

Our Year 2023-24






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Message from our Chair

Our achievements this year and upcoming challenges

The story of health and social care across the country and here in Hertfordshire continues to be one of significant challenges. People are stuck on waiting lists with delays to care, record numbers of us are being diagnosed with long-term illness and mental health problems, and social care struggles to keep up with need.

Add to this the continuing effects of the Cost of Living Crisis and it becomes clear that our role as a link between people in Hertfordshire and those who organise and deliver our health and social care services remains vitally important.

I'm proud to be part of an organisation that is both realistic about the scale of the task and optimistic about our ability to tackle it.

"As a Commissioner, I have found real value in involving our local Healthwatch alongside other voluntary, health and care partners in developing the new service specification. Healthwatch plays a pivotal role in representing the views of the public, ensuring that these views feed into improving our local health and care outcomes. [...] Healthwatch Hertfordshire [...] maintained their position as an independent voice providing feedback to jointly identify gaps for improvement whilst using evidence gathered through their research and engagement activities to hold our health and care systems to account."

Susan Ebanyat, Development Manager, Adult Care Services, Community & People Wellbeing Services, Hertfordshire County Council

By listening to what people tell us – particularly, and increasingly, those who are seldom heard – we continuously work to improve the system for everyone who needs it. This year's annual report shows how we've delivered real impact and how decision-makers across the health and care system continue to recognise and value our contribution.

During the past year, we have researched and published a record **10 reports** looking at everything from primary care access to visiting loved ones in care homes. The feedback we've gathered and the recommendations we've made are now being used to guide health and social care for the future. Read about the impact we are having on **pages 11-19**.

Our Signposting service is the busiest it's ever been and provides insights into a vast spectrum of issues that our research work alone cannot capture. It also helps us know where to focus our research activities and enables us to identify challenges that need to be addressed through our holding to account role. Read more about how we do this on **page 20-22**.

Delivering the health services we need in Hertfordshire depends upon having much better facilities than the cramped and crumbling buildings in which too many clinicians are struggling to provide care. The promised new buildings will eventually make a substantial improvement to healthcare across Hertfordshire, but we will continue to be vigilant about potential delays and to ensure people's views are sought and listened to as plans develop.

In the meantime, our focus is to make sure existing services deliver improved experiences and outcomes, including by supporting the monitoring of how the Hertfordshire and West Essex integrated care strategy is being implemented.

Amplifying the public voice amid the conflicting priorities and demands of the health and care system is challenging, but our small team make a huge impact through their hard work, skill and dedication. It was wonderful to see Healthwatch England recognise this with a commendation in its national impact awards.

"The local authority commissioned Healthwatch to carry out research to better understand how the support and information service was working. [...] the local authority listened and took action following their feedback."

Report on Adult Care Services by the Care Quality Commission

I want to record the huge contribution of my predecessor, Steve Palmer, who died in February. Steve set a great example in the Chair and I will do my best to live up to his standards in supporting our dedicated Trustees to undertake their crucial role, including as we welcome a number of new colleagues to the Board, adding further to our diversity of backgrounds and expertise.

This is also the last annual report before we say farewell to our incredible Chief Executive, Geoff Brown. For over a decade, Geoff has made an immense contribution to our work on behalf of Hertfordshire's communities, to the wider health, care and voluntary sectors and to the Healthwatch network. I have also really appreciated his personal support and wise advice.

I'm looking forward to next year's report setting out the further progress our team will have made following the arrival in September of Geoff's successor, Ivana Chalmers.

Under its new leadership, our staff team will continue to operate in a tough external environment – but from the solid platform of a record of achievement and a longer-term contractual commitment from our Commissioners.

My thanks for everything recorded in this report go to the staff team, my Board colleagues, our volunteers and partners – and to everyone in Hertfordshire who's shared their story with us to make it all possible.



A handwritten signature in black ink that reads "Neil Tester". Below the signature is a long, thin horizontal line that tapers at both ends, serving as a decorative underline.

Neil Tester
Chair
Healthwatch Hertfordshire

Our Year in Focus

Listening, caring and addressing issues that impact people's health and wellbeing

Last year we talked about a ray of hope in Hertfordshire with plans on the horizon for Primary Care Transformation. The new year brought with it improvements, more system changes and different challenges.

