



# Quarterly Report

## Year 11, Quarter 4



## Overview of Quarter 4

Healthwatch East Riding of Yorkshire have successfully appointed a complete team, with the introduction of a Youth Community Project Officer and Primary Care Project Officer. With the introduction of these roles, HWERY have active projects underway in each of our project areas.

Highlights from the quarter include:

- Involvement in the quality assurance visits at Hull Royal Infirmary and Castle Hill Hospital.
- Continuous community engagements with various support groups.
- The beginning of developing our Community Partnerships Network.
- Cherry Tree Community Centre & Driffield Foodbank Collaboration.
- Pharmacy Provision collaborative project within Cottingham.
- Embedding Healthwatch East Riding within the children and young people's community groups.
- Being able to take a proactive approach to primary care intelligence.

## Healthwatch East Riding quarterly performance report

### Quarter 23 2023/2024

Healthwatch East Riding are required to evidence activity and progress against each of the following outcomes, which are in line with the statutory functions of local Healthwatch.

#### **Outcome 1 – Community Voice & influence**

---

##### **Key performance outputs (annual)**

- Development of an annual workplan
- Produce at least 4 public engagement reports with clear recommendations and evidence they are being listened to and acted upon.
- Produce an annual report.

HWERY will play a central role in enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and care services. HWERY will enable and support local people to understand how the health and care system works, express their views and share their experience. HWERY has a particular role to play in ensuring that the voices of people and communities who are easily ignored or excluded are heard.

#### **Outcome 2 – Making a Difference Locally**

---

##### **Key performance outputs (annual)**

- Regularly update annual workplan in response to local views.
- A comprehensive programme of Enter and View visits. To include visits undertaken and outcomes of reports submitted.

- Evidence that reports and recommendations are considered by commissioners & providers. To also include details of any research or investigation ongoing.

HWERY conducts formal and informal research and investigations of high quality, free from outside influence and manipulation, and does not act based on personal motives or those of interested parties but responds appropriately to issues and views raised by the public.

### Outcome 3 – Informing People

---

#### Key performance outputs (annual)

- Annual survey of the public on HWERY’s visibility and effectiveness
- Maintain record of digital engagement and digital & face to face interactions
- Produce quarterly newsletter
- Recruitment of volunteers operating on an outreach basis

Service users, carers and the wider community in the East Riding of Yorkshire have easy access to appropriate support and advice and accurate information to enable them to make informed choices about health and care, for themselves and those for whom they care.

### Outcome 4 – Relationship with Healthwatch England

---

#### Key performance outputs (annual)

- Make recommendations to CQC
- Provide HW England with local intelligence and insight and respond to requests from HWE to undertake specific work.
- Details of any issues referred to Healthwatch England / CQC

HWERY will work with Healthwatch England to enable people’s concerns to influence national commissioning, delivery and the re-design of health and care services.

Sharing reports, recommendations and issues identified at a local level enables a

national perspective to be developed, incorporating local views from across the network.

## **Outcome 5 – Strategic Context & Relationships**

### **Key performance outputs (annual)**

- **Establishment of an agreed HWERY governance structure and appointment of a governance body.**
- **Establishment and maintenance of appropriate staffing structure.**
- **Representation and participation in Health & Wellbeing Board.**
- **Annual 360° feedback on performance and conduct of HWERY.**

HWERY will work positively and effectively at a strategic level, particularly through its place on the East Riding of Yorkshire Health and Wellbeing Board. HWERY will establish effective working relationships with key stakeholders and share its insight into local health and care services to inform their priorities. HWERY will work with existing networks to form relationships and ensure that the voice of the public is heard and, if needed, establish additional networks to ensure that lesser heard groups are also engaged and listened to.

## **Outcome 6 – Children Young People & Vulnerable Adults**

### **Key performance outputs (annual)**

- **Children, young people and vulnerable adults are represented in all levels of HWERY activity.**
- **All HWERY representatives have sound knowledge of issues affecting children, young people and those who are most disadvantaged.**
- **Capacity and skills to work with these groups.**

HWERY is effective in engaging and involving children and young people, vulnerable adults and particularly those who are most disadvantaged, in HWERY activities.

This report provides an overview of activity during Quarter 3 2023/2024, mapped against these outcomes.

## Communications and Engagement

### Local Intelligence Reports (Outcomes 1+2)

Within this quarter we have completed three monthly intelligence reports which are shared via a distribution list and uploaded to the website. These reports detail every single piece of intelligence gained within that month and are categorised by service area.

Below is a summary of the three intelligence reports results from this quarter:

#### The main themes:

##### GP Intelligence

- Communication between staff/providers and patients.
- Caring, kindness, respect and dignity.
- Quality of treatment.
- Being listened to/being involved.
- Booking appointments.
- Access to services.

##### Secondary Care

- Being listened to/being involved
- Quality of treatment
- Caring, kindness, respect and dignity
- Waiting times - queuing/on arrival at service

## Dental

- Access to services
- Booking appointments
- Communication between staff/providers and patients
- Waiting Times - lists and waiting times for treatment
- Being listened to/being involved

## Pharmacy

- Access to services
- Caring, kindness, respect and dignity
- Medication, prescriptions and dispensing
- Staffing - levels and training

## Social Care

- Being listened to/being involved
- Caring, kindness, respect and dignity
- Communication between staff/providers
- and patients
- Lifestyle and wellbeing

## Website (Outcomes 3 + 4)

Following the redesign of the website and digital infrastructure at the start of quarter 3, HWERY has continued with the usability for both service users and internal staff members.

## **Webform Submissions**

A major improvement that has been implemented is the compatibility of webform submissions from Healthwatch England. This improvement allows for information requests to be delivered with as much ease as if it was requested through [healthwatcheastridingofyorkshire.co.uk](http://healthwatcheastridingofyorkshire.co.uk).

