

Annual Business Plan April 2026 – March 2027

Introduction

This paper presents a high level overview of the key projects that the Healthwatch Hertfordshire team intends to deliver over the coming year, as an annual business plan. Healthwatch Hertfordshire is a small team that punches well above its weight, and its growing positive reputation, reflected in our increased strategic impact over recent years, is a testament to it being an impactful and valued organisation.

However, given the local and national, systemic and political changes ahead, we must ensure we are able to prioritise with clarity, in order to be able to create capacity to be agile and responsive to these changes as they take effect, and have local impact.

This paper is structured in three parts

1. Key principles underpinning our Annual Business Plan.
2. The Annual Business Plan 2026 – 2027
 - a. Our Engagement and Research Plan.
 - b. Our Operational Business Plan – strategic areas of focus.

Recommendation: Board is asked to sign off the Annual Business Plan:

- **Sign off the Engagement and Research Plan, and agree it:**
 - o Represents the scope and scale of issues affecting our communities,
 - o Is informed by evidence and can deliver positive change for our communities, including those who are less visible or under served
 - o Should maintain a level of adaptability to respond to emerging issues and priorities
- **Sign off the Operational Business Plan, and agree it:**
 - o Reflects the agreed principles
 - o Represents the key strategic areas of aspiration, such that Board has sufficient information to make strategic decisions and monitor our success
 - o Takes into account the breadth of organisational activity to deliver our objectives

1. Key principles underpinning our annual business plan

At a number of preceding strategic meetings of our Board and the Board Advisory Committee (BAC), we discussed the program of work for the coming year and Trustees agreed that we will follow these **key principles as we approach this year's program of work**:

- **People first.** The local people of Hertfordshire continue to be at the heart of our work, and we will continue to champion their involvement in health and care systems as an independent organisation. We are unique because we perform public functions, fulfil statutory duties and receive public funding – but are unlike other voluntary and community organisations due to our breadth of scope, depth of influence and strong and trusted voice. Our role is recognised in law, and continues to be until further change takes effect.
- **Independence.** We continue to strive to be independent in purpose (focusing on the most pressing and challenging health and social care issues), independent in voice (we can challenge the status quo, and champion marginalised groups who face disadvantage), and independent in action (we must autonomously design and deliver activities that best meet the needs of the people we serve).
- **Focus on unique value added.** We continue to make sure our efforts effect positive change for local communities across the broad remit of health and social care. However, we will focus on our unique skills and expertise to add value – this means we will have continued focus on:
 - underserved and marginalised communities,
 - partnering for increased impact and leaving a legacy of insight, and
 - supporting local health and care decision makers in shaping the local systems and structures to the benefit of all.
- **Agility and responsiveness.** Given the dynamic nature of changes in local NHS and local government, we must build in capacity to be agile and responsive. This means there is not a 'set' program of work for year ahead, but a set of priorities outlined as a **framework**, that will be reviewed and recalibrated as local insights and needs arise. This is also the best way to leverage our capacity to where it matters most.
- **Quality over quantity.** The drivers for local work are many, and we are well placed to be deployed across a number of spaces as we have done in the past. However, we are now prioritising the 'most' impactful work, and ensuring that our insights can add maximum value and leave a lasting local legacy that will underpin local best practice, whatever happens to our organisational form. This will be a new way of working for our board and staff team.

- **Share our insights more widely.** In recognition of significant local systemic change in government and the NHS – also given our own in a year's time – we must make sure our insights and learnings are not lost. This means a strengthened focus on sharing what we are learning with key local people, partners and decision-makers in health and care.
- **Maintaining staff capacity.** National and local change has, unsurprisingly, had an effect on our small team with attrition and recruitment being much more dynamic than ever before. Our staff is incredible, and maintaining their wellbeing and continuing to create capacity are key areas of focus for the coming year.

The annual business plan presented here represents a framework from which we are developing team level and individual objectives for the coming year. It will help us focus with clarity on what is most important, evaluate our progress and impact, align our work more efficiently across and between teams, and enable the board to support us in meeting our aspirations.

