

Progress, not process

Healthwatch Suffolk Annual Report 2021–22



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Message from our Chair and Chief Executive

Our Independent Chair and Chief Executive summarise our year, and look to the future.



Wendy Herber
Independent Chair



Andy Yacoub
Chief Executive

Welcome to our Annual Report for 2021–22

It's been an extraordinarily busy year for us, as it has for everyone, demanding that we work in new ways and on a wide and varied agenda. However, you'll see that we've decided to take a different approach to our reporting this year, putting our emphasis on the impact that we've achieved from our work, with the help of others, rather than information about the ways that we've done it.

As the pandemic recedes, so many challenges emerge for our population and our health and care system. We face long waiting times, escalating issues around mental health, a crisis in dental care, and the restoration of social care services from business continuity, to name a few of too many examples. That said, coming together to tackle the COVID crisis has also revealed new opportunities to work differently, with new digital tools, more trust and transparency, and the opportunity to sweep away process, where it doesn't serve any of us.

While the pandemic revealed deep inequalities in our system, we've also seen the power we unleash when our population, the many thousands of volunteers and the health and care workforce, work together to tackle our issues.



“...to ensure that we have impact, we never forget that our independence is paramount.

“This independent role is enshrined in the law that created us, and in the newest legislation that will re-shape our system. Healthwatch occupies a unique space. We are created to be a part of our health and care system, and yet we are constituted as a Voluntary Community & Social Enterprise (VCSE) sector organisation. We continuously balance partnership, and independence – and our Board, Team & Volunteers protect that independence above all.”



– Andy Yacoub (Chief Executive) and Wendy Herber (Independent Chair)

This is also a time of transformation for our health and care system, and a year of shaping and transitioning to new structures that aim to better integrate services. Public engagement, co-production and our Healthwatch organisations, have been acknowledged as key to the success of these changes, and that’s encouraging.

We always seek to work in partnership wherever we can, while never compromising our independent role. It’s the only way we can reach so many of those we want to hear from, and to understand the real issues faced by both those requiring help and those providing it. It’s also vital that we build and use trusted relationships to ensure that our messages are heard and create change. This way of working has been key to delivering impact and change around so many of our projects this year, including those on digital transformation, end of life care, and children & young people’s mental health and emotional wellbeing (see ‘My Health, Our Future’).

But to ensure that we have impact, we never forget that our independence is paramount. This independent role is enshrined in the law that created us, and in the newest legislation that will re-shape our system. Healthwatch occupies a unique space. We are created to be a part of our health and care system, and yet we are constituted as a Voluntary Community & Social Enterprise (VCSE) sector organisation. We continuously balance partnership, and independence – and our Board, Team & Volunteers protect that independence above all.

Our workstreams change, but our strategic cross-cutting themes of equality and co-production are the key to delivering the impact we bring about with the help of the public and our partners. They come from an understanding that our system is not just made up of those providing health and care services. As COVID showed, we are all part of our health and care system, and it can only thrive when we are all involved. Only those using services, or their family carers and closest friends, experience the

barriers that exist; only they move between siloed services and see the gaps between our GP services and hospitals, mental health services, social care, educational support that so many fall into. Only they can see how things could be easier and when things really help – because they experience it in a way that no-one else in the system does. Only they see the processes that slow and block access for some – and provide costly pathways that may be no help at all to others.

So, this report is about **progress, not process**.

In challenging times, this is a challenge we share with the system as we celebrate our partnerships and use our independence to shape, influence and improve local care. We are, as ever, hugely grateful for the commitment and expertise of all our team, Board and volunteers who continue to ensure that we reach out to the people of Suffolk and capture their views and concerns – and ensure that they are heard and have impact.

Adding value to the work of others – Look out for statements like this from local, and regional, stakeholders throughout our report.



“We are very fortunate to work alongside Healthwatch, which represents the interest of patients and public in the Suffolk locality and beyond.

“Healthwatch Suffolk continues to play both a vital and effective role by supporting the regional team with the sharing of valuable service users’, patients’ and carers’ experience and feedback in a timely manner.

“They bring the service users’ and patients’ voice in the various meetings/forums to support the quality oversight and improvement, but are also great advocates for sharing good practice and embedding meaningful co-production.

“We have particularly valued the input of Healthwatch Suffolk in the quality oversight meetings of our most challenged providers and look forward to building and strengthening our working relationship.”

– Geraldine Rodgers OBE (Director of Nursing for Leadership and Quality, Nurse Fellow for Older People at NHS England and NHS Improvement – East of England)



A photograph of two young women with long brown hair. The woman in the foreground is wearing glasses and a grey sweater, laughing with her mouth open and hands clasped. The woman behind her is also laughing. In the background, there is a poster with a group of people and some text, which is slightly out of focus.

Youthwatch Suffolk

Learn more about our developing network for young people from page 72. Youthwatch will help them to have a say on their health, social care and support.



Who we are

We're your health and social care champion.

If you use health services, or need social care, we want to hear about your experiences. We make sure NHS and social care leaders listen to your feedback and improve standards of care. We can also help you to find information and advice about local services and support.



We want everyone to be a part of our work

This is our inclusivity statement:



Our differences are not always visible, and we embrace them all with respect and kindness. Healthwatch Suffolk wants everybody to feel equally valued, listened to, seen and heard.



Developed in co-production, it is our promise to include everybody in our work.

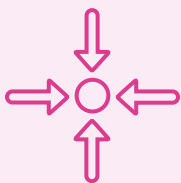
They're not just words – we take them seriously, in all aspects of our work. From talking to people in communities, to planning our research, we strive to make sure no one is excluded from being a part of our work.

Our vision, mission and values



Our purpose is to...

Champion the views of local people to achieve excellent health and social care services in Suffolk.



We live and breathe...

Co-production in everything possible. We consistently aim to be inclusive, actively listening to our communities in transparent, accessible, accountable, responsive, and proactive ways. We are continually learning.

Our strategy and priorities

We have published a strategy about our priorities up to the end of 2023. It will help us to make sure we are using our funding to achieve the biggest impact for local people.

Our chosen priorities are mental health, children and young people, primary care, social care and secondary healthcare. We also have cross-cutting themes of co-production and inequality. You can learn more about our strategy, and why we chose our priorities, by visiting: www.healthwatchsuffolk.co.uk/about-us/ourstrategy/

For more detail about our organisation, and how we make decisions about our work, please see from page 96.



Highlights from our year

In this section, you can find quick links to some of our work and key impacts in 2021/22. We've included page numbers (and links if you are reading this report online) so that you can find more information about our work.

A brief timeline of key impacts

These are just a few of the projects we worked on from April 2021 to March 2022.

Spring



With digital services becoming the norm, we worked with Healthwatch Essex, and the NHS, to shape a more inclusive future for health and social care services in Suffolk.

[More on pg. 44](#)



Our feedback helped to make sure the COVID-19 vaccination rollout met local need. We identified patient experience issues together with the NHS, and shared them for service improvement.

[More on pg. 87](#)

Summer



We made sure people with disabilities had access to better information about hospital parking rules. Information for patients was updated, signage was made clearer, and staff were reminded about rules on blue badge parking.

[More on pg. 66](#)



We captured people's last moments with loved ones, and made recommendations about improving end of life care in Suffolk. Our research shaped service plans as they emerged out of COVID restrictions.

[More on pg. 50](#)



Our staff helped to combat COVID-19 by supporting people to access COVID vaccinations. This included providing advice on how to book a vaccination, and helping people to resolve problems.

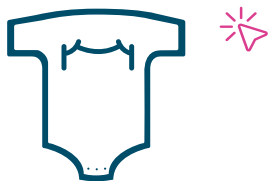
More on pg. 96



We shaped NHS plans on COVID vaccines for young people. We asked for their views on COVID vaccines, worries about the jabs and more.

More on pg. 40

Autumn



Our feedback about services has been shaping plans for future maternity care in Suffolk and north east Essex. Maternity leaders responded to our feedback with information about actions they would be taking to improve care.

More on pg. 85



We completed work to support GP practices under pressure. That includes articles encouraging understanding from patients, a report on patient experience for local councillors and leaders, and engagement work within practices.

More on pg. 62

Winter



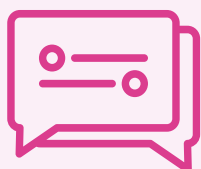
Our data has improved support for young people at the most risk of mental health and wellbeing concerns. We recorded 4,500+ responses to our latest survey about their wellbeing.

More on pg. 40



Our report showed how people were struggling to access NHS dental care. It was used to inform scrutiny of services, and as evidence for leaders given the job of tackling the crisis.

More on pg. 78



Find **17,758** experiences on:
www.healthwatchesuffolk.co.uk/services



More key work and impacts in 2021/22

Here's some quick information about some of our work in the year, and how it's made a difference for you. You'll find more detail about each of them throughout this report.



GP practices listened to feedback and made improvements to their services.

[More on pg. 62](#)



The ambulance service co-produced its engagement strategy. The work was included in national NHS guidance.

[More on pg. 26](#)



Medequip, a national provider of community equipment services, brought co-production into its service plans.

[More on pg. 28](#)



46 workshops with more than **500** people supported services to consider, and plan, co-production.

[More on pg. 24](#)



Our literature review provided NHS and care leaders with the evidence they need to resource co-production in services.

[More on pg. 31](#)



We worked with Public Health Suffolk to co-produce future services that will support people to live healthier lives.

[More on pg. 32](#)



Our recommendations about improving end of life care and support are shaping new models of care in Suffolk.

[More on pg. 50](#)



Our data is helping to bring about more mental health and emotional wellbeing support for LGBT*Q+ young people.

[More on pg. 40](#)



“Healthwatch Suffolk have shown extraordinary leadership and partnership in our Integrated Care System.

“They have been deeply involved in a wide range of strategic programmes and public concerns, including launching the first Integrated Care Academy in the country and pushing for reform of dentistry provision.

“They have also shown leadership beyond the county boundary with their work on the East of England Ambulance Service. We are very fortunate to work with Healthwatch Suffolk, not only for the work they do but also the great values they bring to health and care locally.”

– Dr Ed Garratt (CEO designate, NHS Suffolk and North East Essex)



We logged **2,288** comments about local services on our website. They were used to influence local support.

[More on pg. 18](#)



147 comments about maternity care have shaped a local strategy for services, and informed quality improvements.

[More on pg. 85](#)



Our work on elective care is helping leaders to make decisions about support and to avoid inequalities.

[More on pg. 48](#)



We created resources to help people know their rights when it comes to accessible information from services.

[More on pg. 56](#)



We worked with local GP practices to introduce digital changes by supporting patients and sharing feedback.

More on pg. 62



Ipswich Hospital updated its process for assessing carer access to A&E under pandemic restrictions and introduced more leniency.

More on pg. 66



We helped to establish the need for a formal Long COVID strategy, and we're making sure it will be shaped by people's needs.

More on pg. 83



We shared feedback with the SNEE Integrated Care System on screening, asthma and more. Our insights are shaping its work.

More on pg. 80



We helped **496** people to find their way to help and support.

More on pg. 90



We signed new partnership agreements with local organisations. **45** organisations have agreed to work with us.

More on pg. 74



“Healthwatch Suffolk (HWS) really ‘owns’ the co-production space. At every opportunity, the voice and the experience of people who use services in Suffolk is put front and centre so that no commissioner or provider can ignore it – not that they would want to, of course, but it’s the sort of thing that can slip down the list of priorities if we’re not careful.

“HWS would never allow that to happen. I’m always impressed with the confidence and credibility displayed by the HWS team. They are widely respected within the system and the system is all the better for their involvement.”

– Jon Neal (Chief Executive, Suffolk Mind)





“Over the past year the health and social care system has faced many challenges with the recovery from Covid and the restructuring around the Integrated Care System. Throughout this time Healthwatch Suffolk and Healthwatch Essex have united to provide the best support they can for the citizens of Suffolk and North East Essex.

“The team at Suffolk have been generous with their time, knowledge and expertise. They have been open to working in partnership and using the principles of co-production to help shape services they wrap around service users.

“We have formal working agreements between our two organisations but have worked together regularly to support one another, an easy partnership as we have the same core values, to champion user voice to achieve excellent health and social care services.”

– Sam Glover (Chief Executive, Healthwatch Essex)



9,661 responses to our research projects in 2021/22.

More on pg. 38



Our network (Youthwatch Suffolk) will help us to better represent the needs of young people.

More on pg. 72



Our work on Long COVID is shaping a national evidence review on support for NHS England and Improvement.

More on pg. 83



People had more than 1 million opportunities to see, read or hear something about us in 2021/22.

More on pg. 19



How we listen

Our communication, research, community engagement, information and signposting, and co-production activity all contribute to our understanding of people's experiences of local care and support.

In this section, read quick information about the five ways we shape, influence and improve local standards of care.



Five ways we shape care

Learn about how we listen to people's views and experiences of NHS and social care services in Suffolk. Explore all of the ways that you can learn about our work, and join in with our projects.

How we shape, influence and improve local support

You will be able to read about examples of work and impact across all of the areas below in the next section of this report.



1. Research and insight

We complete research, liaise with partners and encourage feedback on our website to capture people's experiences of using local services and accessing support.

 [Click to read more.](#)



2. Co-production

Our team works with services and commissioners to help them embrace co-production, involving people as equal partners in planning and delivering services.

 [Click to read more.](#)



3. Community engagement

Our team encourages people to speak out about their care. We also support services to connect with their local community, and to communicate about service change.

 [Click to read more.](#)



4. Information and signposting

We help people to find their way to information, advice and support. We use insights from our service to influence change, and to make improvements for others.

 [Click to read more.](#)



5. Working with others

We work in partnership with local people, partners and networks to improve services and support.

 [Click to read more.](#)



Our feedback centre

More than 90,000 visits to our Feedback Centre

(www.healthwatchsuffolk.co.uk/services) in 2021/22 helped people to find information about services, see what others have said about them, and leave feedback.

With **18,000** (**2,288** in 2021/22) items of feedback now featured across hundreds of service listings, the Feedback Centre offers insights people can use to make informed decisions about their care. The feedback is used to:

- inform and shape our own work, and decisions about our priorities;
- respond to media enquiries and challenge in the press;
- provide insights about people's experiences to forums and networks with a responsibility for planning local care;
- generate reports for those who regulate, monitor and scrutinise local services.

Just a few examples (amongst others) include:

- One hundred and forty-seven comments about people's experiences of maternity care were shared to shape a future strategy for the services. The feedback was also used to identify improvements that are needed now. [Read more from page 85.](#)
- GP practices have used people's feedback to make improvements to their services, and to support staff morale at difficult times. [Read more from page 62.](#)
- Comments about digital services were used to enhance our research on the subject. Our work is leading to a more inclusive future for our services. [Read more from page 44.](#)
- The Suffolk and North East Essex Integrated Care System used people's experiences of cancer care to inform an Equality and Health Inequalities Impact Assessment.

What did people tell us about?



Most people told us about GP practices and hospitals, but we also logged feedback across many other service types (e.g. COVID vaccinations, care and nursing homes and more).

People had at least **1.8 million opportunities to see, hear or read something about us in the last year**. That includes...

Social media



441,927+

Impressions on social media

Our newsletters



4,235+

Subscribers across mailing lists

Printed media



764,741

Circulation of printed media

Website hits



147,549

Sessions on our website

Reaching people for their views

Our job relies on us being able to hear from you about your experiences of using health and social care services. Communication is therefore an essential part of what we do, and getting it right matters to us.

Our aim is to reach as many people as possible to capture their experiences of services, and to encourage people to be a part of improving local care. Our inclusive strategy for communication is based on the principle that not every person likes to communicate with us in the same way. That is why we use many methods to tell people about our work and encourage people to join in.

We remain committed to providing information in multiple formats so that nobody is prevented from accessing our service, and we have continued to fund a specific accessibility tool for our website (ReachDeck). However, if you don't feel we've got it right, please get in touch. We will appreciate the feedback (good or bad).

Our website overhaul

This year, our Communication and Information team has made it easier for people to explore our work and impact.

We have completely updated the layout of our website, and added more than 50 pages of content that focus on different areas of our work. If you would like to explore the changes in more detail, this article is a good place to start:

www.healthwatchsuffolk.co.uk/news/ournewsite/

As a part of this work, the team has also been working on the upgrade of systems we use to monitor people's feedback about services. The changes will improve the way that we process, analyse, report on, and share people's experiences of using NHS and social care services in Suffolk.

Listening, sharing and influencing change

How do we achieve impact?

There are many ways we're listening to your feedback, and using it to improve standards of care across Suffolk. That includes our research projects, co-production activity, visits to local communities and our work with other organisations.

Read on to find out more.

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Co-production

In this section, you can learn about how we've been working to encourage services and leaders to embrace co-production – an approach that makes sure services are shaped with, and by, people as equal partners.

What is co-production?

Co-production is when people work equally with professionals and decision-makers to design, evaluate, and improve health and social care services. This is our local co-produced definition created with people in Suffolk:

"A meeting of minds coming together to find a shared solution. The approach is built on the principle that those who use a service are best placed to help design it. It means aspiring to be equal partners and co-creators."

True co-production is a cultural shift for our health and care 'system'. However, it is an approach that offers huge potential for innovative change in the way that people, and communities, are supported.

Our Co-production Team

Our team is working to establish a culture of co-production across Suffolk, ensuring that professionals are working with local people and communities as equal partners, to plan and deliver care whenever possible.

We provide support, guidance, workshops and training to embed co-production as an approach to delivering, and evaluating, services. The team is supported by ten Co-production Ambassadors who bring a wealth of lived experience of services, and of co-production.

You can learn more about our Co-production Ambassadors overleaf.



If you would like to know more about co-production, or discuss a project with us, please email coproduction@healthwatchsuffolk.co.uk or call **01449 703949**.

Our Ambassadors

It is important to involve people from outside of Healthwatch Suffolk within our co-production work and thinking. That's why we created the role of Co-production Ambassador.