## **Customer Relationship Management (CRM)**

Throughout Q4 the HWERY team have been testing a newly designed CRM platform. Unlike the previous CRM, which was powered by Microsoft Excel, the new system is directly integrated through the website (WordPress). This new system offers a significant improvement to our project officers due to the fact that it can be accessed anywhere and on any device that is connected to the internet.

## **Social Media (Outcomes 1 and 3)**

Healthwatch East Riding has generated 21 social media posts throughout Q4, as well as continually sharing partner organisations promotional material.

Throughout this quarter all social media platforms have been monitored closely with the goal of analysing digital engagement demographics. For example, whether youth project promotions achieve a greater reach on Instagram amongst the under 25 population, rather than LinkedIn.



	Target	Q1	Q2	Q3	Q4
Newsletter subscribers		496	496	502	502
Newsletter editions		0	0	0	0
Website Hits		1519	1588	1739	1133
Users		556	649	1489	1784
New users		536	602	1420	1735
Facebook Followers	900	662	794	688	707
Instagram	50	-	-	14	21
X (previously twitter) Followers	1900	1813	1813	1808	1791
Linked In				22	36

Throughout this quarter HWERY have continued developing a marketing strategy, with the aim of increasing traffic and awareness of the Healthwatch service. As part of our Community Partnership offer, HWERY continues to support all of our partner organisations communications.

## Engagement (Outcomes 1+2+6)

### Primary Care

Healthwatch East Riding of Yorkshire successfully recruited a new Primary Care Project Officer at the end of Q3. The new Primary Care Project Officer commenced project work in March, following the induction process. Throughout Q4 the primary care project officer has regularly attended Quality Assurance visits at Hull Royal Infirmary's Emergency Department with the aim of gathering patients' experience's, alongside the Hull University Teaching Hospital team and Healthwatch Hull.

### **Bridlington GP Access Survey**

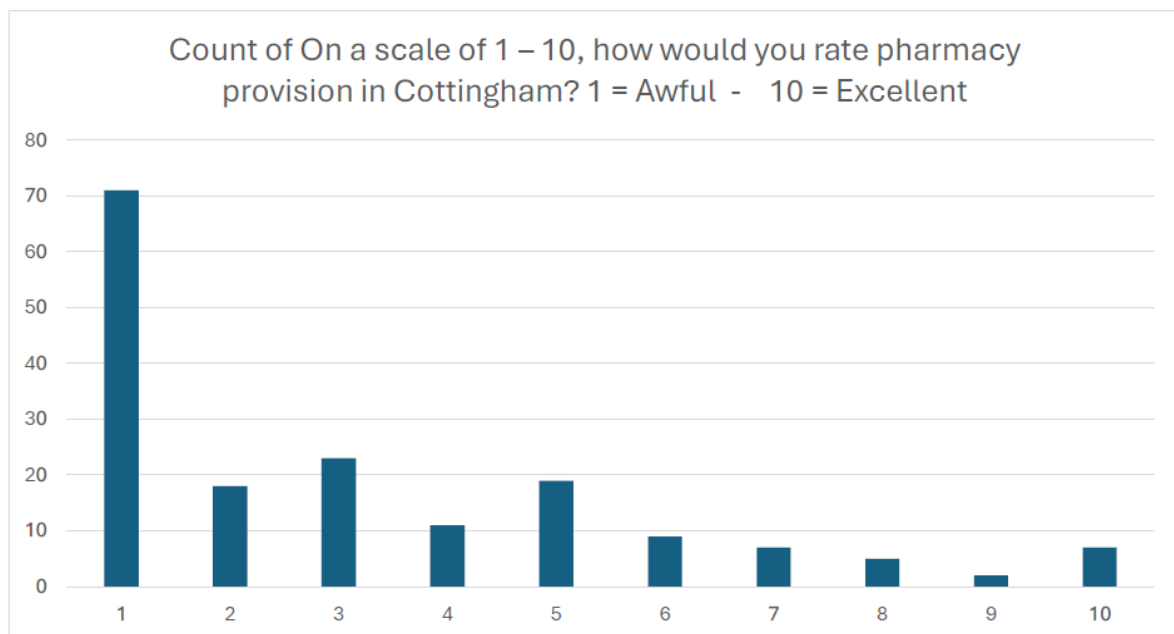
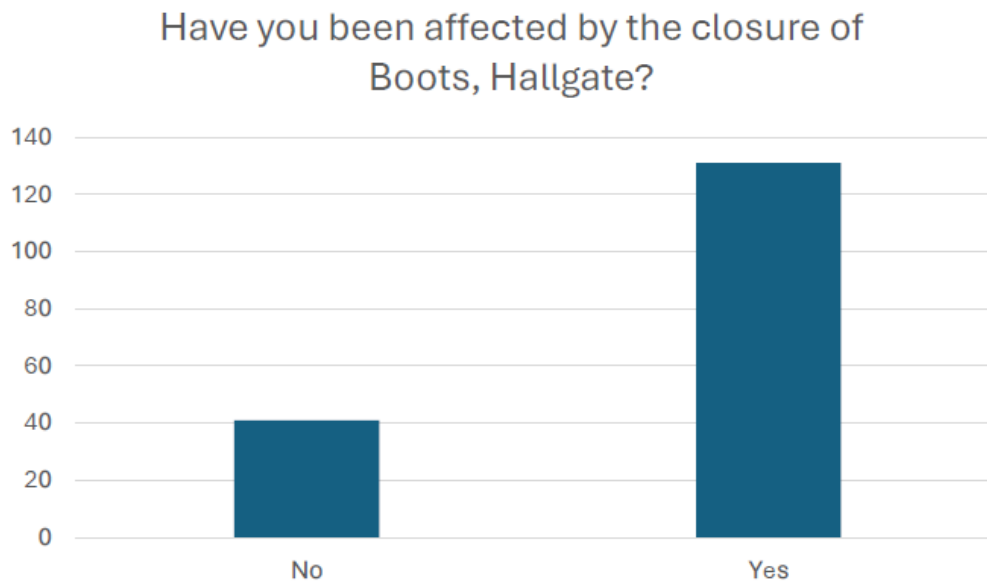
HWERY was approached by The Bridlington Health Forum with the hope of conducting a repeat project, following the successful Bridlington GP access project in 2023. Due to an increase in intelligence relating to GP access within East Riding of Yorkshire's coastal regions HWERY has now begun the project planning stage of this project. Humber Teaching NHS Foundation Trust has welcomed this project and has offered HWERY project officers access to staff members of the Bridlington GP practice.

