

# On equal terms

Then and now

Healthwatch Derbyshire Annual Report 2020-21



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# Message from our Chair

Every year I wonder where the time has gone. Eight years from the creation of Healthwatch Derbyshire (HWD) has flown by. As I have said previously, much has happened in those eight years but success continues. I commented last year about the times being 'strange' but 2020-2021 has been even more different. The HWD team has had to deal with all matters on a virtual basis for almost the whole year, so engagement has been difficult. Contact with the public has continued though.

We have engaged with local communities on subjects such as cancer care and the effects of COVID-19 on care homes, particularly with regard to carers. In addition, we have led on a volunteering masterclass for Healthwatch England (HWE).

Unfortunately Enter and View activity has had to be curtailed but we are now embarking on a fresh challenge with the introduction of the arrival of the Integrated Care System (ICS). HWD is part of this planning and we will soon be part of a group, jointly with Healthwatch Derby, to look how this development within the Place Partnerships should develop.

Similarly, over the past year we have remained involved in the development of the primary care networks (PCNs) and we remain in a strong position for these developments in 2021-22.

After achieving the contract for Mental Health Together (MHT) in 2016, we have been able to provide a service across the whole of Derbyshire and this was enhanced last year with another contract from NHS England and Health Education England (HEE) looking at the way people with enduring mental health issues were able to receive general health care support. This report was submitted at the end of March 2021. Coincidentally, with that contract ending another opportunity arose with a new contract being achieved from the Transformational Fund to extend Mental Health Together for the next three years.



**John Simmons**  
**Chair of Healthwatch Derbyshire**

Finally, as in previous years I wish to pass on my thanks to our staff, volunteers and Board members, of whom continue to show massive commitment to the complex tasks we face.

Pleasingly, there have been very few changes to membership of the staff group or the Board but I would wish to say thanks to anyone who has left in the past year and a big welcome to those who have joined us anew or in new roles.

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Derbyshire. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### **1 Supporting you to have your say**

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



#### **2 Providing a high quality service**

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



#### **3 Ensuring your views help improve health & care**

We want more services to use your views to shape the health and care support you need today and in the future.



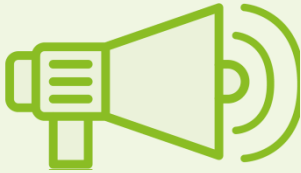
**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”**

**Sir Robert Francis QC, Chair of Healthwatch England**

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

## Reaching out



We heard from

**573 people**

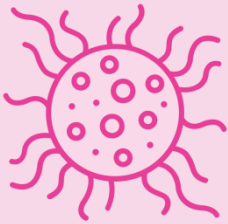
this year about their experiences of health and social care.

We provided advice and information to

**700,289 people**

through our website and social media channels.

## Responding to the pandemic



Through our helpline, we helped

**849 people**

access support services throughout the pandemic.

## Making a difference to care



We published

**4 reports**

about the improvements people would like to see to health and social care services. From this, we made 30 recommendations for improvement.

## Health and care that works for you



**52 volunteers**

helped us to carry out our work. In total, they contributed 788 hours.

**We employ 12 staff**

4 of whom are full-time equivalent and 8 are part-time.

We received

**£321,144 in funding**

from our local authority in 2020-21, which is unchanged from the previous year.





# Breastfeeding support



## Then: Breastfeeding support during the pandemic

**Thanks to people who shared their experiences of breastfeeding support during COVID-19, we shared the findings with organisations who were keen to use the feedback to inform future actions.**

During the height of the pandemic, local services had to respond to the pandemic in many ways and changes had to happen quickly to keep people safe and support other areas of the NHS during a difficult time. Breastfeeding support for new parents was one of the services that was affected, with face-to-face support being paused for a period of time.

HWD were approached by the city and county's Breastfeeding Strategic Group and the Maternity Transformation Recovery Cell and asked to gather feedback from mothers to find out their experiences of breastfeeding during COVID-19.

During August 2020 our online engagement produced a total of 102 comments from mothers sharing their experiences of breastfeeding support and sharing helpful resources with one another.



## Then: Breastfeeding support

The main issues included:

- Lack of support and information
- No support and delays with tongue-tie
- Positives and limitations to virtual support
- Poor communication
- Impact upon mental health.

