

<b>MEETING</b>	<b>PRIVATE BOARD MEETING 24 March 2021</b>
<b>Agenda Item Paper Number</b>	<b>7 CM/03/21/05</b>
<b>Agenda Title</b>	<b>Healthwatch England Report to ET for 24 March 2021</b>
<b>Executive Sponsor</b>	<b>Sir Robert Francis – Non-Exec Director; Chair Healthwatch England</b>
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**PURPOSE OF PAPER:**

Actions required by the Executive Team (delete as appropriate):

The Executive Team (ET) is asked to Note the following Reports from Healthwatch England:

- Report on some of the main activities that we have worked on since the last meeting in December and
- Healthwatch England Business Plan 2021-2022

**1. Summary**

It is a year now since we met face to face. The last Committee meeting for HWE was a two-day event in Liverpool, the transport was terrible, and many didn't make the meeting and joined by phone. We had some excellent visits and speakers, but all that now seems like a lifetime ago. Reflecting on the last year I am pleased with how we adapted and how Healthwatch responded to the pandemic.

On a personal note, I would like to thank our Committee for their support during this year, the quick decision making, and pragmatic approach has really helped us respond to the challenge.

For noting the Healthwatch England's new three year strategy was approved by Committee formally at their meeting on 9<sup>th</sup> March 2021. A copy will be shared with CQC's Board in the next couple of weeks. The main change themes for the next period include a much greater focus on ensuring that the views of people who are seldom heard are sought and we will also be working on engagement/involvement mythologies to share these skills with others in the system who have responsibility for listening the views of the patient, public and services users. We are also considering the role of Healthwatch in the ICS and regional structures.

Attached you will also find the Business Plan for year 1 of the new strategy. I set out our major pieces of work we have been engaged in this quarter.

## **1. Responding to COVID-19**

### **1.1 Covid-19 Stakeholder Updates**

Since we last reported to the committee, we have continued to produce regular updates on what we are hearing on covid-19. These have shared early feedback on major service changes designed to support infection control, like the roll out of 111 First, and continued to highlight concerns around longer standing covid-related issues, such as the impact of visiting restrictions in care homes.

However, the main focus of the updates shared in January and February has been the roll out of the vaccine. One of the main issues raised early on was around confusing communications. People were reporting to us that they were finding the letters confusing and it was not clear that they can contact their surgery. In some cases, people have been left with the impression the only option is to go online to book, which is not appropriate in some cases. In some areas GPs have told Healthwatch they are only notifying people by text, not calling them – creating issues for people without mobiles. We have also seen confusing text message examples where people are being told they need to have a flu jab before they get a covid vaccine.

In our most recent update, we shared some of the early insights from our work on vaccine hesitancy. This work has suggested that while trust issues are a significant factor for certain communities, logistical issues are also a significant challenge. According to our polling, when the results are broken down by ethnicity, respondents from Black communities were 50% more likely to see the location of vaccine centres as a barrier and closer to twice as likely to express a nervousness about using public transport. Read more [here](#).

## **1.2 Hospital Discharge**

We have continued to widely share the findings of the work we did on hospital discharge in Q3. With the significant pressures placed on hospital beds during the second peak, we felt it of particular importance to ensure our findings registered at both national and local level.

We have therefore undertaken a series of stakeholder meetings, both one-to-one and in groups. Together with the Red Cross we presented findings at a parliamentary briefing with MPs and Peers. We had some additional publicity of the findings in the months following publication, with a comment piece in the British Medical Journal, a blog through the NHS managers network, and an article by Sir Robert Francis in Public Sector Focus magazine.

Together with the Local Government Authorities we organised two webinars aimed at commissioners and voluntary sector organisations titled “How can the voluntary care sector support hospitals to discharge patients quickly and safely during COVID-19?”. We presented the findings of our national research and featured a case study presentation from Healthwatch Brighton on their wellbeing check-in service which was also highlighted in our report. These webinars were attended by 400+ local decision makers and professionals with broadly very good feedback.

We also met with Liz Sargeant at NHSE who is the main author of the discharge guidance, along with John Bolton, whose research underpins the pathways model outlined in the discharge policy, to discuss our suggestions for updating/improving the guidance. In particular we discussed the idea of adding a “pathway 0+” to the guidance to ensure that there is clear responsibility within the discharge process for linking people in with voluntary and community services, and making the distinction between those who really

need no support after discharge and those that need some support but not necessarily a commissioned health and care recovery package. This suggestion was received very well and are now in further conversation with NHSE about this might work in practice.

We were also pleased to note the inclusion of 'Discharge to Assess' in the Government's White Paper and we are now in discussion with the DHSC team leading on this element of the bill to ensure this draws on our findings. We have also used this avenue to express our support should the Government decide to continue funding immediate post discharge support in social care, which has been such a key component of making things work to date.

### **1.3 Elective Care Taskforce**

We have continued to support NHSE and the Elective Care Taskforce, which is looking at how best to deal with the backlog of elective care and to return the NHS to normal running as soon as possible.

At the end of January this group published a jointly developed guidance and supporting materials, aimed primarily at hospitals, to ensure that "every patient whose planned care has been disrupted by COVID receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change."

This guidance outlines core principles for providers to help deliver personalised, patient-centred communications to patients who are waiting for care. As the NHS manages the immediate challenge of dealing with COVID-19, patients waiting for elective care may experience longer waiting times and changes to their treatment plans at short notice. Constitutional rights around elective care have not changed (e.g. referral to treatment time and patient choice), and there are additional requirements for trusts to undertake validation and clinical prioritisation of waiting lists. This means it is likely that hospitals will need to contact patients more frequently than before the pandemic.

As a result, hospitals may increasingly have to communicate difficult messages to patients, such as delays or changes to treatments, and collate specific information from them in order to jointly plan and manage ongoing care. Whilst we recognise that the delays will undoubtedly have an impact on patients, the key thing here was to ensure the NHS is prioritising effectively and that

patients understand the decisions being made and the implications. We also worked hard to ensure the guidance emphasised the need to put interim support measures in place for those facing extended waits.

You can read the full version of the guidance and the supporting materials [here](#).

#### **1.4 Care Homes Visits**

In partnership with the [Association of Directors of Adult Social Services](#) (ADASS) and the [Care and Support Alliance](#), we have continue to work on this issue, writing to the Secretary of State for Health and Social Care, Matt Hancock, and the Minister for Care, Helen Whately, to express our concerns with care home visiting guidance published in early December.

Following these letters and our work representing service users on the National Advisory Group to the Government's care home visiting pilot scheme, national guidance was updated to recommend that care homes use a combination of visitor testing, PPE and other hygiene measures to allow for safe and meaningful visits ahead of Christmas.

We had planned to continue working with the Department to improve further elements of the guidance. We also hoped to work with local Healthwatch to influence those local authorities who were still reluctant to encourage visitor testing for meaningful indoor visits in their local areas. However, with lockdown came another change in visiting guidance which no longer recommended indoor visits in care homes.

Local Healthwatch have continued to raise concerns about the emotional impact of blanket bans on visitation and we have continued to share these with Government. We were therefore pleased to hear the Prime Minister prioritise the re-starting of visits to care homes as lockdown begins to ease. We will continue to monitor the situation.

#### **1.5 Vaccines Research**

At the request of the Department of Health and Social Care we have kicked off a rapid turnaround project to explore attitudes towards the covid vaccine among Black Caribbean, Black African, Bangladeshi and Pakistani communities.

Existing polling data suggests there is significantly higher levels of vaccines hesitancy among these communities, and early uptake data shows this is resulting in fewer people from these communities taking up their offer of a vaccine.