We have seen increased demands on mental and physical health services and with that, a growing pressure and understanding of the needs of patients and ways to address them. New systems and solutions have the potential to transform services, though they often require a cultural shift. For example, the implementation of new GP telephony across the area addresses a major headache for patients but success depends on equitable approaches, flexibility and the ability to adapt to new ways of working – which is still work in progress in some places.

Our reputation for quality research and insight across the system remains strong and our work programme has concentrated on addressing some big issues such as how the Cost of Living Crisis affected people living in Hertfordshire and shining a light on a range of other 'less talked about' issues such as Sexual Health and Drugs and Alcohol services. Our work has been in high demand and regularly commended for our listening and caring approach. Read about these projects on **pages 11–14**.

We continued to have a vital role and relationship with the Integrated Care System, in particular at a Health and Care Partnership level. Our relationship with Hertfordshire providers remains key to ensure patient experiences are heard and improvements made.

As part of their Primary Care Transformation Programme, the Hertfordshire and West Essex Integrated Care Board continued to commission our services to hear patient views on services they deliver, with a focus on how improvements can be made. Research projects this year range from GP Support for People with Learning Disabilities and Heart Health, to Autism Health Checks and The Menopause. Find out more on **pages 15–19**.

Our focus on monitoring and sharing the impact of our work paid off this year and we received a national accolade from Healthwatch England for our research into the Cost of Living, which led to local mental health services teaming up with money advice specialists to help those struggling both financially and emotionally. You can find out more about this on **page 12**.

We continually provide feedback, robustly challenge providers and hold them to account where required and last year we met with health and care leaders on more than 200 occasions – an increase of over 100% compared to the previous year – to highlight issues raised by patients.

Demand increased for our trusted and valued signposting service, through which we gather evidence on patient experience, represent the patient voice and help people access necessary health and social care. Issues of concern this year included both primary care such as GP and dental access and secondary care, for example concerns about hospital waiting lists and emergency treatment.

Strategically we have a pivotal role within the Health and Care Partnerships for the lead we take in coproduction and involvement. This brings even more opportunities for us to enable people's views to feed into the planning and running of local services. You can read more about our work involving communities to improve services on **pages 20–22**.

Health inequalities continue to be a major concern and our role to address this across the system is embedded in all our work. By championing equity, diversity and inclusion we aim to help services reach all parts of the community.

This year's annual report focuses around the same three overarching themes as last year:



Tackling the big issues – highlighting how the Cost of Living Crisis has affected finances, lifestyle, physical and mental health and access to healthcare for people in Hertfordshire.



Making care fairer – shining a light through our research projects on issues ranging from heart health to the menopause.



Involving communities to improve services – providing forums for a broad range of voices within communities to help shape and improve local health and care services.

We also have had the opportunity to help shape policy and improve services through our seats on Hertfordshire Health and Wellbeing Board and the Hertfordshire and West Essex Integrated Care Partnership Board, as well as through our work with the Hertfordshire County Council Health Scrutiny Committee.



How we've made a difference throughout the year

Reaching Out



10,136 people shared their experience of health and social care services with us, helping to raise awareness of issues and improve care.

53,394 people came to us for clear advice and information about topics such as mental health and the Cost of Living Crisis. This is a near 20% increase on last year.

Making a difference to care

We published **10 reports** about the improvements people would like to see to health and social care services.

Our most groundbreaking report was **Cost of Living: The Impact on Hertfordshire Residents**, which highlighted the difficulties people were experiencing with their mental and physical health because of financial challenges and how this impacted their ability to access local health and social care.



Making your voice heard

We continually provide feedback, robust challenge and hold to account where required and last year we met with health and care leaders on more than **200** occasions throughout the year to highlight issues raised by patients.

Addressing health inequalities

Our Research and Engagement programme focussed on **addressing health inequalities** across Hertfordshire. As an organisation we have been reflecting on how best to respond to developing needs through our recruitment of staff and trustees.





The Way We Work

As Hertfordshire's independent health and social care champion, our role is to help improve NHS and social care services for everyone and address inequalities across the system. We make sure NHS leaders and other decision makers hear people's voices and use their feedback to shape and improve care.

We aim to understand the needs, experiences and concerns of people who use health and social care services and speak out on their behalf. By providing robust challenge and **holding the system to account**, we work to get services right for the future and ensure that people's worries and issues are addressed.