The role

The role is adaptable and flexible, requiring no specific experience, time or skills. The direction of the role is dependant on the individual's needs, aspirations and availability – any commitment is appreciated.

The role is enabling people to use their lived experiences to bring about meaningful change to the way that health and social care services are planned and delivered. It also offers the opportunity for people to gain unique skills, knowledge and experience, and to feel valued for their time and contributions.

Mutual benefit is a principle of co-production, and we believe that we cannot have true co-production without it. It is our intention that ambassadors should feel empowered, appreciated, and that they are making a difference by working together with us, and our local health and social care services. We also offer payment for the Co-production Ambassador's time, as well as any out-of-pocket expenses and travel costs.

How ambassadors supported our work

Here are just some of the ways our ambassadors supported us in 2021/22:

- drawing on their experiences of using services, as well as their knowledge of practising the principles of co-production with organisations, they co-delivered our co-production workshops (see from page 24);
- they worked with the Suffolk Safeguarding Partnership to co-produce an openness statement. It is a written commitment to how the Suffolk Safeguarding Partnership will be open about its work – Read the statement on www.suffolksp.org.uk/about-us/communications/;
- they have attended external workshops and meetings, such as those concerning a Dynamic Support Register for children and young people, the transition to Integrated Care Systems, annual learning disability health checks and more;
- they have helped us to film, and edit, short videos about co-production, and they have written content for our website – See this example: www.healthwatchsuffolk.co.uk/news/journey-into-co-production/;
- they created a team code of conduct for co-production ambassadors.

We would like to say a huge thank you to all of our ambassadors for all of their support and contributions to our work throughout 2021/22.

The ambassador role is different for everyone. Here's what Sheila and Anetta have felt about being a part of our team.



Sheila

"I like to work with people to help them improve and work better, and to help move forward into better ways of working. I want to use these skills to support organisations to embed co-production in their culture."

"It's been great to work with groups, as well as with colleagues in Healthwatch, to co-produce documents as they start using co-production as a way of working for the benefit of everyone using their services."



Anetta

"I would like to thank you all at Healthwatch for welcoming me. Recognising, and helping me to recognise, that all we have been through has value. Giving me the opportunity to be part of the development of the diversity and inclusion statement, and becoming a Co-production Ambassador has helped me find purpose after my intense role as a family carer. It has enabled me to see a future."

"Thank you so much for all the encouragement support and assistance. I am truly grateful and look forward to our work together."



"My experience is that you are a very supportive team, through valuing what each member is contributing, even if views of each individual are different."

"This is why Healthwatch Suffolk provides a role model towards promoting co-production to other organisations of all types."

Jane (Co-production Ambassador)



Learn more about our team and ambassadors on:

www.healthwatchsuffolk.co.uk/co-production/meet-our-co-pro-team/



Co-production workshops

Our workshops help organisations, networks and services to develop a shared understanding of co-production, its benefits, and how to embed our local principles into their projects.

We create a learning environment through which people are supported to think about:

- what co-production means to people in Suffolk;
- how to collaborate with people in a co-production environment;
- how to make co-production a sustainable long-term approach to service development;
- how co-production is different to the ways organisations engage already.

We've had invaluable support from our Co-production Ambassadors to develop, and deliver, the workshops. They have supported people to explore challenges that are hindering a truly co-productive approach within services, and to define an achievable way forward.



In March 22, people rated us **4.6/5** for motivating them to understand co-production and to do it well.

Discover...



Visit our website to learn more about how we worked in co-production to develop the content of our workshops.



“This is just the beginning of my journey into understanding co-production...”

“I think it’s so important to co-produce where possible, and I will encourage others around me to do the same.”

– Anonymous



Explore co-production

Visit [www.healthwatchsuffolk.co.uk/
co-production](http://www.healthwatchsuffolk.co.uk/co-production) to find more information about
our team, inspiring examples of co-production
in action, our resources and more.





How our workshops are inspiring change

Our workshops have led organisations to approach service design, and strategy, in entirely new ways. Here are some examples of how we've inspired services to embrace co-production, and how our work is influencing other services outside of Suffolk.

The East of England Ambulance Service NHS Trust (EEAST)

- We helped the ambulance service to take a new approach to the development of its community and patient engagement plans for the next few years.
- This work has been shared widely with other NHS Trusts, including as a specific case study within new statutory guidance from NHS England and Improvement on working with people and communities.

The detail

EEAST has been working on the development of its Patient and Public Involvement Strategy that will provide direction for its community engagement for the next three years. The Trust understood the importance of co-production, but it had not previously had much experience working in this way, especially for such a large project.

Fifty EEAST staff took part in a series of three interactive co-production workshops delivered by our team, and also a Co-production Ambassador, Nat. They learned about the culture of co-production, the underpinning principles, and the benefits of embracing the approach.

From there, the strategy was developed through a series of 16 co-production workshops, with 70 attendances by patients, community representatives, volunteers, and specialist groups. Each session took an open approach, but included key questions which were used to build foundations for the strategy.



All the feedback received was collated, and a thematic review was then undertaken to identify five key themes (ethos, involvement and engagement, accessibility, networking and communication). Further sessions were organised to feedback and sense check the themes, concluding with strategy writing workshops with patients and the public. This was key to making decisions about the language to be used within the strategy.

Here's what one patient of the trust said about the sessions they participated in:

"All the meetings I attended were of a manageable size where everyone had an opportunity to have a say, and not have to fight for a voice...I felt our opinions were being taken seriously and decisions changed according to the way the meetings progressed. This was most definitely not a tick box exercise, and the organisation is to be commended for being genuine. It meant that I have confidence that if ever I were asked again for PPI, I would have an enthusiasm to do so."



"Co-production is now an important engagement tool for us. We have seen the significant benefits it brought to the development of our strategy, and we will be using co-production whenever appropriate in the future."

- Victoria Boyce (Patient and Public Involvement Manager, EEAST)



"Healthwatch provided valuable expertise, and training which enabled us to successfully co-produce our new patient and public involvement strategy. They regularly checked in with us to see how it was going, and to offer ongoing support. Working with Healthwatch Suffolk helped us put the foundation in place for our co-production journey and ensured we continued in the right direction."

"We are very proud of the interest other NHS organisations have shown in our co-production journey. We have been able to contribute a case study of the development of our strategy, which will be included in the NHS England and Improvement's new statutory guidance on working with people and communities 2022. We have also had the opportunity to share the process with the NHS Heads of Patient Experience Network, presenting our co-production process and final strategy at a webinar on communication."

- Victoria Boyce (Patient and Public Involvement Manager, EEAST)





Medequip

- Our workshops helped this national organisation to build co-production into its engagement with staff, and make changes to how it listens to people across its services.
- Co-production is now a part of the induction process for all new staff at Medequip.
- We have joined up with a Collaborative Working Agreement, which includes ensuring a shared understanding of co-production, and also a promise to improve the collection of people's feedback.

The detail

Matt Ward, Head of Retail and Marketing at Medequip Assistive Technology Ltd, describes our work together.

"Medequip is still very much on a journey of integrating these partnerships into everyday operations but feel we have made great progress in the last year and now have better practice integrated into our day to day engagement with the communities we work in and with."

– Matt Ward (Head of Retail and Marketing, Medequip)



"We have strong partnerships with commissioners and prescribers, and set high standards for customer care and satisfaction. The public health and social care sector we work in is changing, and we recognised the need to work in closer partnership with people and their families and the public, private and voluntary organisations that support them to ensure that all voices are heard and contribute to managing that change positively."

"This began by asking the Healthwatch Suffolk co-production team to provide some initial training to groups of our colleagues across the country, to explain the concept and application of effective engagement and creation of co-production groups both on a local and national basis. Since then, a number of partnerships have been created, including work through other Healthwatch groups, and individual people who access our services, to begin to shape changes to provide better outcomes."

"One example of co-production in progress has been the creation of a group to review the feedback questionnaire we use to understand how the community equipment service provision is being received, and more importantly the individual outcomes it helps. This has formed new thinking about the type of questions asked, how the feedback is solicited and then reported. Local forums in London, Wiltshire, Kirklees and Durham have also been set up to provide discussion on the service and create projects to improve specific elements of provision, such as equipment returns and preferred communication methods."

"Medequip is still very much on a journey of integrating these partnerships into everyday operations but feel we have made great progress in the last year and



Together with Medequip, our team spoke at the National Association of Equipment Providers conference in 2022.

We delivered a talk on “The culture of co-production – The power of the communities we serve”. It was an excellent opportunity to promote the benefits of co-production to a national audience.

now have better practice integrated into our day to day engagement with the communities we work in and with.”

David Griffiths, Managing Director of Medequip, has written a blog about co-production and community engagement, stating:

“I said Medequip will never make claims about co-production. Instead, we would make sure our partners and people who use our various services could speak for themselves.”

Embedding a training programme across the organisation is a big step forward towards this philosophy, and is the first towards engaging with the community in a meaningful, equal, and accessible way.

Feeling inspired? Get in touch

Get in touch, or visit our website, to learn more about our workshops – or to book now.



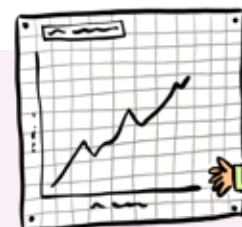
www.healthwatchsuffolk.co.uk/co-production/coproworkshops/



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coproduction@healthwatchsuffolk.co.uk



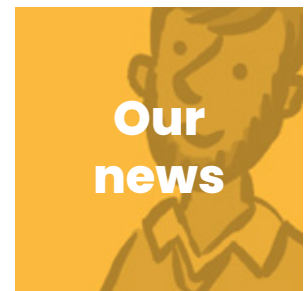
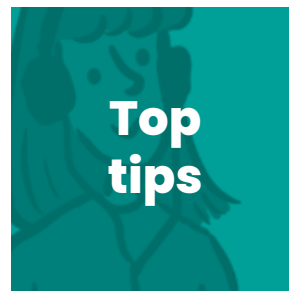
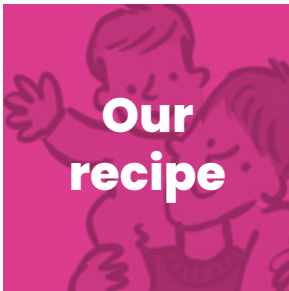


Co-production resources

Our team has developed a range of resources that can support people to co-produce services in Suffolk. Find them on www.healthwatchsuffolk.co.uk/co-production, or select our boxes below.

Our recipe

Co-produced with local people, the 'recipe' is comprised of six 'ingredients'. They are the agreed local principles of co-production for Suffolk, and they set the foundations for people working together. In April 2021, we updated the recipe with our Co-production Ambassadors as our understanding of these principles in practice has evolved. Click our box below to download your copy now.



 "I have trained hundreds of people, and supported many organisations to increase co-production in their activities. Organisations facilitating co-production need to have a particular combination of values, knowledge, skills and capacity. They require both good understanding of co-production, the practical ability and emotional intelligence to implement change. Over time I have learnt to identify the organisations in which co-production is genuinely happening."

"It is my view that Healthwatch Suffolk's co-production work is of national significance, and this is something that needs to be valued and supported. They have committed leadership, staff and public participants, they have worked hard to develop their model, values and approach. The tools and information on their website is engaging and helpful."

–Pete Fleischmann (Lead Consultant, Co-production Works)



Our literature review

What is the evidence for co-production?

Co-production takes time to do well, and sometimes it requires investment too. Our literature review provides people with the evidence they need to make the case for co-production in service design.

The review provides NHS and social care leaders, and anyone interested in co-production, with the academic evidence they need to take forward co-production projects. It addresses:

- the history, ethos and definition;
- the value to individuals, communities and services;
- conclusions about the monetary and social value.

Our review was created with the support of three peer-reviewers at the University of Suffolk (Dr Will Thomas, Sophie Walters and Professor Helen Langton). The foreword is provided by Dr Naomi Harflett (Research Manager at the National Development Team for Inclusion, NDTi). This is what Dr Harflett said about the paper:

“When you are involved in co-production you can ‘see’ and ‘feel’ the impact; you observe and experience the very real benefits working in this way can bring. But it can be hard to articulate this; it can be challenging to capture these benefits and share them with those who have not worked in this way before. This is where the importance of research and evidence comes in.

“Co-production can involve investing time and money, and interested parties need to know that the result is worth the effort made. This detailed and thorough review of the evidence on co-production by Healthwatch Suffolk is therefore a very welcome publication.”



Download your copy now:

www.healthwatchsuffolk.co.uk/co-production/literaturereview/



More of our co-production projects



Shaping services to support healthier lives in Suffolk

Our ambassadors are making sure people's experiences are a part of the design of new services that will help people to live healthier lives in Suffolk.

Public Health Suffolk (PHS) has been planning the future of services that can support people to live healthy lives in Suffolk. It approached us for co-production support to make sure the new services will meet people's needs, and encourage more people to engage with them.

The new services will aim to reduce the incidence of long-term health problems and disease in Suffolk by tackling behaviours known to have the greatest impact upon the chances of people having a long, and healthy, life. That includes major health risk factors such as smoking, poor diet, alcohol use and low physical activity.

To progress this work, our team and ambassadors worked with PHS to design the next stages of co-production. That includes a co-produced survey that has identified areas of focus for the re-procurement, and gaps in current engagement (e.g. where specific groups and communities have not yet been included). An opportunity to participate in further co-production was included in the survey and 324 people indicated they would like to take part.

Now, our ambassadors are contributing to focus groups with key groups and stakeholders. The aim is to understand more about what will be needed to make sure people from all communities will be encouraged, and able, to seek help from the new services. The discussion guide to inform this work was presented to our co-production group for comment and input. Our group has also contributed

to similar surveys and discussion guides specific to co-production on services for children and young people.

All of this work will lead PHS to develop its new service specification with people's views and needs firmly in mind. Our co-production group will continue to guide the project, and is already engaged in opportunities to contribute to the tender process for the new services, be a part of the selection of a provider to deliver the future services, and to influence equality impact assessments.

Look out for further opportunities to join in with this work on our website.



***“The Healthwatch Suffolk co-production support has been instrumental in shaping our approach to key projects and programmes of work in Public Health.*”**

“The Healthwatch co-production training session provided a space for the team to reflect on the importance of co-production. Since then, we have worked closely to embed the principles of co-production into the work that we do, using the ‘Recipe for Co-production’ to inform our engagement strategies and public facing communications.

“We have also worked closely with Healthwatch co-production ambassadors to design discussion guides, inform the language we use, and to reflect upon our approach to engaging Suffolk residents. Their support and insight has been Invaluable.”

– Sharna Allen (Senior Health Improvement Commissioner, Public Health and Communities at Suffolk County Council)



To learn more about any of our co-production work or projects, please contact us, or visit www.healthwatchsuffolk.co.uk/co-production



Pharmacy services in Suffolk

Co-production support from us helped to increase responses to a survey that forms a part of the Pharmaceutical Needs Assessment (PNA); a three-yearly report that is used to identify gaps, and plan improvements, to local pharmacy services.

We brought people with experience of using pharmacy services together with professionals to co-produce a questionnaire for the PNA. It aims to ensure the public voice, and people's experiences, are included within the PNA to influence how pharmacy services are provided in the future.

Our focus groups empowered people to suggest changes to the existing PNA survey, ensuring that it was more accessible to all communities accessing the services. They also helped leaders to identify core services people want from their pharmacy, and also what might be missing from current services.

As a result of the co-production, responses to the survey increased by more than 200. This work shows how making sure people are a part of the design of engagement can benefit service planning and strategy in the long-term.

"Over recent months, the LPC has worked with Healthwatch Suffolk Co-production Team on two pieces of work. The first was to shape the patient survey to inform pharmaceutical service provision, and this work resulted in a survey that was much easier for Suffolk residents to engage with. The second is an ongoing piece of work that has allowed us to understand how local people view the services that pharmacies provide. This has given us a unique insight into how we can better work with patients in the future. This joint approach has been invaluable and has been made possible through the great work of the co-production team."

–Tania Farrow (Chief Officer, Suffolk Local Pharmaceutical Committee)

The work on the PNA survey is also leading to further co-production around pharmacy services. Engaged members of the PNA focus groups have formed a small working group that will seek to develop a 'charter' to help pharmacy staff and users understand more about what they should expect from each other.

Look out for more information about this work on www.healthwatchsuffolk.co.uk/co-production in the year ahead.

West Suffolk Future System

Our team continues to support the West Suffolk Hospital to embed a culture of co-production within its 'Future System' programme. It is making sure communities, and professionals, are involved in the design of new healthcare facilities in west Suffolk.

Gary Norgate (Programme Director at West Suffolk NHS Foundation Trust) shared his thoughts about this work with us:

"With the design and build of a new hospital for our community in mind, the team at West Suffolk Foundation Trust were keen to ensure they maximised engagement with its staff, public and partners. Having considered the traditional methods of public events and consultation, Healthwatch Suffolk respectfully challenged us to be more ambitious... and so the single most significant decision on how we would design the new facility was taken. In supporting us to understand, embrace and fully embed the principle of co-production, Healthwatch have enabled OUR community to design THEIR hospital – I am so proud of the outcome, and never tire of encouraging my colleagues in the national programme to engage their local Healthwatch and embrace co-production.

"It started with a simple, respectful challenge from Healthwatch to the leaders of the new hospital project to raise their sights and truly embrace and embed the principles of co-production. Since positioning this idea, Healthwatch have supported us with training, support, advice and oversight and the results have been spectacular. I look back with great pride on what has been achieved and, more importantly, how it's been achieved. Healthwatch remain a highly valued partner in our project and I never tire of telling others in the national programme to engage Healthwatch and embrace the power of co-production!"

