

1. Website & Social media (data broken down by media type/nr over the quarter)	
a. Number of web visits	5,502
b. Facebook reach	523
c. 'X' (formerly Twitter) followers	2,378

2. Number of groups HwH is represented on	
a. Total number:	55
Staff	36
Board	17
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

# <u>Hertfordshire and West Essex Integrated Care System (ICS) Research Network Development Programme</u>

## Objective and Project Aims

• To increase participation and diversity in research, with a particular focus on reaching seldom heard communities

#### **Target Population**

- General population
- Seldom heard groups

#### <u>Activity</u>

- Meetings with partners to discuss taking forward deliverables (October December)
- Continued support with project management of the programme (October December)

## <u>Public Health: Drugs and Alcohol Services – Children and Young People Workstream</u>

#### Objective and Project Aims

- To support Public Health in engaging with children and young people using drugs and alcohol services as part of its goal in implementing the National Drug Strategy
- To understand from children and young people how easy it is to access drug and alcohol services
- To explore the barriers to accessing support from drug and alcohol services
- To identify what could help children and young people in their recovery

#### <u>Target Population</u>

• Children and young people (aged 14-24) accessing drug and alcohol services

#### **Activity**

- Updated report in response to feedback from Public Health (October November)
- Meetings with Public Health to discuss publication of report (October November)



• Created public-facing report for external publication (December)

# <u>Public Health: Drug and Alcohol Services – Prison Leavers Workstream</u>

#### Objective and Project Aims

- To support Public Health in engaging with Prison Leavers as part of its goal in implementing the National Drug Strategy.
- To understand from prison leavers what encouraged them to access drug and alcohol services
- To explore the barriers prison leavers face in accessing support from drug and alcohol services
- To make recommendations to Public Health

## **Target Population**

Prison Leavers

#### **Activity**

- Updated report in response to feedback from Public Health (October)
- Created executive summary (October)
- Discussions with Public Health about next steps (December)

# <u>Public Health: Drug and Alcohol Services – Service Review Workstream</u>

#### Objective and Project Aims

 To support Public Health in engaging with people with a lived experience of using drugs and alcohol, carers and staff, with a specific focus on reviewing and improving service provision.

#### **Target Population**

- People with a lived experience of using drugs and alcohol
- Carers/loved ones
- Staff within CGL (Change, Grow, Live) and The Living Room

#### **Activity**

- Provided weekly updates to Public Health on survey progress (September)
- Closed survey (October)
- Analysed survey data (October)
- Shared themes from survey data with Public Health (October)
- Created draft report (November)
- Shared report with Public Health (November)
- Meetings with Public Health to finalise report (November December)
- Finalised report (December)
- Transcribed focus groups (October December)
- Analysed focus group data (October December)



## <u>Public Health: Drugs and Alcohol Services – Stigma Campaign</u>

#### Objective and Project Aims

• To support Public Health by launching a survey to gather public feedback on a proposed new website to reduce stigma and encourage access to drug and alcohol support.

## **Target Population**

- People with a lived experience of drug and alcohol use
- Carers/loved ones
- General population

#### **Activity**

- Finalised questions and launched survey (October)
- Provided weekly updates to Public Health on survey progress (October)
- Closed survey (November)
- Analysed survey data (November)
- Created draft report (November)
- Shared report with Public Health for feedback (November)
- Shared report with HwH CEO for feedback (November)
- Finalised report (December)
- Working with Public Health to plan and discuss communications and publication (December)

# <u>Public Health: Drugs and Alcohol Services – Co-Occurring Needs</u>

#### Objective and Project Aims

 To support Public Health by engaging with people with a lived experience of co-occurring needs to help improve partnership working and support across the system.

#### **Target Population**

- People with a lived experience of co-occurring needs
- Carers/loved ones

#### **Activity**

- Meeting to discuss topic guide questions (November)
- Updated topic guide questions (November)
- Meetings to finalise topic guide questions and discuss next steps (November December)
- Created participation information sheet and consent form (December)
- Finalised topic guide questions and forms (December)

## **Integrated Care Board International Recruits Review**

#### Objective and Project Aims



• To support the Integrated Care Board (ICB) by completing an independent evaluation exploring the experiences of internationally recruited staff across the three acute Trusts

## **Target Population**

• Internationally recruited staff

#### **Activity**

- Discussions with the Integrated Care Board about the publication of the report (November – December)
- Created communications website article, social media posts, emails to stakeholders (November)
- Published report (November)
- Presented report findings to the Integrated Care Board Sustainable Supply Committee (November)

# Phase Two: Primary Care Workstream - Online GP Services

#### Objective and Project Aims

 To explore public views and experiences of using online GP services to feed into the Integrated Care Board (ICB) Primary Care Workstream.