People told us they received little or no breastfeeding support during their stay in hospital, with many explaining they were not provided with/or signposted to any form of support before being discharged.

Some people also experienced a lack of help and support with tongue-tie.



**“I got told in hospital that my baby had tongue-tie then nobody came back to speak to me about it. To say that to a first time mum and not explain it ... I didn't have a clue about it or what it meant. I had to use Dr Google to educate myself.”**

People spoke very positively of the virtual support available, including support groups via Zoom which enabled them to gain much needed advice and support. However, people really missed the opportunity for face-to-face support in terms of positions and 'latch'.

**“Whilst this (virtual support) was better than nothing, having to be available at a set time for a Zoom group was difficult with a day-old baby and I needed someone to physically be there to see and help move baby into different positions.”**



People told us how difficulties and lack of support to breastfeed have led to a negative impact on their mental health.

**“I was finding feeding incredibly hard and painful but didn't feel I could express my worries... I was feeling low mentally and feeding was taking a toll. ... I have experienced a number of emotions, including guilt, envy towards mothers still feeding and upset that I felt I was unable to continue.”**





## Now: Breastfeeding support

Responses from service providers in Derbyshire.

### **Derbyshire Community Health Services (DCHS):**

"We have now reinstated the 6 to 8-week contact and we have contacted every parent who missed this contact during the lockdown to ensure that they receive appropriate support."

"DCHS is making improvements to the health visiting website to provide parents with comprehensive guidance and support on infant feeding for parents and their families."

### **Breastfeeding Network Derbyshire (BFN):**

"BNF is proud to have been able to offer breastfeeding families in Derbyshire virtual breastfeeding support throughout the pandemic. Our volunteer-led peer support groups will continue to do so in the coming months. We will be working with our DCHS colleagues and partners to ensure more parents know where to find this service. We will also be exploring how we can refine the service we offer virtually to support families in different ways."

### **Chesterfield Royal Hospital:**

"We have appointed 11 new maternity support workers, 8 of these will be in hospital to support mothers with feeding their babies. They started on 21/9/20 and will provide 24-hour support. This is additional support to our existing staffing establishment."

### **Infant Feeding Team (IFT):**

"With it being highlighted that new mothers sometimes do not know who to contact, we are looking at what changes can be made to promote the IFT more effectively."

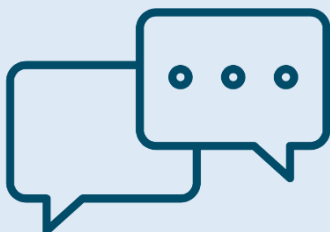
"We recognise that the most effective support for families who have feeding concerns is that face-to-face support within the home and apologise that this was not able to continue at the beginning of lockdown. Risk assessments are now in place to try to continue these in the safest possible way."

### **University Hospitals of Derby and Burton (UHDB):**

"We will improve the support provided in hospital by completing the mandatory breastfeeding assessment before the mother/baby is discharged from all inpatient services."

"We will make sure any parent who requires support with breastfeeding during lockdown knows what is available via remote methods such as phone, social media, online video messaging and/or face-to-face when necessary."

### **Share your views with us**



If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

 [www.healthwatchderbyshire.co.uk](http://www.healthwatchderbyshire.co.uk)

 **01773 880786**

 [Enquiries@healthwatchderbyshire.co.uk](mailto:Enquiries@healthwatchderbyshire.co.uk)





# Virtual appointments



## Then: Virtual appointments during the pandemic

**Thanks to people who shared their experiences, this project was conducted to provide an understanding of where virtual appointments may not have met the needs of patients.**

During the COVID-19 pandemic, there has been a significant rise in the use of digital services in place of face-to-face services, such as telephone appointments, video consultations, text messaging and others. Our 'Experiences of Virtual Appointments During COVID-19' report aimed to highlight where virtual appointments may not have met the needs of patients and helps to provide an understanding for the reasons why people had not engaged with services in a virtual format. It also identified key areas in which virtual appointments did meet people's healthcare needs.

From August to September 2020, we conducted 118 telephone interviews with people who had experienced virtual appointments, as well as those who hadn't accessed this type of appointment. We asked people about their access to and confidence with technology, their experiences of booking a virtual appointment and if the method of appointment suited their needs.