Integrated Care Academy (ICA)

The ICA is the first of its kind in this country. It is a partnership between the University of Suffolk, the Suffolk and North East Essex Integrated Care System (ICS), Suffolk County Council and Healthwatch Suffolk. 2021/22 was effectively the ICA's first twelve months, a year during which the Academy sought and agreed the funding it required and set about co-producing its first implementation plan, through its co-founders, and other active partners such as Suffolk Mind, District and Borough Councils and St Elizabeth Hospice.

We are a strategic advisor on co-production, and the need to centre everything around lived experience. We have an involvement in the Academy's Co-production Hub which has now developed and co-produced its own training package. We have, in addition to the ICA, begun to develop working relationships with other aspects of the University. Most prominently, the Institute for Health and Wellbeing.

"The ICA looks back on its first year with much thanks to Healthwatch Suffolk, as together we created the ICA's Co-production Hub, which has impacted across Suffolk! Some examples include community involvement in embedding integrated care into all UoS health and social care courses, increasing public and patient involvement across our research projects, and starting a one day co-production training course specialising in 'integrated care'."

- Professor Chantal Ski (Director, Suffolk Integrated Care Academy)



"The Waveney Lived Experience Advisory Forum (LEAF), facilitated by Access Community Trust, has worked alongside Healthwatch for the last two years. The LEAF has been involved in its submission for the NSFT CQC report, and has worked with the co-production team to offer training to organisations across Waveney. In addition, we are currently working alongside Healthwatch as we mobilise the LEAF across our new wellbeing hubs and are part of the Suffolk Emotional Wellbeing Hub Focus Group. We have recently been part of the co-production forum for the evaluation of Health Coaching training.

"Unwaveringly, the team at Healthwatch have been proactive, supportive and engaged in the work we do at the LEAF. They have been committed to working in partnership and to connecting us with relevant services and organisations as well as offering assistance and advice around co-production and lived experience. We are looking forward to further developing our relationship as we bring the LEAF to East and West Suffolk."

- Lee Kettlewell (Project Manager, Health and Wellbeing for Access Community Trust)



Services work best when they've been created with you.

Sign-up for our co-production updates, or follow us on social media for all of the latest opportunities to shape, influence and improve local NHS and social care services.

[www.healthwatchsuffolk.co.uk/
co-production/co-production-updates/](http://www.healthwatchsuffolk.co.uk/co-production/co-production-updates/)



Our research

We believe that services should be co-produced, planned, designed, and delivered on a foundation of reliable evidence, and with people in mind. That's why we do research.

Our approach

Our research enables people to directly influence decisions about health and social care support, and to shape local services. We have the relationships, and staff with the right skills, to get people's experiences heard and taken seriously where it matters most.

Through a combination of surveys, interviews and other methods, we are able to bring people's experiences together in an impactful way, and share them with people who can make change happen.

We've always got impact in mind, and so we make sure our projects are planned and delivered together with local people and system leaders wherever possible. That includes the development of any recommendations for improvement or change.

We always try our hardest to make sure nobody is excluded from taking part in our work. We do this by engaging the right people and partners in planning our work, making sure there are multiple ways for people to take part and being prepared to respond when people tell us we can do better.

Our research projects are delivered on a core-funded basis (from the funding we receive from Suffolk County Council), and also a commissioned basis. Sometimes, our core-funded work is supplemented by additional income so that we can expand our resources to reach more people for their views.

Download our insights – Visit:
www.healthwatchsuffolk.co.uk/ourresearch/

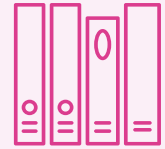
To learn more about any of the research projects featured in this report, please click this icon (). You can also contact us by phone (0800 448 8234) or email (info@healthwatchsuffolk.co.uk).

A quick overview of research impact

Our projects aim to shape and influence local decision making about NHS and social care support in Suffolk. Here are just a few examples of how we've done that in 2021/22, but you'll find many more across the following pages.



9,661
research
participants



16
projects
completed

Four ways our research is inspiring change



Learn more
from pg. 44

With digital services becoming the norm, through research and workshops, we co-produced 'guiding principles' for Suffolk and north east Essex that are shaping a more inclusive future for services.



Learn more
from pg. 38

Our 'My Health, Our Future' research programme about young people's wellbeing continues to shape decision-making concerning support for young people, including better commissioning of services for LGBT*Q+ young people.



Learn more
from pg. 48

Tens of thousands of people are waiting for hospital care because of COVID-19 delays. Our research is helping local leaders to tackle this critical issue, and encouraging them to think about the type of support people need whilst they are waiting.



Learn more
from pg. 50

We captured people's last moments with loved ones, and made recommendations that are making sure plans for new models of end of life care are informed by the needs and wishes of those who experienced loss in the pandemic.

MY HEALTH, OUR FUTURE



My Health, Our Future (MHoF)

Our data on young people's mental health and emotional wellbeing is prioritising action within the NHS, education and social care sectors. That includes the development of a local action plan that aims to improve support for those young people most vulnerable to wellbeing concerns.

What's 'MHoF' and how does it make a difference?

MHoF is our extensive research programme that has been exploring the wellbeing of children and young people in Suffolk since 2017. We've recorded more than 38,000 responses from young people on topics like self-harm, body image, self-esteem, harmful online content and much more.

Our data has shaped local NHS and social care strategies, informed the Joint Strategic Needs Assessment for Suffolk, supported funding bids for new services managed by the NHS and local community organisations, informed national political debate, and shaped local commissioning decisions related to support for young people. You can find more information about the impact of this programme of work at:

www.healthwatchesuffolk.co.uk/mhof/impact-2



"Online support from Kooth was commissioned as a direct result of the feedback gathered from MHoF work, and has been a significant support for CYP during the pandemic."

- Jaime Hawkins (Transformation Lead for CYP Mental Health, Suffolk and North East Essex Clinical Commissioning Groups)



In 2021/22, we encouraged leaders responsible for children and young people's services to develop an action plan around the wellbeing of young people our data consistently shows are the most at risk of poor wellbeing.

*"MHoF has given us some real insight into how our children and young people (CYP) in Suffolk schools are feeling and living with emotional wellbeing issues and worries. As a result, we have been able to reach out to our VCSE and system colleagues to understand how we can support our young people better – with them, and our CYP, we are working to co-produce an improved offer for LGBT*Q+ CYP who do not feel able to get the support they need, and to improve what is available to them. The data and results have also provided us the ability to focus on areas of the mental health transformation programme, making sure we prioritise the most important things our CYP need and want at this time."*

- Jaime Hawkins (Transformation Lead for Children and Young People's Mental Health, Suffolk and North East Essex Clinical Commissioning Groups)

In addition, across all years of the MHoF programme, our reports have helped schools and colleges to identify where additional support could help to improve the wellbeing of students. This has included specific initiatives like peer support groups, updates to their PHSE curriculum, parent workshops, mental health first aid training for young people, targeted support, wellbeing spaces in schools and much more.

Young people's attitudes to COVID-19 vaccination

Our phase five data helped the NHS to plan for the rollout of COVID-19 vaccinations to younger cohorts.

More than 3,200 young people shared their feelings about having a COVID jab. Our data offered NHS leaders an advanced opportunity to think about some of the factors likely to influence vaccine take-up amongst younger people, and to address them in local plans and thinking.



Learn more about 'MHoF' – Visit:
www.healthwatchsuffolk.co.uk/mhof



Research pilot – KS2 children

We've been exploring children's perceptions about their world, enabling them to express something about how different influences on their lives make them feel – and how they like to manage their feelings.

We worked with the Ipswich Opportunity Area to consider who Key Stage 2 (KS2) children are and what they can reliably tell us about their wellbeing. This work led us to develop a survey, which we tested with a small group of children.

Most children completed the survey at school. Some schools made use of classroom activities we suggested to get children engaged in learning related to the project. Every school taking part received an individual report about their children's responses.

What did the children say? Key findings

1. Most children are happy. 85% were happy and 84% were very happy 'a lot' or 'sometimes'.
2. 14% were 'very sad', 'worried', and 'scared' a lot or 'sometimes'. These children did not associate positive feelings with school, home, or friends as much as other children.
3. 'Alone' is not necessarily a negative context for children. For some, it was a place where they felt happy.
4. Most children would prefer to learn about feelings with their family, or a trusted adult in school, as opposed to learning as a whole class in school

Like our reports about young people in secondary school or college, our final report from this work has been shared with local health, care, public health and education leaders to inform local plans and strategies.

You can access the report from: www.healthwatchsuffolk.co.uk/mhof/ks2children/



**"I HAVE ANXIETY
AND FEEL CONFUSED ON
WHAT'S GOING ON... THIS HAS
HAPPENED MANY TIMES.
WHEN I'M ALONE, I QUESTION
MYSELF AND MAKE
MYSELF SAD."**

Read more about what children
told us – [**Download our report.**](#)



Digital health and care

Our work with the Suffolk and North East Essex Integrated Care System (SNEE ICS) is making sure people's experiences of using digital NHS and social care services are shaping inclusive services now and in the future.

This is what Kate Walker (Digital Programme Director, Suffolk and North East Essex Integrated Care System) said about our work:



"SNEE ICS adopts a continuous learning approach through undertaking strategic reviews which shape our priorities and focus. The approach Healthwatch Suffolk took shone a light on this important area and provided valuable feedback from the public which has shaped our work by identifying key areas where digital services could be improved including a digital first, not digital only approach."

"This led to a second deeper review being conducted, with members of the public contributing and co-producing what good digital services look like from their perspectives. From this feedback, Healthwatch created a set of twelve guiding principles that all digital services should follow."

"We have reviewed our digital programme against these principles and developed our 'Equality and Equity Toolkit' for Digital Services, and worked with partners to implement improvements. This work is shaping the way we plan and deliver public facing digital health and care services, so we can make the difference where it matters most."





“This work is demonstrating that successful, co-produced digital projects that meet the needs of their CORE20PLUS population are achievable. Through establishing a set of agreed guiding principles, and designing their development with the input of community groups in a meaningful way, this partnership is a great example for other Integrated Care Systems to consider as they develop their own system initiatives to mitigate against digital exclusion.”

– Paul Gavin (Deputy Director, National Healthcare Inequalities Improvement Programme for NHS England and NHS Improvement)



Our research and ‘Guiding Principles’

Our twelve ‘Guiding Principles’ were co-produced with people that took part in our digital health and social care research, which we completed with Healthwatch Essex. They aim to make sure that people are not left behind by the speed of digital change within our local services.

Our research made sure NHS leaders understood the impact of the move toward digital health and social care delivery during the pandemic. We showed how many people had benefitted from digital care, whilst others had been excluded. You can learn more about the research, download our reports and access the ‘Guiding Principles’ from: www.healthwatchsuffolk.co.uk/digitalhealthandcare/

How is this work leading to change?

Our ‘Guiding Principles’ have been shaping conversations about digital care across local, regional and national programmes. The work has received national attention from NHS England and Improvement, which is sharing it as a marker of good practice, and is considering how to adopt and scale this work nationally.

Through the lens of our ‘Guiding Principles’ – a comprehensive local review

After we shared our ‘Guiding Principles’, the ICS co-created an assessment tool with us. It included a set of questions, and prompts, that were used to consider the extent to which current innovations and services are inclusive. It also offered leaders the chance to reflect on how services could be improved.

“We have been working with the ICS on how to adopt the principles. Using their tool, we were able to map our patient portal against the principles. It was an extremely useful, and thought provoking, exercise. It definitely challenged us to think differently. We also plan to map virtual clinics using the template, and will aim to embrace use of the template for our major technology programmes.”

– Head of Digital Transformation at West Suffolk NHS Foundation Trust

The review concluded that changes can be made to every digital service by focussing on one or more of the guiding principles. It highlighted examples of exceptional practice, and areas for improvement that are now being progressed by the ICS team.

An Equality and Equity Toolkit for a more inclusive digital future

Following the review, the ICS developed a toolkit to support inclusive service design now and into the future. Known as the '*Equality and Equity Toolkit*', it provides a way to check that the design of new digital platforms and services is inclusive of the 'Guiding Principles', and therefore also the needs of local people they are intended to support.

The impact of this work will continue to expand as an ICS working group seeks to:

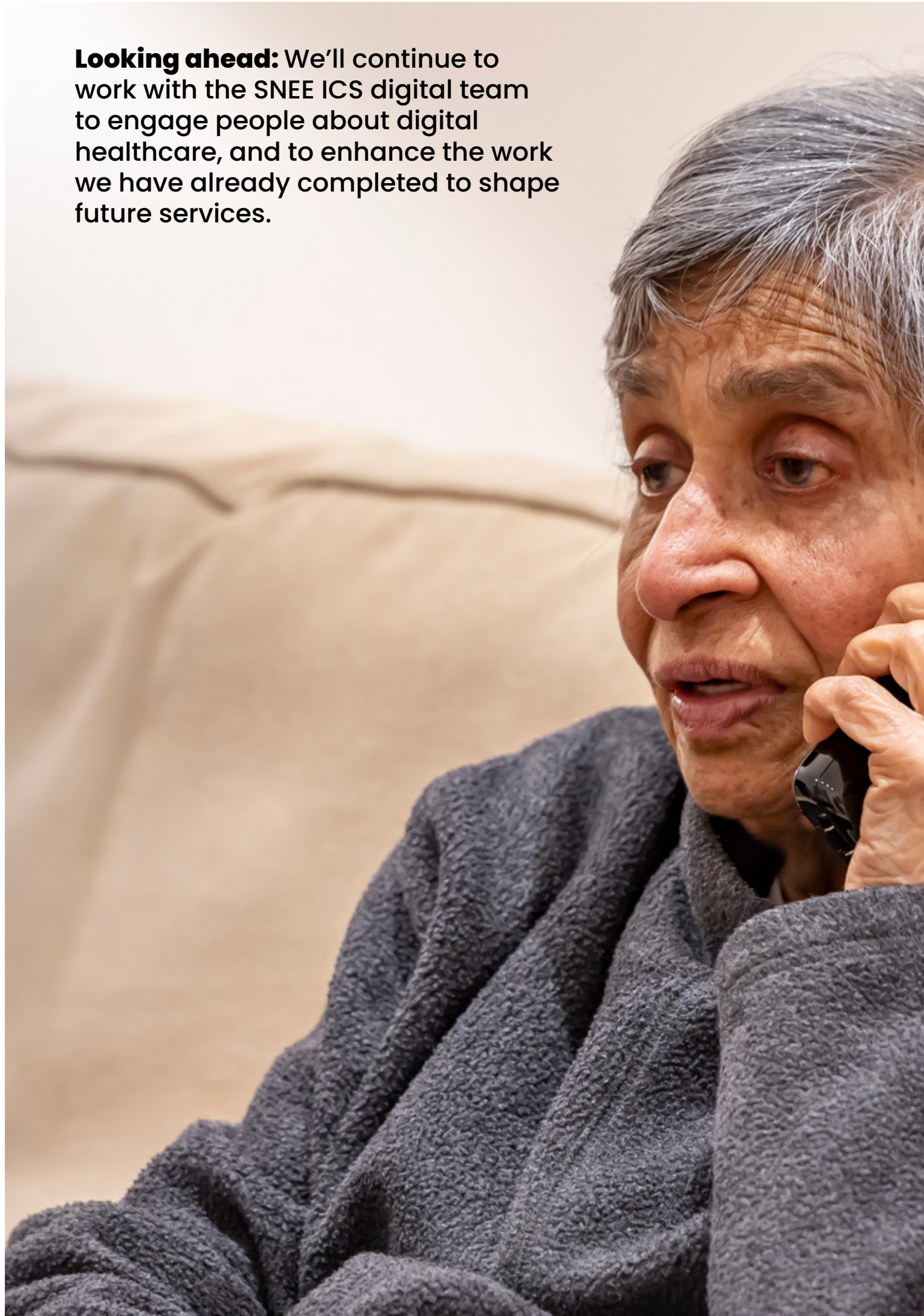
- act on thematic issues identified as a part of the initial review;
- support services to account for the 'Guiding Principles', and to make improvements;
- further develop the toolkit and assessment process;
- embed the toolkit into all future projects that relate to digital services in Suffolk and north east Essex.

Our 'Guiding Principles' are increasingly a part of local and regional NHS commissioning, ensuring that services will be developed to account for things that people value, and that need to be in place to avoid inequality.

Other ways our principles have been shaping local care

- We delivered a presentation to an audience of primary care leaders (mostly local doctors and GP practice staff) attending a SNEE ICS education event. Our presentation encouraged them to reflect on the 'Guiding Principles' and to think about how GP practices could account for them in local service delivery.
- The West Suffolk NHS Foundation Trust explored our principles as a part of its Future System infrastructure project to build new hospital facilities in Bury St Edmunds. In addition, its Head of IT told us "Healthwatch Suffolk presented at the 'Digital Fortnight', which was very useful and has informed some of the outputs – especially around being inclusive. It has very much influenced our use of the strap line 'Digital first but not digital only'".

Looking ahead: We'll continue to work with the SNEE ICS digital team to engage people about digital healthcare, and to enhance the work we have already completed to shape future services.





Elective care in Suffolk

People's experiences of waiting for hospital care in Suffolk will be a part of local commissioning strategies and assessments that aim to improve local support and tackle delays.

Our research will help to make sure people's experiences of waiting for treatment are used to:

- support, and shape, an Elective Care Equality and Health Inequalities Impact Assessment (EHIIA) for Suffolk and north east Essex (SNEE);
- make sure people's views and experiences are included in the strategies of local NHS and care leaders responsible for elective care management.

Together with NHS partners, we developed local research that will make sure people's views are included as leaders seek to address a backlog of hospital care.

Here's what Dr Ed Garratt (CEO designate, NHS Suffolk and North East Essex) said about this work:

"The early findings are a stark reminder that elective care pressures are having a lasting and serious impact on many aspects of people's lives. This is not just a hospital problem, and the findings are helping us to understand more about where resources could be directed to help people feel more supported whilst they are waiting."



"The findings will directly influence our elective care strategy for Suffolk & North East Essex, and all decision-making concerning any additional services, support, and information that may result from it."

