



# Equalities, diversity and inclusion

Our plan for 2022-23 and review of the past year

**healthwatch**

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# Background

As the health and care system continues its recovery from the impact of COVID-19, it remains clear that addressing the stark impact of inequalities on people's access to and outcomes from health and social care services is an issue that needs to be a continuing area of focus for Healthwatch.

In 2020, we committed to applying an Equalities Diversity and Inclusion (EDI) lens across our work. To ensure we live up to this commitment, we publish an organisational action plan every year setting out our approach.

This document is our third annual plan and sets out the steps we will take in 2022-23. The document also outlines the progress we made in 2021-22.

Our annual plan is underpinned by our organisational strategy, which emphasises equalities and includes an explicit objective '*To seek the views of those who are seldom heard and reduce the barriers they face*'.

To support local Healthwatch improve their approach to EDI, we have also published an [equality, diversity and inclusion roadmap](#), setting out our objectives and the steps we intend to take.

Our National Committee scrutinises our delivery to help ensure we meet our objectives and live up to commitments that we have set.

Our EDI plan for 2022-23 builds on our previous work and includes a renewed emphasis on understanding the impact of inequalities on children and young people.

# Objectives

This plan aims to ensure that we meet the commitments to addressing EDI – a commitment laid out in our strategy and which will run through all our work.

We will do this by:

- Ensuring that every piece of policy work we undertake is designed to deliver real-world impact that addresses issues relating to EDI.
- Ensuring that we continue to develop an evidence base that more accurately reflects the diversity of the community we represent.
- Fostering a workforce culture that promotes and embraces EDI and demonstrates exemplary practices around equity.
- Involving more people from affected communities in our work and forming partnerships to help make change happen.
- Providing support to local Healthwatch to build the skills and evidence they need to challenge local health and care decision-makers to improve EDI.
- Conducting appropriate and proportionate equality impact assessments when planning our work.

# Plan

Over the next year we will focus our work in several areas to carry forward our commitment to equalities, diversity and inclusion.

## Policy and influencing

How will we ensure that every piece of work we do is designed to deliver real-world impact?

### We will do this by:

- Ensuring our campaigning and engagement activity focuses on those whose voices are not heard enough in the health and care system. We will also partner with the right people and organisations to reach those facing health inequalities.
- Making sure every policy or research project includes a focus on health inequalities. This will include:
  - A continued focus on ethnic minorities;
  - Building our capacity to reach out to children and young people;
  - Reporting on the impact of socio-economic deprivation, particularly considering the challenges people are facing in meeting living costs and how that ultimately impacts on their health and care; and
  - Scoping and delivering new areas of work to support specific population groups including women and maternal health.
- Regularly briefing stakeholders including NHS England and DHSC, providing real-time insight on emerging evidence specifically relating to health inequalities.
- Using the insights gathered through our continuing flagship campaign 'Your Care Your Way' on Accessible Information to drive through tangible changes in the review and implementation of the Accessible Information Standard (AIS). We will also secure key improvements in foreign language translation services, which are out of the scope of the AIS review but have been a major theme of our evidence and campaign.
- Continually reviewing our campaigns approach when it comes to inequalities issues. This will help to inform the design of new work in areas like social care and ensure that our work is understood by those facing inequalities.
- Delivering support to local Healthwatch on collecting demographics data and producing a quarterly analysis to track performance on age, gender and ethnicity.
- Providing targeted support to those local Healthwatch who do not yet collect, report or analyse demographic data.

- Reviewing our analysis model to ensure we are making the best use of new streams of data. Where possible we will cut our insights by Integrated Care System and make even greater use of external data sources to triangulate our findings.
- Reporting on the sustainability of the local Healthwatch network – highlighting regional disparities funding levels and the impact this is having on the strength of patient and user voice in specific communities.

## Support for local Healthwatch

How will we deliver our equalities diversity and inclusion roadmap objectives?