### **Cottingham Pharmacy Provision Project**

This quarter HWERY was approached by the East Riding of Yorkshire Council's Public Health Team to join a multi-discipline team, comprising of ICB primary care, a local councillor, and a concerned service user. This project group was developed following the closure of Boots Pharmacy, Hallgate, with the aim on analysing whether there is a pharmacy provision need within the village.

HWERY launched an online and paper survey that was launched within Cottingham, with the support of the local councillor and Healthwatch volunteers.

Overall, 179 digital surveys with a further 29 face-to-face were completed.



Following the engagements and thematic analysis, the feedback was compelling:

- Dissatisfaction with long wait times/queues to get prescriptions.

- Issues with prescriptions not being ready for pickup when expected, having to make multiple trips back to the pharmacy.
- Pharmacies being understaffed and struggling to meet demand and provide efficient service.
- A need for better organisation/management of prescription processing and pickup.
- Suggestions for separate queues/counters for prescription pickup versus regular purchases to improve wait times.
- Calls for additional pharmacies to be opened in Cottingham to provide more options and meet growing demand.
- High demand placed on pharmacies to provide vaccines/flu shots putting further strain on their services.
- Some complaints about rude staff or poor customer service, likely due to the strain's pharmacies are facing.
- Concerns for more vulnerable residents, like the elderly who rely on pharmacies but face long waits and delays.
- A number of people choosing to switch pharmacies or use online/delivery options due to the issues facing local pharmacies.

In conclusion, the East Riding of Yorkshire Council's Public Health team presented a supplementary statement to the Health and Wellbeing Board, stating that a gap for provision has arisen in the Cottingham community based on the evidence gathered by the ICB, the Public Health team and Healthwatch East Riding of Yorkshire, which was approved.

## Adult Social Care

### Homecare 2025 Engagement Project Summary

ASC & LD Project Officer concentrated on the Homecare 2025 Project this quarter. The project is now finalised, the report produced and sent to ERYC.

The purpose of the report was to find out whether homecare services are meeting service users' wellbeing needs and outcomes, whether it helped them to remain independent and whether service users feel they have control over the care they receive. HWERY spoke to service users about the paid homecare they receive. Data was collected through questionnaires completed, as well as additional insights gathered at community events. While the response rate was low, the qualitative data yielded some useful insights.

Several key themes emerged regarding service users' experiences with homecare:

- Reliability and consistency of carers was extremely important, with some reporting excellent experiences with punctual, caring staff, while others faced major issues with no-shows and failure to follow care plans.
- Promoting independence was crucial - some felt their carers encouraged mobility and self-sufficiency, while others experienced declining abilities like losing the ability to walk. Adequate time to

deliver care that encourages service users to mobilise independently with support is crucial to service users not becoming de-conditioned, and as a result needing more care.

- Having choice and control over personalized care plans was highly valued, though not all felt adequately involved in designing their care.
- Ultimately, meeting higher wellbeing aspirations and personal outcomes, not just basic needs, was the goal. Experiences varied in this regard.
- Systemic issues like delays in care assessments, poor communication between providers/council, and staffing challenges impacted quality of care.

The report made 12 recommendations for improvements.

### **Adult Social Care Engagements and Events**

In February the ASC Project officer attended a lunch club at the Armstrong Centre with the community engagement project officer. Engaged with older people there, finding out about their experiences with health & social care services. Also spoke to service users about homecare services to gain more information for the Homecare project.

The event was very well attended, and service users were keen to speak to us about their experiences.



HWERY attended the first Veterans' Forum, which was hosted by Humber Teaching NHS Foundation Trust. The project officer engaged with services, including veterans' now working in services themselves. The meeting was led by Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-Production. Humber Teaching NHS Foundation Trust are keen to work with the Armed Forces community, as equal partners, to ensure that they are listening to their experiences to understand where improvements can be made. The meeting included a presentation from Sarah Clinch on Health Inequalities and the importance of understanding these and the impact this has on patients and service users. There was also a very useful discussion around services and experiences from all members at the meeting.

Furthermore, HWERY's ASC project officer attended the 1 O'clock club, run by Shores Homecare in Withernsea. The club is held in a community Room in the Shores Café once a week, for people receiving homecare and their carers and family. They provide drinks and snacks and an opportunity to meet up regularly with other people in the community to help prevent social exclusion. ASC & LD Project officer attended with a Volunteer and the Community Services Project Officer. We talked to service users and carers at the group and listened to their experiences and issues this part of the community experience in Withernsea. The engagement also provided an opportunity to gather more information about paid homecare services as part of the homecare 2025 project.

A further highlight engagement was surrounding the Dementia 3 year Focus Group Meeting at the Mercure Hotel, Willerby with the Primary Care Project Officer. The ICB are co-producing their Dementia Strategy for Humber & North Yorkshire. Engaged with services and service users and carers along with professionals. The HNY Programme Lead for Dementia and Urgent & Emergency Mental Health said that the ICB are planning for dementia care over the next 3 years and they want to do this in co production with service users. The ICB intend to make changes relevant and targeted towards what is needed. There was a good balance of service users, carers, and professionals.

