

Research and Engagement Plan 2025–2026

Introduction

This paper brings the Research and Engagement Plan 2025–26 for sign-off from Board.

In order to arrive at this plan, we have used:

- insights from what is most important to the people of Hertfordshire, utilising the insights arising from our signposting, holding to account conversations with decision makers, and our targeted research and engagement
- the key themes from national and local policies and strategies
- the focal points Healthwatch England have highlighted at a national scale, to ascertain local impact (e.g. cervical screening, smoking cessation, addiction, advanced care planning)
- areas where we ourselves may not have had the capacity to focus on in recent history, so that issues are not lost
- insights from a number of conversations with key stakeholders across the health and care system, those leading and delivering services, as well as senior leads from the voluntary sector.

An initial version was shared and discussed with our staff team, and a proposal brought to our meeting with the Board Advisory Committee in February. There we agreed that the plan must continue to focus on priorities for our residents and underserved communities, deliver change in outcomes for people and be clear about our impact. The work presented here is the work Healthwatch Hertfordshire *should* be focusing on, regardless of whether is funded as part of our contract or whether there is potential for finding additional grants to support it.

Recommendation: Board members are asked to sign-off the plan, and agree it:

- Represents the scope and scale of issues affecting our communities,
- Is informed by evidence and can deliver positive change for our communities, including those who are less visible or under served
- Should maintain a level of adaptability to respond to emerging issues and priorities

Background

Our research and engagement work has the following aims:

- To gather public views, particularly ensuring that we are hearing from groups considered seldom heard, whilst balancing this with our Hertfordshire-wide remit
- To understand and address health inequalities

- To ensure our research and engagement activity has influence, impact and positive outcomes – offering good value for our partners and stakeholders, and giving us an opportunity to hold them to account on key issues of concern
- To build and sustain our reputation for high-quality applied research
- To support with the financial sustainability of the organisation

How the Research and Engagement Plan is underpinned by the Annual Business Plan

- In the coming year, we are thinking explicitly about how we can partner better for increased impact, working with those who make decisions about services and those that experience them, and those complementarily providing support (e.g. voluntary sector). More information about how each project will bring in partners will be shared with board in due course, but these are identified in the table below.
- Furthermore, we are seeking ways to leverage our insights from research, link them with our signposting and holding to account conversations, and shed light on the more strategic picture these pieces of the puzzle represent. We have built some 'golden threads' throughout our work, enabling us to understand the impact on mental health and financial health of residents that engage with us, on any issue we are working on. We will pilot a new way of storytelling using our comms, to bring more impact to our work and increase brand recognition to draw increased engagement from communities.
- You will also see that there are plans to audit and update our costing framework, which will reflect the full cost activity such as marketing, and to articulate our unique offer to our stakeholders in a way that makes it clear why Healthwatch is a valuable partner. Alongside this, we are reviewing the potential for other sources of income, given our core grant does not cover our full cost and we anticipate a decline in public spending by partners that have previously been enabling us to deliver impactful work for the residents of Hertfordshire.

Each year, there is a balance between

- the type of work that brings us people's voices, experiences and stories (which requires close working with people via focus groups or interviews, or liaison with multiple stakeholders) as well as work that allows us a broad view of an issue across Hertfordshire (which requires more profile raising and larger numbers of engagement, such as surveys)
- ensuring that issues most important to all Hertfordshire residents are balanced against issues that affect some people more disproportionately, and creates inequalities or disadvantage

- work that Healthwatch Hertfordshire can most uniquely do to effect positive change, and supporting or amplifying partners that may better effect change through their own programmes
- the geographical spread of our work, such that we have an informed perspective across all the localities of Hertfordshire, and that we are aware of the differences in health and social care experiences between more and less deprived areas
- having high levels of engagement by some groups rather than others, and finding ways to resource more effort to reach those whose voices are less heard (e.g. our focus on children and young people this year).
- The need to get quality insights with the cost of those activities, against a backdrop of anticipated decline in our ability to be commissioned for important work.