### **By 2024: Every local Healthwatch will have a contract that prioritises EDI**

#### **We will do this by:**

- Working with councils to develop the right objectives, outcomes and key performance indicators, including refreshing our guidance on commissioning an effective local Healthwatch.
- Monitoring new contracts to ensure EDI issues are prioritised.
- Collecting and sharing evidence from our Quality Framework to show the difference we make to health inequalities.

### **By 2024: Every local Healthwatch can demonstrate how EDI shapes their policies, plans, priorities and how people from diverse communities have been actively involved.**

#### **We will do this by:**

- Updating our Quality Framework tool so local Healthwatch can better assess their strengths and weaknesses regarding EDI.
- We will provide dedicated training to boards and local Healthwatch leaders.
- Finding out how people are involved in shaping the work of local Healthwatch and promote best practice approaches to inclusive decision making. We are currently surveying local Healthwatch to find out how people with lived experience are involved in decision making. From July, a report on the findings, good practice case studies, and a toolkit will be available.

### **By 2024: Healthwatch board members, staff and volunteers reflect national demographics when it comes to protected characteristics.**

#### **We will do this by:**

- Carrying out an annual survey to understand the diversity of local Healthwatch boards, staff and volunteers and report our findings.
- Providing support to ensure the diversity of our boards, staff and volunteers.

**By 2024: Our communications and campaigns meet best practice accessibility standards. More of our community partners rate our ability to represent diverse communities.**

**We will do this by:**

- Continuing to roll out an updated accessibility policy, supported by staff training.
- Running and supporting campaigns that increase feedback from communities we do not hear enough from.
- Surveying our national and local partners to understand their perceptions of us when it comes to equalities.

**By 2024: Our evidence base can identify who we are reaching, and we know how to reach those we are not speaking to. People who share experiences with us reflect national demographics when it comes to protected characteristics.**

**We will do this by:**

- Funding pilots to improve the way we engage specific communities and then share this learning.
- Rolling out systems and training to better capture demographics and analyse people's views. This will include new survey tools, a data-sharing platform and guidance.

## Culture

How will we foster a culture that promotes EDI?

**We will do this by:**

- Striving to build a happy working environment for all staff. We will use staff surveys to identify where there may be unfairness and inequalities, and we seek to address and resolve these issues when they arise.
- Having the right staff forums and channels. Our Staff Engagement Group will continue to escalate any issues they feel do not align with our equalities aims. We will also seek a new Speak Up Guardian to represent our staff.
- Developing our staff skills and capabilities, including mandatory training on equality, human rights, diversity and inclusion. We are developing a learning programme for all staff on EDI in the workplace to help them understand and demonstrate good practice in our organisation.
- Continuing to ensure that when it comes to recruitment all potential candidates are treated fairly. This includes providing equal opportunity in the advertising and interview process and encouraging candidates from all the protected characteristics to apply for roles. We will also ensure a diverse make-up for all our recruitment panels.

## Communications

How will we ensure our communications are accessible, inclusive and support more people from seldom heard communities?

### We will do this by:

- Ensuring our communications are inclusive, relatable and authentic. We will continue to roll out our updated tone of voice and accessibility guidance and training. We will support communications that encourage our services to become more diverse. We will ensure our communications meet our accessibility policy and have our websites independently tested for AA accessibility compliance. We will try new ways to improve accessibility (e.g. making reports online and enabling the public to feedback using a translation service).
- Boosting feedback from seldom heard groups. This will include targeting people by equality factors (e.g. learning disabilities, economic deprivation, ethnicity, physical disabilities) as part of our wider public campaigns to increase representation from seldom heard groups. We will also work with partners to raise awareness amongst specific communities.
- Amplifying health inequality issues. We will promote the findings and recommendations of our inequalities research to health and social care decision-makers.
- Improving access to advice and information that can help people overcome health inequalities (e.g. NHS access if you are a recent arrival, accessible information rights for those with a disability).

# Progress

This section outlines some of the highlights of actions that we undertook in 2021–22.

## Policy and research

Throughout 2021–22 we continued our work to speak people from diverse backgrounds, understand their experiences, and make sure policy makers hear and act on their views.