At the Focus Group Meeting carers told us:

- There has been a loss of day care services for people with dementia.



- They said that due to the high criteria for qualifying for homecare services they were often left struggling.
- Noticeable lack of male carers. When homecare support is put in place wives often still need to provide personal care as their husbands find it uncomfortable having young women providing their personal care.
- The need for culturally appropriate care.
- Technology needs to be more accessible. Many had experienced difficulties with parking apps.
- Carers also told us about being left to arrange cover for loved ones when they themselves became poorly and needed to go to hospital for treatment.

#### Quotes from Engagements included:

"I struggle to get an appointment at my surgery. I don't have a smartphone and I feel excluded as I'm not online. Every time I ring they tell me it's easier online. I feel pressured and it's stressing me out."

"My friend had to be rushed into hospital as an emergency due to severe pain. She never received an appointment letter. The Consultant she saw said that she should have been seen by then and chased up her referral. She is now on the waiting list for an operation."

"I have been waiting for a referral to the pain clinic for a few months but when I rang the pain clinic they told me they had not received my referral."

"I fractured my ankle but didn't receive an appointment letter so missed my ultrasound appointment."

"Seen older people coming into surgery to make an appointment being told they need to ring the surgery to make an appointment."

Patient transferred to Beverley Community Hospital told us "The care from staff, physiotherapy and nurses was fantastic. The food was wonderful, and my room was lovely."

"I was very happy with the quality of the care I received at Beverley Urgent Treatment Centre. The frailty team there were excellent."

"I think the service at Manor Road Surgery in Beverley is excellent. There is even a community area where you can see a podiatrist. The Pharmacist, staff and doctors are wonderful. The physio came to see me at my home."

"I am very happy with the homecare support I receive from Home Instead."

ERSAB Show & Tell Event – Attended with HWERY Delivery Manager and HWERY Volunteer. Discussed how to make ERSAB literature, website and training more accessible. Signed up for Train the Trainer training to aid ERSAB to offer training more accessible throughout the area.

### ASC Project Officer - Q4 Achievements

- Successfully supported patient/carer to change GP surgeries by involving contacts at ICB and East Riding.
- Fed back experiences to the surgery making recommendations for improvements to enable patients to access their services and help overcome health inequalities in coastal communities.
- Supported isolated carer to access local community transport services to enable them to carry out their weekly shop more easily.

## Secondary Care and MH Project Officer

Key Secondary Care Themes:

- Labour ward: lack of bed availability
- A&E wait times
- Lack of staff kindness
- Bridlington hospital & HRI: access to appointments/issues booking appointments.

This quarter, we have focused more specifically on the current issues within the Hull Women and Children's hospital at Hull Royal Infirmary. Over the past 3 months we have seen the finalisation of Healthwatch East Riding and Healthwatch Hull's maternity project following the CQC inspection. In this, we visited engagements (such as the Hey Baby Carousel) and research around the current issues patients may face. Through this we found many themes, this included: ADU wait times, Issues with patient notes, lack of breastfeeding support and lack of bed in the Labour Ward. Throughout our research we found that Hull Royal were making massive improvements to the maternity department which we thought needed promoting in our report. The improvements that have been made includes the new Maternity Triage Department. This department acts as an A&E for pregnant women and focuses on non-scheduled urgent appointments. The creation of this department was based off tackling the waiting times in the ADU department. Before the new triage department both scheduled and non-scheduled urgent appointments were sent to the ADU resulting in patients waiting hours for their scheduled appointments. Overall, we have seen really positive feedback from patients for this new department and are very happy to include this in our maternity report. Another improvement that has been made to the maternity department this quarter is the launch of a new system called

'BadgerNet'. This is an online system and app for patients to download which holds all of the patient's maternity notes and details of every appointment. This includes any medication prescribed, the reason for any specific scans/tests and all that has been mentioned from the start of the pregnancy to the end. This system launch was created to tackle issues staff and patients have been facing with notes in how some patients are misinformed about what procedures/medication they need resulting in patients having procedures/medication without the need or without being told what the medication is for. Overall, we are thankful to all the staff and patients at Hull Royal infirmary for working with us to produce this report.

Following the new maternity project, Healthwatch have been invited to also attend the specialised Women and Children's assurance visits ran by HUTH. These visits occur once a month and allow us to gain patient feedback of the services. It also allows us to gain an insight on staff opinions and small details of how the services are run. For example, in the most recent visit, we learnt the issues that staff are concerned about in their specific area, such as in the ADU department some appointments are being double booked because of a system error.

Along with this, Healthwatch East Riding have also been invited to attend their Emergency Department assurance visits. Like the Women and Children's ones they occur once a month and allow us to gain patient experience and let us look into how the ED department is run.

Further engagements attended include: Hull Royal Infirmary and The Hinge in Bridlington along with our Community Services Project Officer. Our Secondary Care officer normally attends Hull Royal Engagements engagement every 2-4

weeks, with the help of our volunteers. In this we speak to patients and provide feedback and signposting.

#### Meetings Attended:

- Urgent and Emergency Care Mental Health Steering group: Discuss the ongoing issues with accessing emergency mental health services.
- Improving psychological support for cancer patient steering group: this discusses all the issues that patients face when trying to access psychological support for cancer patients (held by the Humber and North Yorkshire Cancer Alliance)
- Cancer Experience of Care Improvement Collaborative: this group discusses the current issues faced by all cancer patients and possible upcoming projects to be held by the Humber and North Yorkshire Cancer Alliance.