## Then: Virtual appointments

The main issues included:

- Virtual appointments were inaccessible to digitally excluded groups. Action needs to be taken to ensure that these people can access services
- Ensuring the booking process is simple and easy to access is vital to meeting people's healthcare needs
- Communication is key to a successful appointment. Providers should give clear explanations of the process and manage patient expectations
- The method of a virtual appointment was deemed to be the most convenient way to access health services for many people. Others felt this was the safest way to access appointments during the pandemic
- Choice regarding the type and method of appointment was an important factor to people. Services should look to assess patients ahead of finding an appropriate method of consultation
- Services should acknowledge receipt of data submitted by patients, particularly for photographic images along with information of where the images will be stored
- Services should allow for patient feedback to suggest improvements to technology to allow for ease of access, for example, improvements to the booking systems.

**“I like face-to-face appointments. I am able to express myself better with people face-to-face... I am worried that if I had a telephone consultation, I would not understand what is being said on the phone or be able to say what is wrong with me...”**





## Now: Virtual appointments

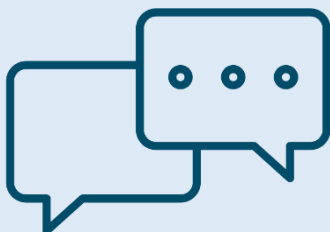
The report was shared with **Joined Up Care Derbyshire (JUCD)**, the multi-agency group consisting of representatives from health, social care and the voluntary sector. It is one of a number of pieces of work undertaken as part of a system-wide response collating feedback around remote access.

**JUCD has since produced a checklist that aims to address inclusivity when using remote access to health and care services and to ensure that consideration has been given to the needs of all patients and service users, in order to create an equal space for health and care providers and patients to interact.**

The checklist provides prompts on the following:

- Digital literacy
- Availability of hardware and internet access
- Red flags
- Appropriateness
- Quality conversations
- Support patient's need to find a safe place, and prepare themselves for the appointment
- Provide guidance
- How the experience is evaluated
- Acknowledging and giving reassurance on the exchange of data
- Communication issues and barriers

### Share your views with us



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## Responding to COVID-19

**Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as well as possible during the pandemic.**

**This year we helped 701,138 people by signposting, and providing important information on our website and social media channels, by:**

- Providing up-to-date advice on the COVID-19 response locally
- Linking people to reliable up-to-date information
- Supporting the vaccine roll-out
- Supporting the community volunteer response
- Helping people to access the services/support they need
- Social media (vaccine support/information sharing).

## Top four areas that people have contacted us about:



GP services



Dentistry



Mental Health services



COVID-19 queries  
(including vaccines)

## Access to dentistry



Over the year, we signposted approximately 250 people and heard from 31 people regarding access to dental services in Derbyshire. We have routinely shared this feedback on a monthly basis with the Area Team (who commission dental services locally), HWE (to build a national picture) and the CQC (as the regulators). We have also been attending a local Oral Health Steering Group, to highlight the concerns raised locally.

The key themes included:

- People not being able to access dental services in Derbyshire (including routine and urgent appointments)
- Difficulty finding an NHS dentist accepting NHS patients
- Being offered private appointments
- Patients being taken off the list (not being made aware).

We are currently exploring opportunities for targeted engagement to help determine the issues locally.



### Contact us to get the information you need

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# Volunteers

**At Healthwatch Derbyshire we are supported by 52 volunteers to help us find out what people think is working, and what improvements people would like to make to services.**

## **This year our volunteers helped with the following:**

- **Care Home Project:** Volunteers helped plan the project as well as helping with survey design and trial, research, promotion and data analysis
- **Helped people have their say from home:** Experiences passed on to us by volunteers allowed us to highlight local issues leading to service improvements, including accessing blood tests and with the Prescriptions Medicines Order Line
- **Survey design:** Volunteers made suggestions to improve surveys designed by both HWD and our local CCG, to make these more user-friendly and to improve functionality
- **Website review:** Volunteers helped review the HWD website and make recommendations for improvement
- **Befriending calls:** Three HWD volunteers have been undertaking befriending calls to people feeling socially isolated due to them shielding or socially distancing. Between them, the volunteers dedicated **58** hours to making these calls.

Our volunteer co-ordinator was asked to deliver a presentation, "Volunteering during the pandemic" at the HWE Volunteer Management Masterclass, to share her experiences of motivating volunteers whilst working remotely, ensuring that individual volunteers' needs were being met and shared what activities HWD volunteers had been involved in. Following this, our volunteer co-ordinator was asked to deliver a similar presentation to the South East London HW network staff meeting.