#### **Target Population**

General population

#### **Activity**

- Re-promoted engagement (October)
- Closed survey (October)
- Analysed data (October November)
- Created draft report (November)
- Finalised report (November)
- Shared report with Integrated Care Board for feedback (November)
- Shared report with HwH CEO for feedback (November)
- Created presentation slides for East and North Hertfordshire Health and Care Partnership Community Assembly and for Health Scrutiny Committee (November)
- Updated report in response to feedback (December)
- Presented findings to Health Scrutiny Committee (December)
- Shared report with HwH Board for sign-off (December)

#### Phase Two: Primary Care Workstream - Armed Forces Community

# Objective and Project Aims

 To engage with the Armed Forces Community about their experiences of accessing healthcare and how they could be better supported, to feed into the Integrated Care Board (ICB) Primary Care Workstream



## **Target Population**

Armed Forces Community

#### **Activity**

- Meeting with project leads to discuss scope and focus of project (October)
- Created topic guide questions and shared with project leads (October)
- Meetings with Integrated Care Board and project leads to agree methodology (November)
- Created communications social media posts, email to stakeholders (November)
- Launched engagement (November)
- Meetings with stakeholders to discuss obtaining support and buy-in (December)
- Administration of focus groups and interviews (December)
- Conducted interviews (December)
- Transcribed interviews (December)

# Phase Two: Primary Care Workstream - Oral Health/Dentistry

#### Objective and Project Aims

To be determined

#### **Target Population**

General population

#### Activity

Meeting with project lead to discuss scope and focus of topic (December)

#### **Integrated Care Partnership Monitoring Framework**

#### Objective and Project Aims

• To support the Integrated Care Partnership (ICP) in gathering lived experience and patient evidence to inform their Monitoring Framework.

#### **Target Population**

General population

#### Activity

- Created communication materials email to stakeholders, social media posts (October)
- Re-promoted engagement (November)
- Ongoing analysis of survey data (October December)
- Closed survey (December)

#### **Watford Home Care Inclusivity Pilot**

Objective and Project Aims



 To support Hertfordshire County Council in hearing from ethnically diverse communities living in Watford about their experiences of using home care, and barriers to using home care.

#### **Target Population**

• Ethnically diverse communities living in Watford

#### **Activity**

- Meeting with Hertfordshire County Council to discuss close of project, redirection and next steps (October)
- Organised final focus group with One Vision (December)

## <u>Integrated Care Board Pilot Checking Blood Pressure in Dental Practices and Opticians</u>

# Objective and Project Aims

• To support the Integrated Care Board (ICB) by engaging with Hertfordshire residents about their views on checking blood pressure within dental practices and opticians

# **Target Population**

Hertfordshire residents aged over 40 without a diagnosis of hypertension

#### **Activity**

Awaiting feedback from Integrated Care Board (October – December)

#### <u>Health Innovation East – Engagement on the Secure Data Environment</u>

#### Objective and Project Aims

 To support Health Innovation East by engaging with people with learning disabilities about the East of England Secure Data Environment

#### **Target Population**

· Adults with learning disabilities

#### <u>Activity</u>

- Finalised report (October)
- Working with Health Innovation East to discuss and plan communications and publication (December)

# <u>Refugees and Asylum Seekers: Supporting the development of the Hertfordshire County</u> <u>Council Partnership Strategy</u>

#### Objective and Project Aims

 To explore the key health and social care issues faced by refugees and asylum seekers in Hertfordshire

#### **Target Population**



• Refugees and Asylum Seekers based in Hertfordshire

#### **Activity**

- Stakeholder mapping to organise engagement opportunities (October December)
- Meetings with key stakeholders to organise engagement opportunities for the New Year (October – December)
- Created and finalised topic guide and engagement materials (November)
- Facilitated focus group with Ukrainian refugees (December)
- Transcribed and analysed focus group discussion (December)
- Attended Hertfordshire County Council Refugees Conference (December)

# **Support for Autistic Adults (Scoping)**

# Objective and Project Aims

• To support Hertfordshire County Council to explore post-diagnostic support for autistic adults and to support with the implementation of the refreshed All Age Autism Strategy.