Working with local Healthwatch, the new NHS Observatory on Race and our research partners Traverse, we will be working with 100 identified members of these communities to explore the reasons behind the hesitancy and to talk about possible ways to encourage uptake. This work aims to report in March/April.

## **2. Key non-COVID-19 activity**

### **2.1 Quarterly meeting with the Department of Health and Social Care**

In January and February, we continue our conversations with our Director General at the DHSC on the role of local Healthwatch at ICS and regional level. This fed in to broader conversations around the implementation of the Government's White Paper on Integration and Innovation in Health. (See below for more on the White Paper). These meetings continue to be a very positive opportunity for us to have strategic discussions with the Department.

We also shared with the Department the early findings from this year's State of Support report around the ongoing financial picture for local Healthwatch. This shows that while the reductions over the last 12 months have been very restrained thanks to councils protecting budgets in these very difficult times, there are concerns about the delayed decisions around procurements and contract extensions which mean over half the network now face a potential change or cut next year.

### **2.2 The White Paper on Integration and Innovation in Health**

The Health and social Care white paper and NHSE's response to its consultation on ICSs were published on 11 February.

The white paper overall gives more powers to the Secretary of State and is less clear about how people will be engaged at different levels, although there is reference to public/user involvement, and this does mention Healthwatch.

*"We know from the vanguard ICSs that taking a joined-up, population focused approach means you cannot see the people that services are meant for as just units within the system – their voice and sense of what matters to them becomes really central. That focus won't come through structures alone of course but working with organisations **such as Healthwatch** there is a real chance to strengthen and assess patient voice at place and system levels, not just as a commentary on services but as a source of genuine co-production."*

The development of ICS NHS Bodies and Health and Care Partnerships may add another layer of complexity to the health and care landscape. Elements of the white paper that we are taking a keen interest in, include:

- The NHS Mandate remains a requirement although it does not need to be reviewed every year, with Healthwatch remaining a statutory consultee;
- Social care is given less detail, although the commitment to Discharge to Assess will provide the opportunity for Healthwatch to contribute its recent research.
- The white paper talks about 'primacy of place' – and will be making ICS boundaries coterminous with local authorities (several local authorities in many cases) – which may provide useful opportunities, although more clarity is needed about how this will feed into system level decision-making. Links into local authorities and Health and Wellbeing Boards will be important for the network.

The Policy Team has already been in touch with the Bill Team at DHSC and is working with other stakeholders, including NHS Confederation, to work through the main issues. As the bill is likely to start its journey through Parliament before the summer, this will require speedy response. A submission has already been made to the Health and Social Care Committee and Sir Robert will give evidence to the committee on 2 March.

We are also engaging with the network on this issue, with members of the policy team attending network meetings and we will be hosting a dedicated webinar on the white paper.

Sir Robert will be giving evidence to the Health and Social Care Select Committee on 2<sup>nd</sup> March highlighting the importance of public, patient and service user voice at all levels of health and social service design and delivery.

### 2.3 NHS 111 First

We updated last time that we would be following closely the roll out of the 111 First programme which was to be introduced nationwide from 1 December. Whilst this is being introduced as a measure to support infection control by reducing crowding in A&E during the pandemic, this is a policy we have previously suggested should be explored so we were keen to see how it was working in practice. Below is a summary of what we heard from a network survey and through some commissioned public polling. We have fed this back to the NHSE 111 team.

**Summary:** NHS 111 is a well-known service, and the new 111 First options of pre-booked timeslots at A&E and other urgent appointments is useful to patients when it works well. But its full potential for improving patient experience can only be unlocked if more people are aware of the offer, if the roll-out is consistent (ensuring no one gets turned away from A&E) and if people consistently receive high quality care and advice through NHS 111.

#### Positives:

- **The public have good awareness of NHS 111 and are likely to use it:** The majority (84%) of polling respondents said that they were aware that they could call NHS 111 for urgent medical advice. Almost three-quarters (70%) agreed that they were more likely to call NHS 111 than go straight to an emergency department when they had an urgent medical problem.
- **Getting the right help:** Three out of four people who had used the service (79%) felt they had got the help they needed. People were most likely to say that they had a very good experience of the service if their question was answered directly by the call handler.
- **Satisfaction with NHS 111:** Almost three quarters (72%) agreed that they generally had positive experiences when they called NHS 111, while 12% disagreed and 13% were neutral.

**What could be improved:**

- **Confidence in call handlers:** Only 54% of respondents said they felt confident that when they phoned the service, the person they spoke to would be qualified to help. In survey comments people frequently told us they felt frustrated by the service feeling like a call centre.
- **Awareness of new NHS 111 First services is low:** 80% of our polling respondents were not aware that NHS 111 could reserve timeslots at GPs and 73% were not aware they could reserve timeslots at A&E.
- **Ensuring no one gets turned away:** Although the 111 First system is meant to encourage people to call 111 first without changing anyone's experience if they do walk up without an appointment, we heard multiple comments of people being shamed or discouraged when arriving without a pre-booked time slot.

**2.4 Access to Dentistry**

In December we published our summary of evidence from Q2. The overwhelming theme was around access to NHS dentistry.

Between July and September 2020, we saw a 452% increase in contacts across the network on NHS dentistry and for the first time received reports about this issue from nearly every part of the country.

We analysed 1,313 people's stories and identified the following themes:

- **Access to dental care** - the pandemic has made it difficult for most people to access both routine and emergency dental services, with many feeling unsure about when they would next see a dentist or leaving others to travel long distances to get care.
- **No routine care** - although dental practices have now reopened, people are still unable to get an appointment for check-ups, hygienist appointments or fillings.
- **Limited NHS appointments** - people have reported struggling to access NHS dentistry because practices are either not taking on new NHS patients or have no available NHS appointments.
- **Treatment still on hold** - in some cases, dentists have not been able to continue treatment started before lockdown, meaning people have been left in pain and with unresolved issues, like a broken tooth.

- **Access to emergency treatment** - people have told us they can't get through to their dentist when they need urgent care or are unable to access treatment if they do not meet the criteria for it.
- **Affordability** - our evidence suggests practices are prioritising private patients over NHS ones or are only offering non-urgent treatment if they pay privately.
- **Lack of information** - inaccurate information from the NHS 111, NHS Choices and dental practice websites can leave people frustrated and confused.
- **Confusion about registration** - a dental practice cannot de-register someone, but often people who have had a long gap since their last appointment are told they have been, when really what the dental practice means is that there are no available NHS appointments.
- **COVID-19 measures** - while practices did adapt once they reopened, not all of them understood how COVID-19 measures would impact some groups of people or didn't follow all the measures needed to make people feel safe.

Given the scale of the issue, in January we did a rapid review of the Q3 data and found that the issues have not gone away.

A further 1,129 people's stories revealed that seven in 10 people still find accessing an NHS dentist to be difficult, with some people having to call upwards of 40 or 50 dental practices to find an appointment. We also saw a rise in people reporting that they had been offered private treatment instead.

Both the December report and the January update resulted in blanket media coverage in national print and online media, key broadcast including BBC Radio 4 Today Programme, regional BBC radio stations and Sky News, and extensive local coverage.

We have embarked on a series of stakeholder engagement meetings with the DHSC, NHSE and the Chief Dental Officer, CQC and representatives from the dental profession to explore ways forward on dentistry. See more on our latest intervention [here](#).