## Jenny



I felt somewhat at a loose end during the first lockdown when all my usual volunteering and leisure activities were put on hold. Having only recently volunteered with HWD, I was glad to have something to get involved with remotely. My working life had included 20 years as a market researcher, and I was very happy to be able to contribute to HWD's surveys this year, at both the design and analysis stages. Whilst some of the topics are by no means my areas of knowledge, the principles of market research, even on a smaller scale, are much the same, and I found it very rewarding to be able to help with these very worthwhile endeavours.

## Jennie



As a HWD volunteer, and in life in general, I enjoy face-to-face interaction with people. Then came lockdown and I was so aware of how many out there were finding themselves suddenly lonely and isolated, so I volunteered to be a telephone befriender not really knowing what it would involve. It was with some trepidation I made the first call. Could I, a stranger, make a phone call and improve or help in any way? But here we are one year on and still chatting most weeks. I listen and talk a bit, what we discuss really is irrelevant. I have come to understand it's the regular contact that is important; it relieves [named person] isolation and does improve her wellbeing. My world and [named person] are very different and in non-COVID times I doubt we would have ever met so an insight and understanding of a life different to my own is a real privilege. Personally, for me befriending has been an unexpectedly rewarding experience.



### Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch:



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# Mental Health Together

## Mental Health Together (MHT)

MHT was commissioned in 2017 to give service receivers and carers a greater say in the services they access; ensuring they are listened to and that their experiences are at the heart of service design and delivery.

The service has undergone significant challenges since it was set up in 2017 due in part to fluctuating funding and, more recently, the pressure of the pandemic that has forced us all to work in new ways.

We keep in touch with our members through bi-monthly e-bulletins and work more closely with a smaller group of Experts by Experience.



Niki, Aileen and Kath (MHT Team)

# Mental Health Together

## Experts by Experience

Our Experts by Experience volunteers (Experts) are vital to the role of MHT and an absolute joy and privilege to work with. We have **26** Experts who have personal experience of living with, or caring for someone with, a mental health condition. Amongst them, they offer a wide range of experience of many different conditions and their insight is invaluable. At MHT, our job is to match up Experts with the opportunities, which are out there to shape and influence the mental health and social care agenda. During 2020-21 we have supported Experts to attend a wide range of meetings and forums.

Although the virtual world has been a challenge for many, it has also provided an opportunity for some of our members who experience increased anxiety during physical meetings but feel able to join meetings online.

As well as offering the insight of their own experiences, our Experts also help in the design of surveys to gather feedback from the wider community. Derbyshire-approved mental health professionals (AMHPs) welcomed Expert input into the Mental Health Act assessment survey sent to everyone assessed under the Mental Health Act between November 2019 and November 2020.



## Severe Mental Illness & Physical Health Project

In June 2019, we were very fortunate to receive some one-off funding from Health Education England to carry out some in-depth engagement with people who live with a severe mental illness (SMI), for example, schizophrenia or bi-polar disorder. The engagement was specifically about the barriers they experience in relation to staying physically well, and the funding enabled us to recruit a dedicated engagement worker.

When the pandemic hit, our engagement worker was about to start the second phase of the project; working with SMI patients attending physical health clinics and those from groups underrepresented in phase one. Although we were unable to engage with these groups as fully as we would have liked, our final report shares some valuable insights and is available to read here: <https://healthwatchderbyshire.co.uk/wp-content/uploads/2021/03/V2-Final-Physical-Health-and-SMI-Report-01022021-AP-1.pdf>