2. The Annual Business Plan 2026 – 2027

a. Our Engagement and Research Plan

Although independent, we are collaborative and consultative in approach, and the Engagement and Research Plan presented here has been shaped from a number of insights from within and outside our organisation. This has included:

- a review of all of our engagement with the public over the past year,
- a 'Your voices matter' survey to elicit further local insight,
- the key themes from national and local policies and strategies,
- conversations with voluntary sector partners and networks,
- a review of local and national insights across health and care, and
- discussions at various committees with decision making powers, as well as with the Chairs and Chief Executives of local health trusts and Hertfordshire County Council Members and Directors.

Each year, there is a balance between:

- deep dives and close working with people via focus groups or interviews, as well as work that allows us a broad view of an issue across Hertfordshire often collected via surveys and system and partner conversations
- ensuring that issues most important to all Hertfordshire residents are balanced against issues that disproportionately affect some people more than others, and creates inequalities or disadvantage. This includes finding ways to resource more effort to reach those whose voices are less heard (e.g. our focus on children and young people, and working with deaf and visually impaired communities last year).
- 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
- The need to get quality insights given the increasing cost of those activities, against a backdrop of anticipated loss of government funding.

As a novel way of working from this point forward, 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 champion and their wellbeing in light of the broader system changes that we know are coming.

2026 – 2027 Research and Engagement plan				
Projects arranged in order of priority	Funding stream	Partnering for impact	Evidence base for choosing this activity	Approach
Activities for all Hertfordshire Residents, strengthening patient and public voice in health and social care, during a time of change.				
1. Hertfordshire County Council Strategic Coproduction board	CORE	<input checked="" type="checkbox"/>	<p>Given local changes with Integrated Care Boards, Health & Care Partnerships and the upcoming local government reorganisation, we are placing an explicit emphasis on efforts that focus on patient and public voice being built into the design, audit and impact measurement of changes.</p> <p>This requires an increased focus on our unique position as a strategic leader in helping decision makers enable various mechanisms for information sharing, consultation, feedback and coproduction with communities across Hertfordshire. We will invest time to ensure the legacy of our experience and expertise is embedded into ways of working so it continues to serve our local communities.</p> <p>This includes ensuring that participation in all these, and future fora, is diverse, inclusive, accessible, and effective; and that best practice principles are built into planning. We will explicitly partner with local voluntary organisations whenever possible, both for impact and for a longer lasting legacy.</p> <p>In a few instances, our core grant enables us to subsidise projects whose delivery may not have been possible without it, but does require additional resource and capacity to be brought in to deliver them. These activities continue to meet the same threshold of aims and objectives appropriate for a Healthwatch and add significant local value to our communities (e.g. the two coproduction boards we lead on).</p>	
2. Health and Wellbeing Board’s strategy refresh –community engagement	CORE & Additionally commissioned	<input checked="" type="checkbox"/>		
3. Health and Wellbeing Board community of practice – enabling the Board	CORE	<input checked="" type="checkbox"/>		
4. Integrated Care Board’s Hertfordshire Neighbourhood Delivery Committee	CORE	<input checked="" type="checkbox"/>		
5. South and West Hertfordshire Health & Care Partnership Coproduction Board (Chair)	CORE & Additionally commissioned	<input checked="" type="checkbox"/>		
6. Research and Engagement Network Programme – local facilitation	Additionally commissioned	<input checked="" type="checkbox"/>		
7. East and North Hertfordshire Health & Care Partnership Coproduction Board (Chair)	CORE & Additionally commissioned	<input checked="" type="checkbox"/>		
8. Voluntary, Community, Faith, and Social Enterprise Alliance – steering group	CORE	<input checked="" type="checkbox"/>		
9. Hertfordshire County Council Public Health coproduction groups A. Drugs and Alcohol Service user huddle	Additionally commissioned	<input checked="" type="checkbox"/>		