#### **Activity**

• Meetings with Hertfordshire County Council to discuss next steps and finalise the Project Initiation Document (October – December)

# Smoke Free Hertfordshire (Scoping)

#### Objective and Project Aims

In scoping/discussion stage

#### **Target Population**

- · Residents who currently smoke
- Residents who are ex-smokers who have not engaged with Stop Smoking services
- Residents who are ex-smokers and have engaged with Stop Smoking services
- Friends and family of current and ex-smokers

#### **Activity**

- Meeting with Public Health to discuss involvement (November)
- Created and shared project proposal with Public Health (December)

## South and West Hertfordshire Health and Care Partnership Coproduction Board

# Objective and Project Aims

• To support the South and West Hertfordshire Health and Care Partnership to develop and launch a Coproduction Board

#### **Target Population**

Residents of the south and west areas of Hertfordshire

#### <u>Activity</u>



- Meetings to plan Coproduction Board meetings (October, November)
- Created and finalised Board agendas (October, November)
- Distributed papers to Coproduction Board members (October, November)
- Facilitated Coproduction Board meetings (October, November)
- Created and finalised minutes from Coproduction Board meetings (November, December)
- Organised working group sessions to discuss membership (December)
- Created draft agenda for January Coproduction Board meeting (December)

# East and North Hertfordshire Health and Care Partnership Community Assembly

#### **Objective**

The assembly is involved with the Partnership's strategic direction and provides a
collaborative forum for a broad range of voices to shape partnership activity. It plays a
pivotal role in providing opportunities for patients and carers to take part in
transformation and other improvement activity across the partnership.

#### **Project Aims**

To enhance opportunities for patient involvement across the Partnership

## **Target Population**

 Patients, carers, health and social care professionals, Voluntary, Community, Faith & Social Enterprise sector workers and other local people who are interested and invested in health and social care across East and North Herts.

#### Activity

- Attended the Partnership Board to discuss Involvement Plan (October)
- Meetings with internal and external Community Assembly team to discuss November agenda (October)
- Created draft agenda for November (October)
- Communicated and organised with presenters (October)
- Sent calendar invite to all Assembly members (October)
- Managed invite responses and updated spreadsheet (October)
- Created and scheduled social media posts and cards (October)
- Sent invitation to members and managed responses (October)
- Attended informal Partnership Board to discuss Involvement Plan (November)
- Liaised with Community Assembly team to cancel November meeting (November)
- Drafted February agenda (December)
- Liaised with Community Assembly team on February agenda and presentations (December)

## 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 Middlesex). 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.

## Activity

Attending the Strategic Review of the Mount Vernon Cancer Centre Programme Board monthly meetings throughout Quarter 3 in preparation for a Public Consultation, which may take place in May/June. (there are complex governance issues to go through as well as formal confirmation of the Watford Hospital new build from the New Hospitals Programme and potential finance source).

## **Communications Activity**

- Supported research team with Comms and social media to launch findings from the International Recruits Report
- Wrote and published Impact articles relating to care home visiting and METRO sexual health services (see links below)
- Discussions with Healthwatch England regarding use of Healthwatch brand and logos by Board members, to be included in Comms policies
- Sent Key Updates email to Board and representatives
- Assisted with promotion of NHS 10-year plan consultation and Pharmaceutical Needs Assessment survey
- Assisted Healthwatch Cambridgeshire with promotion of their digital health survey in Royston
- Type 2 diabetes, care experience and newsletter videos
- Comms growth strategy meetings with comms team and CEO
- Ongoing discussions with Integrated Care Board Comms relating to publishing Report findings
- Attended Integrated Care Board Comms meetings
- Wrote and published HwH hard copy newsletter and e-newsletter
- Ongoing monitoring of social media platforms to promote our key messages and engage with followers
- Continued reviews of HwH website and Google Analytics
- Supporting local charities, Healthwatch England initiatives, local Councils and NHS/social care organisations via social media
- Healthwatch England Workplace monitoring
- Ongoing monitoring of media stories relating to HwH and issues in general that may be relevant to our work

#### **Website Articles**

 https://www.healthwatchhertfordshire.co.uk/news/2024-10-15/good-awareness-type-2diabetes-across-hertfordshire