# Mental Health Together

## Living Well Derbyshire

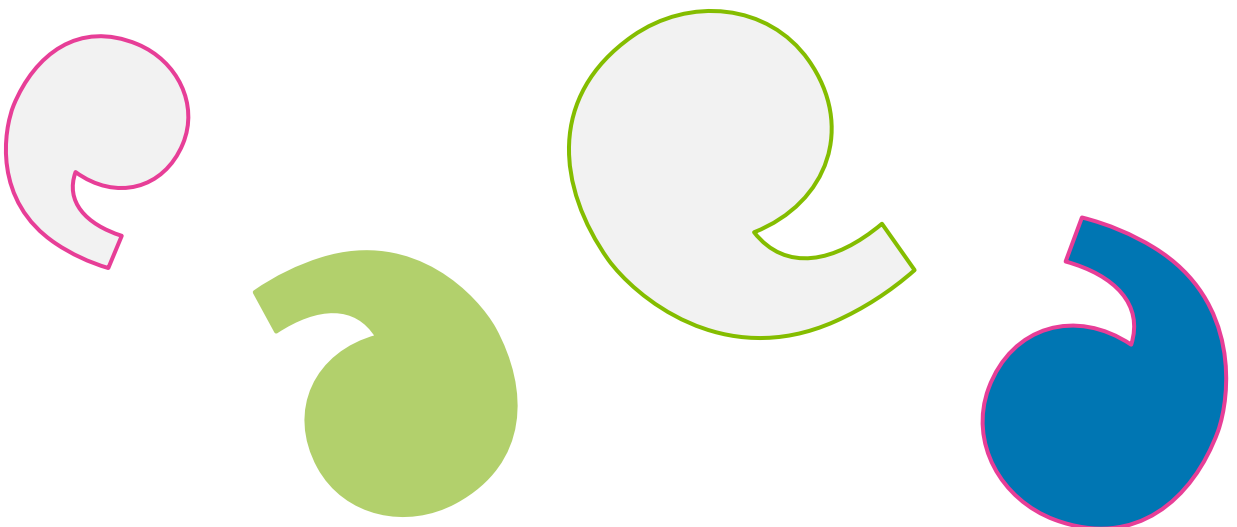
Living Well Derbyshire is a new model of care for people who need mental health support and is gradually being introduced to all areas across Derbyshire, starting with the High Peak and North Dales. The team responsible for delivering the project is known as the Collaborative, which includes a range of professionals and people with lived experience of mental health.

At MHT we have supported people with lived experience to share their stories with the design team for the new model of care and supported others to sit on the Collaborative.

## Response to the pandemic

In March 2020 a lot of our meetings and engagements were quickly cancelled, but we kept in touch with our Experts initially by phone and then by virtual meetings. We found ways to feed in the experiences of our membership and the wider public:

- Created a COVID-19 survey and publicised it widely
- Used our seat at the Mental Health, Learning Disability and Autism Recovery Cell to feed in the results of our survey in real time to influence the ongoing pandemic response
- Liaised with HWE regarding experiences of being discharged from hospital and influenced HWE to include experiences of people discharged from psychiatric hospitals at the beginning of the pandemic. One of our Experts was interviewed and her story of being discharged is told on page 32 of the final report: <https://www.healthwatch.co.uk/report/2020-10-27/590-peoples-stories-leaving-hospital-during-covid-19>.