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B. Make Every Adult Matter – multiple disadvantage service user huddle (new)				
Activities championing the experiences of underserved and marginalised voices, at risk of health inequalities.				
10. Children and young people: Exploring key issues within health and social care for children, young people and families. [Project continues from 2025 -2026 and a final compendium of case studies will be produced]	CORE	<input 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 underrepresented voices in health and social care insights and engagement. • Young People’s Health and Wellbeing Survey (2025) indicated the challenges children and young people are facing, and their voices must be heard. 	In-depth, qualitative approach using interviews to produce case studies.
11. Care Act Assessments – what has been the experience of Herts residents?	CORE	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • National social care reform and a commission to “transform social care” was brought in during 2025; it is timely to review local arrangements. • This work is particularly important given Hertfordshire’s demographics (large older population, high number of unpaid carers, significant rural areas, pockets of deprivation) and the impending local government reorganisation, for which this insight might be helpful in shaping future services. • Healthwatch England emphasised the unmet needs for carers in their social care reform response and national analysis, so they’re a key stakeholder. 	Mystery shopping with underserved groups (including carers) and a survey for all residents.
12. Multiple or long term conditions – NHS neighbourhood working and prevention system design.	CORE	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Our own 1,200 people ICB survey showed those with multiple or long term conditions have the least support and autonomy in navigating their care 	In-depth, qualitative approach using interviews to

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			<ul style="list-style-type: none"> NHS neighbourhood guidelines lists people as 'equals' in the neighbourhood approach. NHS 10 year plan has a focus on 'from hospital to community' and towards 'prevention'. Local Health & Care Partnerships are actively testing and developing models, and this is our opportunity to influence positive change 	produce case studies.
13. Assistance Dogs in healthcare settings	CORE	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Building on the previous year's work with the vision impaired community and the limitations of access to healthcare highlighted in our own insights Equality Act highlights protections under public access rights, which extends to healthcare Strong human interest story that is uniquely placed for us to tell. 	Interviews or focus groups to generate case studies. Desktop audit of online resources to enable better access.
Important projects to consider if additionally commissioned (capacity only if investment is made)				
14. Experiences of hospital care in Hertfordshire.	Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Given the delay in the hospitals programmes, ongoing challenges to access and delivery of care across our geography is increasingly important CQC, Well-Led and PLACE inspections are spotlighting some basic issues around privacy, dignity, cleanliness, etc. Our signposting service continues to support people with issues around hospital care and provision, including access to appointments, transportation, access, and specific services provision. 	Focus groups exploring experiences of different communities.

2026 – 2027 Research and Engagement plan				
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15. Digital access and health autonomy – “I can access the NHS App, but can I use it to better manage my health?”	Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> NHS 10 year plan has a strong push towards digital options. However many people still have preferences for in-person support. Those with lower health literacy often struggle with appointment booking systems, written information, understanding options or risks and communicating their needs. Locally, a digital interface is being designed to make accessing your own information easier – How can we help use people’s experiences to inform and help shape local services? 	Large scale survey across Herts. Focus groups looking specifically at underserved communities. Mystery shopping.
16. Ambient listening (via Artificial Intelligence) in hospital settings – is the use of AI understood and welcomed?	Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Already being utilised locally, but are the key questions around trust, consent and experience sufficiently understood? 	Focus groups and interviews.
17. Fertility treatment and care [Women’s and family health]	Additionally commissioned	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Understood to be a ‘postcode lottery’, criteria for NHS funding is variable, there are ethical questions around the process and the psychological impact on wellbeing is substantial. 	Qualitative interviews.
<p>Note</p> <ul style="list-style-type: none"> Details arising from the Health Reform Bill may affect the program of work. Local changes due to funding cuts to services may affect our prioritisation. We will continue to embed our Golden Threads: Mental health and wellbeing, and Financial impact, for all those we interact with. We will also collect additional information in our demographics in order to tell the story of those who are more typically marginalised or underserved: the LGBTQ Community, those with a sensory need or impairment, and those with caring responsibilities (including young carers). These insights are arising from our work this year and will help us better tell the stories of our local communities. 				

b. Our Operational Business Plan.