#### **Community Services Project Officer**

In Quarter 4, the Community Services Project Officer had a focus on maintaining relationships with community support groups and organisations. In January, the project officer visited Driffield Foodbank to finalise information gathering to be included in the report. Also visited was the Grin and Tonic group at Haltemprice Leisure Centre which provides adapted physical activities, for example sit-down volleyball, for people with conditions such as Multiple Sclerosis and Parkinson's disease. Other groups engaged with were the Age UK in Brough, and the Alzheimer's Society groups in Goole and Driffield. A Healthwatch volunteer accompanied the

project officer to the AS Goole support group and will be visiting more AS groups in the future to discuss experiences with members of these groups.

A highlight of this quarter comes from the East Riding of Yorkshire Council's Deep Dive into the Cost-of-Living Crisis and its effects on residents (pictured below). Healthwatch East Riding of Yorkshire were pleased to attend this event to share the voices and experiences of East Riding residents, in particular of those who we engaged with at the Driffield Foodbank.



In response to the valuable feedback gathered in Driffield, the Project Officer has since begun regular visits to Bridlington's The Hinge Community Food Store. The monthly visits began in February and clients of the food store have been open with sharing their experiences of health and social care services in Bridlington, with a main concern being lack of available dentists whether that be NHS, private, or emergency. Some residents told Healthwatch that they have resorted to pulling out their own teeth, and

that their special needs children are on a 7-year waiting list to be seen. A lady who works at the dentist says:

*“We have people coming in crying everyday because they can’t afford it”*

The visits to the food store will continue throughout Q1 on a regular basis to assist Healthwatch East Riding in understanding the difficulties people in Bridlington are facing.

Other community groups engaged with were SHoRes (Southern Holderness Resource Centre) 10’clock club for home care recipients, and The Armstrong Centre’s Seniors Club, both with the Adult Social Care Project Officer. Healthwatch East Riding also represented patient experiences at multiple meetings, including the CHCP Service User Voice meeting at The Jean Bishop Centre, and in Howden at the Dementia Friendly Communities meeting.

In the next quarter, in the new financial year, the Community Services Project Officer will continue to work in partnership with current organisations and support groups, as well as reach out to more groups, such as The Howden Memory Café, and the As Time Goes By group in Hornsea. The focus will also shift onto the re-branding of the Healthwatch

**healthwatch**  
East Riding of Yorkshire





East Riding of Yorkshire's Community Partnerships, with a re-launch event to invite potential partners to get involved in our partnership programme.

## Youth Community Engagement Project Officer

### Case Study – Unexpected Young Parents

In March we were invited to attend a Young Parents session by a Family Co-ordinator at ERYC. The session is typically attended by 3-8 young parents (parents up to the age of 25). At the session HWERY attended, there was one family in attendance which consisted of Mum, Shannon (21), Dad, Jack (23), Grandma and baby (3 weeks + 5).

Shannon shared their unique story with the HWERY team. On a Saturday lunchtime she had felt a pain which she attributed to sciatica. Upon going to the toilet, she discovered a lot of blood and delivered a baby girl, at home in her bathroom.

Shannon called for her mum who came to help, shocked seeing her daughter and baby. She called an ambulance. Shannon was unaware that she was pregnant, having had regular periods, no morning sickness, no weight gain and felt no movement during the pregnancy. Grandma said the ambulance arrived quickly, checking on the wellbeing of both mum and baby. Shannon told HWERY that the paramedics consisted of one fully trained, and one trainee, each comforting and reassuring her. Shannon was grateful of a hat given for the baby which was knitted by the lead paramedic. They were taken to Scarborough hospital.

Mum and baby were assessed, and it was found that the cord has snapped, the placenta had not been delivered and Mum has pre-eclampsia, high blood pressure and low iron. The baby was found to be full-term and in good health.

Shannon received treatment to assist her in making a full recovery and described the hospital care as 'great'.

Jack shared his experience that day. He received a text at work to tell him he was a dad, with a picture of a baby, telling him to head to Scarborough hospital. In shock, Jack left work heading home to get a lift to the hospital. It was shared that Jack did not feel included by the hospital staff. The was Shannon's mum who suggested Jack have skin to skin contact with the newborn. Shannon and baby were discharged the following day.

Shannon was offered mental health support by the Social Care team owing to becoming a parent at a young age and unexpectedly, giving her no time to mentally prepare for the situation. Jack reported that he was not offered support, despite having had counselling in the past and felt it would have been better that this offer was extended to both parents. At the point of HWERY meeting Shannon, the team offering mental health had not been in touch to arrange this within the last 3 weeks.

Jack expressed to HWERY that there were gender inequalities at the hospital, and when the health visitor attends, in the way that staff speak to Shannon as the baby's mum, compared to Jack as the baby's dad.

### **Learner Conference Event – University of Hull**

HWERY were invited to attend with a stall at Learner Conference which was taking place for approximately 400 students aged 4-18. The stall would cover students visiting during the lunch break. The event theme surrounded sustainability with a request for particular focus on vaping which was highlighted in the invitation as a 'hot topic'. HWERY researched vaping, finding little information to support the negatives of vaping, with more focus online of it being a better alternative to smoking cigarettes. The team combined vaping and sustainability, asking

students to guess how many vapes are disposed of each week in the UK. This question stemmed from recent publications into the government's decision to ban disposable vapes.



Students took a token and placed it in the jar they thought had the correct answer. Each voter was provided with either a code breaker (for the younger attendees) or 'looking after your health' leaflet created by the team with HWERY branding. They were told to check our social media (or ask a teacher to) for the answer the following day.

Some students took time out to talk to HWERY sharing their thoughts on vaping, marketing of vapes and even sharing ideas to reduce the number of people who choose to vape.