- Dr. Ed Garratt (CEO designate, NHS Suffolk and North East Essex)



“The data is revealing that the impact of delays to elective care is on all aspects of people’s lives – from their mental health, to their finances, relationships and so much more. We will therefore use the findings from Healthwatch Suffolk to shape our response to these challenges, and to consider how partnership working across all organisations in our Integrated Care System could help to holistically address people’s needs, and offset the impact of delays to people’s care.”

“The findings will directly influence, and be an integral part of, our elective care strategy for Suffolk & North East Essex, influencing future decision-making for additional services, support, and information that may result from it.”

Avoiding inequality from hospital delays

Waits for hospital treatment were already rising before COVID-19. But the pandemic has pushed NHS waiting lists to record levels and increased health inequalities amongst those waiting for treatment. For example, national research shows that people in the most deprived areas in England are nearly twice as likely to wait for over one year.

By seeking to understand more about the impact on different communities and demographics, we can help leaders to take decisive action on reducing inequality. This is what the SNEE Integrated Care System team told us about the value of our data within its EHIA – tools that will assist them to avoid worsening inequality in the future.

“Within the SNEE ICS we have highly valued working closely with Healthwatch Suffolk regarding the EHIA, including their expertise and openness to involve us when developing the elective care survey.”

“The responses from the survey have served to validate our findings from our own engagement sessions with people who come under protected characteristics as per the Equality Act 2010, and has informed and enhanced our ICS EHIA Action plan for Elective Care.”

“The survey responses have highlighted the need for accessible information to improve for those who have a sensory impairment and / or a learning disability. The survey has also highlighted, through case studies and its responses, a need for a full holistic assessment of a patient’s needs, the need to encompass the wider determinants of health and wellbeing (such as socio-economic help, the importance of mental health support and practical help such as housework / shopping to help patients awaiting elective care).”

“We thank Healthwatch Suffolk for an inclusive and generous approach to working in partnership and support in ensuring identification of the needs of, not only those with protected characteristics, but the wider patient group awaiting elective care across Suffolk and north east Essex.”



End of life care and support in Suffolk

People's experiences are being used to shape the way support is provided to people who are dying, and their families, in Suffolk and north east Essex. Here's how our research in the pandemic has been making a difference.

In July 2021, we published a report about people's experiences of end of life care. Friends, relatives and carers shared their experiences with us (in interviews and an online survey), and highlighted how the pandemic had affected the delivery of services during critical moments. Our findings and recommendations have:

- provided a baseline of evidence that will help leaders and services to check whether people's experiences are improving after the pandemic;
- clarified the ambitions for the future of end of life care in SNEE, and the actions needed to improve local care;
- helped to drive changes in how support is promoted and offered to local people;
- informed national debate about end of life care and support.

The timing of the report has been significant, coinciding with structural changes within the health and care system, and an increased focus on strategic planning after the peak of the pandemic. Leaders across the SNEE ICS have reflected on the recommendations and have told us the report has supported their work in a number of ways, including providing a measure of people's experiences from which they will be able to assess the impact of revised strategies for end of life care.

In addition, our report has encouraged the ICS to think differently about the way end of life care and support is coordinated and provided. In Ipswich and east Suffolk, for example, St Elizabeth Hospice has been able to broaden its offer of bereavement support so that people have more choice in how they can engage with the service. This includes the introduction of initiatives like 'Walk On' (a walking group run by the bereavement service at St Elizabeth Hospice).

Informing national political debate on end of life care

Our data was submitted to inform an All-Party Parliamentary Group (APPG) on Hospice and End of Life Care.

Although the final report of the APPG is yet to be published, Hospice UK has confirmed that the themes our evidence discusses; the huge variations in support people received during the pandemic, is likely to make up a big part of the report.



“The evidence you have submitted has contributed to our understanding of death, dying and bereavement during the pandemic.”



Co-chaired by Baroness Finlay of Llandaff and Peter Gibson MP, the APPG brings together MPs and Peers from across the political spectrum to campaign for high quality and accessible palliative and end of life care for all. Hospice UK supports the APPG as its Secretariat.

You can learn more about the cross-party parliamentarians leading the work on the Hospice UK website. Our submission to the APPG is available on request.

Alongside initiatives like the above, our recommendations continue to encourage the ICS to take action on:

- **improving access to digital tools for care planning** – That includes the ICS-wide introduction of a new digital tool that will help people, and services, to plan end of life care together. Known as ROSI (Read Once, Share Insight), the technology will run as a pilot in a small part of the west of Suffolk with an ambition to make it more widely available across the ICS in time. Our research has influenced decision-making concerning the funding and development of this project, and its focus on co-production;
- **addressing inequalities within end of life care and support** – Specific engagement has been completed with communities in the year since our report was published, and a planned Palliative Care Needs Assessment will ensure people from all communities know about, and can access, the right levels of care;
- **access to education for professionals** – New education and training will be launched to support staff to have difficult conversations, encourage advance care planning and improve death literacy to enable honest conversations. We know some people felt the language professionals used was too clinical, lacked compassion, or had been inappropriate. This training will help to ensure that health and social care professionals, who may have contact with someone experiencing loss, understand the need to prevent unnecessary distress.



“At St Elizabeth Hospice, we welcome any insights that help us to improve our services for the local community.”

“We value our relationship with Healthwatch Suffolk as an integral partner in our integrated care landscape, and appreciate their approach and positive team working. In particular, Healthwatch Suffolk’s End of Life Care report was welcomed by us as a hospice, and also by the ICS End of Life Group who are determined to listen to the findings and act on the recommendations.”

“The Healthwatch team has also provided St Elizabeth Hospice’s senior management team with co-production training which has clarified the approach and shared vocabulary and has enabled us to re-frame our patient engagement.”



– Judi Newman (Chief Executive, St Elizabeth Hospice)

-
- **Improving people’s awareness of the support they can access** – Including through proactive conversations with professionals involved in people’s care, digital tools like ROSI, and better information online.

In the west of Suffolk, our recommendations provided a framework for new models of end of life care to be considered. The West Suffolk Future System programme has provided an opportunity for the alliance to workshop plans for how services could provide better care and support locally. Our recommendations have been a part of those conversations, and are shaping ambitions that include:

- **proactive introductory visits from community services** – Visits from district nurses will ensure people have the opportunity to meet the professionals who will be caring for them, the moment they are identified as requiring palliative care and support. It would also be an opportunity to share information with families about what to expect, and how they can access support;
- **opportunities for reflection with a professional who was present at the death** – The alliance has the ambition to make sure people have the opportunity to speak with a professional both prior to, and after, the death of their friend or relative. Visits would be an opportunity for people to reflect on what happened, to discuss worries or concerns, and to consider ongoing bereavement support.

Both ambitions are driven by the experiences people shared with us. In particular, that people wanted earlier communication with services about support, and what to expect at the end of life. Often, families did not receive such contact with services until they were already in crisis. Whilst some of our respondents did not feel they wanted to approach services for formal bereavement support, it was clear they may have valued

the opportunity for reflection with professionals present at the death.

Finally, in north east Essex, our recommendations have been supporting the alliance to build better systems for learning from patient and carer experience. They will help to ensure the continued funding of a new digital platform that is supporting leaders to receive regular, and ongoing, feedback from people using text messaging. In addition, the alliance has been developing better information for patients, carers and families about end of life care, what to expect when people are dying and how to access services and support. Our recommendations are encouraging action to make sure people are made aware of the information, which will include short videos with professionals involved in delivering care.

Looking ahead

It is the intention to repeat this research together with partners across the SNEE Integrated Care System. It will be an opportunity to discover whether action taken to improve people's experiences is making a difference, and to ensure people who cannot use digital feedback platforms are able to share their story. We would like to thank all of the carers and families who took the time to share their experiences with us.



Our report helped end of life care leaders across Suffolk and north east Essex to understand more about the impact of the pandemic on peoples experience of care and support, and to think differently about what will help people to feel more supported by services in the future.



Your Care, Your Way

We've increased awareness of people's rights to accessible information from local NHS and social care services, and we're challenging services to take a better approach.

'Your Care, Your Way' (YCYW) has been a national Healthwatch campaign that has helped us to improve compliance with the Accessible Information Standard (AIS). We have:

- improved local awareness of people's rights under the AIS;
- encouraged services to be visible about their support of the AIS, and to help people to know how they can reach out if their needs are not being met;
- encouraged services to be better at identifying, and meeting, people's needs;
- ensured local people have a voice in national efforts to influence better AIS policy.

How have we supported the campaign?

The research

We have been one of the highest performing local Healthwatch for generating responses to the national YCYW survey. Therefore, people in Suffolk are well-represented, and will have helped to shape the national response to the campaign.

In total, more than 80 responses were recorded from people living in Suffolk. We will use the feedback to challenge local health and care services, and to help more people to access information about their treatment, care and support in the way they need it now, and into the future.

Our letters to local partners

Our contact with services is encouraging them to make sure people are aware of their rights, and to plan improvements.

Healthwatch England wrote to hundreds of NHS providers to find out whether they complied with the AIS, but local responses from Suffolk services were poor.

That's why we wrote to our local hospitals, and also the ambulance service. We asked for more information about how they meet people's accessible communication needs. We also asked them to consider:

- mandatory training for staff regarding the AIS;
- a staff lead for the AIS.

How did they respond?

James Paget University Hospital told us it has finalised its 'Patient Experience and Engagement Strategy', which outlines the hospital's commitment to recruiting an Accessible Information Officer. It also told us it would review the policy, and guidance, it has in place for all staff and develop a way to provide this training going forward.

The East Suffolk and North Essex NHS Foundation Trust said it would include the AIS within a wider review of the mandatory training offer for staff. In addition, the Trust identified its named lead for the AIS, and said it would ensure the AIS would be a major part of the design of a new system for managing patient information. West Suffolk Foundation Trust has acknowledged our letter, and says it is considering its response to the recommendations. We will follow-up with the Trust in 2022/23.

All hospitals have confirmed that they will display information from us about people's rights to accessible information (in digital and hardcopy formats), and how they can feedback if their needs are not being met (see overleaf for more detail about this).

"This project seems to be reaching out to health care providers very well... In the past I would have to check and make a request for interpreters after getting appointments, but my communication need is now highlighted and met."

"This is a positive outcome from a Healthwatch Suffolk project."

- Terry S

"Listening to feedback from our patients, responding to their needs, and making our services as accessible as possible for everyone is at the heart of our approach to patient experience and engagement. Working closely with Healthwatch Norfolk / Suffolk to promote YCYW continues to be a vital way of involving our patients and communities in improving the care we provide."

- Jo Segasby (Chief Executive, James Paget University Hospitals NHS Foundation Trust)

Know the five rights – Our resources to improve awareness of the AIS



Look out for our poster and Z-fold handout

Materials we created are helping people to know their rights to accessible information, and communication support, from NHS and social care services. Furthermore, our campaign is making sure local services are aware of their responsibilities under the Accessible Information Standard.

This is important because information about health and social care can be complex, and if you don't get clear and understandable communications from services, you might not make decisions that are right for you or be able to access services at all.

West Suffolk Foundation Trust, East Suffolk and North Essex NHS Foundation Trust, James Paget University Hospitals NHS Foundation Trust, and local GP practices have all committed to displaying our poster about people's rights within their service environments, and also online. Some practices are sharing the information on screens in waiting areas and also on their websites. It will help people to know how they can feedback if their needs are not being met.

Find our information about the AIS, and download our local resources from www.healthwatchsuffolk.co.uk/your-care-your-way/knowthefiverights/



Need help with communication?

Here's **five things NHS and social care services MUST do** if you need help to understand information about your treatment or care (e.g. if you need an interpreter).

Check		You should be asked about your needs.
Record		Your preferences for communication should be recorded in your notes.
Visibility		Your needs should be flagged to staff when they communicate with you.
Share		If you are referred, your needs should be shared with other services.
Meet Needs		Your needs <u>must</u> be met. The service should be communicating about your care, your way.

If your needs are not being met... Let the service know! You have a right to receive information in a way you can understand it. If that's not happening, you should contact the service and ask them to address it.

You can also feedback to Healthwatch Suffolk on www.healthwatchsuffolk.co.uk, or call freephone 0800 448 8234.

healthwatch
Suffolk



Visibility



Your needs should be flagged to staff when they communicate with you.

Share



If you are referred, your needs should be shared with other services.

Your needs must be met. The service should be communicating about your care, your way.



Meet Needs



European Union

European
Social Fund

Developing Skills in Health and Social Care – An evaluation

We're working with Norfolk County Council and Suffolk County Council to independently evaluate a programme that aims to address long-standing workforce challenges within health and social care services.

Part funded by the European Social Fund, the Developing Skills in Health and Social Care (DSHSC) project was developed to address persistent recruitment, retention and workforce challenges within health and social care services. It aims to support skills development by providing fully funded accredited training to staff who live and work in Norfolk and Suffolk.

The benefits for health and care staff include:

- free access to funded accredited training;
- increased knowledge, skills and confidence;
- opportunities for career progression and higher earning potential.

The benefits for services include:

- fully funded training for staff that will provide them with more skills and knowledge;
- investment in staff to help with employee retention;
- enabling staff to provide higher quality, person-centred care.

All participants have access to mentoring and support to help them to complete their accredited learning.

Ultimately, the DSHSC project aims to support a more sustainable health and care workforce, and therefore also improvements to the quality of services across Norfolk and Suffolk.

The evaluation will support the DSHSC team and Steering Group to:

- review the impact and effectiveness of the project;
- understand more about the different perspectives of project partners (e.g. employers of health and care staff, DSHSC mentors, project leaders and many others);
- identify improvements that could be made to overcome some of the key challenges people have faced with engaging in the project;
- identify how the project can support people working in health and social care services to take up the offer of education, and to remain engaged in learning;
- communicate about project outcomes, and areas of future development.

We know from local feedback that low staff capacity within services is often noted as having a negative impact on people's experience of care and support. By supporting the future development of this project, and therefore the potential benefits to the retention and skills of health and care staff, we are helping the DSHSC team to tackle one of the most significant contributors to health and care system pressures.

 “The Developing Skills in Health and Social Care project is working with Healthwatch Suffolk to evaluate the impact and effectiveness of our activities.

“We are in the early stages of our work, and have been impressed so far with the team's planning, approach, knowledge and experience. We have quickly built good working relationships with the team, who have met regularly with us to discuss progress, consulted us on actions they are taking and provided reports on initial findings to our key stakeholders.

“We are already seeing the benefit of the insight we have gained from working with Healthwatch Suffolk and are looking forward to the next few months when we will receive our outcome report and discuss the next steps for our evaluation.”

– Barbara Herring (Project Manager, ESF Developing Skills in Health and Social Care at Norfolk County Council)



This project is on behalf of:





In the community

By reaching out to local communities, we're encouraging more people to feedback about services. We're also helping services to communicate about service change, and helping people to find their way to support.

With feet on the ground in local communities, we hope to reach people that are not likely to engage with us online. It also keeps us in touch with the issues that matter most to local communities. Our team:

- records people's feedback about NHS and care services, and encourages people to join in with our research and co-production projects;
- delivers a signposting service within the community, helping people to find their way to information, services and support;
- connects with partners across the community, private and statutory sectors;
- supports local services to engage communities about service changes;
- helps local services to respond to feedback from patients and the public;
- offers local groups and networks a way to be heard by services and commissioners.

In addition, the team is sharing the perspective of patients and communities within local groups, networks and forums responsible for the management and planning of local NHS and social care (e.g. local Primary Care Commissioning Groups).

Our team...



Gathers feedback and include people in our research



Signposts people to local support



Supports services to engage on service change



Builds relationships with organisations and networks

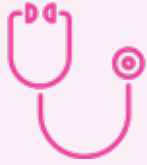


Long COVID

We continue to tackle COVID-19 by influencing improvements in support for people living with Long COVID. Learn more about this work from **page 83**.



Supporting primary care in Suffolk



This year, we completed more than **sixty visits to local GP practices**. Our visits help practices to make improvements, and support them to communicate about service pressures and change.

We helped GP practices to engage communities as they grappled with new pressures brought by the pandemic, and changing public attitudes towards services.

Our visits to services

Our visits to local GP practices, and our engagement with patients and carers:

- help services to communicate about change with patients and the public;
- help us to gather feedback about all NHS and social care services;
- support people to find alternative information, care and support;
- increase people's understanding about how their practice operates;
- enable practices to respond to feedback, and to make informed changes to their services.

Following our visits, practice managers receive a summary of the things people have told us. This means they can be responsive to patient feedback and understand more about the impact of any changes they may be making (e.g. new systems).

From new telephone systems to helping staff morale, see the feedback from local practices included in this section to learn more about some of the ways our feedback is supporting their services.



“Over the past 2.5 years, GP surgeries have been under great pressure to deliver services in a way as never before. Thanks to your feedback, we were not only able to see what has been carried out and implemented well, but the areas where we could improve. We have listened to the feedback given and we have acted upon it to improve the services we offer.

“We learned about the areas where our patients needed further support, took on board any concerns or suggestions raised and addressed them. **We listened when we heard people were having difficulty with the telephone lines. We upgraded the whole telephone system to have more lines coming in/out of the practice, we adopted a menu system to get people to the correct department.**”

– Mrs Debbie Allen (Practice Manager, The Reynard Surgery)



Changing attitudes

As restrictions lifted across many aspects of life, practices continued to operate under new ways of working. This, combined with increased demand on services, and changing public attitudes to the pandemic, was leading to conflict between services and patients.

We helped practices to call for understanding from people in communities across Suffolk. Through news items, and community engagement, we helped to raise awareness of the impact this developing dynamic was starting to have on services, and called for change.