## **2.5 Access to GPs**

Prior to the pandemic, access to GPs was already the most common topic shared with local Healthwatch across the country. However, during the pandemic the volume of feedback about GPs has increased even further, with more experiences shared in the first eight months of the pandemic period than the preceding 12-months.

Healthwatch England will be sharing a summary of this feedback, along with the results of a national representative poll in an upcoming report on GP access. The report draws on almost 200k people's experiences and will take a look at what we were hearing pre-pandemic, shine a light on some of the positives to come out of the last year (such as the growth of remote care services), and will explore some of the issues people have faced in accessing their GP.

While we know from the qualitative feedback from those receiving care from their GP that they continue to be grateful for the service when they get it, we have definitely seen a rise in negative sentiment around people's experiences of accessing the GP. This is seemingly being driven by more of the administrative side of accessing care. We know this has changed significantly (and potentially permanently) and therefore the report will make recommendations for a formal national review of GP access arrangements as an opportunity to learn from people's experiences.

Early findings from the work have already been shared with the DHSC, NHSE and CQC, and presented to a wider group of stakeholders at the cross sector Primary Care Quality Board. Publication of the report is expected in late March and we will update the committee on stakeholder engagement at the next meeting.

## **2.6 Parliamentary Engagement**

There have been a number of mentions of Healthwatch in Parliament since the beginning of this calendar year:

- House of Commons Debate on 'Covid-19 - Dental Services' (15<sup>th</sup> Feb 21):
  - **Stephen Morgan (Portsmouth South) (Lab)** mentioned that he had a meeting with his local Healthwatch – he referred to an anecdote from us about people pulling their own teeth out due to being unable to register with an NHS dentist.
- House of Lords Parliamentary Question (9 Feb 21):
  - **Lord Beecham (Lab)** tabled the following PW specifically on a HW report: *"To ask Her Majesty's Government what assessment they have made of (1) the report by Healthwatch What people are telling us, published on 9 December 2020, which found that people are struggling to access NHS dentistry"*.

- House of Commons Parliamentary Question (15 Feb 21):
  - In response to our report on dentistry and covid 19, **Sarah Olney MP (Richmond Park) (Lib Dem)** tabled the following PQ: *“To ask the Secretary of State for Health and Social Care, with reference to the finding by Healthwatch England in the update to its report on Dentistry and the impact of covid-19 dated 8 February 2021, that access to dentistry remains difficult for more than seven in 10 people, what assessment his Department has made of the implications for its policies of that finding; and what steps his Department is taking to improve access to dentistry”*.
  
- House of Lords Written PQ Answer (22 Feb):
  - **The Rt Rev. the Lord Bishop of Durham (Bishops)** tabled this PQ: *“To ask Her Majesty's Government what funding has been provided to local authorities (1) to support (a) asylum seekers, (b) refugees, and (c) migrants, to register with a GP, and (2) to ensure that those people are factored into COVID-19 vaccination plans”*.
  
  - **The Minister, Lord Bethell** mentioned Healthwatch in his response: *“The COVID-19 vaccine is available free of charge to anyone living in England, including those here without permission. The terms under which general practices are commissioned to deliver vaccination services enable practices to vaccinate unregistered patients. Individuals who are not registered with a practice will therefore be able to access the vaccine in line with the priority groups outlined by the Joint Committee on Vaccination and Immunisations (JCVI). However, we would strongly encourage everyone to register so that they may be more easily invited for vaccination. NHS England and NHS Improvement are working with local government, voluntary, community and social enterprise partners and Healthwatch England on a campaign to support all people, particularly those in inclusion health groups, to register with a general practitioner (GP), which supports the identification of those who should be prioritised for the vaccine”*.

### **3. Support to the Network**

#### **3.1 Healthwatch funding.**

Support has continued to be offered to both local Healthwatch and local authorities on commissioning – totalling 32. Earlier work to develop a resource to support effective commissioning has paid off, with Knowsley, Middlesbrough, Coventry and Herefordshire as examples of incorporating the Quality Framework into specifications and contracts. All local Healthwatch have been contacted to confirm funding for 2019/20 which are included in Healthwatch England's State of Support briefing on Healthwatch funding and informs our future engagement programme.

#### **3.2 Equality diversity and inclusion**

Healthwatch England seconded Joy Beishon, Chief executive of Healthwatch Greenwich to lead a programme to better understand the approach of local Healthwatch to equality, diversity and inclusion. To date a third of Healthwatch have engaged with the programme through activities such as action learning sets, focus groups and a new Black staff network. Key learning to date:

- Much good work is going on by local Healthwatch, although it is not necessarily being captured because of how Healthwatch work is measured, including by Healthwatch England
- Healthwatch work on equality, diversity and inclusion is not always clearly articulated in strategies and workplans
- Healthwatch recognise this is an area that can be challenging and would value more support from Healthwatch England.

Healthwatch England has extended the secondment for a further six months and equality, diversity and inclusion features prominently in Healthwatch England's refreshed strategy.

### **3.3 Digital**

Healthwatch England has grant funded 10 local Healthwatch to pilot two digital engagement platforms with a view to Healthwatch England investing in the future as part of our Digital Transformation Programme. We are testing whether such platforms allow deeper engagement with the public and make it easier for Healthwatch to keep people informed about the difference made by sharing their views and experiences.

### **3.4 Quality Framework**

Healthwatch England introduced the quality Framework to enable local Healthwatch to self-assess their effectiveness. Currently, 26 local Healthwatch are in the process of completing it with all Healthwatch being invited to complete it by March 2022. Regional Managers will meet with each Healthwatch to review their action plans and offer support where needed. The process of completing it has been well received by staff and Boards.

### **3.5 Impact**

Healthwatch identified that they needed support on understanding and communicating the difference they make. 65 local Healthwatch have so far engaged with Healthwatch England's Impact Programme with 78% rating their confidence in this subject area as having increased. New resources have been developed to support local Healthwatch, including an Impact tracker. Healthwatch England is capturing the difference our Impact Programme is making.

Here are two examples:

- The templates give us a complete journey from theory, to concept, to delivery, to finished report and influencing. We feel we have a much more professional approach, and this has helped us when collaborating with other stakeholders.
- Following two impact coaching sessions, (our local Healthwatch) issued a new promotional publication and could brief the council on specific priority areas of work for the next year.

### **3.6 Training and Resources**

Healthwatch England has worked with local Healthwatch to develop resources which support the various elements of the quality Framework. We seconded Margaret Curtis from Healthwatch Sunderland to develop resources particularly focused on governance and decision-making. All Healthwatch England resources have been mapped against the Quality Framework and will be available through a revamped Healthwatch network website.

Other resources launched include an online induction for new Chief Officers (16 completed it with 8/10 rating); 636 staff and volunteers have now completed an induction module; a new induction module will be shortly launched for new Board members. Healthwatch staff who manage volunteers will shortly be testing new resources covering all aspects of volunteer management, including a template volunteer handbook drawing on practice across the network. We have developed a facilitated Board Development Session to support strong governance and decision-making.

Our shift to online delivery of our Learning and Development Programme continues to be popular with 233 people participating in 15 sessions during January covering areas such as research skills and communicating impact.

Since April 2020, we have seen nearly 2000 staff and volunteers sign up to the 112 events we have run for the Healthwatch network.

### **3.7 Network Communications**

Engagement with our network website and online Workplace community has remained strong throughout 2020-21. To date we have seen:

- A 179% increase in visitors to the network site to access news and resources and book onto events (17.3K Apr 20-Jan 21 V 6.2K Apr 19-Jan 20)
- A 90% increase in page views on the network site (80K Apr 20-Jan 21 V 42K Apr 19-Jan 20)
- A 108% increase in actions (such as downloading guidance) taken on the network site (23.8K Apr 20-Jan 21 V 11.4K Apr 19-Jan 20)
- An average of 500 staff members visiting workplace at least once a week (the network is estimated to have 530 full time equivalent staff).