Of those students, all stated they knew people who used vapes, most having never smoked cigarettes. Young people felt vaping was easily accessible and that less checks are carried out within shops. Others shared that they felt it was unfair that vapes and accessories for vaping were allowed on public display, in bright, attractive packaging and believe the designs, and the flavours, are targeted a youth market. Two students suggested that vapes and accompanying products should have plain packaging, not be allowed on open display and that flavours should be undesirable. They further made suggestions that sprout, and cabbage flavoured vapes would be the best to deter young people from vaping. A group of students talked with HWERY about the impact on the environment disposable vaping has and that they felt it was partly down to the 'cheap, disposable culture' they had been talking about in the session that day.

### **Neurodiversity & Disability Inclusion**

The new Youth Project Officer joined the team from a background of supporting SEND families. These families have been the focus, knowing that often they will access health and social care services more than others. This has led to positive connections with HWERY and the ERYC SEND team and organisations. The main themes arising from talking to these families were that there is no access to a SEND specialist dentist, that Neurodiversity Front Door forms are problematic when it comes to education settings willingness to support an application, that mental health support is either difficult to access due to wait times or hasn't met the need of the young person.

HWERY have meetings every 4 weeks with the neurodiversity operations manager to feed back any issues for quick identification and resolution and receive communication updates about the service enabling us to better answer questions from engaging with the public, in turn reducing the amount of contact the Front Door Service receive from the public. In addition, HWERY attended the Children and Learning Disability website event to offer input on the development of the ICBs newly commissioned website. In attendance were various professionals, along with several young people.

### **Young Peoples Mental Health Advisory Group, York**

HWERY attended the Nothing About Us Without Us event at York in February. The event was organised by the ICB and had professionals and young people attending. The event was held during half term making it more convenient for young people who wished to share their thoughts. The day was a combination of looking at barriers and solutions with young people at the heart of the discussions. In the Hull and East Riding breakout room, a group of young people focused on solutions to existing barriers, looking at what would be better for them, but also considered the practitioners mental health.

### **Coastal Communities**

HWERY visited various groups in Withernsea and Bridlington, hearing about coastal barriers. While many children and young people were able to get same-day GP appointments, any referrals meant a lengthy travels to Hull, Scarborough and Goole for some more specialised care, support, and treatment. A foster carer in Withernsea shared that one of the requirements of having a baby in her care was that she visited the 'baby weigh in clinic' on a regular basis. The only day this is available locally coincides with court mandated contact with the babies birth family and therefore, she must travel to Hull instead, via bus. The carer stated she

wished there was a way that services worked with families and helped to resolve such issues. Families also mentioned there aren't many activities for young people to keep them mentally and physically active. Several families referenced a session for pre-school children at the library in Withernsea, but said the session wasn't relaxed due to other activities taking place within the library at the time.

Most people said both themselves and their family did not have an NHS dentist and could not afford private dental care.

Within coastal and rural areas, there was a mixture of engagement events for families organised by ERYC, voluntary sector organisations and parent led groups. All were well attended and received high praise from those accessing the groups. All sessions worked as combination of social interaction, learning, and sharing knowledge to better meet the needs of children and young people.

### **Core20PLUS5**

Work on the Core20PLUS5 project has progressed with HWERY creating promotional materials and sharing the opportunity for youth volunteers to take part as Community Connectors. The project has gained momentum. This work will continue throughout the year and is scheduled to conclude in December.

### **Engagements**

Between January and March HWERY have attended 16 youth focused engagement events, contacted over 200 people, services and organisations to connect and work together in the future, attended 7 training and development sessions and 24 network and working group meetings.

### **Future Goals**

Future goals for the Youth project officer are;

- To successfully carry out the classroom work and hub at Bishop Burton College which has been arranged and extend this to East Riding College.
- Build a connection with families who home educate their children as part of our hard-to-reach community.
- Begin recruitment of 10 Community Connectors (volunteers aged 16-25) as part of our Core20PLUS5 project.
- To plan, develop and complete a project reflecting the youth voice and experience.

## Other projects

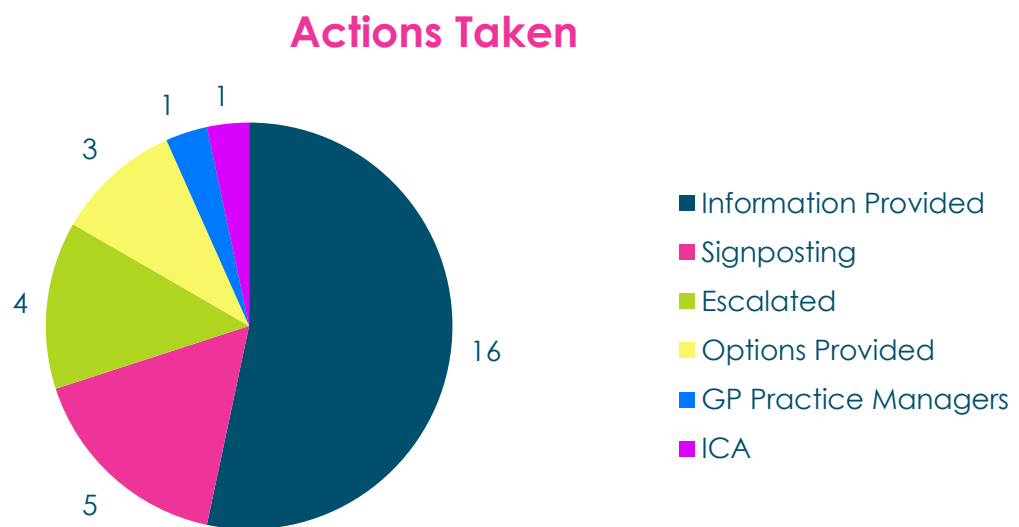
### Research Engagement Network (REN)

Healthwatch East Riding of Yorkshire, Healthwatch Hull and HEY Smile foundation teamed up to deliver a project on behalf of HNY ICB. This project was designed and funded by the National Institute for Health Research. One of the primary objectives of developing a research ready community champions network was to engage with unrepresented groups that typically do not participate in public and patient engagement groups within healthcare. This could include marginalised communities, minority groups, or individuals who face barriers to accessing healthcare services. The research-ready community champions will actively reach out to these groups, listen to their concerns, and involve them in decision-making processes related to healthcare research and service provisions. Due to the vast community network HWERY has, training is being offered and rolled out to as many partner organisations as possible. So far the training has been delivered to 15 people.