We shared the perspective of staff and made sure practices had a voice into their local communities. Here are some examples of how we helped at the time:

- www.healthwatchesuffolk.co.uk/news/nhsabuse/
- www.healthwatchesuffolk.co.uk/about-us/engagement/behind-the-scenes-pc/



“Our engagement with Healthwatch is invaluable to us as a surgery. They have been an integral part of our team during the rollout of our flu and COVID clinics, and they have offered time and experience in extracting feedback from patients.

“Following visits, **Healthwatch is proactive, and they produce innovative feedback we have been able to display throughout the surgery. This improves not only patients’ knowledge and understanding of what we are trying to achieve, but also helps staff morale.**”

– Aimee Wiseman (Practice Manager, Grove Medical)

“Healthwatch provides us with valuable comments on how they think we are currently performing. Healthwatch staff are friendly and welcoming, and put patients at ease so they feel they can talk openly and honestly about the service we provide.

“**Because Healthwatch are known as strong advocates of better health and social care, patients open up to them, and feel empowered to give candid real-time feedback.** This has been invaluable in helping us shape services to better match patient needs.”

– Scott Burley (Practice Manager, Rookery Medical Centre)



“Healthwatch has been invaluable in helping us gain feedback from our patients. We have the Healthwatch widget on our website, and every few months they come and talk to patients in the surgery, gathering feedback good and bad and providing us with a written report of feedback and suggestions where appropriate.

“A fantastic service to enable us to improve services for all patients.”

– Megan Quinlan (Practice Manager, Orchard House Surgery)



Supporting digital change in primary care

With our local GP practices facing their highest ever demand, some have turned to the introduction of digital systems to improve patient access. Our team has assisted a number of local practices as they introduce new online systems (such as AskMyGP) at pace.

We offered practical support for patients attending surgeries (e.g. help to understand how the systems work and how to register), and we have engaged people about their experiences. The feedback from patients has been offered to the practices so that they can improve people’s experiences of using these new systems.

In addition, following feedback from a group of carers, we asked a local GP practice to raise a query with eConsult. It’s a digital triage system used by many practices for patients to request information, advice or contact from their doctor.

Carers were finding it difficult to complete the web form on behalf of the person they care for because the option to do this simply did not exist (instead the system asked patients to complete the request on behalf of the patient or a child). We have since had confirmation from the practice that this issue has been addressed by eConsult, and it is hoped this will help to improve people’s experience of accessing help from the practice.



"Our practice went live with the AskMyGP patient contact system and we sought the engagement team at Healthwatch Suffolk to support our patients with this transition. They were very helpful, and clearly explained the setting up process to our patients and also supported our reception staff by encouraging our patients to engage with the new system. The support we have received from Healthwatch Suffolk has had a very positive impact on our patients and provides the practice with invaluable feedback that we can use to improve the service we provide."



- Rachel Wilson (Practice Manager, The Birches Medical practice)



"We have been happy to welcome Healthwatch back into our GP surgery waiting rooms following the relaxation of the pandemic restrictions."

"We see it as an invaluable way to gain honest, independent patient feedback about the service and care they receive from us, to understand what we are doing well, and to identify any areas we can improve upon."

"Our regular waiting room visits from Healthwatch Suffolk have proved very popular with patients, and it's always nice to be able to share their comments with the practice team."

- Jayne Nayler (Practice Manager, Mount Farm Surgery)



"Patient feedback provides valuable information about what patients really think about the service we are offering. From the greeting at reception to the car park, waiting room and clinical treatment, it all matters."

"Healthwatch are great at having those honest conversations and providing us with the direct insight into what is working and how we can improve."

- Alison Soon (Practice Manager, Eye Health Centre)



Look out for our feedback widget across GP practice websites in Suffolk. **46** are currently live. They have encouraged more than **4,500** visits to our website and hundreds of comments about local services.

Helping communities to speak out

Disability Forums in Suffolk

Ipswich Hospital adapted its approach with carers attending its accident and emergency department during the pandemic. It also updated signage and information for patients about blue badge parking after we highlighted concerns raised by people attending Disability Forums in Suffolk.

Disability Forums are reference groups that help district councils to listen, learn and consult with disabled people. Our team attend the forums and help to escalate issues for a response from NHS or social care services.

A&E access for carers during the pandemic

The hospital updated its processes after people told us the manner in which COVID restrictions were being applied (including how questions were being asked about carers by hospital staff) was causing distress for patients.

The aim of the questions was to help staff assess whether they were able to meet the needs of patients, without the support of the person's carer, to protect against the spread of COVID-19. This is what the hospital said it would do differently to improve the process:

- staff created a standardised questionnaire to assess the role of the carer, and the needs of the patient;
- leniency would be applied to individual cases with the charge nurse's support. In addition, it ensured that staff handover, and team days, made people aware of the process for carer assessment alongside guidelines on COVID restrictions;
- alternative 'keeping in contact' methods were considered for those carers who may not be able to stay with the patient. The aim was to ensure the carers' presence could be requested if there was a change to the patient's condition.

The Trust will work with carers to ensure the changes are making things better.

Blue badge parking

The hospital also updated its signage, issued messaging for staff, and updated information online to address the concerns of disabled people visiting the hospital.

The changes were needed because the hospital had introduced new rules on parking arrangements that affected blue badge holders. People were being given conflicting and inconsistent information about the changes, and how people needed to register their badge. Information online did not adequately inform people about the changes, or the various locations where registration of parking was available.



**Disabled
badge
holders
only**

East Suffolk and North Essex Foundation Trust (ESNEFT) updated policies, practice and information in response to feedback we shared from Disability Forum members. That included improvements to blue badge parking arrangements, and a more understanding approach toward carers attending A&E.

Allied Health Professionals Suffolk

Our team continues to establish links with NHS services, including Allied Health Professionals (AHPs). It provides NHS funded musculoskeletal physiotherapy services in Suffolk.

Similarly to our work with local GP practices, our visits to AHPs clinics provide an opportunity to gather feedback about the services from patients, and to make it known for service improvement. This is what Dan Thomas (Clinical lead Physiotherapist) told us about the value of our visits:

“The visits have been really good for us, and we’ve started including all the feedback on our monthly patient experience report that brings together our friends and family information, patient surveys and complaints/compliments about our services. Thank you.”

Phlebotomy services for cancer patients

After a meeting with a local cancer charity (Bury Breast Cancer 1in5 Charity), we offered to raise the concerns of people who felt phlebotomists were not always acting on their wishes regarding routine blood tests post cancer treatment. This included requests not to attempt to take blood from particular areas of the body because of the lasting effects of previous treatment(s).

The phlebotomy services told us they would inform staff about the feedback from patients, and remind them to account for the needs of patients wherever possible.

Pharmacy website review

With increasing digital contact between people and services, it has never been more important for services to make sure their websites are up-to-date, and that important information is easy to find.

That’s why our Community Development Team conducted a thorough review of pharmacy websites across Suffolk. The purpose was to highlight improvements that could be made to information online for the benefit of patients and the public.

We shared our findings with providers, commissioners, and the local Pharmaceutical Committee to inform their work, and to challenge services to make things better. Our review is available on request.

Healthwatch Norfolk – People’s experiences of cancer appointments during the pandemic

Our team, through local contacts and engagement, helped to make sure people in Waveney could participate in a Healthwatch Norfolk research project exploring people’s experiences of cancer appointments during the COVID-19 pandemic.

The work was funded by the Norfolk and Waveney NHS team who work on cancer services, to find out what patients thought about their care, and where improvements could be made. Maggie Tween (NHS Norfolk and Waveney CCG Cancer Programme Manager) said:

“This recent survey highlights some positive feedback from our local patients. We have been able to offer virtual and face to face appointments to all our cancer patients with what they need at the centre of their ongoing appointments. Colleagues at Healthwatch were able to collect valuable feedback and recommendations which will be our main focus over the coming months.

“We know we have work to do, but we are proud of the work we have achieved. We will continue to work closely with our partners and providers as well as patient groups to ensure that we can do the best for our local community.”



We've started to engage with people attending appointments for NHS physiotherapy in Suffolk. We're sharing the feedback to support Allied Health Professionals Suffolk to shape, and improve, its services.

Our sub-groups and networks

Our sub-groups connect people with services to share information, and to shape decisions about local services.

Diversity and Inclusion sub-group

The Diversity and Inclusion sub-group is a forum for sharing information, networking, and gathering feedback from different communities about local health and care services. A range of voluntary and statutory partners are members.

Throughout the year, the group has enabled people to share information about services and local support. A range of topics were explored in meetings across the year, with speakers attending to inform people about services and to hear feedback from the community. They included (amongst several others):

- Shayra Begum (BSC Multicultural Services) and Claudio Parrino (Suffolk County Council Community Engagement Officer) on the subject of community support during the COVID pandemic;
- Julie Begum (Suffolk Police) on her role as Modern Slavery & Vulnerable Communities Adviser;
- Dr Ruth Bushaway (Suffolk GP Federation), and Dr Peter Smye (Suffolk Local Medical Committee), explored how local organisations could help GP practices to cope with increased demand, and changing public attitudes.

We would like to thank Liz Wood (Advice Services Manager, from Suffolk Refugee Support) for chairing the group so well throughout the year.

Mental Health and Emotional Wellbeing Focus Group

This sub-group facilitates conversation between those responsible for mental health services, service users, carers and organisations. It is a forum for sharing experiences and using them to inform mental health support in Suffolk. Specifically, the group provides a forum where:

- people can highlight good practice or raise concerns directly with senior mental health professionals for consideration;
- people's views can be heard and used to develop ideas about current and future mental health services (encouraging co-production in service development and delivery).

This popular group is a unique forum, attracting service users and carers but also senior representatives from local organisations, commissioners and the voluntary sector. It has met on zoom every two months, and each meeting has focused on a

**“I am in no man’s
land where I am
not well enough
to function and
not thin enough to
deserve support...”**



Click [here](#) to find out what people shared with us about their experiences of living with an eating disorder in Suffolk – and their thoughts on what needs to improve.

key theme. In the course of the year, it explored prevention, services for young people, eating disorders and discharge from services. Most recently, the group has also met with the Chair of NSFT to discuss the outcome of CQC’s recent inspection of the Trust.

There are some recurrent areas of concern for the group, including:

- the difficulty faced in accessing services (with lengthy waits and sometimes the application of prohibitive eligibility criteria);
- the absence of services for some areas of need;
- poor communication (and a tendency for this to be inconsistent and reactive).

Our Complaints Managers Network

Complaints are an important way that services learn from people’s experiences. Our network aims to support a better approach to complaints management by encouraging those involved to share challenges and best practice.

Patient experience and complaints leads from health and care providers attend meetings twice a year and share information and learning between meetings. For example, this year, the network explored the issue of ‘Duty of Candour’, which is legislation that requires providers to be open and transparent with people who use services.

Peer support is an important function of our network. This year, we coordinated an open meeting to talk about how different organisations were coping with the continued challenge of COVID, and to encourage people to share challenges and solutions. All meetings include a round robin where those attending are able to provide updates from their work, thus encouraging further peer support, learning and best practice.



Youthwatch Suffolk

Our network for young people (Youthwatch) will become a catalyst for them to work in co-production with decision-makers in Suffolk, and to improve local support. Our influence, relationships, and statutory powers will ensure young people have a strong voice through Youthwatch, and that the things they say can engender real change for them.

This work was funded by the Suffolk Public Sector Leaders (SPSL) group – a group of County and District/Borough Councillors, alongside public sector leaders from across local authorities, health and the police. Approval from the SPSL, and those associated with it, is strategically important because it ensures support from key people that have the power and influence to respond to Youthwatch, and to make a difference.

Development work in the year has focussed on raising awareness of Youthwatch amongst local partners and leaders, and the recruitment of young people to a core group that will make sure our network is led for, and by, young people in Suffolk. Our Project Officer for Youthwatch, and young people involved so far, have also contributed to our work by:

- helping us to respond to media enquiries about health and care support for young people, and the COVID-19 vaccination rollout by providing statements;
- co-chairing meetings of our 'Mental Health and Emotional Wellbeing Focus Group' focused on Children and Young People and Eating Disorders;
- contributing to a workforce retention and recruitment project led by the Suffolk and North East Essex Integrated Care System;
- attending a round table discussion with the Secretary of State for Health and Social Care.

As we continue to develop Youthwatch, we hope it will:

- bring a focus to issues that affect young people;
- connect with, and compliment, other youth groups in Suffolk;
- give young people an independent voice within the health and care system;

- help young people to develop new skills to take forward into their future careers;
- generate opportunities for young people to work with different organisations;
- be a place where young people can access information about health and social care services and support.

What happens next?

In the months ahead, we will continue to establish our core group of young people to lead Youthwatch Suffolk activity. From there, the group will begin to develop a workplan and consider the issues they would like to explore. They will also support us to co-produce the next phases of our 'My Health, Our Future' project. Their involvement will help us to make sure the project remains entirely driven by the issues that matter most to young people when it comes to their mental health and emotional wellbeing both inside, and outside, of school and college.

Our ambition is that Youthwatch Suffolk will also ensure young people have much greater representation within the governance of Healthwatch Suffolk, and an influence over our own decision-making. That includes a seat (with support and mentoring) on the Healthwatch Suffolk Board of Directors. This role will either be as an ex-officio member of the board (which has to be the case if the person is under 18), or possibly even as a Director, if the person is 18 or over.

We look forward to continuing to develop Youthwatch with young people across Suffolk throughout 2022/23.



Do you feel inspired?

Youthwatch Suffolk is a space for young people (aged 13 – 25) to come together to learn more about their health and social care services, have their experiences heard, and develop new skills.

If you're interested in helping us to develop Youthwatch, or if you know a young person who might like to join in, please contact us.



www.healthwatchsuffolk.co.uk/youthwatch



0800 448 8234
(freephone)



info@healthwatchsuffolk.co.uk

Working with others

A collaborative approach is the best way to reach people for their views, and to achieve lasting change in health and care. In this section, discover some of the ways we've been working with others to include people in services.

Our partnerships

We have **45** partnership agreements with organisations working with people who use health and social care services in Suffolk. Our agreements outline ways of working, and they are intended to form a foundation for working together.

That includes:

- gathering and sharing the views and lived experience of local people accessing care services, and ensuring people have the opportunity to get involved in shaping local services;
- promoting shared opportunities for people to receive support or influence the planning of local care services;
- the potential to develop joint projects and to take advantage of our co-production resources;
- the opportunity for organisations to be represented in our activities and research;
- our support on engagement activities, if required, which may include help with conducting research or talking to people in communities.

Our partnerships help us to connect with, and engage, people from a broad range of communities and backgrounds. They help us to make sure people are included in our research, and offer opportunities for professional advice and guidance about how to include people in our work.

To view the full list of signed partnership agreements, please visit our website. We have included a short description about the role of each organisation, and links to their websites.

Find them on: www.healthwatchsuffolk.co.uk/about-us/our-partnerships/



“Our partnership with Healthwatch Suffolk has grown stronger over the last twelve months. Their research work with young people, and our joint working with them, has enabled young LGBT*Q+ people to contribute and comment on findings, while also helping us in co-producing our services to address the identified needs.

“We value our relationship with Healthwatch Suffolk as an organisation but equally, and possibly more importantly, our relationships with individual staff who we always find supportive, encouraging and a pleasure to work with.”

Andy Fell (LGBT*Q+ Youth Development worker, Outreach Youth)



“Leading Lives see Healthwatch Suffolk as a valued partner in our mission to support autistic people and people with learning disabilities to ‘live the life they choose’.

“We regularly share information and signpost our customers directly to Healthwatch for support and advice, we always know they get what they need (because they tell us).

“We are very excited to be planning some co-production activities with the team at Healthwatch to support our customers and family carers in 2022, which we feel sure will have an impact on people’s health and wellbeing.”

Boo Dendy (Business Development Manager, Leading Lives)



View our partners, and learn about their services:
www.healthwatchsuffolk.co.uk/about-us/our-partnerships/



“One of the most important aspects of our work is giving rural people a voice. So to be able to tell them about Healthwatch Suffolk and gather their feedback is both useful and valuable.

“To let them know that what they have to say about all aspects of their health care experiences, actually matters and is used to improve services, gives them that voice. We are very proud of our partnership with Healthwatch Suffolk.”