- <a href="https://www.healthwatchhertfordshire.co.uk/news/2024-10-31/our-impact-easing-visiting-restrictions-after-pandemic">https://www.healthwatchhertfordshire.co.uk/news/2024-10-31/our-impact-easing-visiting-restrictions-after-pandemic</a>
- <a href="https://www.healthwatchhertfordshire.co.uk/news/2024-11-15/what-did-international-recruits-tell-us-about-working-local-nhs-hospitals">https://www.healthwatchhertfordshire.co.uk/news/2024-11-15/what-did-international-recruits-tell-us-about-working-local-nhs-hospitals</a>
- https://www.healthwatchhertfordshire.co.uk/news/2024-11-28/stories-frontlinehealthcare-and-armed-forces-community
- <a href="https://www.healthwatchhertfordshire.co.uk/news/2024-12-09/our-impact-metros-sexual-health-events">https://www.healthwatchhertfordshire.co.uk/news/2024-12-09/our-impact-metros-sexual-health-events</a>
- <a href="https://www.healthwatchhertfordshire.co.uk/news/2024-12-11/help-shape-future-nhs">https://www.healthwatchhertfordshire.co.uk/news/2024-12-11/help-shape-future-nhs</a>
- <a href="https://www.healthwatchhertfordshire.co.uk/news/2024-12-17/what-should-i-do-if-im-unwell-or-need-help-over-festive-period">https://www.healthwatchhertfordshire.co.uk/news/2024-12-17/what-should-i-do-if-im-unwell-or-need-help-over-festive-period</a>

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

Please note, most meetings continued to take place virtually during the period, though a number are now 'face to face' or hybrid. This report begins with our roles around patient leadership at a strategic level, then listing meetings with commissioners, providers and partners and summarising key themes covered.

Hertfordshire and West Essex Integrated Care System (ICS) – The Integrated Care Board (ICB) and Integrated Care Partnership (ICP) remain major drivers for our activity and provide further opportunities to be involved around: patient experience, service quality and equalities and diversity. Healthwatch is seen by the Integrated Care System as a key organisation, and we have again been heavily involved in work strands and meetings. The move towards greater delegation to Health and Care Partnerships (HCPs) provides further opportunities, including new meetings to attend, though work is still needed to develop strategies and new ways of working. Governance change has impacted on models of involvement and coproduction. Activity has included:

- Regular meetings with the Primary Care Transformation lead and the team that supports the change, working on research topics about GP access and dentistry.
- Six-weekly meetings with the Nursing and Quality Team across the Integrated Care Board
  to raise issues from signposting and research. These meetings have proved an excellent
  way for us to raise concerns and the Integrated Care Board have been very responsive in
  taking action to address these.
- Regular attendance of the Integrated Care Board and Health Inequalities Communities of Practice Forum. Continued to develop and promote public engagement for survey monitoring progress on the Integrated Care Partnership Framework in terms of people's experiences.
- Contributed feedback to the Integrated Care Partnership priorities on addressing Childhood Obesity
- We continue to participate in the System Quality meetings for AJM Wheelchair Service.
   We understand that improvements to their communications methods have reduced complaints and AJM are working to reduce the long waits experienced by patients.
- We have joined the Board's Quality Improvement Network and completed a Quality
   Improvement Impact self-assessment to help the Integrated Care Board understand



where they are in their improvement journey and to create a culture of continuous improvement, learning and innovation across our System.

- We continue to stay in touch with the MSK provider Circle, given historical and ongoing
  issues of backlog and communication. Met with a Senior Commissioning Manager at the
  Herts & West Essex ICB to discuss ways in which coproduction methods can support the
  review of this service.
- Meeting with the Health Inequalities Lead and the Head of Community Resilience, Herts and West Essex Integrated Care Board to discuss ways in which Healthwatch can focus on health inequalities in its next phase of work
- Met with a project manager in Children's Comissioning at the ICB to discuss ways in which we can support their work on bringing children's voices into end of life care improvements

<u>South and West Herts Health and Care Partnership (SWHHCP)</u> – Our involvement with the partnership continues to be extensive, encompassing our lead role on coproduction across the partnership. During the quarter, work has included:

- Meetings with the Chief Responsible Officer to discuss patient voice and engagement,
- Meetings with Director of Development to support the continued coproduction activity across South and West
- Attendance at and reviewing of papers for the Board

**East and North Herts Health and Care Partnership (ENHHCP)** – We also have extensive involvement with the partnership in the east and north of the county. This includes:

- Membership of the Board's group addressing health inequalities that meets monthly, as well as looking at the role of Healthwatch to evaluate work to address inequality.
- Membership of the Care Partnership's Quality and Performance Committee.
- Attendance at and reviewing of papers for the Board
- Working with the interim lead on partnership activity around coproduction activity across East and North.