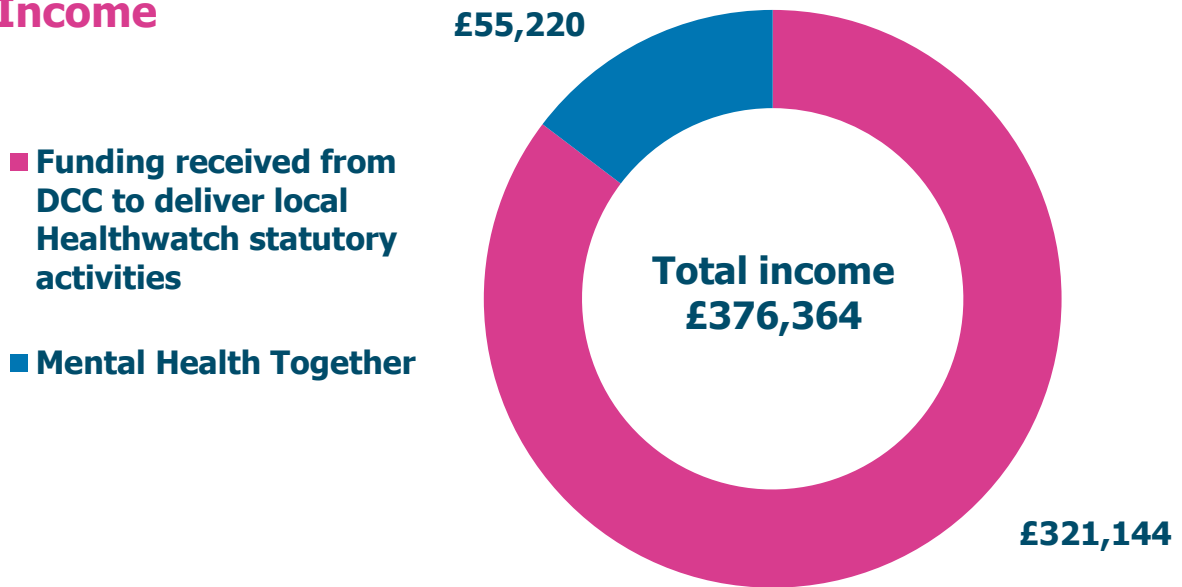




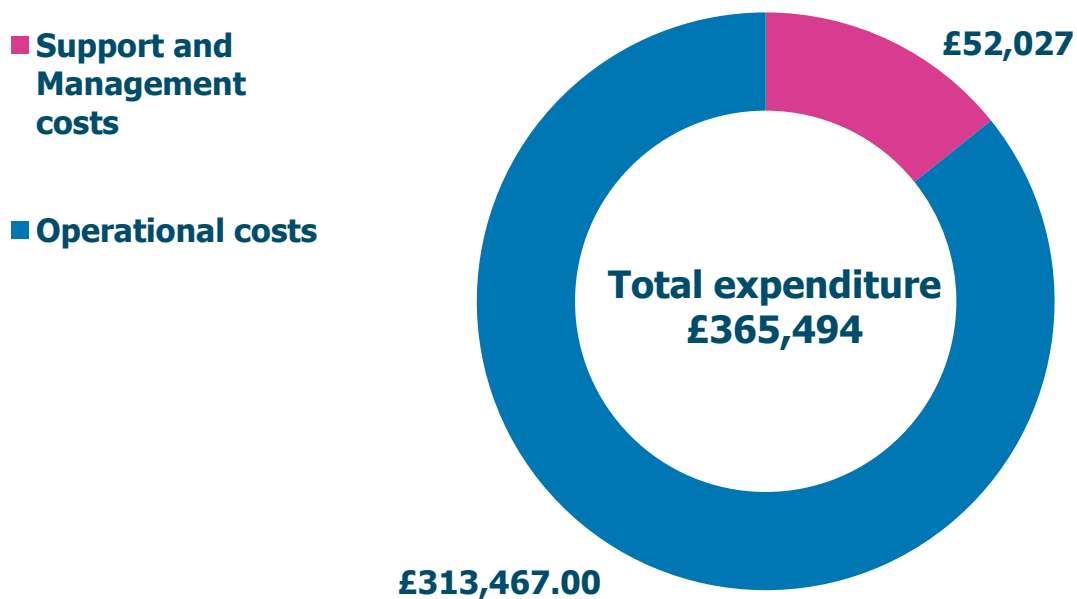
# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

## Income



## Expenditure



# Next steps & thank you

## Top three priorities for 2021-22

1. Ensure the patient/public voice is included within the restoration and recovery of services
2. Establish our role within ICS
3. Embed equality, diversity, equity & inclusion in *all* engagement activities.

## Next steps

- As we move away from national restrictions, we will develop a forward plan which will incorporate our refined engagement offer, taking into consideration learning from the Covid-19 pandemic
- All formal reports are followed up in terms of progress on recommendations or pledges made to improve patient/public experience
- As stated within our Strategic Plan for 2021-22 we will ensure our work is inclusive and continue to champion diversity to ensure every voice counts. Our plans are to build good relationships, gain trust and confidence within communities so the voices of all Derbyshire residents are included within the ongoing work of HWD.

**We are working towards a society in which people's health and social care needs are heard, understood and met. To do this, we work with a wide range of organisations and people. Thank you to everyone who is helping us to put people at the centre of health and social care, helping their voice to shape, inform and influence service delivery and design.**