Through our innovative **research and engagement programme**, we encourage people to share their views and lived experiences. Using this evidence and knowledge we make recommendations to NHS and social care leaders, demonstrating how lived experience can have a positive impact on the redesign and improvement of local services.

For people struggling to access healthcare, who feel lost and don't know where to turn, we provide confidential support and free information through our **signposting service** to help everyone access, understand and navigate the health and social care system. The experience and data we collect using this service provides a uniquely valuable source of information.

As a result of the **impact** we are making, our reputation and influence continues to grow both strategically across the system and operationally in our seldom heard communities. By meeting with health and social care leaders on a regular basis we can assess findings together, highlighting issues raised by patients, service users and the public. This allows us to help shape service improvements and outcomes. We also work closely with voluntary, community and faith organisations to help design service improvements and ensure that all voices are heard.

Working in the Integrated Care System including with Health and Care Partnerships has created more opportunities for us to feed people's views into the planning and running of local services. By championing equity, diversity and inclusion we aim to help services reach all parts of the community and recognise different perspectives.

As part of the wider Healthwatch network, we share information and contribute to initiatives with Healthwatch England and the Care Quality Commission, which helps us to have an impact across the County and help shape the national agenda.

Our Governance

Our Healthwatch Board consists of [eleven members](#) who are all volunteers and were appointed because they brought a mixture of skills and knowledge of health and social care. They provide direction, oversight and scrutiny to our activities, ensuring that we fulfil our legal and statutory obligations and that we use our resources wisely.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local communities.

Throughout 2023/24 the Board met six times and made decisions on matters such as how the organisation should prioritise its use of resources and ensure a focus on addressing health inequalities. Board Members also worked on determining the strategy for the next four years.

Public involvement also impacts on our work programme. For example, hearing about patient experiences of accessing GP practices through signposting ensured a focus on both holding the system to account and assessing the effectiveness of the reforms to primary care. Feedback from disadvantaged communities about why they would or wouldn't get involved in NHS research led to us undertaking further in-depth work to understand the reasons underlying this, enabling the NHS to address these. Hearing people's struggles with the Cost of Living Crisis remained a catalyst for action, which was taken up by services to provide additional support.





Tackling the big issues

Making an impact in the Cost of Living Crisis

Our research on the Cost of Living Crisis was one of the first to explore the impact of the crisis on local residents. More than 7000 Hertfordshire residents shared how the rising cost of living was impacting them, their families and their communities. **Our work has impacted local health and social care services as they navigate these challenges.**

What did people tell us?

- **9 in 10** Hertfordshire residents had been impacted by the crisis.
- **55%** said their mental health had been negatively affected.
- **32%** said their physical health had been negatively impacted.
- **45%** said their access to healthcare had been affected.
- Some groups were disproportionately affected including single parents, people aged under 54, carers, people with a long-term condition, people from an Asian or Black ethnic background, and people with disabilities.

“Excellent work. HW Hertfordshire [...] provided significant insight for national influencing work we have done on cost of living.”

**Louise Ansari, Chief Executive,
Healthwatch England**

“I need my prescription but I have to choose whether I pay for that or if I use that money for food. Food and feeding my family have to come first.”



How we made a difference for Hertfordshire residents

We shared data to ensure the right decisions were made.

We shared data with Hertfordshire County Council's Cost of Living Response Group on a bi-weekly basis so they could use our real-time feedback to target support. Examples included using our data to look at how to increase awareness and uptake of local service provisions such as warm spaces, helplines and food banks.

We advised where to direct more than £82,000 of community support.

Our work has been used to develop Hertfordshire County Council's Life Changes Programme which supports disadvantaged communities in addressing issues such as food insecurity and health inequalities. As of Autumn 2023, a total of **£82,000** had been provided to a range of community organisations, including Herts Welcomes Refugees, Angels support groups and Women of Grace.

We enabled the Money Advice Unit to allocate more than £700,000 to those hit hardest.

Hertfordshire Partnership University NHS Foundation Trust (HPFT) partnered with Hertfordshire County Council to develop a joint initiative to help people accessing mental health services to also get help and financial support. The mental health service has made **377 referrals** to the Money Advice Unit, resulting in people being able to access over **£600,000** of benefits they were entitled to and one-off payments and benefits amounting to over **£100,000**.

We provided our data to the NHS to help them support patients and staff.

