k for this year. This will be adjusted as the negotiations take place.



Management  
Accounts Quarter 2