### Exploring vaccine confidence

In June 2021, Healthwatch published new research exploring vaccine confidence amongst people from African, Bangladeshi, Caribbean, and Pakistani backgrounds. We wanted to understand these barriers to ensure key lessons are taken forward for future public health campaigns. We partnered with Traverse (a social research organisation) and the NHS Race Observatory to carry out this project and share insights with key stakeholders such as DHSC, NHSE, Public Health England and Cabinet Office. The findings provided an insight into how we can create an environment where people feel confident making that decision for themselves.

### Waiting times

In October 2021, we partnered with the Kings Fund to explore the impact of extended waiting times on people. Taking an equality focus to the analysis, this joint work revealed that those living in the poorest areas are almost twice as likely to have a longer wait. Our work showed that these long waits significantly impact people's well-being, including their physical and mental health, pain levels and ability to work. This evidence highlights that the way in which the country is recovering from the pandemic exacerbates existing inequalities rather than addressing them. This work supported our broader calls to not focus on just the number of people on waiting lists but on how we help people while they wait.

In November, we published a report pulling together the experiences of 2,500 people currently on NHS waiting lists or who had recently received treatment. This report highlighted how those living in more deprived areas are waiting longer for planned care, and their experience of waiting is worse. Our research aimed to ensure the elective recovery plan being developed by NHSE focused on reducing waiting times in the right way, rather than just trying to get the numbers down as quickly as possible. We want to ensure the NHS prioritises patients according to clinical need, and those who must wait longer are kept informed throughout and provided with interim support. We also wanted to make sure specific policy solutions addressed existing disparities and avoided creating new inequalities.

In February 2022, NHSE published the elective care recovery plan, which took on many of our recommendations. In particular:

- Accepting that, with people waiting longer for care, the NHS must do more to help people whilst they wait – e.g. support to get ready for surgery, pain relief, and mental health support.
- The introduction of the My Planned Care portal, which gives people more information about average waits in their area, as well as more personalised information. This information will help ensure no patient feels forgotten.
- Commitment to provide support for people on low incomes, such as help with travel and accommodation, if they are offered faster treatment further from home.

In March, we researched who is being worst affected by the increasing waiting times for elective care. Our findings, as before, highlighted that those living on lower incomes are having a worse experience and waiting longer. The data also showed that people from ethnic minorities also have a worse experience compared with people from white British backgrounds. People who have an ethnic minority background and are also from a low-income household appear to have the worst experience of all.

We are using this evidence to push NHSE and hospitals to improve their demographic data collection and reporting of who is on waiting lists so the system can formally monitor these issues.

Our research on elective care highlighted multiple health inequalities and disparities in people's experience of waiting for care. As part of our input into the upcoming health disparities white paper, we are recommending that trusts and NHSE need to do more to understand the people waiting for care when making support offers.

Our report on elective care waiting times in November looked at over 2,500 people's experiences of waiting. However, even with additional targeting of ethnic minority communities via online channels, we were unable to reach a large enough sample of participants to provide us with any robust conclusions about the experiences of these groups and how they may differ. Due to time pressures to gather insight and inform live policy decisions, we commissioned a specialist polling company to help us understand the experiences of more individuals from an ethnic minority background who are, or have recently, received elective care on the NHS.

## **NHS dentistry**

We have been reporting throughout the pandemic on the impact on dentistry. In our report in mid-December 2021 we highlighted that:

- The experiences of children and families is a key issue, including analysis of national performance data and an assessment of which parts of the country have been worst affected. Our evidence highlighted the growing challenge around children accessing care and the need for policymakers to take urgent action to avoid creating a generation of young people plagued by tooth decay.

- Among adults, one of the groups who has been worst affected has been care home residents. The COVID-19 restrictions on visiting care homes, and issues with residents having to isolate for two weeks if they went to see a high street dentist, have caused significant access issues.