For patients, the NHS has created warm spaces, trained staff on how to signpost patients with financial concerns and set up Cost of Living webpages with a list of local resources.

For staff, initiatives have included access to food bank vouchers, subsidised stores in hospitals, free counselling, psychological support and physiotherapy and financial wellbeing leaflets and webinars.

How we made a difference: Paul's story

Paul* was receiving treatment and support for depression and stress from mental health services. He was homeless, underweight and suffering with gastrointestinal issues. He struggled to collect medication from the pharmacist. The Department of Work and Pensions (DWP) saw Paul as fit to work. He missed appointments at the job centre because notifications went to an email account on his mobile which had no charge or credit. This led to his benefit being stopped.

The Money Advice Unit adviser organised an £80 supermarket voucher for food so that he could use his benefits to pay his phone bill. Unfortunately, it was too late: a second benefit sanction was applied. The adviser helped Paul to challenge the sanction and get medical evidence to show that he was unfit for work and the DWP were chased up to make a hardship payment. A foodbank voucher, hygiene products and help with his housing application were all provided.

A month after the adviser challenged the first sanction, the DWP overturned both sanctions and reimbursed Paul £690 in unpaid Universal Credit. With his income restored and stable, he now has the option of paying for a bed in a hostel. This frees up time for him to collect prescriptions, eat more healthily and make efforts to find more stable accommodation.

Everyone deserves to be heard.

*Name changed to preserve anonymity.



Local health and care providers respond to our questions following the Letby verdict

Following the tragic events at the Countess of Chester hospital and the trial of Lucy Letby, people using health services across Hertfordshire needed to know similar incidents would be prevented by all providers.

To find out what actions were being taken we wrote to **6** local NHS Trusts and the Hertfordshire and West Essex ICB. They all responded and a Healthwatch Hertfordshire Report capturing their responses was published. The report can be accessed [here](#).

Positive actions linked to the widescale adoption of the revised NHS England [Freedom to Speak up Policy](#), reinforcing the roles of Freedom to Speak up Guardians and Ambassadors, and implementing changes to support staff who may have cultural barriers to speaking up.

We will hold services to account and monitor progress against new and proposed measures.

Let's talk about sexual health

Diagnoses of sexually transmitted infections (STIs) are rising across many demographics. To ensure everyone has easy access to the tests and treatments they need, we partnered with Public Health at Hertfordshire County Council to explore public understanding of sexual health and access to sexual health services.

Hertfordshire adults generally have good access to local sexual health services. However, some faced barriers to access, with Asian respondents as well as gay and bisexual males being the most likely to face barriers. Our research also indicated a need for more information about infections, prevention and testing, as well as clinics in more discreet locations and additional online services.

Our impact

Hertfordshire Public Health were grateful for the report, which will inform Hertfordshire County Council's **Sexual Health Delivery Plan**.

- Hertfordshire County Council will collaborate with commissioned sexual health services to incorporate the findings and other local data in the planning and delivery of support.
- The Council will additionally work closely with various organisations to develop new resources and streamline testing services, addressing gaps in knowledge around what is already available across the County.
- The findings also helped increase awareness of local STI testing services in the community.

"I'm disabled so travelling is difficult and so is self-testing."

"I keep trying to use the self-test kits but I can't collect enough blood from a finger prick. Either that or the test can't be carried out as blood has coagulated too much by the time the test is received."

"The Healthwatch research on local testing services for sexually transmitted infections (STIs) has been really helpful. The findings will help inform Hertfordshire County Council's Sexual Health Delivery Plan. The Council will collaborate with commissioned sexual health services to incorporate the research findings and other local data, in the planning and delivery of support to Hertfordshire residents..."

**Rob Bacon, Sexual Health Lead,
Hertfordshire County Council**





Making Care Fairer

Enabling the Integrated Care Board (ICB) to engage with ethnically diverse communities

Hertfordshire and West Essex's Integrated Care Board (ICB) undertook a project to improve the detection and management of Atrial Fibrillation, with a focus on engaging with ethnically diverse communities. We supported the ICB by completing an independent evaluation of the project, identifying examples of good practice as well as possible lessons, challenges and recommendations.

Findings from our evaluation are already informing how the ICB meets the needs of diverse communities.

The results will also be used to:

- Inform the ICB's action plan for tackling cardiovascular disease in at-risk communities.
- Engage with diverse communities about the health issues that affect them.
- Inform interventions that should take place with communities.
- Work with local stakeholders to increase awareness on the importance of partnership working and continuing to work with communities to achieve better health outcomes.