#### **Meetings with Service Providers**

The meetings allow an important opportunity to raise issues from our research and signposting and the NHS and Herts County Council have been very receptive to feedback as to how their services need to be improved. These meetings also covered: finance, system pressures, patient and community involvement, and our research programme and its findings. These meetings complement the meetings with senior commissioning staff mentioned above.

### West Hertfordshire Teaching Hospitals Trust -

In the period, activity has included:

- An introduction meeting for our new CEO with the Trust CEO, Chief Nurse and Chief Strategy and Partnerships Officer, at Watford General Hospital.
- Meeting with Chief Executive and their outgoing Chair of the board on how Healthwatch can best bring the patient voice into their decision making
- Meeting with their Chief Nurse about cases from our signposting



 Meeting with their Director of Governance, Deputy Director of Nursing Quality and Safety and their Lead Nurse on patient experience about the trust's approach to patient involvement and engagement in the SWHHCP coproduction board

Meeting with their Chief Strategy and Partnerships Officer about the move to place level patient engagement

#### East and North Herts Trust -

We participated in one of the audits at the Lister Hospital, East and North Hertfordshire NHS Trust, that covered the Acute Medical Assessment Unit and Acute Cardiology Unit, as well as tasting the food that patients were receiving on the units. The visit was well run and was open and transparent incorporating all the views from the volunteers and staff.

- Other meetings we attended:
  - Meeting with the Chief Executive and Chair about ways in which Healthwatch can best bring the patient voice into their decision making, including a more active role on their annual business cycle
  - Attending the public trust meetings and reviewing papers

# <u>Hertfordshire Partnership University Foundation Trust (HPFT) and The Mental Health, Learning Disability and Autism Health and Care Partnership</u> -

During the quarter, our contact with the Trust included:

- Continued membership of the Mental Health and Substance Use steering group; we attended 2 meetings, including a workshop event.
- Meeting with their Chief Executive, Chief Nursing officer and Chief Operating Officer to improve ways of working and holding to account going forward
- Meeting with the Chief Nursing officer to set agendas for upcoming meetings

## **Central London Community Healthcare NHS Trust**

During the quarter, our contact with the Trust included:

• Introductory meeting with the Divisional Director of Nursing and Therapies at the Trust to discuss ways of working and how Healthwatch can continue to champion patient voice.

# <u>Hertfordshire Community NHS Trust (HCT)</u>

During the period, we:

- Attended the Trust's Health Inequalities Community Engagement Group
- Attended 2 meetings of the Engagement and Involvement Priorities Task and Finish Group
- Met with the Chief Executive to discuss ways in which patient voice can be more strongly brought to their decision making, and the opportunities in the system that enable this
- Met with the Director of Nursing and Quality to share our signposting cases

#### **Circle Health Group**

During the period, we:

Met with their GP Engagement and Community Integration Lead/ Freedom to Speak Up
Guardian to understand the progress since their beginning, and how they're working with
their comissioners and others to improve and maintain standards provision.



# Cambridgeshire and Peterborough Integrated Care System (ICS)

Our work with Cambridgeshire and Peterborough during the period included membership of the Royston Infrastructure Steering Group and attendance of regular meetings. However, the meetings scheduled during this period were cancelled to allow a number of key meetings to take place before next steps would be agreed for this group.

# Hertfordshire County Council (HCC) - Children's Services

During this period, we:

 Met with the Executive member for Children's Services and the Executive Director, to discuss the challenges and concerns about services provision across Hertfordshire

# <u>Hertfordshire County Council (HCC) – Adult Social Services</u>

During the quarter, activity included:

 As a member of the Hertfordshire Safeguarding Adults Board, attended 2 meetings, including a work planning day, where priorities for 25/26 were agreed. In line with the priority of safeguarding asylum seekers, we liaised with the Board leads to incorporate key questions about safeguarding in our planned engagement with refugees and asylum seekers.

We also had meetings with:

- Our primary contact, Development Manager| Adult Care Services| Community & People Wellbeing Services, on two occasions
- Executive Director and his senior ACS team to discuss ways in which Healthwatch can ensure services are shaped with patient voice at the centre
- Director Health Integration, Adult Care Services as an introduction
- Deputy Head, Integrated Community Support Comissioning team and the Comissioning Manager for West, to discuss a specific project.