## Feedback and Signposting

### Information and signposting (Outcomes 1, 2, 3 +6)

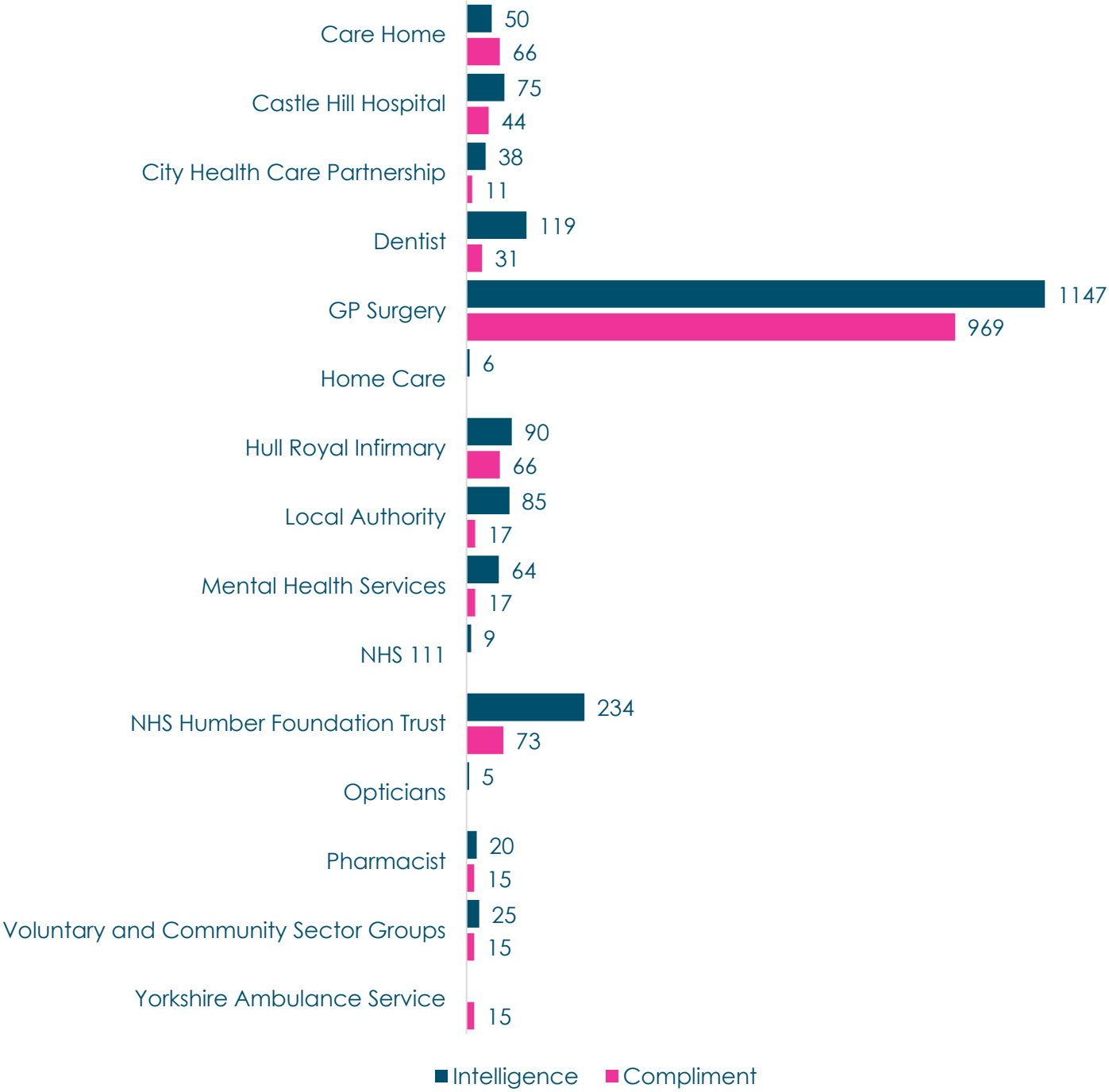
During quarter 4, we provided information and signposting advice to  
(Some people were signposted to more than one place).



The graph below highlights the services that were mentioned (some people commented on more than one service.)



# Provider Themes



## Volunteering (Outcomes 1+2+6)

HWERY currently has 18 Volunteers who completed 72 hours of volunteering this quarter.

We received 2 volunteer applications this quarter; recruited one volunteer and arranged an interview with another in April.

## Read Right

This quarter our read right volunteers have evaluated and provided feedback on 1 document:

- Animals on York & Scarborough Trust sites draft policy.

## Enter and View – Update (Outcome 2)

No Enter and View visits were conducted this quarter, due to capacity being focused on the Homecare Project.

The HWERY team have now migrated the Enter and View system on to our new digital platform (Gravity) to create a better user experience for service users and staff to complete questionnaires and provide us with information.

## Relationship with Healthwatch England (Outcome 4)

The HWERY Delivery Manager meets with Healthwatch England on a quarterly basis to report current local trends, themes and activity for East Riding of Yorkshire. Information is shared monthly with the hope of linking in and sharing information to support other areas of research being undertaken nationally.