### **4. Supporting more people to have their say**

We have continued our work to reach more people, support them in sharing their experiences and, ensure they can access high-quality advice and information during the COVID-19 period.

#### **4.1 Advice and information**

We introduced a national advice and information service on our website in 2018, and it has since become the most popular section of our website. In the first full year of operation (2018/19), our advice and information content were accessed by over 113,000 people. This year, demand for our advice and information has increased substantially. From April 2020 – January 2021, our advice and information content has been accessed by over 350,000 people. This is 213% higher than all the advice and information views we had in the whole of the last financial year.

Part of this increase is likely to result from work we have done to make our content easier to find online, such as ensuring the structure and keywords are optimised for search engines.

The most popular content relates to key COVID-19 issues and other issues that are likely to be linked to the interruption to health and care services. This content includes:

- How to find an NHS Dentist
- Understanding shielding from COVID-19
- Understanding terms like self-isolation
- Help travelling to NHS appointments
- How to register with a GP, and
- How pharmacists can help versus seeing a GP
- How to make a complaint

The analysis of our advice and information content is now used to help inform our insight into key issues that are concerning people. For example, the rise in people looking for help getting a dentistry appointment helped prompt us to look at this issue in more detail.

We have also tested a new system which enables people to rate our advice in terms of usefulness. To date, the average score for our advice is 4 out of 5, with most people rating our content as either useful or very useful.

## 4.2 Public feedback campaigns

At the early stages of the pandemic, we partnered up with the Care Quality Commission to launch the #BecauseWeAllCare Campaign. The aim was to ensure that people who are more likely to use health and social care services were encouraged to share their experiences so that local and national decision-makers could be alerted to issues.

The digital campaign, which has targeted older people, individuals with long-term conditions and carers, was launched in July 2020. To date more than 10,000 people have shared their views via the Healthwatch England website.

We are in the process of conducting a review of the campaign with CQC. However, initial findings indicate that this is our most successful campaign to date in terms of:

- Partnership support – The campaign launch was supported by 400 partners, and each subsequent drive has been supported by a range of charity, NHS and other partners. For example, our latest focus on carers in January involved 84 external organisations. To date, our stakeholder toolkit has been accessed over 6,000 times.
- Social reach and engagement – The campaign has supported a 203% increase in the reach of our social media messages (10M Apr 20-Jan 21 V 3.3M Apr 19-Jan 20) and a 315% increase in engagements with our social media messages (370K Apr 20-Jan 21 V 89K Apr 19-Jan 20)
- Website visitors – Traffic to our public website is at an all-time high and has grown 156% (608K Apr 20-Jan 21 V 238K Apr 19-Jan 20)
- People sharing their views- To date, we have seen a 30% year on year increase in people sharing their experiences (13.7K Apr 20-Jan 21 V 10.6K Apr 19-Jan 20)

As well as using the campaign to target specific audiences, we have also used #BecauseWeAllCare to engage people on particular issues such as NHS111 and hospital discharge. The campaign has also generated insight that has helped us raise awareness of the issues people face with policymakers and the media. For example, in December and February, we secured significant coverage on the issues people face accessing NHS dentistry.

Coverage included:

- 387 items of national, regional and local coverage with an audience reach of 85 million.
- Titles such as the Guardian, Times, Sunday Times, Mirror, Mail, Sun, BBC Radio 4, BBC Radio 2 and Sky News.

## **5. Supporting Healthwatch to engage their communities**

### **5.1 Communications support**

All our advice and information and public feedback campaigns work has included support to help local Healthwatch engage their communities. For example, in our most recent campaign spike focussed on carers, 74 local Healthwatch services used the campaign to engage local carers. The #BecauseWeAllCare campaign toolkit for local Healthwatch services is also the most viewed single item of guidance so far, this financial year. As part of the campaign, we have been able to collect, and share with local Healthwatch, experiences from every single community we serve.

In terms of broader support, we have continued to provide local Healthwatch with resources via our brand centre (the use of which is on track to pass 2019-20 levels) and run monthly training sessions on a different communications topic. The most recent of these has been a series of online workshops to see how we can strengthen campaigning at a regional level. We have also published our campaigns calendar for 2021.

## **5.2 Digital support**

We have continued to improve our estate of over 60 local Healthwatch websites to improve users' experience. For example, users can now translate the content of any web page into a range of languages.

We are also planning further developments, including:

- The introduction of a new benchmarking tool that local Healthwatch can use to understand which communication channels and what website content are helping to engage their local communities and stakeholders.
- Working with local Healthwatch communication leads to help establish and provide guidance on which channels Healthwatch can utilise best online to help reach different sections of their communities.

## **5.3 Brand support**

Following an audit to take stock of how we and a sample of 30 local Healthwatch services are using our shared brand, we have started three streams of work to strengthen the brand in 2021-22, especially when engaging local people. This work includes:

- Simplifying the visual guide for our brand so it is easier to apply
- Developing an updated brand promise, personality and values, which will then inform a new tone of voice guide.
- Providing more guidance to help local Healthwatch services provide a more consistent experience for local people.

To help inform the development of the brand values, we have held six workshops attended by nearly 100 staff and volunteers to help identify the values and personality we want to communicate.

**Key Meetings Attended since the last Committee meeting**

December	
HWE – DHSC quarterly strategic meeting	
Introductory meeting with DHSC Director General for Adult Social Care	Michelle Dyson
Meeting with Nutricia	Kate Hall
Meeting- NHSI/NHSE / re Assembly position on ICSs	Sara Geater
Social Care Stakeholder Taskforce Group Meeting	
CRS Update Meeting with Professor Stephen Powis	
Quarterly DHSC Sponsor Team	
Build back fairer: Inequalities and COVID-19 in England webinar	
Meeting with DH&SC, HWE and NHSE&I - Future Policy intentions	
Virtual coffee - NHSEI/Healthwatch - People plan	Em Wilkinson-Brice
CQC	
DHSC Follow Up meeting	Rebecca Chaloner, Michael Van Straaten
Covid-19 Support Taskforce / Social Care	
Healthwatch and Race and Health Observatory	
Meeting to discuss DHSC proposals re Healthwatch England	
CQC/ADASS/TUC/Unions meeting	
Video to the network	
DHSC Sponsor Team	
Elective Task Force	
Commitment to Carers Oversight Group	

January	
Follow up meeting with DHSC re Healthwatch England	Aidan Fowler
Interview with ITV	
Meeting - NHS Transformation Unit work with NHS X	Julia Simon & Charley Ward
Review of the NHS Health Check Programme	
Welcome back video message to network	
Adult Social Care Stakeholder Discussion	Tom Surrey
Social Care (Covid – 19) Stakeholder Group Meeting -	Chaired by Sir David Pearson CBE
Address to the board of the Church Urban Fund about 'voice'	
NIHR SSCR Advisory Board meeting	
NQB PPV Interviews	
DHSC/HWE Phone Call	Tracy Parker
Volunteer Passport Partnership telephone call	Jeremy Hughes
Race and Health Observatory	
HWE/ADASS meeting	
Integrated Care Delivery Partners' Group	
Interview with The Observer – dentistry	James Tapper
Social Care (Covid – 19) Stakeholder Group Meeting -	Chaired by Sir David Pearson CBE
EI Action	Yvonne Coghill
Elective Task Force	
Health for Care Coalition	
Patient and Public Voice Experts	
NHSE /NHSI Specialised Commissioning stakeholders	