"Engaging with Healthwatch colleagues has supported the ICB Nursing & Quality team [to] gain additional patient perspective/insight on Health service provision from Primary, Secondary, Mental Health and Independent sectors. The communication of information supports identification of emerging or unresolved quality issues, that requires exploration with colleagues to help address."

Nadean Marsh, Assistant Director of Nursing and Quality, NHS Hertfordshire and West Essex ICB

“These are my legs – you cannot leave me without my legs!”

Our Signposting service was contacted by a wheelchair user who had been without a fully functioning, safe wheelchair since at least October 2022 when the local wheelchair services contract was passed between providers. There had been several failed attempts to replace the chair’s wheels.

Our Signposting Officer emailed the Deputy Director of Nursing and the Director of Nursing for the HWE ICB. They delegated the matter to a Patient Experience Manager (PEM). The PEM was told by the provider that repairs had been completed. The caller disputed this. We helped the PEM address the issue with the provider by requesting photos of the wheelchair, which were shared to show that the provider’s records were incorrect.

The caller updated the Signposter the next day that they had been called to arrange a new appointment. The repairs were subsequently carried out, and the caller thanked the signposting team for their help.



Our impact on local health services

Commissioned by the ICB to support its transformation programme, we have been researching key issues to help transform local primary care services. **In the last year we have spoken to over 1,350 Hertfordshire residents about their primary care experiences.** Our reports and findings are already prompting action.



Transforming community pharmacies

Respondents to our survey about local pharmacies said they were mostly pleased with the support they received from pharmacies, but there could be more promotion of what services were available and better communication with GP Practices. Our findings have prompted significant action from service providers.

- The ICB has launched a social media campaign highlighting the skills of community pharmacists and the services they offer.
- Community Pharmacy Integration Leads have been recruited to facilitate collaboration between GPs and pharmacies.
- Pharmacies have taken steps to more clearly display the services they provide.

“My local pharmacy is excellent, and I often go to them for help and advice.”

“Lack of knowledge of what is available. Every NHS GP, Urgent Care Centre, Pharmacy and Community Health service operate in a different and fragmented way. Patients don’t stand a chance of navigating this chaotic situation.”

Helping carers be heard

We conducted a survey of **more than 600 carers** which showed that, in many cases, the support received from their GP practice was inadequate, with over **30%** not being registered as a carer.

Our report and its recommendations impacted local initiatives like the highly successful Hitchin and Whitwell Carer's Café, and also regional policy shifts. The Primary Care Board listened to our recommendations.



In their **Enhanced Commissioning Framework**, the Primary Care Board has committed to:

- Each practice having a Carer Champion
- Proactively identifying carers and integrating this into clinical records
- Offering carers health checks and signposting to social prescribers
- Targeting wellbeing offers at carers
- Giving carers strong voices in Patient Participation Groups
- And taking steps with voluntary and community groups to combat exclusion amongst all groups, including carers.

"I feel that telling the surgery that I am an unpaid carer will not change anything for me even though my caring duties impact greatly upon my own wellbeing, mental and physical health."

"I didn't realise it was something that I should do. I just assumed that if they knew I was caring for my elderly mother with Alzheimer's that was sufficient."

Listening to autistic adults

By speaking with **over 130 autistic adults**, we explored their experiences of accessing GP services and the barriers they may face.

Over **50%** faced barriers when making an appointment. Many find the process of making an appointment highly stressful and anxiety-inducing, while **66%** were not aware of reasonable adjustments and their right to receive this.

We made **9 recommendations** to the ICB. The Mental Health, Learning Disability and Autism Health and Care Partnership and Hertfordshire County Council's All Age Autism Coproduction Board have both used our findings to inform their workstreams. In the next year we will be working with Hertfordshire County Council to explore post-diagnostic support for autistic adults which will inform their All Age Autism Strategy.

"I often end up in A&E with much more serious health conditions which could have been initially dealt with at the GP had it been easier to get an appointment."

"I dread every time I have to contact my GP surgery. It's always a negative experience and always leaves me in tears."

Cervical screenings

We conducted a survey of **more than 230 women** sharing their experiences of cervical screenings. Though many had a good experience, significant numbers faced barriers and difficulties.