## Other Activity

### Meetings attended (Outcomes 1, 2, 3, 4, 5 + 6)

Healthwatch East Riding attend a variety of meetings with local stakeholders. This provides a chance for us to keep groups updated on the work of Healthwatch East Riding and to update them on the feedback we are receiving from the public.

Meetings also ensure information is gathered from relevant groups and allow us to stay connected with partner agencies and the public. Meetings also assist us in identifying engagement and collaborative working opportunities.

The meetings we attend also provide an opportunity for us to develop and maintain good relationships with other agencies. This enables us to fulfil one of our most important objectives; to influence those with the power to make change happen and help ensure that local services improve to better meet the needs of local people now and in the future.

Meetings attended during the quarter were a mixture of providers and commissioners. Meetings attended by the team include:

#### Local

Meeting	Summary/Outcome
Health and Wellbeing Board	Better care Fund Programme, Update on the Joint Health & Wellbeing Strategy (JHWBS), Joint Strategic Needs Assessment (JSNA).
Health and Wellbeing Scrutiny Meeting	Agenda items included – Coastal inequalities Better links with ERYC Sharing of information throughout ICS
Safeguarding Adults Board	Role is to update and inform ERSAB of any emerging safeguarding trends and themes.

HW and HUTH Liaison meeting	Feedback from intelligence report and update from Leah Coneyworth.
ER Carers Advisory Group meeting	Discussion on how carers are currently being supported and what can be improved.
East Riding Place Primary Care Advisory Group	The group makes recommendations for internal delegations for Primary Medical Service-related decisions, thus supporting those individuals in the exercise of their responsibilities by consensus decision making.
East Riding SEND Development and Improvement Board	Sharing updates from other services/organisations and community groups that support children and young people with SEND needs and their carers within the East Riding.
GP Patient Engagement Meeting	Update on issues in the primary care network
Bridlington Health Forum	To listen to feedback about health services in Bridlington
York and Scarborough Patient Experience Steering Group	Discussion around current issues and updates regarding these hospitals
Dementia Friendly Communities Meeting	A number of organisations and East Riding Teams met to start to work towards making communities across the East Riding more Dementia friendly.
Co-Production Meeting	Professionals from a number of organisations including ERYC, ICB, Inclusion North, Healthwatch East Riding along with service users attended to discuss how to make services more collaborative and person centred and support local service users to have a better life.
VCSE Meetings	Voluntary & Community Sector organisations meeting with East Riding Council professionals
Humber PACE 5 Year Forward Plan	Professionals from Humber Teaching NHS Foundation Trust together with HWERY ASC Officer worked on the easy read version of Humber's PACE 5 year forward plan.
Patient Experience Sub-Committee	Hull University Teaching Hospitals Trust discuss patient issues and themes

Humber NHS Teaching Foundation Patient & Carer Experience Forum	Professionals and service users
Urgent and Emergency Care Mental Health Steering Group	Discuss the ongoing issues with accessing emergency mental health services. Healthwatch have only attended one of these meetings this quarter.

### Regional

- Regional Healthwatch manager's meeting
- Yorkshire and Humber Regional Healthwatch England Meeting

### Plans for Quarter 4

- To launch our Community Partnership Network with an event. Currently HWERY have 11 partner organisations from throughout the VCSE and Public sector.
- To establish more Healthwatch HUBS throughout our community. This will allow for greater presence and awareness of Healthwatch throughout our community. This will assist in intelligence gathering, project support and create a sense of trust within our community.
- To work alongside the ICB to create an Insights Bank, powered by NHS futures, to allow for better engagement coordination, sharing of information and to reduce duplication of work.
- Palliative Care – Coastal Areas (Pending approval) – to gather feedback from service users and service users family members relating to palliative care services in East Riding.

- Endometriosis services. Following reoccurring intelligence relating to limited Endometriosis centres and clinics for East Riding residents, HWERY plan to deep dive into the service with the hope of providing some recommendations and gather the information to provide to people that contact us.
- East Riding Corporate Parenting / Children and Young People Board – following recent board meetings, HWERY have offered to help with the development and implementation of children and young peoples care strategy. Following the introduction of a new Youth Community project officer, along with the expertise she possesses, HWERY are very enthusiastic about being a part of these groups.
- Children and Young people social care access – Through engaging with families January–March, there was mixed feedback from those sharing their experience to accessing social care support for children and young people. As a result of this feedback, Healthwatch East Riding of Yorkshire (HWERY) set out to ascertain if information was readily available of where and how to access support, if the support was timely and effective from both a family perspective, and that of the child / young person (CYP). In addition, HWERY sought feedback from East Riding of Yorkshire Councils (ERYC) Social Care team to gauge a baseline of demand, action taken, along with Social Care staffs’ perspective of barriers and improvements.
- ER Public Health Healthy Weight Network – HWERY will be supporting the East Riding Public Health team to gather service user voice for weight

management groups, as well as trying to gather general information relating to the stigma that surrounds being a 'healthy weight'.

- Bridlington GP Access project – with support from the Bridlington Health Forum, HWERY are midway through intelligence gathering relating to GP access for Bridlington residents. This is a follow up project, following phase 1 being undertaken in 2023, with the aim of measuring any recommended suggestions and to measure how the environment has changed within the past 12 months.

## Additional Contract Requirements

---

### Progress against Specified Performance Targets

#### Key indicators

	Q1	Q2	Q3	Q4	Total
Direct Enquiries	119	173	220	182	694
Engaged via research/investigations	178	192	107	872	1349
Engaged via promotional activity	304	893	503	584	2284
Volunteer Numbers	18	18	18	18	18

Young HW Volunteers	1	1	2	2	2
Volunteers Hours		74	90	72	236
Enter and View	2	2	2	0	6
Recommendation	3				3
Revisits					
Public Engagement	1	5	6	5	17
Reports					
Annual Report	1	-	-	-	1