February	
HWE/ADASS meeting discuss vaccine hesitancy	Fazeela Hafejee
Meeting re Vaccine Hesitancy	Tim Spensley
NHSE	Frances Newell
Zoom Call Paul Burstow	
NHS Assembly meeting	
Introduction to Lord Patel	
Live interview with SKY News	
National Quality Board	
NHSE Covid -19 Vaccination Briefing	
Social Care Advisors	
Hunter Healthcare	Janice Scanlan
Patient Groups - Health and Care White Paper	Edward Argar
Social Care (Covid – 19) Stakeholder Group Meeting -	Chaired by Sir David Pearson CBE
CQC	James Turner
Carers UK	
HWE – CQC Quarterly	
HWE-DHSC Quarterly Strategic	
Denplan	
Social Care (Covid – 19) Stakeholder Group Meeting	
NEPTS	

# Healthwatch England Annual Plan 2021-22

**Directorate:** Healthwatch England

**Approved by:** Healthwatch England Committee

**Date:** 9<sup>th</sup> March 2021

**Version:** Final

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**Outcomes we are planning to achieve  
against our new strategy objectives**



## Healthwatch England - Business Plan 2021-22

### Section 1: Outcomes & KPIs against our Strategy Objectives

No.	Strategic Objectives	Outcomes 2021/22	Key Performance Indicators (KPIs)/ Target /Milestone	KPI Delivery Date
1	A sustainable and high performing network	<ul style="list-style-type: none"> <li>Healthwatch understand and value of the Healthwatch England support offer set out in the Annual Network Plan and value our online platforms.</li> <li>Healthwatch can make their case for support through evidencing their impact and effectiveness through the Quality Framework.</li> <li>Local government commissions effective Healthwatch and income is protected by recognising the value of Healthwatch and reflect this in contract arrangements.</li> <li>We will continue to grow our income generation opportunities for local Healthwatch.</li> <li>Local Healthwatch people (Boards and staff) have the core skills to deliver an effective Healthwatch; they are more diverse and Healthwatch value diversity</li> <li>Healthwatch are included and properly resourced to be formally part of emerging regional structure of Integrated Care Systems</li> <li>Healthwatch understand and align to our updated brand purpose and values.</li> <li>Local Healthwatch have increasing focus on equality, diversity and inclusion in their work; with greater confidence working with specific local communities and can demonstrate the application of their public equality duty.</li> </ul>	<ul style="list-style-type: none"> <li>67% of Board members, CEOs and staff who rate Healthwatch England support as good or very good (KPI)</li> <li>100% of local Healthwatch have signed up to our brand licence and year on year use of our brand resources increases. (KPI)</li> </ul>	<ul style="list-style-type: none"> <li>Q4</li> <li>Q4</li> </ul>

No.	Strategic Objectives	Outcomes 2021/22	Key Performance Indicators (KPIs)/ Target /Milestone	KPI Delivery Date
		<ul style="list-style-type: none"> <li>Local Healthwatch have increased confidence in holding local commissioners, providers and systems to account.</li> </ul>		
2	Seeking the views of people on their experience of needing or using health, public health and social care services	<ul style="list-style-type: none"> <li>Healthwatch England will remove the barriers so all Healthwatch can meet their requirement to share data with Healthwatch England.</li> <li>Healthwatch England has built and piloted the infrastructure to support digital engagement and easy sharing of data by local Healthwatch with Healthwatch England.</li> <li>We set up a campaigns infrastructure that works at a national, regional and local level to increase awareness and engagement with priority audiences.</li> <li>We address the public's top NHS, social care and public health advice and information questions including in partnership with external organisations.</li> </ul>	<ul style="list-style-type: none"> <li>Report on pilot of digital engagement platform (Milestone)</li> <li>4 in 5 people rate our advice and information content as useful. (KPI)</li> </ul>	<ul style="list-style-type: none"> <li>Q3</li> <li>Q4</li> </ul>
3	Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements	<ul style="list-style-type: none"> <li>We will improve our capability and understanding of health inequalities experienced by seldom heard ethnic groups. We will achieve this through a network wide flagship campaign.</li> <li>We will have greater understanding of the barriers which mean certain groups go unheard and the unique role Healthwatch can play in addressing these.</li> <li>Our campaigns increase engagement with audiences who are least likely to share feedback with Healthwatch (e.g. ethnic minorities)</li> </ul>	<ul style="list-style-type: none"> <li>Increase the proportion of data we gather from Black, Asian and Minority Ethnic groups through the webform from 4% (including white Irish) to 15% (KPI)</li> <li>All our policy and research work will have an equalities focus which secures one policy change. (Target)</li> </ul>	<ul style="list-style-type: none"> <li>Q4</li> <li>Q4</li> </ul>

No.	Strategic Objectives	Outcomes 2021/22	Key Performance Indicators (KPIs)/ Target /Milestone	KPI Delivery Date
4	Acting on what we hear to bring about improvements in health and care policy and practice	<ul style="list-style-type: none"> <li>We will influence the delivery of access to GPs (professional focused) and dentistry (policy focused).</li> <li>We will get in depth insight on three research projects (e.g. Digital Health and Equalities in Secondary Care/remote monitoring, Supporting the Covid Vaccinations Roll-out, Review of Policy Position on Social Care)</li> <li>We will be responsive to the priorities of the Health and Care system and carry out reactive research, influencing and communications activity to ensure changes are user focused - e.g. Social Care Reform.</li> <li>Healthwatch England have increased confidence in holding local commissioners, providers and systems to account.</li> <li>Our policy and campaigns work will increase engagement with priority corporate and sectoral audiences and result in more stakeholders accessing evidence and data from us on specific policy priorities.</li> </ul>	<p><b>Stakeholders Perceptions KPI</b> (measured every 2 years)</p> <p><i>Note: The Stakeholder Perception is done biennial. A report on the following % will be provided at the committee meeting on the 9<sup>th</sup> March.</i></p> <ul style="list-style-type: none"> <li>% of stakeholders saying they are aware of Healthwatch and our role increase by 5 points (KPI)</li> <li>% of stakeholders saying they value the work done by Healthwatch will increase by 5 points (KPI)</li> </ul>	<ul style="list-style-type: none"> <li>Q4</li> <li>Q4</li> </ul>
5	Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector	<ul style="list-style-type: none"> <li>Common understanding of approach and value offered by HW in engagement.</li> <li>We will have a solid understanding of the 'engagement market' - with our potential competitors and partners mapped and potential for revenue generation fully assessed.</li> <li>We will have greater understanding of the Network's current network strengths and weaknesses on engagement and a plan in place to meet strategic objective on engagement.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a benchmark to enable us to understand progress (Milestone)</li> </ul>	<ul style="list-style-type: none"> <li>Q4</li> </ul>
6	We are a strong and well governed organisation that uses its resources for greatest impact	<ul style="list-style-type: none"> <li>Our governance structures and processes are fit for purpose.</li> <li>We will evidence Return on Investments (ROI) for our budget.</li> <li>We will have a plan in place to support and develop our people.</li> </ul>	<ul style="list-style-type: none"> <li>2 reports (bi-annual) produced showcasing the impact Healthwatch England has made against our strategy. (Target)</li> </ul>	<ul style="list-style-type: none"> <li>Q4</li> </ul>