Ann Osborn (Chief Executive, Rural Coffee Caravan)

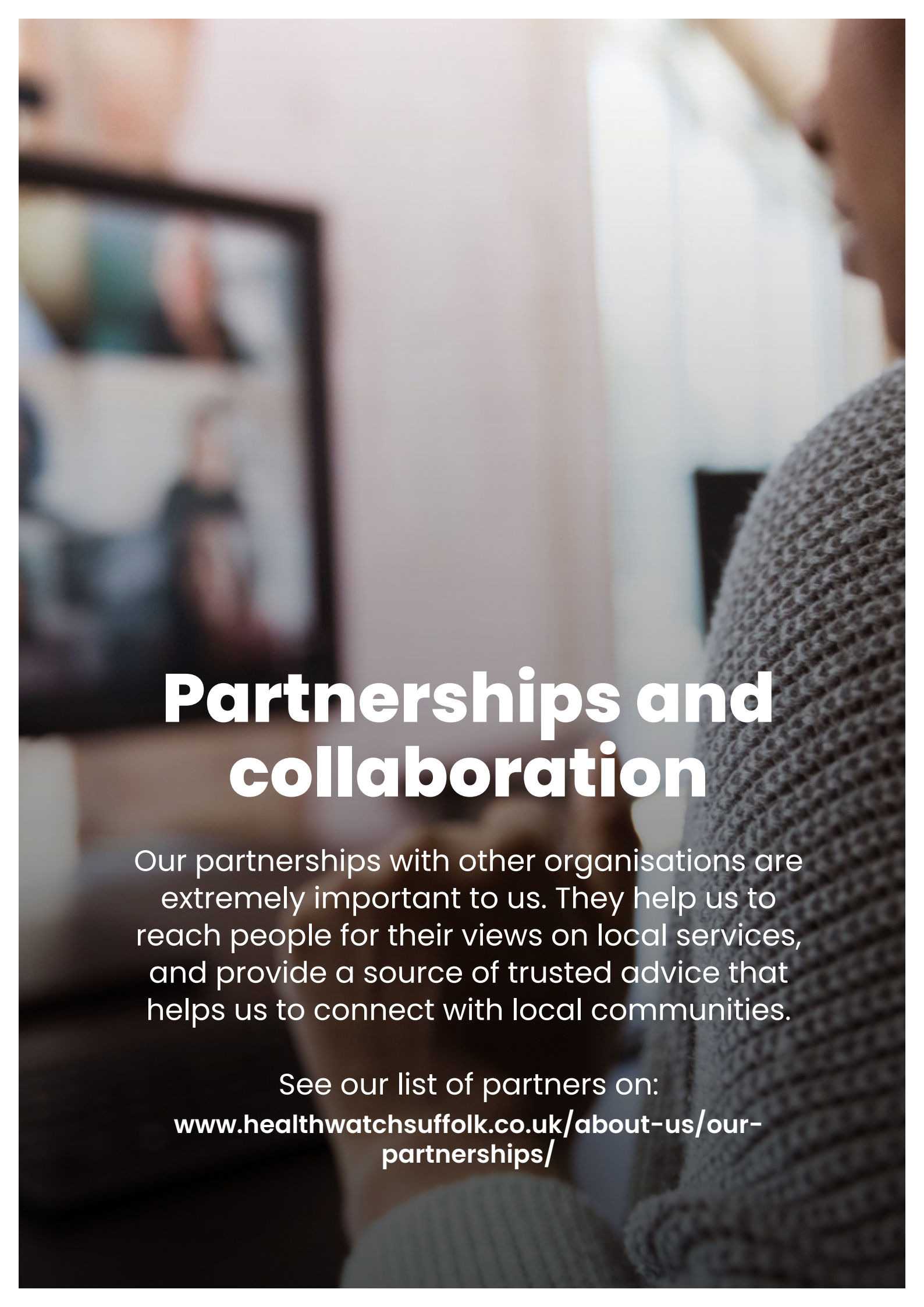


“The Waveney Lived Experience Advisory Forum (LEAF), facilitated by Access Community Trust, has worked alongside Healthwatch for the last two years. It has been involved in its submission for the NSFT CQC report, and has worked with the co-production team to offer training to organisations across Waveney. In addition, we are currently working alongside Healthwatch as we mobilise the LEAF across our new wellbeing hubs and are part of the Suffolk Emotional Wellbeing Hub Focus Group. We have recently been part of the co-production forum for the evaluation of Health Coaching training.

“Unwaveringly, the team at Healthwatch have been proactive, supportive and engaged in the work we do at the LEAF. They have been committed to working in partnership and to connecting us with relevant services and organisations as well as offering assistance and advice around co-production and lived experience. We are looking forward to further developing our relationship as we bring the LEAF to East and West Suffolk.”

– Lee Kettlewell (Project Manager, Health and Wellbeing for Access Community Trust)





Partnerships and collaboration

Our partnerships with other organisations are extremely important to us. They help us to reach people for their views on local services, and provide a source of trusted advice that helps us to connect with local communities.

See our list of partners on:

www.healthwatchesuffolk.co.uk/about-us/our-partnerships/



Challenging for change

Our signposting service (see page 90) helps us to monitor for some of the biggest challenges people are facing with access to local services. In 2021/22, it was dental services. Here's how we were able to use the things people told us to challenge for change.

What was happening?

Throughout the year, we were contacted daily by people who had been unable to find an NHS dentist. Some people told us they were in excruciating pain, but had not been able to find help or treatment. Many people said they had been quoted large sums of money to treat their problem privately – a cost they simply could not afford to pay.

This issue was to become our most frequent type of signposting enquiry, effectively more than doubling our usual rate of calls across the year.

What did we do?

- We challenged NHS leaders in local, and regional, media (e.g. BBC news and regional newspapers) and raised awareness of the impact of the crisis on local people.
- We supported a national Healthwatch call for change to NHS dental funding policy and published information to help people understand more about the crisis. One of our news items was viewed more than 37,000 times.
- We shared people's experiences to make sure NHS leaders understood the full extent of the impact on local people.

 *"Thank you so much for the information and advice you provided when I was in dental crisis – it is really appreciated."* 

- Anonymous caller

- We shared a report about our signposting enquiries to contribute to a Suffolk Health Scrutiny Committee debate on the subject and monitoring by the Suffolk Safeguarding Partnership.
- We shared our report with, and contributed to, a Suffolk taskforce of leaders, whose aim is to share intelligence, and agree actions, regarding improvements to dental care for the population of Suffolk and north east Essex.

Our report about your experiences

Our report about people's experiences was used to inform local scrutiny of NHS dental services. It was also shared with a group of NHS leaders tasked with improving access to NHS dental care in Suffolk, and managing an expected transfer of commissioning arrangements from NHS England and Improvement to Integrated Care Boards (local NHS commissioners).

Our report summarised **269** enquiries we had logged from the public. Key issues included:

- sometimes, people had tried 20, 30 or even 40 or more practices and had been unable to obtain treatment;
- many people had not found a dentist despite severe pain or discomfort;
- many worried about paying for private work they could not afford;
- 25 people said they had accessed urgent treatment, but this had just been a patch for their dental problem. They could not then access longer-term NHS treatment.



Download our report: www.healthwatchsuffolk.co.uk/news/dentalexperiences/



Integrated Care Systems

Much of 2021–22 has been dedicated to further responding to, and tackling the impacts of, the pandemic from an Integrated Care Systems (ICS) perspective. This current year has of course also led to another crisis; ‘cost of living’. Another priority has been about transformation, and preparations for a milestone of health and care legislative changes that were originally expected to happen on April 1st 2022 (read more from page 112).

Both Healthwatch Essex, and ourselves, revised each of our Memorandum of Understanding arrangements with the Suffolk & North East Essex (SNEE) ICS, and this led to our Engagement Officers continuing to collaborate and lead on a series of surveys covering a wide variety of themes (see more below). Each report is considered by the ICS Board, and recommendations are taken up.

We have remained actively involved across all strategic aspects of the SNEE ICS, inclusive of the overall Board, the Chairs Group, Quality Governance, Finance and some themed groups such as those regarding maternity, cancer and dentistry. We have also remained involved in the East and West Suffolk Alliances. All of this stretches our resources to the limit, but we would prefer be involved and influential in this way rather than be excluded, which is the experience of far too many local Healthwatch.

We are grateful for having truly exceptional transformational leaders in SNEE.

Our Healthwatch remit covers the whole of Suffolk, and so we are also engaged with the Norfolk & Waveney ICS. This ICS has similarly been undergoing plans for the 2022 transformation into Integrated Care Boards and Integrated Care Partnerships, and they too have been dedicating much of their time in dealing with the pandemic.

We are not as strategically engaged as we are by the SNEE ICS, but we have responded to invitations to advise on communication and engagement, and we are also helping to shape the Great Yarmouth (Norfolk) and Waveney (Suffolk) ‘Local/Place’ system.

Informing engagement priorities

Our SNEE ICS Engagement Officers are funded to support, and inform, the engagement priorities of the ICS across Suffolk. We work together with Healthwatch Essex, which also receives funding for this function, to cover the whole of the ICS footprint.

Our team completes time-limited focussed engagement on specific topics of interest to the health and care system. Our data is shared with relevant leaders, commissioners and providers within the SNEE ICS, Public Health Suffolk and also Waveney Primary Care Networks where relevant. We know the insights are used to inform their work.

This year, our work has focussed on people’s experiences of:

- living with Asthma (**94** responses);
- living with Long COVID (**75** responses);
- NHS Screening services during the pandemic (**46** responses);
- wellbeing during the pandemic (**306** responses);
- working from home (**78** responses).

For more information about the findings from these projects, please contact us (info@healthwatchsuffolk.co.uk).

Non-emergency patient transport services

Our team has also continued to champion the views and experiences of people accessing Non-Emergency Patient Transport services (NEPTs). A survey was launched early in the year, and results highlighted the need for improvements to the management of the services. People often experienced problems with the timing of their transport and lengthy waits that had meant appointments were missed.

Since then, we have been invited to join meetings with representatives of E-zec (the provider of NEPT), and commissioners of the service, to discuss improvements. This will include the opportunity for us to join, and shape, a clinical commissioning group led quality visit to the service sometime in 2022/23.



Our Engagement Officers work to make sure people's experiences are included in SNEE ICS plans. In 2022/23, we'll be exploring people's experiences of moving from children's to adults' health and care services.

In focus – NHS screening services during the pandemic

In September 2021, on behalf of the SNEE ICS, we asked people to share their experiences of accessing screening services, and to share views about using them during the pandemic.

You can read more about what people told us in our article. Visit:

www.healthwatchsuffolk.co.uk/news/your-feedback-about-nhs-screening/

There are many reasons why people may choose to avoid screening. Understanding, and responding, to these issues will help to increase participation in screening services, save time and anguish for patients, and reduce demand on services. Our results help to show why these services are important, and we must make sure they are easy to access now and into the future.

The data has been shared with ICS leaders, and Public Health Suffolk, to inform the future of screening provision. This is what Susannah Howard (Programme Director, Suffolk and North East Essex Integrated Care System) told us about our findings:

“We know that the challenges we face are complex, and that we need to properly understand our health and social care system from the perspective of people and communities in Suffolk and North East Essex. We welcome this opportunity to learn from the experiences that people have had accessing screening services, particularly during the pandemic which will contribute to our ongoing focus on system learning from COVID-19.”

“...she couldn’t believe the receptionists were turning people away... I’m glad I had it done because my results were abnormal.”





Long COVID support in SNEE

We've challenged SNEE ICS leaders to think differently about supporting people living with Long COVID. Now, a new ICS-wide strategy will aim to improve local support and focus on what people living with the condition say they need from services.

- We gathered feedback from people living with Long COVID and other post viral illnesses in a survey. We shared 53 responses with decision-makers within Suffolk and North East Essex ICS and Waveney primary care networks.
- We contributed to debates about Long COVID across Suffolk and North East Essex ICS, capturing people's experiences at local events hosted by the Suffolk Voluntary and Statutory Partnership (VASP) and the SNEE ICS.
- We championed people's experiences at the SNEE ICS Board, and secured commitments to develop a Long COVID strategy founded on people's feedback.
- We shared our insights with Healthwatch England to inform its national evidence review and recommendations for NHS England and Improvement.

People told us:

- they had struggled to be taken seriously by medical professionals, and this had prevented them from accessing support. Problems with access to GP appointments had compounded this issue at times;
- many find GPs, and other medical professionals, are unsure of the symptoms of Long COVID. People felt their concerns had been dismissed;
- experiences of clinics, and the SNELCAS service, were mixed. Support offered has not been holistic enough. Sometimes people did not always receive referrals to specialist help they felt was needed and had to seek private help;
- there is a shortage of specialist medical staff, and this had made accessing treatment beyond a diagnosis very difficult;
- they were struggling to get information about Long COVID or how to find support.



Informing national debate on Long COVID

A national evidence review

Our data has been used to shape a national evidence review on Long COVID by Healthwatch England. It includes evidence from our national network, and specific reports published by eleven local Healthwatch (including Healthwatch Suffolk).

Feedback from local people features within the national report, which has been shared with NHS England and Improvement. It requested the evidence review to inform the development of a national Long COVID plan. The report was also shared with National Voices and the European Commission of Human Rights.



“We would like to thank Healthwatch Suffolk, alongside every LHW that has contributed to this evidence review.

“Together, the findings have been used to develop information and advice pieces for the general public to increase awareness of the support available for Long COVID. Healthwatch England have also shared all findings from local Healthwatch with NHS England and Improvement, using the findings to make recommendations of areas where further support should be directed. Without the contributions from local Healthwatch including Healthwatch Suffolk, we would not have been able to make the impact we did.”



How is this work leading to change?

Our Independent Chair took people’s experiences to the SNEE ICS Board. We recommended that leaders needed to work together more around four key ambitions defined from people’s lived experiences – that people wanted to be believed, they wanted to be informed and supported, and that the system continues to learn about Long COVID and best practice in care for local people.

The SNEE ICS Board accepted our recommendations. It has committed to developing a system-wide strategy for long COVID based on the four ambitions, and a task and finish group has been created to lead on the work. The group is representative of local health and care partners, and people living with Long COVID.

A workshop is organised that will begin to identify how the strategy will achieve the four ambitions and how key partners in the ICS will contribute. This work is continuing, and the system-wide strategy will be finalised by the Integrated Care Partnership, part of the new statutory framework from 1st July 2022.



Maternity services in Suffolk

Feedback from 147 new parents was shared with maternity leaders in Suffolk and North East Essex (SNEE). Their feedback is shaping the future strategy for our local maternity and neonatal 'system' (LMNS), and is helping to shape better services.

What you told us

We received mixed feedback. Some had a very good experience, whilst others' experiences were profoundly negative. We identified four drivers of patient experience and encouraged leaders to include them within their plans for future services. They are:

1. **The attitude of staff:** Interactions with staff have a major influence on how people feel about their maternity experience overall. Just one positive or negative interaction can make a massive difference to how people perceive the support they have received.
2. **Better postnatal care:** It is clear people have felt postnatal support was less available to them. This lack of support was felt most acutely by those who needed specific support for things like breastfeeding, mental health and practical support with baby care. The pandemic did not help, with the role of birthing partners impacted.
3. **Involvement in care:** People told us they did not feel heard by staff, and that they were not always fully involved in decisions about their care. We must recognise the distress that can be caused when communication is lacking, or where staff do not check that people have understood the implications of decisions affecting their care.
4. **Staff capacity:** Maternity services, and their staff, are under sustained pressure because of the pandemic and a national shortage of midwives. People have reported how lack of available staff had a detrimental impact on their care.

How the feedback has been used

NHS leaders have added new content to a strategy for maternity care in Suffolk. It is now much more informed by people's experiences, and where people would like to see

improvements in maternity care. Amongst other changes, our input will ensure the strategy includes:

- specific context about our four drivers of patient experience, to focus the strategy on the things people felt needed to be improved;
- a stronger focus on making sure people receive an equality of care at all stages of maternity care;
- commitments to ensuring there is not an over-reliance on digital means of providing personalised care;
- the requirement for information available to patients to meet the Accessible Information Standard (AIS).

In addition, a response from maternity leaders highlighted:

- New perinatal care coordinators will ensure a much smoother transition following hospital discharge, offering new mothers dedicated postnatal support.
- To address staff shortages, the LMNS brought other staff into maternity services (e.g. trained nurses and other support staff).
- Better use of technology to improve personal care planning (e.g. through the use of an app). This will be used alongside continued training for midwives and obstetricians on informed decision making, and active listening.
- A dedicated postnatal transformation lead was employed within the LMNS. They work alongside new postnatal ward champions who will monitor the “human side” of care within the units, actively seeking feedback on the level of kindness and compassion people have experienced in services.

 *“The feedback enabled the LMNS partners to reflect on the impact of the above events (issues affecting people’s care in the last two years) on both our service users and our workforce. It has moulded the strategic direction and we are keen to progress to a new way of working. This strategy will therefore provide the beginning of a journey of change within our maternity and neonatal services, as well as within the wider Integrated Care System (ICS). Working together we will deliver innovative, and family focussed care models to improve our service users’ experience and clinical outcomes.”* 

– Taken from the maternity strategy for SNEE



Read more on our website:

www.healthwatchsuffolk.co.uk/news/maternityservices2022

More examples of collaborative working



Informing the rollout of COVID-19 vaccines in Suffolk

Our feedback on COVID-19 vaccinations, gathered jointly with the NHS, was used to shape the rollout of the vaccines from 2020 through to 2021/22. People's comments were used to make improvements, such as:

- reduced waiting times at vaccination centres;
- improved social distancing measures and mask wearing by the public and staff at vaccine sites;
- a checklist for vaccination centres to help improve how they are run;
- improvements to the information people received about the vaccines;
- improvements to the wider NHS communication about the vaccination programme;
- specific learning relating to people's unique needs and adjustments.

“Throughout our most challenging times in 2021/22, Healthwatch has continued to be an excellent partner to individual providers and the system as a whole; sharing feedback – both positive and negative – in the most professional and respectful way.

“It is this, ‘how’ Healthwatch works, which makes the difference – enabling us to learn and to respond effectively. Thank you!”

– Maddie Baker-Woods (Chief Operating Officer, NHS Ipswich and East Suffolk Clinical Commissioning Group)



The Suffolk Safeguarding Partnership

We've been encouraging the Suffolk Safeguarding Partnership to bring co-production into its working practices. This is how our work together is leading to change.

The Partnership has told us that it will make a 'Commitment to Co-production' as a part of our campaign for 2022/23 (see page 111). This will help it to plan co-production activity, and consider how people can be a part of safeguarding practice and policy in Suffolk.

The Partnership has already made a start on including people within its processes, and this includes:

- introducing a presumption of a child, adult, or a family's involvement in case reviews. This recognises that family members have significant information and opinions to consider and include, but it must be managed in a sensitive way. Not least because of the importance for reviews to objectively determine what happened in a particular situation and why;
- appointing a specialist liaison officer for every review. They will support family members, and guide them through the safeguarding review process. This is usually a member of the core Partnership team, the lead Reviewer, or a professional who knows the family already.

To support its work with local people, the Partnership has also worked with our co-production team and ambassadors to co-produce a statement about openness and transparency. In having an Openness Statement, the Partnership is committing to sharing its business and the work it does to give the public confidence and assurance.

For more information, please see: www.suffolksp.org.uk/about-us/communications/

Suffolk VASP

The Voluntary and Statutory Partnership (Suffolk VASP) brings people together to talk about mental health and wellbeing, pool resources, reduce stigma and identify gaps in services.