Following this work, we were pleased to see the DHSC and NHSE react positively to our concerns by [announcing an extra £50 million](#) for NHS dental appointments up to the end of March 2022, with a clear instruction to practices to prioritise urgent cases and children.

## Improving our research systems

We rolled out changes to the Healthwatch CRM. This included updated demographic categories to help us improve the insights we have that relate to health inequalities. We continue to engage with NHS England, NHS Digital and CQC on how we make sure our demographic reporting aligns with their systems. This will ensure that partners can easily compare our evidence with their data and make informed decisions about future policy.

## Demographic data

At a national level, we set ourselves a target at the beginning of the year to increase the proportion of our data coming from Black, Asian and Minority ethnic groups. At the start of the year, it was just 4%, and the aspiration was to get this to 15%. We are pleased to report that improvements in how we engage our audiences and record people's background helped us achieve our target by the end of Q3. Over the year we reached a figure of 17%.

## Accessible information

We established a coalition of partners to work on our campaign on the Accessible Information Standard (AIS). We worked with Mencap and SignHealth to bring in additional insights from users with learning disabilities and sensory impairments. We reviewed 6,200 people's experiences of accessible information shared with the network to date. We then focused our primary research efforts on non-English speakers. We partnered with Doctors of the World, and six local Healthwatch engaged with 149 patients and staff from these communities. The insight derived is being factored directly into NHSE's review of the AIS and informing our ongoing campaigning activity on this issue. (See below for more on the Accessible Information Campaign).

## Digital exclusion

In our report, [Locked out: Digitally excluded people's experiences of remote GP appointments](#), we looked at how changes to the way appointments have been provided during the pandemic affect groups who may struggle with remote access. The research focused on the experience of:

- Older people (those aged 65+);
- People sensory impairment, learning disabilities or dexterity/mobility issues;
- People with language barriers, including limited English; and

- Frontline professionals delivering care.

The report showed how the move to remote access has subtly changed the way in which inequality of access is playing out for these groups and called for a hybrid approach going forward. We were able to use the findings of the work, combined with our Access to GPs report from earlier in the year, to secure clarification from NHSE on patients' rights to request face-to-face appointments.

## Patient data

In our work on the use of patient data, we worked with NHS Digital (NHSD) to commission a literature review of all the engagement done with the public on this topic over the last decade. Over July 2021, we supported the Patient Experience Library to carry this out. One of the key findings was a significant knowledge gap regarding the use of data among ethnic minorities. This is helping to define where NHSD need to go next in their work to build broad public trust in the way the NHS uses data for planning and research.

## Support for local Healthwatch

### New roadmap published

In October 2021, we published our [Equality, diversity and inclusion roadmap](#) to support our strategy and put equalities at the heart of our work. The roadmap sets out our journey so far, the challenges we face and the opportunities we can build on. The document also sets out how we will support local Healthwatch over the next three years to:

- Think about EDI in every aspect of our work.
- Continually ask what more we can do to listen to those the system overlooks and address any barriers to participation.
- Make sure our evidence is heard and acted on.

### EDI peer network

We created the Healthwatch EDI working group. The group, which meets quarterly, helped shape our EDI programme and has become a peer network for all local Healthwatch staff and board members. The purpose is to enable local Healthwatch staff to come together to share their experiences, successes and challenges within EDI and to offer each other peer support, practical examples and solutions.

Examples of practice shared in the first meeting included:

- Proactively setting up a local provider network to make sure not everyone is trying to engage the same individuals.
- Working with local voluntary organisations to reach out to people from seldom heard communities. One of the things the voluntary organisations do is translate the surveys into different languages that help reach more people.

- Developing a Black Asian and Minority Ethnic connect project.

## **Quality framework**

We reviewed the Quality Framework and strengthened EDI. It is being tested and rolled out with local Healthwatch now using our improved framework for both their initial self-assessment and subsequent annual reviews.