Thanks to our report and recommendations on cervical screenings, the ICB is taking action to improve.



- New toolkits for GP practices have been created to support them with advice, messaging scripts and making adjustments.
- A grant has been given to 11 Primary Care Networks (PCNs) to look at new ideas to promote cervical screenings.
- Hertsmere Borough Council have used our findings to inform their pilot in which they are phoning people who have not attended their cervical screening to make an appointment.

“Nurse performing the screening was very kind, gentle and I was made to feel at ease in what can be a very sensitive situation.”

“I felt uncomfortable and not at ease, it hurt, the nurse made comments during it that I felt were inappropriate.”

“We would like to thank everyone who took time to respond and want to let people know that we are always working to improve services. We have recently trialled a screening project in Hertsmere where people who have missed their latest cervical screening were proactively phoned and offered to make an appointment on the spot. So far outcomes have been positive. We also have new toolkits for practices to support them with advice and messaging scripts. It also gives top tips for making adjustments if these are needed. We will review all these recommendations and keep Healthwatch informed of progress.”

Avni Shah, Director of Primary Care Transformation, Hertfordshire and West Essex ICB

Enhancing GP support for people awaiting gender clinic appointments: a case study

We spoke with an individual whose GP surgery had refused to prescribe the recommended “bridging” prescription until their gender clinic appointment. This was because the GP contacted did not feel confident to prescribe safely. This was deeply distressing for the individual.

We raised this experience as a concern with the ICB Leads. As a result, a specialised training session was held for GPs in late-summer, providing useful information/support regarding the prescribing of “bridging prescriptions” for patients awaiting their first gender clinic appointment.

More ways we have made an impact

We address health inequalities by working with providers, patients, carers and communities.

We have shaped improvements to drug and alcohol support services.



In collaboration with Herts Viewpoint, Carers in Hertfordshire and Hertfordshire Public Health, we engaged with 75 service users and 22 carers to explore their experiences of recovery and reintegration with local drug and alcohol services. Hertfordshire Public Health have already started responding to our recommendations.

“Healthwatch Hertfordshire have put together an independent and comprehensive report [...] This will help inform and support strategic change, and improve access into treatment services and long-term recovery.”

Julia Fleming, Health Improvement Lead – Drugs and Alcohol

We have helped people get the healthcare they need.



We have spent more than **500** hours signposting, and represented the concerns of callers to those who provide services. We are working to **expand** our signposting capacity, so we will be able to do more work to ensure people get the services they require.

Alongside our signposting work, our team has made **110** research-based recommendations on how to improve health and social care in Hertfordshire.

We have enabled the NHS to improve experiences for international recruits.



Hertfordshire and West Essex Integrated Care Board commissioned us to engage with internationally recruited staff about their experiences of working for our local acute Trusts and living in the UK. Since we are independent from the NHS, internationally recruited staff felt comfortable sharing their experiences and concerns with us. We are now in the process of writing an independent review for the ICB which will include a number of recommendations for how they can improve the experiences of internationally recruited staff.



Involving communities to improve services

Patient involvement in action: helping to shape health and care services in Hertfordshire

Our role to represent the patient voice is at the heart of what we do and is built into our activities. We are making sure leaders and decision makers hear those voices and use that feedback to improve care for everyone.

We are committed to ensuring we obtain the views of people from diverse backgrounds who are not often heard. This year through our Cost of Living research we investigated how the crisis had disproportionately impacted certain groups and communities.

Through our research into GP access and the healthcare experiences of autistic adults, we worked with a range of local charities and community groups supporting people with autism to tailor our research.

We have also partnered with One Vision and community groups to inform our work on the cultural competency of home care services for ethnically diverse communities.

“With Healthwatch’s leadership, the co-production board supports [us] to embed the community, patient and public voice within its core business and transformation opportunities.”

Ros Nerio, Development Director, South & West Hertfordshire Health and Care Partnership

Community Assembly

Healthwatch Hertfordshire also chairs and manages the Community Assembly that supports East and North Herts Health and Care Partnership. This provides a forum for patient and community voices to be heard and to inform the Partnership Board. The Assembly also plays a pivotal role in providing opportunities for patients and carers to take part in transformation and other improvement activity.