With our support, the VASP has grown to become a popular network where people are empowered to enhance their support to local people and communities, and to feedback on plans for local services.

We facilitate the VASP network by employing the Coordinator, and providing support with the administration of finances and office space. Furthermore, the Chair for the Strategic VASP is our Community Development Manager.

The VASP enables service users, staff and volunteers from statutory and voluntary services to share information about support in the county, and to work in partnership. There is a Strategic VASP (those with broader, more strategic roles) and seven locality groups representative of Haverhill, Sudbury, Bury St Edmunds, Mid-Suffolk, Ipswich, Coastal, and Waveney.

The network is unique within the East of England, and now has a membership of more than 1,600 people. They receive regular updates from our Coordinator throughout the year with details of local services and events shared within the network. Our updates enable VASP members to direct local people to services at grass roots, and to access help when they need it.

“Many thanks and well done, this has been such a helpful update over the last year, I think being able to share so many good things with people who may be able to use them has been invaluable in my work.”

This year, under its ‘Suffolk Mental Health Friends’ initiative, the VASP has:

- helped people to access mental health support at local events and cafés by adding printed labels to coffee cups with signposting and positive messaging;
- added six ‘Happy to Chat’ signs to benches in local communities. They aim to tackle loneliness by encouraging people in communities to connect for a while;
- promoted filmed conversations with our coordinator on a number of topics including disability, how art and craft can support wellbeing, eating disorders and more.

Learn more on the Suffolk VASP website:
www.suffolkvasp.co.uk/suffolk-mh-friends



Helping people to find information and support

Sometimes it can be hard to know where to look to find support for your health, care or wellbeing. We can help.

We can point you to information about local services and the places where you might be able to find some support. If we don't know the answer, we'll try our hardest to find someone that does.



Calls and enquiries

People contact us to ask for help, and suggestions, about finding local information and services. Our staff respond to questions about many different things. In this section, we explore just a few of our most frequent enquiries.

Our most frequent enquiries

54% of enquiries were about access to NHS dental care. Most people wanted advice about how to find treatment because of an ongoing dental care access crisis. You can read more about this on page 78.



11% of people contacted us for a range of advice and guidance related to GP practices. This included information about people's rights (e.g. registration), practice procedures (e.g. access to services) and how to make a complaint to primary care services.



8% of enquiries were about support for carers. People asked us about where they could find support for caring responsibilities, and the services available (locally and nationally) to provide help and advice.



9% of enquiries were about complaints or feeding back. Most enquiries were from people experiencing problems with access to services. Some had already tried to resolve concerns, but the response from services had not met their expectations.



In 2021/22, we recorded **496 enquiries**, and signposted people to **168 'destinations'**.



Helping you to find your way

Here are just a few examples of how we have helped people to access information, services and support in 2021/22.

Connecting people to local support

We were contacted by a person who was worried about their parents. A recent diagnosis was putting strain on the family, and they were struggling to find support. We put them in touch with a local group, and now the family feels much more informed and able to cope at home.

“After contacting Healthwatch Suffolk due to concerns I had for my parents, they were able to give me information that has helped them. They signposted me to a local lymphoedema support group, and now my mother is feeling much better supported for her condition.

“Mum feels like someone knows what she is going through, and they can help her to ask the right questions of the doctors. The fact she could actually speak to a person, and a person who has been proactive in helping her, has boosted her confidence so much! We would not have known about the group without the advice from Healthwatch – it has also helped me a lot so that I can be strong with my parents and give them some helpful guidance.”

– An anonymous caller



“It was lovely talking to the most friendly people I’ve spoken to. A massive thanks for your understanding and help, and also for the information about people I can contact. I’m very grateful.”

– Anonymous



Support with discharge from hospital

A caller was concerned because one of his parents was due to be discharged from a local hospital after a fall. The caller did not live within Suffolk, and so could not easily visit to provide help with discharge arrangements.

With so much to think about, and time pressure from the hospital, the caller was not receiving clear information about how to make sure their mother would be well-supported after being discharged. They also had concerns about the care arrangements that were being put into place.

We provided information about a range of sources of support that could be contacted to make the process of being discharged less stressful for the family. This included advice about questions to ask and who to direct them to, information about home adaptations, and the contact details for Patient Advice and Liaison services for additional help whilst the person was under the care of the hospital.



"I want to say thank you for your help and advice during the difficult time of my mother's fall and hospitalisation. My mother now lives in a care home and I am spending my time looking after my father. At a very confusing time, you helped mightily."



Amplifying concerns and helping services to respond

Following the death of a relative, a family told us that they had been deeply affected by a telephone call with their relative's GP. The conversation was having a lasting impact on their mental health and, in their own words, they 'could not move on'. Having raised the issue with the practice, the family had found the response from the practice unsatisfactory.

With the family's permission, we were able to raise the matter with the Practice Manager. They were empathetic to the situation, and were keen to resolve the issue for the family if they could. The practice investigated, confirming that the issues raised by the family would be addressed. The family has since contacted us to confirm that they had received a full letter of apology from the practice, and that it had helped them at a difficult time.

"We would like to thank you for your work as a constructive support to our surgeries. Your adaptability during COVID enabled us to feel closer to our patients view points." – Practice Manager

Supporting the COVID vaccination programme

Throughout the pandemic, our staff have helped people to resolve problems they had been facing with booking, and accessing their COVID-19 jab. Sometimes, by sharing feedback from our signposting service, we helped NHS commissioners to take action to improve people's experiences. This included:

- improving communication by the NHS where people had not been able to resolve queries about the vaccination programme;
- improving communication with immunosuppressed patients, and making sure the NHS was addressing the unique needs of this patient group;
- making sure local delivery was aligned with national policy;
- preventing vaccination sites from being overwhelmed by alerting the NHS to problems about capacity (following feedback from patients);
- encouraging providers to review their processes and reinforce required practice with staff working within the programme.

In one example, we worked with commissioners and the Suffolk GP Federation to make sure local and national policy on second dose appointments were aligned. People in specific cohorts at the time were entitled to a second dose within eight weeks of their first dose, but people told our signposting service they were being denied access to this.

After we raised the issue, commissioners told us they had asked all providers of vaccinations to bring forward second dose appointments. The Suffolk GP Federation reviewed its own processes, and reinforced the required practice to staff to ensure all patients received the correct service.



“The last two years have been a unique challenge for the GP Federation in line with our partners in the health and social care system. Our services have often had to be changed very quickly and the vaccination programme was mobilised to a very tight deadline.

“It has sometimes been difficult to remain focused on the needs of our patients through this difficult period. During this time we worked even more closely with Healthwatch than usual and their contribution was particularly important in helping us remain

focused on the needs of our patients. We value their independent and challenging views.”

Dr Ruth Bushaway (Medical Director) & David Pannell (Chief Executive), Suffolk GP Federation



Online content

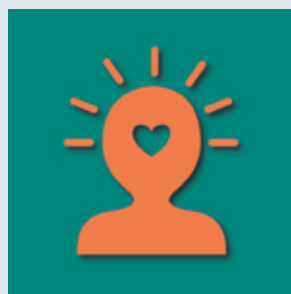
We’ve created online content to help people find their way to support. Our pages are based on frequent enquiries to our signposting service, but we also create specific signposting content to support our research projects.

For example, many thousands of young people taking part in our ‘My Health, Our Future’ surveys have been re-directed to our page about mental health and emotional wellbeing support for young people and families. In addition, we continue to share printed copies of our signposting card to support young people who may prefer not to access this information online.

Similar signposting content has been created to support our projects related to waiting for hospital care and end of life care and support. You can access our pages by interacting with our boxes below.



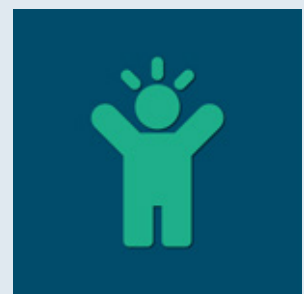
**Support for
dementia**



**Mental health
signposting**



**Support for
young people**



**Support if you're
waiting for care**

Explore more on www.healthwatchsuffolk.co.uk

Governance, statutory functions and decision-making

In this part of the report, learn more about the function of our Board of Directors, and how we make decisions.



Decision-making

Sound decision-making is extremely important if we are to maintain our credibility as a trusted champion of people's views into their health and social care services. It is also central to our core value of transparency.

How we make decisions

Like all organisations, we're making decisions about our work on a daily basis. This might include strategic decisions about our priorities, as well as decisions about things like taking on new work, how to represent your views in the media, day-to-day project management and decisions affecting our staff, ambassadors and volunteers.

In all aspects of our decision making, we aim to be guided by your feedback. You can expect our decision-making to be guided by effective policies and processes and to be informed by the right levels of oversight and assurance. You can also expect us to be transparent, and able to adjust to new advice. Here are just a few examples of things that influence our decision making:

- staff and volunteer policies;
- independent advice from our human resources and data protection advisors;
- co-production of our projects with local people and communities;
- the opportunity for people to ask questions at our public meetings;
- a moderation policy that ensures we have a clear process for publishing your feedback to our website;
- an established project decision-making cycle (see page 102), and an internal oversight group to make sure we are following our process;
- engagement with stakeholders regarding our strategy;
- data we capture about your experiences, and insights from local partners.

We dedicate time and space to reflect on the decisions we have made, and how they have affected our work. This occurs at all levels of our organisation.

A part of this learning is the ongoing work with our commissioner (Public Health Suffolk) to assess our organisation against the requirements of a national quality framework for local Healthwatch. It includes consideration of our approach to leadership, impact, sustainability and reach – providing assurance that we are an effective champion for local people.

Our Board of directors

Our Board is comprised of volunteer Directors, our Independent Chair and our Chief Executive. It is our governing body, and oversees our strategic decision-making and operational activities.

Our Directors are responsible for ensuring that we are meeting our statutory and other obligations. The Board:

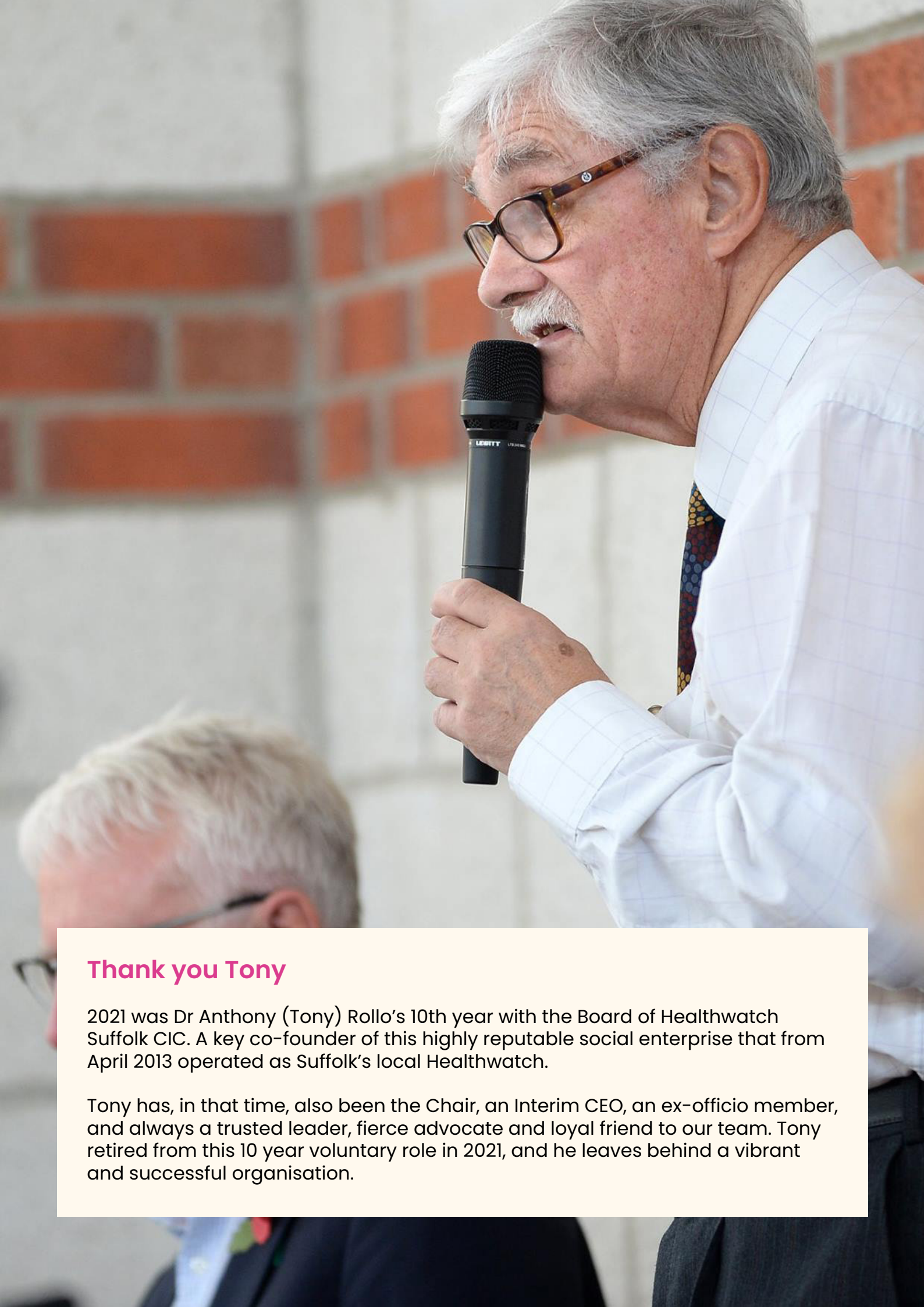
- establishes our vision, mission and values;
- sets company policy, strategy and structure;
- monitors progress towards achieving our objectives;
- seeks assurance that systems are robust and reliable;
- promotes a positive culture within our organisation.

All Board meetings are held in public. Meeting documents are posted to our website.

Our Directors 2021/22

Wendy Herber	Independent Chair
Andy Yacoub	Chief Executive and Director
Bal Kaur Howard	Director
Ben Miller	Director
Charlotte Clarke	Director
Liz Whitby	Director
Liz Woods	Ex-Officio (Resigned)
Sue Hughes	Director
Steve Pitt	Director
Tendai Ndongwe	Director
Tony Rollo	Ex Officio (Retired)

If you would like to know more about the activity of our Board of Directors, please email info@healthwatchsuffolk.co.uk or call 0800 448 8234. You can also attend our public meetings, or our Annual General Meeting.



Thank you Tony

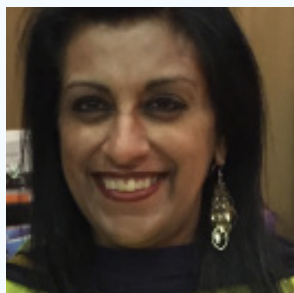
2021 was Dr Anthony (Tony) Rollo's 10th year with the Board of Healthwatch Suffolk CIC. A key co-founder of this highly reputable social enterprise that from April 2013 operated as Suffolk's local Healthwatch.

Tony has, in that time, also been the Chair, an Interim CEO, an ex-officio member, and always a trusted leader, fierce advocate and loyal friend to our team. Tony retired from this 10 year voluntary role in 2021, and he leaves behind a vibrant and successful organisation.



Why Healthwatch Suffolk?

We asked Bal, who is one of our Directors, about what motivates her to be a part of our organisation. This is what Bal shared with us...



Bal Kaur Howard

"I was honoured to join the Healthwatch Board and our amazing, professional team just over five years ago. I wanted to be the voice of diverse communities due to inequalities faced by many in the social and healthcare sector. Being on the board enables me to reach into those communities to share their voices."

"Having worked for Suffolk Constabulary for many years, I felt that victims and survivors of domestic / honour-based abuse are faced with mental health issues, often reaching out to GPs, antenatal care and/ or other healthcare professionals. The University of Birmingham and Warwickshire highlighted that those that have suffered domestic abuse are three times more likely to suffer ill mental health."

"I bring my own experiences as a survivor of Domestic / Honour Based abuse / Child Forced Marriage - there were so many missed opportunities by health services. I was in the mental health system in Suffolk for 6 years with substance abuse, which felt like a revolving door - I felt nobody saw me or understood me. I share my experience to change hearts and minds to make a difference to those who use social and healthcare services in Suffolk and beyond."

Relevant decisions

We are required to have in place, and publish, procedures for making relevant decisions. Relevant decisions are those that carry a risk to the independence, capacity or reputation of Healthwatch Suffolk. These may include areas such as the issues we prioritise, whether to make a report or recommendation, whether to formally refer a matter to the Suffolk Health and Oversight Scrutiny Committee, or decisions about sub-contracting.

The Healthwatch Suffolk Board (see overleaf) is responsible for making relevant decisions, guided by our policy for decision-making for all staff, Board members and volunteers. All relevant decisions will be recorded in the minutes of the Board meeting at which the decision was made and published to our website.

To inform their decision-making, our Board will consider whether the proposed decisions about our work fit with our organisational role and responsibilities. It will also assess how much change Healthwatch Suffolk can bring about from the decision, and whether that change needs to come from Healthwatch Suffolk – so we are not focusing on things that others can do more easily and effectively. The Board will always be guided by our core strategic priorities and commitments to equality in our work.

Our commitment to inclusivity in decision-making

We have started a process to complete a Strategic Equality and Quality Impact Assessment (SEQIA). It will help us to align our policy, priorities and practice to ensure that our organisation is as representative as possible of the diversity the communities we represent.