## **Learning and development**

EDI featured prominently in our Learning and Development programme, which seeks to share learning from Healthwatch and bring in external expertise. We raised awareness of different strategies by expanding our collection of approaches and providing webinar training on to engagement and inclusion. New resources include Healthwatch North East Lincolnshire, and Healthwatch Essex approaches to involving young people and people with learning disabilities in their work, and Healthwatch Central London and Healthwatch Lincolnshire approaches to working with the Black African and Gypsy and Traveller communities.

## **Action learning sets**

Support for boards was an area identified in early conversations about EDI. We commissioned Action Learning Associates to run two action learning sets for Healthwatch leaders to explore their approaches to EDI and support them to agree and deliver actions.

## **Training opportunities**

We commissioned training courses from the Diversity Trust in understanding and embedding EDI in the work of Healthwatch and from the Consultation Institute in understanding public sector equality duty. These took place quarterly and were fully attended. We also commissioned quarterly training from Easy Read UK in producing your own professional, easy read materials.

## **Collecting demographic information**

We funded Healthwatch Tower Hamlets through a competitive process to run two sessions on collecting demographic information in June 2021 to hear what support the network needs to do this well. They produced a toolkit based on that feedback, which received a very positive response from local Healthwatch.

## **Black Staff Network**

We supported staff of colour to set up a network to share experiences and facilitate learning. The network has assisted in the shaping and delivery of strategy and policy and helped develop and support a more unified EDI culture.

## Healthwatch week

EDI were themes that ran throughout Healthwatch Week in November 2021. We also had a whole day dedicated to tackling health inequalities. We heard from historian and broadcaster Professor David Olusoga about the role of Black and Asian communities in the development of the NHS and why it's crucial to have often hidden voices in leadership roles. A panel comprising the heads of the NHS's main equalities programmes, set out their plans to tackle health inequalities and the role that Healthwatch can play. Delegates also heard about the different approaches that can help improve our approach, including the importance of collecting demographics and accessible communications. We also discussed the role of volunteers in tackling health inequalities and how Healthwatch Worcestershire had used the Quality Framework to strengthen EDI across their work.

## Healthwatch awards

EDI was a theme all the categories of our [National Awards](#). For example, Healthwatch Essex won the COVID-19 Award for their campaign to bring attention to the challenges faced by people living with sensory impairments adhering to COVID-19 restrictions, such as effectively communicating when people have masks on. The campaign generated great media coverage and reached an estimated 170,000 people.

## Board diversity survey

We piloted a survey in the North East to establish baseline data for board member diversity. We did not get as large a response as we would have liked, so we are now exploring alternative ways to collect this information.

## Core20 Plus Connectors project

We facilitated the co-design of the Core20 Plus connectors pilot programme with people and organisations who have lived experience of health inequality.

This has resulted in 20 Integrated Care Systems piloting community-driven approaches to tackling health inequality. We also supported local Healthwatch with the application process to deliver the pilot programmes.

This resulted in four pilots being led by a local Healthwatch. Supported by around £320k in funding, the pilots have helped raise awareness of our work to help tackle inequality. We will continue to support the local Healthwatch who are delivering the pilots to learn from each other and share the insight they generate with us and the network.

## Inclusion ambassadors and work on active participation

Our work to appoint Inclusion Ambassadors, who will help us improve our approach to recruiting diverse volunteers, has been delayed. Similarly, we had to postpone our work on active participation to understand how Healthwatch can support people with lived experience in decision-making. Both these projects are now back on track.

## **Culture**

We continue to strive for a pleasant working environment for all staff. Using our annual staff survey findings, we have continued to identify and address equality issues. Our internal culture will also be a key focus for our 2022-23 action plan.

## **Business planning**

We ensured that all staff were included and given the opportunity to contribute to the plan for 2022-23, which highlights the work we aim to deliver throughout the year.

## **Equalities impact assessment (EIA)**

We successfully introduced and embedded in our planning a new EIA template. The template needs to be completed for all relevant projects to consider the impact of our work on different groups of people.

## **Learning and development**

Through CQC Academy learning and the prepaid Knowledge Academy Pass, we have given all staff an opportunity to develop their skills and abilities in their respective roles. Staff have also been given secondment opportunities to learn new skills and mentorship to increase self-confidence and knowledge.