The Assembly has explored some key issues, heard about exciting initiatives aimed at improving patient experience and had the opportunity to shape future developments including:

- An insightful overview of district-level partnership initiatives targeted at improving health in local areas. These initiatives are focused on place-based health inequalities. For example, a Homelessness Project in East Herts and a Mental Health in Young People Project in Stevenage focusing on the 5 Ways to Well-Being Framework. You can listen to young people talking about this [here](#).
- The [Heart Failure Service](#), which enables patients with heart failure to be monitored closer to home and benefit from earlier identification, diagnosis and management of their condition. Patients have access to a Consultant Cardiologist and specialist nurses alongside community nurses, care providers, hospices and a new direct access Echocardiogram pathway.

"I'm pleased to be one of the first to be part of a virtual ward for heart failure. The programme provides the reassurance of being closely monitored with the convenience of being at home, not having to travel for hospital appointments."

Virtual ward heart failure service patient feedback

Co-production

Through our co-production work, we influence strategic direction and service delivery plans to shape and improve local health and care services. We are immersed in several projects designed to ensure patient involvement – focussing on how this is embedded into health and care systems, plans and processes.

Since 2020 we have run and co-chaired the **Co-production Board at West Hertfordshire Teaching Hospitals NHS Trust**. The group has advised on projects to improve patient experience, including support for women in early pregnancy, helping children with asthma and reducing inpatient lost property. The Co-production Board's actions to improve carers' support and involvement in discharge led to Watford Hospital's Carers' Lead receiving the Commitment to Carers Award from the Royal College of Nursing.

We also run and co-chair the Coproduction Board at the South and West Hertfordshire Health and Care Partnership. The Board has supported with and advised on a range of transformation projects as well as local projects delivered by Integrated Neighbourhood Teams (INTs) to ensure the patient voice is included.



Research for All

In last year's Annual Report, we shared how we had been supporting the Hertfordshire and West Essex Integrated Care System (ICS) with its Research Engagement Network (REN). The first phase was a huge success. **Our work was shortlisted for a Clinical Research Network award for inclusive working.** The ICS received funding from NHS England to build on our success through a second research phase.

Phase two: What we found

We engaged with adults with learning disabilities, children and young people, and people with a lived experience of mental health and/or addiction. We worked in partnership with Herts People First, Viewpoint and the University of Hertfordshire's Young People's Advisory Group to hear from these communities.

"Black people, Asians, Latinos in the UK sometimes feel that joining research is not really a thing because of their ethnicity and being looked at differently..."

- Awareness of research opportunities needs to be improved, using a range of methods.
- Mistrust is a significant barrier preventing research participation. This is underpinned by concerns around privacy, previous experiences of discrimination, and challenges around feeling represented and included.
- Practical barriers such as time constraints, travel and location and financial concerns can stop people from taking part in research.
- Accessibility was a barrier for many – including language and communication barriers and lack of accessible information.
- Communities felt researchers lack cultural competency and are not proactive in welcoming and including diverse groups in research.
- Communities called for greater choice, accessibility, flexibility and cultural competency in research to enable more inclusive participation.
- Recruiting research champions could bridge the gap between communities and researchers.
- There was interest in being involved in a community-led research project to address specific needs and priorities.

"Healthwatch Hertfordshire has played a vital role in the Research Engagement Network programme within the ICS. Their Research and Engagement team have gone above and beyond [...] and will continue to be a vital partner [in] the ICS's ambition to make research more accessible to our residents."

Kevin Hallahan, Health Inequalities Lead, NHS Hertfordshire and West Essex ICB

Community Events

We have also worked with the ICS to host three community events to engage with diverse communities about their views on research. To address the suggestions and concerns raised by communities, the ICS has allocated funding to:

- Translate research materials into accessible formats.
- Develop a community-led research project.
- Recruit research champions.
- Advertise the Be Part of Research scheme in a range of community settings
- Allow researchers to hire community spaces and reward participants for their involvement.



Volunteering with us

We continue to focus on addressing the needs of Hertfordshire residents – particularly those who are disadvantaged and whose voices are less often heard. We recruit and enable people to support our work on a project-by-project basis. This approach enables us to engage and work with people with the right skills, experience and expertise, as and when required.

This year volunteers were involved with 2 large telephone mystery shop projects.

Helping to develop the [HertsHelp](#) service

Healthwatch Hertfordshire was commissioned by Hertfordshire County Council to explore how the HertsHelp independent support and guidance service responds to a variety of calls as part of a larger project to improve the service.