No.	Strategic Objectives	Outcomes 2021/22	Key Performance Indicators (KPIs)/ Target /Milestone	KPI Delivery Date
		<ul style="list-style-type: none"> <li>We will identify our impact through our Programme Management Framework.</li> <li>We will have strong values emphasising our commitment to equality and diversity issues, we will live these values in all we do.</li> <li>Our culture will be inclusive, and we will demonstrate we have a learning culture.</li> </ul>	<ul style="list-style-type: none"> <li>95% of staff report feeling involved in Healthwatch England overall objectives. (KPI)</li> <li>95% of staff feel they make a difference through their role (KPI)</li> <li>100% of projects will have EIA completed. (KPI)</li> </ul>	<ul style="list-style-type: none"> <li>Q2</li> <li>Q2</li> <li>Q4</li> </ul>

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**Activities we will undertake to achieve  
the outcomes**



## Healthwatch England Business Plan

### Section 2: Activities



No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
<b>Objective 1 - A sustainable and high performing network</b>				
1.	Healthwatch understand and value the Healthwatch England support offer set out in the Annual Network Plan and value our online platforms.	<ul style="list-style-type: none"> <li>Promotion of Healthwatch England Support Offer to local Healthwatch setting out against the Quality Framework Domains with key dates</li> <li>Digital communications programme to improve the targeting of our content and accessibility of our systems including:               <ul style="list-style-type: none"> <li>Updating the network site functionality</li> <li>Improving the use of workplace</li> <li>Rationalising and strengthening our guidance</li> <li>Introducing a marketing system to improve engagement</li> </ul> </li> <li>Satisfaction survey for local Healthwatch to rate Healthwatch England support delivered in 20/21</li> </ul>	Head of Network Development	Q1
			Head of communications / Communications Manager (Digital Systems)	Q1
2.	Healthwatch can make their case for support through evidencing their impact and effectiveness through the Quality Framework.	<ul style="list-style-type: none"> <li>Impact Programme supporting HW to understand, plan for, evidence and communicate their impact and pilot reporting to Healthwatch England, including promotion of planning tool</li> <li>Development and delivery of research support materials and training to the network in line with differing level needs</li> <li>Quality Programme to ensure % of HW are using the Quality Framework by Mar 2022 to understand their</li> </ul>	Programme Events Manager	
			Impact and Regional Network (North West) Manager	Q1-4
			Research and Insight Manager	Q1-4
			Quality Assurance and Regional (North East) Manager	Q4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		effectiveness and to improve and the learning is informing Healthwatch England <ul style="list-style-type: none"> <li>Collectively and individually HW can communicate and evidence their case for support</li> <li>Risk identification and mitigation to prevent business disruption and reputational damage</li> <li>State of Support reporting on the funding of local Healthwatch to DHSC and stakeholders</li> <li>Evidence and impact communication programme to support local Healthwatch to improve their annual reporting of the difference they have made</li> </ul>	Deputy Head of Engagement and Sustainability  Deputy Head of Engagement and Sustainability / Regional Managers  Deputy Head of Engagement and Sustainability  Communications Manager (Brand and content)   Impact Manager	Q4  Q1-4  Q4  Q1 & Q4
3.	Local government commissions effective Healthwatch and income is protected by recognising the value of Healthwatch and reflect this in contract arrangements.	<ul style="list-style-type: none"> <li>Engagement Programme with local authorities to support protection of HW income and effective commissioning of HW, including outcomes focus</li> </ul>	Deputy Head of Engagement and Sustainability / Regional Managers	Q1-4
4.	We will continue to grow our income generation opportunities for local Healthwatch.	<ul style="list-style-type: none"> <li>National projects with local Healthwatch as delivery partners funded through small grants</li> <li>Mapping of local Healthwatch involvement and outcomes achieved</li> <li>Brokerage of funded projects and partnerships</li> </ul>	Policy/ Collaboration and Regional Network (South) Manager  Deputy Head of Engagement and Sustainability/ Collaboration and Regional Network (South) Manager  Collaboration and Regional Network (South) Manager / Regional Managers	Q1-4  Q1-4  Q1-4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
5.	Local Healthwatch people (Boards and staff) have the core skills to deliver an effective Healthwatch; they are more diverse and Healthwatch value diversity.	<ul style="list-style-type: none"> <li>• Delivery of Blended Learning and Development Programme based on HW needs, strategy and horizon scanning</li> <li>• Commissioning, production and promotion of resources/tools etc to support Learning and Development</li> <li>• Project focusing on strengthening communications and Board effectiveness, culture of equality, diversity and inclusion and supporting diversity in recruitment</li> <li>• Facilitation of professional networks: Regional, Comms, Engagement; Research and Insight, Black staff Network; Diversity, volunteer Managers</li> <li>• Volunteer Programme to celebrate volunteering and impact and support staff managing volunteers effectively</li> <li>• Healthwatch Week providing local Healthwatch with opportunity to learn, share and network</li> <li>• National Awards that celebrate the difference made by Healthwatch people</li> </ul>	<p>Learning and Development Manager and relevant Managers</p> <p>Learning and Development Manager and relevant Managers</p> <p>Secondee / Head of Network Development / Communications</p> <p>Learning and Development Manager: Various Managers</p> <p>Volunteering and Regional Network (London) Manager</p> <p>Programme Events Manager</p> <p>Programme Events Manager</p>	<p>Q1-4</p> <p>Q3-4</p> <p>Q3-4</p> <p>Q1-4</p> <p>Q1-4</p> <p>Q3</p> <p>Q3</p>
6.	Healthwatch are included and properly resourced to be formally part of emerging regional structure of Integrated Care Systems.	<ul style="list-style-type: none"> <li>• Mobilisation if required to support proposed structure for regional working</li> <li>• Influence the development of legislation to ensure that the core role, purpose and function of the Healthwatch network's existence is reflected in any changes/reform to health and social care.</li> </ul>	<p>Head of Policy, Public Affairs and Research and Insight / Head of Network Development</p> <p>Head of Policy, Public Affairs and Research and Insight / Public Affairs Officer</p>	<p>Q3-4</p> <p>Q1-Q4</p>

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
7.	Healthwatch understand and align to our updated brand purpose and values.	<ul style="list-style-type: none"> <li>• Strengthen the core brand by delivering an updated brand promise, values, tone of voice and guidelines</li> <li>• Improve the consistent use of the brand by rolling out:               <ul style="list-style-type: none"> <li>○ Updated brand licence and framework to all Healthwatch</li> <li>○ Updated brand resources to reflect brand changes</li> <li>○ Training to support core communication skills and improved customer experience</li> </ul> </li> <li>• Engagement with local Healthwatch so they understand and align with refreshed Healthwatch England brand and values, including re-sign of trademark licence</li> <li>• Engagement with local Healthwatch to ensure all sign up to Data Agreement, report their compliance with GDPR and any support issues are fed into Learning and Development Plan</li> </ul>	<p>Head of Communications   Brand and content manager</p> <p>Head of Communications/ Head of Network Development / Programme Events Manager</p> <p>Director of Communications, Campaigns and Insight / Programme Events Manager</p>	Q2-3
8.	Local Healthwatch have increasing focus on EDI in their work; with greater confidence working with specific local communities and can demonstrate the application of their public equality duty.	<ul style="list-style-type: none"> <li>• EDI project that supports local Healthwatch confidence and identifies local Healthwatch strengths in working with seldom heard groups and supports local Healthwatch culture of diversity and understanding and application of local Healthwatch's public equality duty</li> </ul>	National Programme Lead (seconded) - Equality, Diversity, Inclusion / Head of Network Development	Q1-2