Although we have the intention of delivering the program of work we commit to at the start of each year, it is important to recognise our need to reprioritise and be flexible, and therefore responsive, to the issues that may arise during this time that are of bigger importance to the communities we serve.

The following pages present the following:

- **Table A. 2025-2026 Research and Engagement plan**

This table outlines each of the projects we intend to deliver in the next year, how they are funded, whether they involve working in partnership with other organisations, the evidence base for choosing this activity and the likely methodology we will employ. This may change subject to reprioritisation or resource constraints, as discussed above.

- **Table B. Sequencing of 2025 – 2026 Research and Engagement plan**

This table outlines the phasing of the projects we intend to deliver in the next year, although some flex in this is anticipated as projects are scoped with partners, and the external context evolves.

Each project involves a number of phases, but these have not been identified for ease of reading. These include:

- Planning and scoping
- Engagement
- Analysis and report writing.

Some projects are ongoing project management support, and some may already be in train having been kicked off prior to 2025 –2026 but activity has rolled over into this year's plan. The table presents a snapshot in time, and will be updated on a project by project basis in individual project plans.

Table A. 2025–2026 Research and Engagement plan				
Project	Funding stream	Partnering for impact	Evidence base for choosing this activity	Approach
1. Refugees and asylum seekers: Engaging with refugees and asylum seekers to explore their experiences of healthcare.	<input checked="" type="checkbox"/> Core funding <input type="checkbox"/> Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Significant health inequalities faced by this community – for example refugees are 5 times more likely to have mental health needs. Opportunity to feed into the Council’s Refugees strategy. 	In-depth approach using focus groups and interviews.
2. Support for autistic adults: Engaging with autistic adults to explore how post-diagnostic support can be improved.	<input checked="" type="checkbox"/> Core funding <input type="checkbox"/> Additionally commissioned	<input type="checkbox"/>	<ul style="list-style-type: none"> Poorer health outcomes faced by this cohort –data has found that over 70% of autistic adults have never received professional support. Limited provision of post-diagnostic support nationally and locally. Opportunity to feed into the implementation of the Council’s All Age Autism strategy. 	Mixed-methods approach using interviews and an online survey to address accessibility needs.
3. Co-Occurring needs: Engaging with carers and people with a lived experience of dual diagnosis [mental health condition and a drug or alcohol addiction] to improve service provision.	<input type="checkbox"/> Core funding <input checked="" type="checkbox"/> Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Significant health inequalities faced by this community – research has found they experience some of the worst health, wellbeing and social outcomes, and 54% of suicides were recorded by people with dual diagnosis. Opportunity to influence the work of the Mental Health and Substance Use Steering Group 	In-depth approach using focus groups and interviews.
4. Smoking cessation services: Hearing from smokers, ex-smokers and friends and family to improve smoking cessation programmes.	<input type="checkbox"/> Core funding <input checked="" type="checkbox"/> Additionally commissioned	<input type="checkbox"/>	<ul style="list-style-type: none"> Health inequalities experienced by people who smoke are important to explore – more likely to have their health concerns dismissed and to feel discriminated. Smoking is the single largest driver of health inequalities in England is more likely to impact our most vulnerable residents. Supports the local and national agenda to improve smoking cessation. 	Mixed-methods approach using an online survey, interviews and focus groups.