Based on the recommendations in our report, Hertfordshire County Council produced a 'You said, We did' response to show how they were using the information we provided to improve the quality of the service.

Transforming the NHS Community Trust Adult Integrated Care Coordination Centre

We were commissioned by Hertfordshire Community NHS Trust (HCT) to investigate the experience of people using the Adult Referral Hub for the Integrated Care Co-ordination Centre. This informed the HCT's 2023/24 Quality Account (a report about the quality of services offered by an NHS healthcare provider) and led to changes to ensure people using the service had a more welcoming experience.



Finance and Resources

Healthwatch Hertfordshire's budgets are drawn up annually and reviewed frequently. Each year our focus is on activities which enable patient and community voices to be heard.

Healthwatch Hertfordshire's core funding is set and supplied by our local authority Hertfordshire County Council. Our funding for 2023-24 was **£429,715**. In addition to Core Funding we received **£28,413** as a Core Contract Variation.

To meet the needs of the NHS and Social Care for specific and detailed patient and community perspectives on key themes, we are separately commissioned for a number of particular projects. This additional income helps ensure our long-term viability. In the year 2023-24 this amounted to **£58,297**. During this financial year we have also set up a Trading Arm, to ensure that additional income is clearly separate from our core contract.

We are also committed to using our resources wisely, and generated efficiency savings including employers' allowance, mobile phones, printing, room hire. These savings amounted to **£10,060** this year.

Detailed information is provided in our annual accounts.

Our Focus for the Year Ahead

This year, as highlighted in this report, we have continued our work to improve services for patients and ensure their voice is heard and acted upon by decision-makers across the system. Vitally, we are seeing evidence that this work has had an impact at a strategic level, such as identifying areas of need for targeted funding during the Cost of Living Crisis (page 12); on individuals (such as 'Paul', page 13); and in terms of service delivery (such as improving the accessibility of cervical screening; see page 18) This has been achieved thanks to our dedicated team, Board, volunteers and everyone who has shared their experiences with us.

Increasingly our work has been targeted where we can have most impact and where health inequalities are greatest. This will continue to be a key priority.

Through the forthcoming year, we will build on our success in delivering meaningful and impactful work.



Listening to and amplifying seldom heard voices

We will continue to focus on ensuring seldom heard voices are amplified by placing ourselves within the key forums and community networks. This means that voices heard less often can help to drive improvements in NHS and Social Care services and also that more people know about the services we offer such as signposting.

Addressing health inequalities

We will continue to ensure we are hearing as broad a range of views as possible in all areas relating to Health and Social Care in Hertfordshire. This year, this includes exploring further work around drugs and alcohol, refugees and asylum seekers, sexual assault referral clinics, end of life care and the transition between child and adult hospice care.

In addition, we have ongoing programmes looking at a wide range of themes relating to primary care and access to services. Exploring the particular challenges that some people face in using services highlights recurring themes that affect many people.





Monitoring and sharing our impact

Over the last year, we've developed a system to monitor the impact of our work. This year we will continue to build on this approach by ensuring feedback on the impact on people's lives and experiences is captured, in addition to changes within the system or service provision. We will use this information to enable people to see how they made an impact and also to help us understand where we can make the biggest difference for local people.



Ensuring financial sustainability

We will continue to ensure the financial sustainability of the organisation, building on our established reputation for high quality research. We will add to our success this year by continuing to generate revenue through commissioned projects and continue to seek opportunities to complement our core contract in this way.

As I look ahead to my retirement from this role, it has given me the opportunity to reflect on my time as Chief Executive of Healthwatch Hertfordshire and the difference we have made to people over the last 11 years. I have enjoyed working with colleagues across the system towards a shared purpose of driving improvements in Health and Social Care for people in Hertfordshire. I feel fortunate to have such an excellent team delivering services, and supportive Board, all with a deep commitment in terms of values and behaviours. I am proud that we have been able to improve things for people and to have created a strong base for the organisation to build on for the future. I look forward to handing the reins to our new Chief Executive Ivana Chalmers to take Healthwatch Hertfordshire forward.

To conclude, the final thank you as always must go to the people of Hertfordshire who trust us with their feedback to try and improve health and care across the County and beyond.



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Healthwatch Hertfordshire



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We ensure that this Annual Report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and promote through social media. If you require the report in another format, please [get in touch](#).