Given the key principles underpinning our work, and the need to consider both a continued focus on and an eventual handover of our statutory duties, the business plan has six key areas of strategic focus for the coming year:

- 1. Efficient and impactful statutory services.** Prioritising efforts that best serve our communities and deliver our duties. In addition to our Engagement and Research Plan, we are dedicated to a high quality Signposting and Information Service and our Holding to Account role within the system.
- 2. Staff team success and wellbeing.** Team success and wellbeing is central to everything, and we are ensuring that the team are supported in navigating the transition ahead and maintaining a supportive and resilient culture. We continue to be a good employer, having market tested and improved our salaries for the coming year, and put into place a number of retention and wellbeing incentives.
- 3. Influencing at a strategic level.** Aligned with our principles and the priorities in the Engagement and Research plan, we will focus on partnership and supporting system partners during a time of dynamic change. This requires us to invest in efforts whose impact is likely to build local capacity for best practice in community engagement, as we do not have sufficient clarity around longer term trajectories.
- 4. Enabling and empowering governance.** With the three new trustees now comfortably settled, we've been fortunate that there has been sufficient overlap and sound continuity on our Board with the departure of three previous trustees this year, the election of a Vice Chair, and a subcommittee for transition planning. The focus on the year coming will be enabling our board to ensure we continue to deliver our statutory functions, embed new ways of working and crystallise our future.
- 5. A well-managed organisation.** We continue to ensure that the charity operates to its maximum value for money and effectiveness, whilst maintaining compliance and operational functionality. Staffing capacity will be a particular focus this year.
- 6. Change management and transition activity.** Introduced after the legislative change was announced in mid-2025, this evolving new workstream focuses on equipping the organisation to manage risks and leverage opportunities, working closely with Board and is treated separately from our statutory duties.

2026 – 2027 Operational Business Plan – key strands of activity	
1. Efficient and impactful statutory services	- Deliver successful Engagement and Research Plan (see above)
	- Provide a resilient and robust signposting service
	- Nurture and maintain impactful Holding to Account relationships
	- Leverage our niche expertise in coproduction and community engagement
	- Maximise our evidence and insights across our program of work, sharing insights to shape local decisions and system changes
2. Staff team success and wellbeing	- Ensure clarity of roles and priorities, to ensure resilience and effectiveness
	- Maintain supportive culture and relationships, creating space for team wellbeing and support
	- Capacity management to deliver the annual business plan successfully
3. Influencing at a strategic level	- Leverage and increase the impact of our partnerships with local voluntary organisations, and NHS and local government leaders.
	- Engagement and Research Plan (see above) – Support and influence key decision makers in shaping the system to serve our local communities
	- Leverage our comms profile and reach to maximise the impact of our work
	- Deliver an annual report and AGM
	- Engagement with Healthwatch regional and national networks
4. Enabling and empowering governance	- Continue to ensure the organisation meets statutory, legal and compliance requirements
	- Bolster Board's ability to take decisions to manage the transitions ahead
	- Support and enable trustees to attend and represent Healthwatch and share our insight and expertise
	- Evolve clarity of direction and purpose to enable future planning
	- Align Board meetings cycle to decision making timelines
5. A well-managed organisation	- Work closely with Hertfordshire County Council evidencing our value and public benefit
	- Manage our program to ensure high quality services within existing financial envelope and timeline
	- Running the organisation with maximum value for money and effectiveness
	- Financial scenario modelling to support decision making on appropriate timescales
	- Actively managing risks
	- Continued compliance and operational functionality.
	- Staffing capacity to meet objectives
6. Change management and transition activity	- Separate strategic and operational capacity for decision making and planning future resource, capacity, staffing, stakeholders, public and partner impacts.
	- External advice procurement and oversight, to support sound decision making
	- Work with key system decision makers to understand whether we can add value to our communities by working in partnership in the future