Table A. 2025–2026 Research and Engagement plan				
Project	Funding stream	Partnering for impact	Evidence base for choosing this activity	Approach
			<ul style="list-style-type: none"> One in ten patients hospitalized at Hertfordshire’s acute trusts has a smoking related health issue 	
5. ICP monitoring framework: Seeking resident’s perspective on health and wellbeing services.	<input type="checkbox"/> Core funding <input checked="" type="checkbox"/> Additionally commissioned	<input type="checkbox"/>	<ul style="list-style-type: none"> Opportunity to ensure Hertfordshire residents inform future planning, aspirations and measures of success of the ICP’s 10-year integrated strategy. 	Hertfordshire-wide survey.
6. Improving primary care: Undertaking 2 topics per annum focusing on key issues within primary care, including GP and dentistry services.	<input type="checkbox"/> Core funding <input checked="" type="checkbox"/> Additionally commissioned	<input type="checkbox"/>	<ul style="list-style-type: none"> Primary care is a priority locally, nationally and for our residents – it remains the key issue residents contact our signposting service about. Opportunity to have impact and influence through the Primary Care Transformation Committee. 	In-depth approach using a range of methods dependent on the subject.
7. Advanced Care Planning: Working with partners to improve information and support for social care and end of life.	<input checked="" type="checkbox"/> Core funding <input type="checkbox"/> Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Research highlights a lack of information and understanding of how social care is funded, and the importance of advanced care planning. Focus on Social care has been agreed with our board, and is well supported by key stakeholders. Opportunity to support timely local agendas around frailty, ageing well and care closer to home. 	Mixed-methods approach using a Hertfordshire-wide survey and partnership working.
8. Children and young people: Exploring key issues within health and social care for children, young people and families.	<input checked="" type="checkbox"/> Core funding <input type="checkbox"/> Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Giving every child the best start in life is a priority for the ICS, ICB, Public Health and County Council. Young people are under represented voices in health and social care insights and engagement. CQC inspection (2023) highlighted significant concerns about the experiences and outcomes of children and young people with SEND. 	In-depth, qualitative approach using interviews to produce case studies.

Table A. 2025–2026 Research and Engagement plan				
Project	Funding stream	Partnering for impact	Evidence base for choosing this activity	Approach
			<ul style="list-style-type: none"> Young People’s Health and Wellbeing Survey (2024) indicated the challenges children and young people are facing, particularly around mental health. 	
9. East and North Hertfordshire Health and Care Partnership Community Assembly:	<input type="checkbox"/> Core funding <input checked="" type="checkbox"/> Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Opportunity to lead and influence across the system, encouraging best practice in patient involvement and engagement. 	Co-production leadership.
10. South and West Hertfordshire Health and Care Partnership Coproduction Board:	<input type="checkbox"/> Core funding <input checked="" type="checkbox"/> Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Opportunity to lead and influence across the system, encouraging best practice in patient involvement and engagement. 	Co-production leadership.
11. Research and Engagement Network Programme	<input type="checkbox"/> Core funding <input checked="" type="checkbox"/> Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Opportunity to build networks and connections across the system for future partnership working and collaboration. Supporting efforts across the system to ensure research participation is more diverse, inclusive and accessible. 	Leadership.
Other	<ul style="list-style-type: none"> Depending on results/outcomes from the 10-year plan and Dash review, there may be a need for further engagement/consultation. Depending on difficult choices made by the Hertfordshire County Council, our ICB and the local NHS providers due to the challenging financial context, we may need to engage with communities hardest hit by the decrease in funding of particular services. Depending on how devolution from ICB to HCP looks, there may be a more ‘place level’ focus on some of our work going forward, including shifts to more neighbourhood approaches. Given the recent announcements to the delay in the hospitals programme, there may be a focus required on engagement about the ongoing challenges to access to and delivery of care across our geography 			

Table B. Sequencing of 2025 – 2026 Research and Engagement plan					
	Activity prior to 25/26	Q1 (April – June)	Q2 (July – Sept)	Q3 (Oct – Dec)	Q4 (Jan – March)
1. Refugees and asylum seekers					
2. Support for autistic adults					
3. Co-occurring needs					
4. Smoking in Hertfordshire					
5. ICP monitoring framework					
6. Primary care (Topic 1)					
7. Primary care (Topic 2)					
8. Advanced care planning					
9. Children and young people					
10. East and North Hertfordshire Health and Care Partnership					
11. South and West Hertfordshire Health and Care Partnership					
12. Research Engagement Network					
13. Consultation and planning for 26/27 research programme					