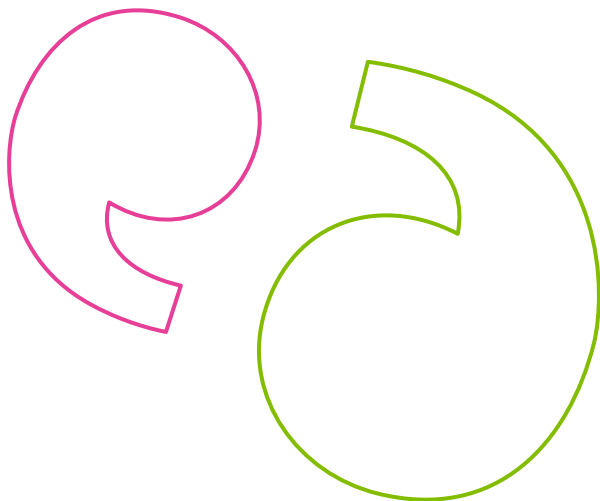
# Message from our CEO

What a year it has been for us all, both professionally and personally – a year like no other in our lifetime. Whilst it hasn't been easy, I am really proud of the way in which the staff team, board members and volunteers have adapted to work in different ways, and make the best of the opportunities created by the Covid-19 pandemic. Our ways of working, methods of engagement and opportunities for volunteering have changed and developed to fit the landscape in which we have all lived since the pandemic.

I write this as we start to cautiously unlock and see elements of normal life return. The opportunity for HWD over the next few months is to look at our engagement, volunteering and ways of working as a team to ensure that we restore the best of the work we did pre-Covid, and also hold on to the opportunities and developments we have made during Covid times. This blend of both ways of working will put us in a great position as we move forward through 2021 and into 2022.

As health and care services move firmly in to a restoration and recovery phase, HWD will continue to seek out the most seldom heard voices, looking at and addressing gaps in insight and understanding in the system to ensure that patient and public experience is a key part of the way in which health and care services are reestablished in Derbyshire as we return to something like 'normal'. We will continue to be flexible, responsive and innovative in the way in which we work with patients and the public, and our partners across the health and care system to deliver our work and achieve our objectives.

I would like to close by thanking the staff, board and all volunteers for their incredible efforts this year during testing times and often in challenging circumstances – and here's to the year ahead.



**Helen Henderson-Spoors**  
**Healthwatch Derbyshire CEO**

*Helen Henderson-Spoors*



# Statutory statements

## About us

Healthwatch Derbyshire, Suite 14, Riverside Business Park, Derbyshire DE56 0RN

Healthwatch Derbyshire uses the Healthwatch trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of 7 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020-21 the board met 6 times and made decisions on matters such as influencing the angle of the care home work, in terms of gathering good practice ideas and the Board agreed a one-year contract by HEE; the work resulted in a formal report on SMI.

We ensure wider public involvement in deciding our work priorities through using our insight from information and signposting enquiries to build up a picture of emerging themes. We have a robust internal process, with lay representation to review all insight gathered to guide the direction of engagement priorities and identify gaps in intelligence which enables us to focus resources sensibly.

## Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020-21 we have been available by phone, email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by engaging with individuals who are deaf/hard of hearing, people with a learning disability, young people, people with a physical condition. We also supported individuals from the homeless and traveller community to register with a GP.

We will ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our social media channels and on our website.

### 2020-21 priorities [View HWD Reports](#)

Project Area	Overview
<b>Home Care Services</b>	80 people shared their experiences of home care services in Derbyshire. All experiences were shared with the CQC to help them better understand the quality of care people receive.
<b>Breastfeeding Support</b>	102 people shared their experiences of breastfeeding during the COVID-19 pandemic. We shared this feedback with the city and county's Breastfeeding Strategic Group and the Maternity Transformation Recovery Cell to help inform future actions.
<b>Virtual Appointments</b>	118 people shared their thoughts and experiences of virtual appointments. The feedback gathered was fed into the system to inform decisions on how best to operate services in the future.
<b>Care Homes</b>	90 people shared their views on how the COVID-19 pandemic has impacted upon the mental and physical health of their relatives/loved ones. The aim of this project was to identify and share these good practice initiatives and helpful ideas across the care home community in Derbyshire.
<b>Cancer Services</b>	5 people shared their in-depth experiences of a cancer diagnosis and/or treatment during the COVID-19 pandemic. Experiences gathered will be used to help inform future commissioning decisions.

## Responses to recommendations and requests

All reports published received a response from providers.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

HWD is represented on the Derbyshire Health and Wellbeing Board by John Simmons (Chair of HWD). During 2020-21, our representative has effectively carried out this role by attending virtual meetings and a joint development meeting with Derby City Health and Wellbeing Board.





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