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
<b>Objective 2 - Seeking the views of people on their experience of needing or using health, public health and social care services</b>				
9.	Healthwatch England will remove the barriers so all Healthwatch can meet their requirement to share data with Healthwatch England.	<ul style="list-style-type: none"> <li>Engagement with local Healthwatch to understand and address data sharing barriers and responsibilities + encourage them to share data</li> <li>Roll-out new upload function to the reports library</li> </ul>	Research and Insight Manager / Digital Systems Delivery Manager / Regional Managers  Research and Insight Manager	Q1 - 4  Q2 - 4
10.	Healthwatch England has built and piloted the infrastructure to support digital engagement and easy sharing of data by local Healthwatch with Healthwatch England.	<ul style="list-style-type: none"> <li>Running and evaluation of pilot (both for the network and Healthwatch England research and insight function) and subsequent procurement and roll out of digital engagement platform</li> <li>Ensure digital engagement platforms are integrated with HWE research function</li> <li>Support to local Healthwatch with accessing Digital Fund with transition to new system</li> <li>Developing and rolling out the feedback module to all nationally supported local Healthwatch websites</li> </ul>	Campaigns and Regional (Central) Manager / Digital Communications/Research and Insight Manager  Lead - Director of Communications, Campaigns and Insight (procurement) Research and Insight Manager/Digital Systems Delivery Manager TBC  Digital Systems Delivery Manager   Communications Manager (Digital)	Q2-4  Q2-4  Q4  Q2 - 4
11.	We set up a campaigns infrastructure that works at a national, regional and local level to increase awareness and engagement with priority audiences.	<ul style="list-style-type: none"> <li>Brand awareness and engagement programme including:               <ul style="list-style-type: none"> <li>Agree priority public and professional audience segments</li> <li>Deliver an integrated media, social and partnerships programme to engage priority public and professional audiences.</li> </ul> </li> </ul>	Communications Manager (Brand and Content) Communications Manager (Digital) Media Manger	Q1-Q4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		<ul style="list-style-type: none"> <li>• Public feedback programme including strengthening our internal campaigns approach by:               <ul style="list-style-type: none"> <li>○ Updating our annual campaigns calendar</li> <li>○ Formalising the role of campaigns and communications leads</li> <li>○ Establish and train a network of regional spokespeople</li> <li>○ Supporting regional campaigns</li> </ul> </li> <li>• Digital engagement programme including:               <ul style="list-style-type: none"> <li>○ Rolling out adoption of a new digital communications benchmarking tool to Healthwatch to identify strengths and weaknesses</li> <li>○ Introducing a digital communications framework to improve best practice</li> <li>○ Rolling programme to improve user experience across all our channels</li> <li>○ Updating the technology that drives our national and 62 local public websites.</li> </ul> </li> </ul>	<p>Media Manager, Campaigns and Regional Development Manager, Communications Manager (Digital)</p> <p>Communications Manager (Digital)</p>	
12.	We address the public’s top NHS, social care and public health advice and information questions including in partnership with external organisations.	<ul style="list-style-type: none"> <li>• Advice and information programme including the delivery of:               <ul style="list-style-type: none"> <li>○ 12-month content plan covering NHS, social care and public health content</li> <li>○ Review and update of our accessibility policy and tools</li> <li>○ Piloting of content partnerships to increase content quality and accuracy</li> </ul> </li> </ul>	Head of Communications   Communications Manager (Brand and Content)	Q1-Q4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
<b>Objective 3 - Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements</b>				
13.	We will improve our capability and understanding of health inequalities experienced by seldom heard ethnic groups. We will achieve this through a network wide flagship campaign.	<ul style="list-style-type: none"> <li>• Public feedback programme including:               <ul style="list-style-type: none"> <li>○ Developing national campaign co-designed with local Healthwatch and tested with partners and the public to increase feedback from priority target audience and increase our understanding of engaging seldom heard communities</li> </ul> </li> </ul>	Head of Communications   Head of Policy and Research	Q1-Q4 Q3
14.	We will have greater understanding of the barriers which mean certain groups go unheard and the unique role Healthwatch can play in addressing these.	<ul style="list-style-type: none"> <li>• Undertake any necessary additional policy or comms research to understand the barriers and support the flagship campaign</li> <li>• Ensure all research and engagement activity across HWE is focused on the issue of equality and ethnicity.</li> </ul>	Research and Insight Manager   Communications Manager (Brand and content) Research and Insight Manager Deputy of Engagement and Sustainability	Q1-4  Q1 - 4
15.	Our campaigns increase engagement with audiences who are least likely to share feedback with Healthwatch (e.g. ethnic minorities, people on lower incomes).	<ul style="list-style-type: none"> <li>• Deliver public feedback programme including</li> <li>• Running reactive campaigns to target specific communities about specific issues (b) Supporting the national and local flow of feedback by:</li> <li>• Delivering campaign spikes targeting priority audiences (e.g. people from an ethnic background, people on low incomes etc.)</li> <li>• Working with CQC and other partners to widen the promotion of public feedback by NHS, social care and third sector</li> </ul>	Head of Communications, Media Manager / Campaigns and Regional (Central) Manager	Q1-4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		<ul style="list-style-type: none"> <li>Programme to promote and support local Healthwatch to participate in Healthwatch England campaigns</li> </ul>		
<b>Objective 4 - Acting on what we hear to bring about improvements in health and care policy and practice</b>				
16.	We will influence the delivery of access to GPs and (professional focused) and dentistry (policy focused).	<ul style="list-style-type: none"> <li>Deliver campaigns on:               <ul style="list-style-type: none"> <li>GP Access in partnership with the Practice Managers Association to tackle common issues around primary care access.</li> <li>A joint national and local campaign to push for improved access to dentistry services.</li> </ul> </li> </ul>	Senior Policy Analyst	Q1-Q2  Q2-Q3
17.	We will get in depth insight on three research projects (e.g. Digital Health and Equalities in Secondary Care, Supporting the Covid Vaccinations Roll-out, Review of Policy Position on Social Care).	<ul style="list-style-type: none"> <li>Deliver research projects on:               <ul style="list-style-type: none"> <li>Digital health and equalities:                   <ul style="list-style-type: none"> <li>Extend project on primary care to look at changes in secondary care</li> <li>Review changes in mental health services</li> </ul> </li> <li>Vaccines and outreach to seldom heard in partnership with DHSC/NHSE and a focus on Black, Pakistani and Bangladeshi communities</li> <li>Review our current evidence and policy position on social care reform. Carry out any necessary primary research to fill gaps.</li> </ul> </li> </ul>	Senior Policy Analyst/Research and Insight Manager  Head of Policy, Public Affairs and Research and Insight  Senior Policy Analyst/Research and Insight Manager	Q1-Q2 Q3-Q4 Q1  Q2