## **Recruitment**

We have continued to ensure that all potential internal and external candidates are treated fairly and given equal opportunities during the application process. We have also encouraged more candidates to apply from diverse backgrounds and protected characteristics. This has led to the successful recruitment of a more diverse committee and staff group.

## **Staff engagement group**

Our Staff Engagement Group (SEG), has played a fundamental role in escalating issues that are inconsistent with the organisation's equality goals. This has allowed the Leadership Team to promptly address these issues and ensure fairness and equality.

## **Staff survey**

Our 2021 staff survey results were an improvement on the survey conducted in 2020, with more positive feedback. Currently, an action plan is in place to address the areas of concern that were identified (e.g. unfairness and inequalities).

# Communications

## 'Your Care, Your way' campaign

In February 2022, we launched our new campaign - 'Your Care, Your Way' - to ensure that health and care services consider people's additional communication needs when providing care. The campaign is being run in partnership with disability charities, including RNIB, RNID, Mencap, SignHealth and Disability Rights UK.

Our campaign launch saw the publication of research, indicating that while some people experience good communications support from services, we found that many more are not. A review of 6,200 people's experiences found that patients face obstacles that made it hard to access care and use services, leaving them frustrated, concerned about their health and reliant on others.

On the groups covered by the Accessible Information Standard, NHSE accepted all our recommendations in their formal review findings. We have also played a key role linking in NHSE with those affected by the issue, ensuring their feedback was reflected in the final findings. We have successfully used the evidence gathered to date on the foreign language elements to put this on NHSE's work programme for 2022-23.

We have learnt that it is important to not only make communications accessible, for example by providing surveys in multiple formats, but we also need to find ways to assist people in communicating with us directly. For example, if you provide a BSL survey, you need to enable people to feedback using BSL. In future, we will need to do more to think through the whole journey someone with communication needs takes to use our service.

## Reaching people from more diverse backgrounds

We have continued our work to reach different communities via our communications. Highlights include:

Using postcode targeting on social media to help increase feedback from people living in deprived areas to help inform our waiting times report in November. Our campaign resulted in over 2,500 people sharing their views.

Applying our new brand language guide and always-on marketing to help increase engagement. Via our general feedback form we have seen the proportion of people sharing their experiences from non-white backgrounds increase.

As part of our work on elective care, we launched a six-week drive to understand people's experiences of waiting for hospital treatment. We boosted responses by targeting England areas with a higher proportion of people from ethnic minority backgrounds and higher deprivation levels.

## **Public awareness amongst minority communities**

Our latest polling conducted in the winter of 2021, indicates that public awareness has increased overall of the Healthwatch brand. We have also seen improvements when it comes to people from specific backgrounds. For example, awareness of Healthwatch amongst people from a non-white background currently stands at 34%. This is 5 percentage points higher than when the polling was last conducted in 2020.

## **Challenges in connecting via digital channels**

Changes to social media platforms to improve privacy has made targeting some communities via social media channels harder. For example, targeting people who live in areas of high deprivation is still effective, whilst targeting people via the potential interests of their community is more difficult.

Our attempts to use relevant partners and groups as an alternative route to some communities have not always made up for the shortfall in our reach. In future, we will need to continue focusing on deepening relationships with the partners who can most effectively support our work.

## **Making our information more accessible**

We have continued to deliver our work to make our communications as accessible as possible. We have rolled out an updated accessibility policy to the network and provided training. We also have:

- Trained over 100 staff and volunteers on using our brand tone of voice and how to make our communications clear, understandable, and accessible in terms of language.
- Made changes to our visual brand to ensure that the colours and fonts we use in our communications are more accessible. We launched a new guide to support this in December 2021.
- Developed an updated Drupal nine website which will be accessibility tested and rolled out to local Healthwatch services.
- Introduced a new tool to replace our existing website accessibility checker. This tool better enables us to scan pages for accessibility problems that we can quickly address.



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