# <u>Hertfordshire County Council (HCC) – Public Health</u>

We continued to work on the \*C.H.A.T Coproduction (Common Holistic Assessment Tool) and attended one meeting of this group during the period, where a prototype of the tool was considered.

We also had meetings with:

- The Director of Public Health on two occasions, exploring the way Healthwatch can ensure that public voice helps shape the work of the HCC
- The Head of Research and Evaluation in Public Health to discuss ways of better collaborating

# <u>Hertfordshire County Council (HCC) - Scrutiny</u>

We continue to work closely with Scrutiny, attending the Health Scrutiny Committee, and presenting on our work on GP Access online. We were consulted on key lines of enquiry for the patient experience scrutiny. We also attended an informal update meeting with the Scrutiny Leads (Head of Scrutiny and Chairs of Scrutiny Committees) to share updates, including the



plan for a joint scrutiny of the plan for Mount Vernon Cancer Centre involving several local authorities.

# Hertfordshire County Council (HCC) Health and Wellbeing Board

 In addition to our Chair being a member of the Board, we were involved in the Task and Finish Group for Hertfordshire Health and Wellbeing Board Stakeholder Workshop and attended two meetings for this, including practical design and planning of elements of the planned conference.

#### National and Regional Meetings, including Healthwatch England

During the quarter we:

- Attended the regional East of England meeting with other Healthwatch Chief Executives and members of board
- Attended and contributed to NHS-led workshop on 'Your chance to inform the 10 Year Health Plan', focusing on Vision Workstream 4 I am treated in a fair and inclusive way, irrespective of who I am.
- Met with leadership team of Healthwatch Lincolnshire to share our examples of good practise of working with the Integrated Care Board.

## **Local Councils and Voluntary and Community Sector partners**

As mentioned previously, our relationship with Voluntary and Community and other local partners is crucial. During this quarter, our work has included:

- Continuing to connect with key Voluntary, Community, Faith, & Social Enterprise groups and Local Authority/ NHS services supporting refugees and asylum seekers and were introduced to them by colleagues from Herts County Council, including community nurses.
- Attended a county-wide conference about refugees and asylum-seekers in Hertfordshire.
- Several meetings with Healthwatch Essex as a key partner in looking at the activity and patient and service user voice engagement across the ICB
- Attended online and in person VCSFE Alliance meetings as a co-opted member of the steering group
- Met with Chief Executives of Citizens Advice Stevenage and Watford, HILS, Mind, Isobel Hospice, Rennie Grove and OneVision.
- Met with the Director of the Centre for Public Health and Community Care at the University of Hertfordshire to explore ways in which we can best leverage their insights in our work

#### Themes discussed and issues raised in the period include:

- Consultation on the NHS 10 year plan
- Mount Vernon
- Winter Pressures
- Council budgets and impact on ACS and Children's Services
- Palliative care and assisted dying



- Dentistry
- The Integrated Care System progress and challenges, and moves to ensure effectiveness and avoid duplication. Continued discussions around the changes planned to Health and Care Partnerships and governance, including opportunities/impacts around coproduction and patient involvement
- Financial pressures and impacts across the system
- The importance of patient experience in service redesign and change
- Feedback from signposting and research which continues to include access to services, including fairness of referral/treatment criteria, delays to treatment, poor communication, and ineffective and rigid systems
- Health Inequalities and impacts
- New hospital developments and Review of the new hospital programme
- Digital opportunities and challenges
- Delays to accessing ADHD and Autism diagnosis and services
- Workforce fatigue and morale
- Staff shortages and recruitment of specialist staff (e.g. audiology, educational psychology)
- Opportunities to link to community wellbeing events
- Ensuring constructive and individualised approaches to hearing seldom heard voices, including refugees and asylum seekers.
- Initial areas that are seen to be the focus of the new government, including access to general practise, elective waiting lists, parity of esteem for mental health services.
- SEND services and progress on improvement plan
- Findings of the Darzi report highlighting the importance of ensuring patient voice is heard and learning is taken from patient experience
- Mental Health support and services for Children and Young People

# Care Quality Commission (CQC)

We responded to requests for feedback on the following services during the period:

- Sheepcot Medical Practice, Watford
- Roysia Surgery, Royston

#### **Holding to Account Log**

We continue to maintain a 'Holding to Account Log and have regular 'holding to account' reviews of the latest concerns and information and feedback from signposting and surveys.

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)



Qtr 3 Management Accounts 31122024.pc