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
18.	We will be responsive to the priorities of the Health and Care system and carry out reactive research, influencing and communications activity to ensure changes are user focused - e.g. Social Care Reform.	<ul style="list-style-type: none"> <li>Engage with Government social care reform agenda and deliver a national campaign/research project.</li> <li>Conduct an evidence review of our insight to identify lessons learned from the pandemic to support influencing activity and any potential public inquiries.</li> <li>Report insights gathered by the network and HWE in an agile and responsive fashion.</li> <li>Integrate analysis and use of external data sources in our day-to-day work.</li> </ul>	Senior Policy Analyst/Research and Insight Manager  External Affairs Manager/Public Affairs Officer/Research and Insight Manager  Research and Insight Manager/Stakeholder Manager Research and Insight Manager/Stakeholder Manager	Q3-Q4  Q2  Q1 - 4  Q1 - 4
19.	Local Healthwatch and Healthwatch England have increased confidence in holding local commissioners, providers and systems to account.	<ul style="list-style-type: none"> <li>Commission local Healthwatch to work with Healthwatch England on a new resource to support local Healthwatch's function of holding to account and is rolled out to local Healthwatch with support</li> </ul>	External Affairs Manager / Senior Policy Adviser	Q3-Q4
20.	Our policy and campaigns work will increase engagement with priority sectoral audiences and result in more stakeholders accessing evidence and data from us.	<ul style="list-style-type: none"> <li>Evidence use programme including:               <ul style="list-style-type: none"> <li>Review of integrated approach to targeting priority professional audiences via email, stakeholder engagement, PR and social media</li> <li>Exploring new approaches to sustain engagement, such as a new marketing database</li> </ul> </li> <li>Deliver the Public Affairs plan:               <ul style="list-style-type: none"> <li>Modes and channels for regular stakeholder engagement reviewed and refined informed by stakeholder perceptions research</li> <li>Increase frequency and depth of our interactions with key institutional stakeholders</li> </ul> </li> </ul>	Communications Manager (Brand and content) Communications Manager (Digital)  External Affairs Manager  Public Affairs Officer	Q1-Q2  Q1-Q4  Q1-Q4

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		<ul style="list-style-type: none"> <li>○ Ensure each policy campaign and research project has a defined and delivered stakeholder engagement plan</li> <li>○ Implement our parliamentary and political engagement plan.</li> <li>○ Delivery of trainings for network to develop stakeholder analysis and skills for engagement with local decision makers</li> </ul>	External Affairs Manager/Public Affairs Officer  Public Affairs Officer  External Affairs Manager	Q1-Q4  Q1-Q4  Q1-Q4
<b>Objective 5 - Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector</b>				
21.	Common understanding of approach and value offered by the local Healthwatch in engagement.	<ul style="list-style-type: none"> <li>• Engagement Plan will set out work with the local Healthwatch and stakeholders to identify HW core proposition - linked into case for support</li> </ul>	Deputy Head of Engagement	Q3-4
22.	We will have a solid understanding of the 'engagement market' - with our potential competitors and partners mapped and potential for revenue generation fully assessed.	<ul style="list-style-type: none"> <li>• Engagement Plan to set out stakeholder mapping and cultivation</li> </ul>	Policy/Deputy Head of Engagement	Q2
23.	We will have greater understanding of the local Healthwatch current network strengths and weaknesses on engagement and a plan in place to meet strategic objective on engagement.	<ul style="list-style-type: none"> <li>• Engagement Plan will set out approach to meet desired outcome</li> </ul>	Deputy Head of Engagement	Q2

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
<b>Objective 6 - We are a strong and well governed organisation that uses its resources for greatest impact</b>				
24.	Our governance structures and processes are fit for purpose.	<ul style="list-style-type: none"> <li>Carry out a governance review of our committee to ensure that committee members get the support and training they need to carry out their functions.</li> <li>Carry out a skills audit of the committee to maximises their input and expertise in our programme of work.</li> <li>Review CQC policies and produce an abridged version suitable for Healthwatch England.</li> <li>Review Healthwatch England processes to ensure they are fit for purpose and embedded.</li> </ul>	Head of Operations & Strategy Planning and Performance Manager	Q4
25.	Evidenced Return on Investments (ROI) for our budget.	<ul style="list-style-type: none"> <li>We will carry out a value for money review of our contracts and reduce them by 10%.</li> <li>We will reduce our management costs by at least 10%.</li> <li>We will carry out an audit and a value for money review on grants.</li> <li>We will ensure that the financial information is accessible to Leadership Team and managers and that Leadership Team are regularly held to account on spend.</li> </ul>	Head of Operations	Q2 Q3 Q3 Q1
26.	We will have plan in place to support and develop our people.	<ul style="list-style-type: none"> <li>We will invest in staff training and development.</li> <li>Identify new and smarter ways of working.</li> <li>Carry out a skills audit of staff to maximises their input and expertise in our programme of work and provide opportunities for staff to lead of pieces of work.</li> </ul>	Head of Operations	Q4 Q3 Q1

No.	Outcomes	Activities 2021-22	Lead Manager	Delivery Due Date
		<ul style="list-style-type: none"> <li>We will produce an accessible training and development plan for the staff and committee</li> <li>The Operations Team will work across teams and the network providing support and good practice e.g. producing and sharing planning tools.</li> </ul>		Q4  Q4
27.	Programme Management Framework that helps us identify impact.	<ul style="list-style-type: none"> <li>We will capture our impact within the performance reports and produce bi-annually reports that showcases the impact we have made on Health and Social care issues.</li> </ul>	Strategy, Planning and Performance Manager	Q4
28.	We will have strong values emphasising our commitment to equality and diversity issues, we will live these values in all we do.	<ul style="list-style-type: none"> <li>We will be working to refresh and embed our values that will underpin our work</li> <li>We will embed the Equality Impact Assessment (EIA) into all programmes of work.</li> </ul>	Head of Operations	Q3  Q2
29.	Our culture will be inclusive, and we will demonstrate we have a learning culture.	<ul style="list-style-type: none"> <li>We will further develop the relationship between the Committee and the staff.</li> <li>We will create opportunities for people from across the organisation to get to know each other through collaborative working.</li> <li>We will review the diversity of our staff team and committee and we will strive to make sure our staff and committee are diverse to reflect the population served.</li> </ul>	Head of Operations	Q4  Q4  Q4

### Section 3: Budget

<b>Budget 2021-22</b>	<b>Amount (£)</b>
Total Pay	<b>£2,184,593</b>
Total Non-Pay	<b>£1,184,851</b>
Variance	<b>£27,865</b>
<b>Total Healthwatch England Annual Budget</b>	<b>£3,397,309</b>

<b>Detailed Budget Breakdown</b>	<b>Amount (£)</b>
Salary Costs	£2,184,593
Staff Travel and Subsistence	£15,000
Staff training	£35,865
Office supplies	£4,000
Printing and Design costs	£74,500
Digital Marketing Subscriptions and Licences	£56,426
Campaigns	£38,000
Policy and Research	£150,000
Professional and Trade Subscriptions	£12,000
Training and Events (Network Facing)	£100,000
HWE hire of meeting rooms	£15,000

Detailed Budget Breakdown	Amount (£)
Civi-CRM and Web hosting maintenance and development	£170,563
Digital transformation	£128,000
Grants	£130,000
Internal charges	£283,362
<b>Total Non-Pay</b>	<b>£3,397,309</b>

## Section 4: Commercial and Contracts

Contract (2021-22 FY)	Supplier	Service provided	Estimated Date (when goods/services needed)	Estimated Value in 2021-22 (£)
Media Cuttings (includes books, journals and subscriptions)		-	April 21-March 22	£18,000
Conference 2021 (if held online)		Conference Online	April 21-March 22	£50,000
Healthwatch CIVI CRM Lot 4 Training	Northbridge Digital Ltd	Civi CRM	April 21-March 22	£32,742
Healthwatch CIVI CRM	Circle Interactive Ltd	Digital Transformation	April 21-March 22	£312,407
Facebook Workplace	Facebook Ireland Ltd	Website	April 21-March 22	\$49,000
Care Opinion Service Agreement	Care Opinion Limited		April 21-March 22	£12,972
HWE Branding Review	I E Design Consultancy Ltd		April 21-March 22	£28,785

**Strategic Risk Register will be presented as a separate document**