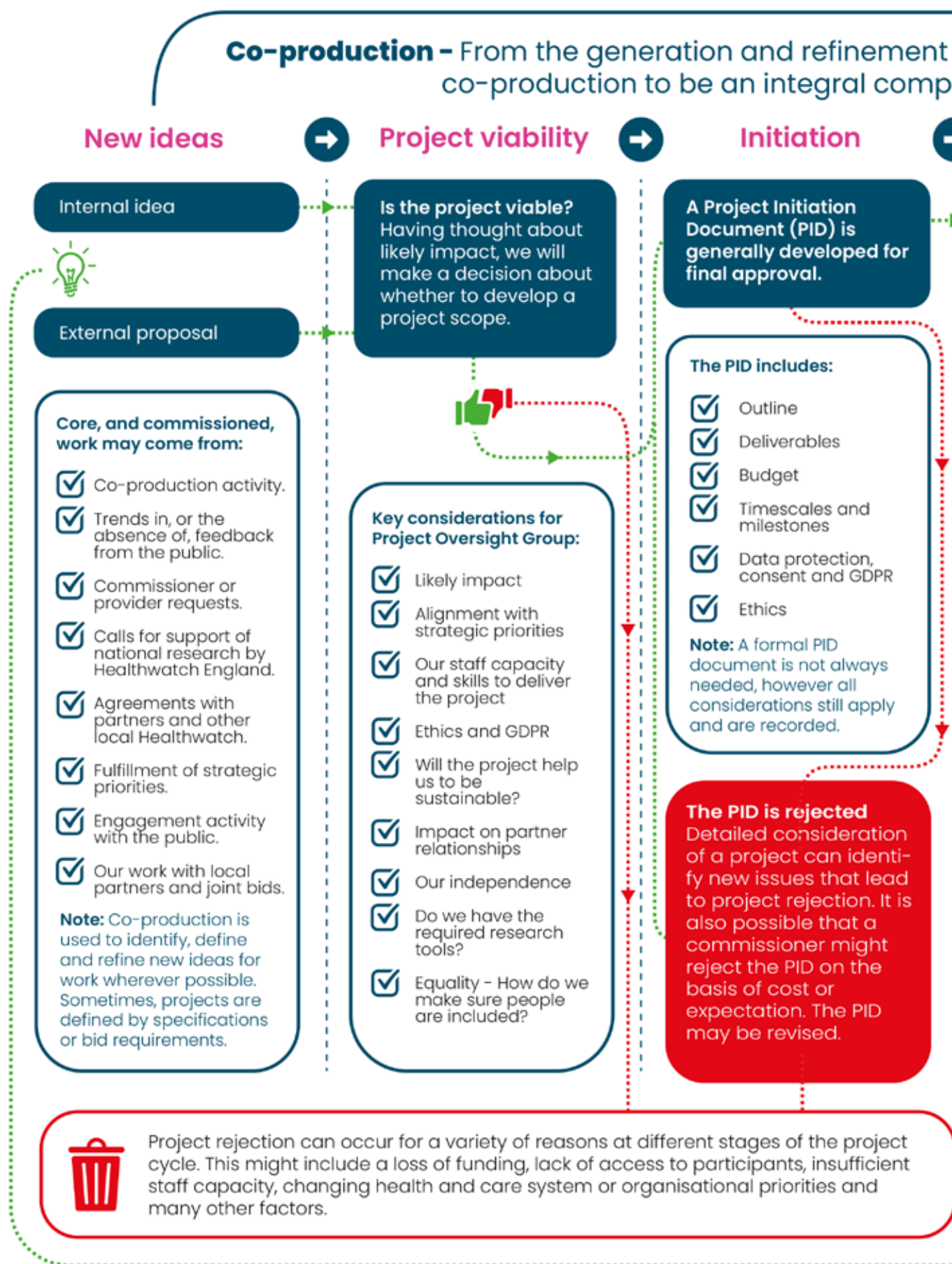
Our inclusivity statement is clear that “everybody should feel equally valued, listened to, seen and heard” by us – and we are resolute in our commitment to making sure that is the case. Our SEQIA is a key part of our work to deliver on this promise, and to make sure the impact of our decisions on equality, diversity and inclusion (EDI) within the organisation is thoroughly considered.

Ultimately, through completion of this process in 2022/23, we hope to learn more about areas where we could improve our approach to meeting people’s needs, and representing all people and communities in Suffolk. We will take time to examine particular areas of our work with a focus on EDI (such as policies, projects, data, communication, and partnerships).

Together with our Board, we will consider the outcome of the SEQIA, and develop an action plan to address (EDI) gaps in our work. Read more from page 114.

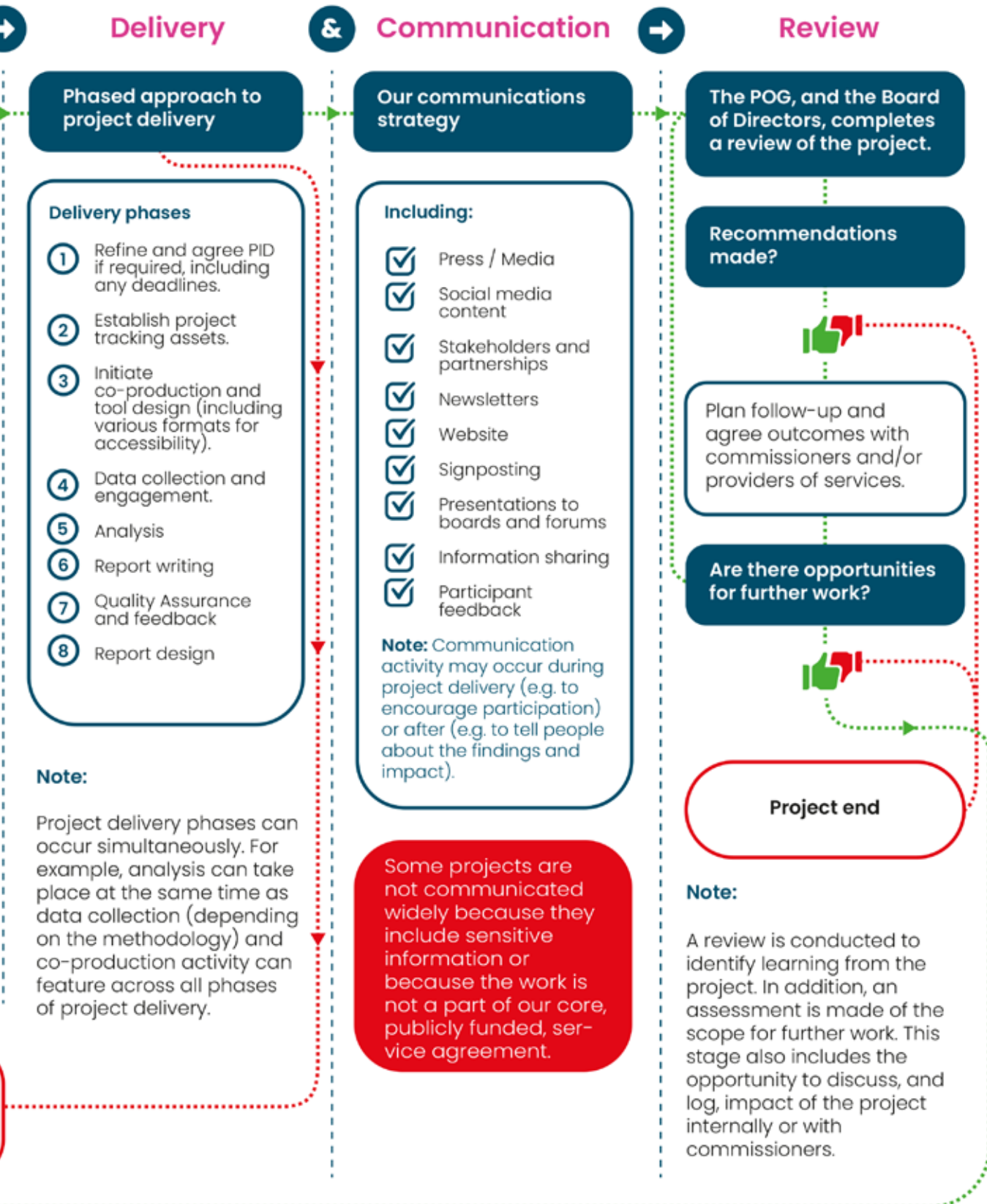
Our project cycle

This diagram shows how we make decisions about project completion and the publication of



ons about our work. From the generation of new ideas through to
f our reports, and everything in-between.

of new ideas, to project delivery and review, we aim for
onent of our model for project delivery.



Statutory powers & local service scrutiny

Responses to recommendations and requests

Healthwatch Suffolk takes a collaborative approach to challenging services and achieving impact. But there are also times when we need to speak up, or to use our statutory powers to require a response from services.

In general, providers and commissioners have responded well to our requests for information and recommendations when they have been made in the year. Whilst some requests were not responded to in a timely manner, we have generally obtained the answers we sought from leaders without the need for further challenge.

We did not make use of our Enter and View powers in 2021/22. Consequently, no recommendations or other actions resulted from this area of activity. There were no issues or recommendations escalated by our Healthwatch to the Healthwatch England Committee, and so no resulting special reviews or investigations were completed.

Suffolk Health and Wellbeing Board

The Suffolk Health and Wellbeing Board was established in 2013 and is responsible for improving and protecting the health and wellbeing of all people in Suffolk. It brings together system leaders from across the county who work together to ensure not only that health and care services meet the needs of our residents, but to also promote wellbeing, and prevent ill health at the source.

Our Independent Chair has a place on the Board, while our CEO attends the programme office that supports it to ensure that our feedback shapes the agenda and influences change.

As the health and care system changes and we recover and respond to the pandemic, this has been a time of change for the health and wellbeing Board too. The changes have been driven by extensive engagement and discussion with stakeholders and partners, and two externally facilitated workshops which considered the new approach of the Board and greater emphasis on the wider determinants of health and wellbeing.

These workshops agreed on four priorities which were felt to be those that the HWBB was best suited to take forward in partnership: public mental health, good work and health the wellbeing of children and young people and listening and engaging with local voices.

As a Healthwatch, we particularly welcome the move to work more closely with those with lived experience— and also the acknowledgment that having genuinely ‘learning conversations’ with patients and residents can sometimes be challenging for those leading our health and care system. This change in approach has been reflected in the recent move to take and answer questions from the public at the start of each Board, rather than hear statements. This has opened conversations around issues like air pollution, that require genuine cross system working and collaborative working with the

residents if we are to protect those most at risk.

The board has also welcomed our reports on digital access to health and care services, and end of life care. We will also have an ongoing key role in supporting the response to the cost of living crisis through our experts by experience work (see page 110).

Suffolk Health Scrutiny Committee

Suffolk County Council is required to have a Health and Oversight Scrutiny Committee (HOSC) made up of local county, district and borough councillors. It has responsibility for scrutinising health and care services across the county.

Here are some of the debates covered by the HOSC in the year, and how we helped to inform its discussions with evidence about the experiences of local people and communities:

- **Primary Care (GP services)** – We contributed an extensive report about pressures in primary care to inform this discussion.
- **Mental Health secondary and community care (adults and CYP)** – It is hoped that the outcomes of this meeting may lead to greater engagement of health, care and community partners outside of the mental health services.
- **Childhood obesity and oral health** – We contributed findings from our ‘My Health, Our Future’ research exploring young people’s mental health and wellbeing to inform this debate.
- **Maternity (and Ockenden)** – We submitted evidence about people’s experiences of having a baby in Suffolk.
- **Special Educational Needs & Disabilities** – This debate will lead to scrutiny of Suffolk County Council’s SEND support improvement plan in the Summer of 2022, which was itself created in response to a peer review in 2021.
- **NHS dentistry in Suffolk** – We submitted a report about people’s experiences of accessing NHS dental services to the committee, and this has led to us being engaged in a newly formed SNEE ICS Dentistry Task Force.
- **West Suffolk Foundation Trust’s Future Systems Programme** – You can read more about our work as co-production advisors for this large-scale NHS infrastructure programme from page 35.
- **Cancer services** – we fed back that there was a lack of health inequalities prioritisation, and patient/carers presence at this scrutiny session. Our feedback will help to ensure better practice when this subject is re-visited in 2022/23.

Finally, we are pleased that it is an intention for HOSC members, and possibly members of other scrutiny committees, to be trained by us in understanding co-production.



Looking ahead

It's already shaping up to be a busy year ahead. In this section, learn more about some of our key work and projects for the year ahead.

Don't miss out – sign-up and make sure you stay informed about our latest opportunities to shape, influence and improve local care.

www.healthwatchsuffolk.co.uk/membership



What's up next?

Here are just a few things to look out for in 2022/23.



Living with dementia in Suffolk

We'll be completing research with people living with dementia, and their carers.

Our findings will help Suffolk to meet its ambition to become 'dementia friendly', and will shape future services and strategy.

Find more information about this on:

www.healthwatchsuffolk.co.uk/ourresearch/dementia



Understanding the experiences of the d/Deaf and hard of hearing communities

We'll be continuing engagement with people from the d/Deaf and hard of hearing communities. We want to understand more about what it is like for people to access services, and whether their needs for accessible information and access are being met.



Making a difference for people waiting for hospital care

We will publish the findings from our elective care research (see page 48). We will challenge health and care leaders to reflect on the things people have told us, and to improve how people are supported whilst they are waiting for treatment.



We'll continue our work to shape digital health services

We're already working on a third phase of our work on digital health and social care.

We'll be working with the Integrated Care System in Suffolk and north east Essex to support inclusivity in service design and commissioning. Look out for more information about this on our website.



Health coaching in Suffolk

Health coaching is an approach through which health professionals are trained to talk to people in a way that supports and empowers them to better manage their own care, fulfil self-identified health goals and improve their quality of life.

We'll be working on an evaluation of the training for health coaching in Suffolk, including the extent to which professionals feel able to incorporate the approach into their practice. We'll also be trying to engage with people who have received health coaching, and how that has impacted upon their health and care.



We'll co-produce the next phases of our work with young people

We'll publish our latest insights into the mental health and emotional wellbeing of children and young people in Suffolk.

We'll also be working with young people (including young people taking part in our Youthwatch Suffolk initiative), schools, colleges, education, NHS and social care leaders, and other stakeholders to review, and co-produce, the next phase of our 'My Health, Our Future' research programme.

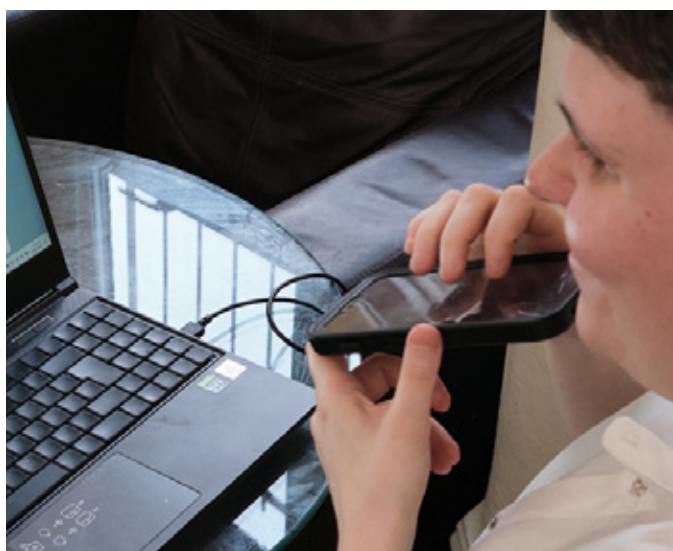
This work will ensure the programme remains focused on areas that are both important to people, and able to influence change.



We'll work with Suffolk County Council (SCC) to deliver new research on social care

We'll consider how we can start to re-capture people's experiences of living in local residential care and nursing homes after the pandemic.

We're also planning to support SCC to monitor the lived experiences of people receiving home care in Suffolk. This work follows our 'My Care at Home' research completed in 2018 when SCC was developing its new model for home care and support across the county.



Your Care, Your Way

Our campaign about people's rights to accessible information and support from local NHS and social care services will continue in 2022/23.

We'll be considering the experiences people shared as a part of the Healthwatch England, and any recommendations that might result from that work. We'll also be working with hospitals, and other services, to consider how they can improve their approach to meeting people's needs.

Our Feedback Centre and analytics



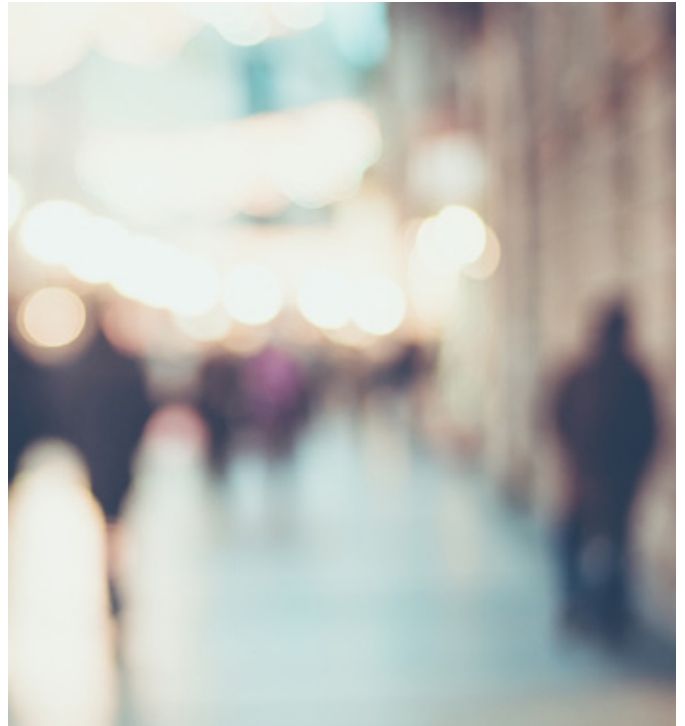
At the end of 2022/23, we hope to have recorded in excess of **20,000** experiences about hundreds of local NHS and social care services on our Feedback Centre. We're making improvements to our informatics system (a tool we use to analyse feedback from the public) that will make it easier for us to spot trends, and to share insights for service improvement.

Tackling poverty in Suffolk

An estimated 18% of Suffolk residents now struggle against poverty. Increasing numbers of people are experiencing fuel poverty, needing to use foodbanks, and struggling with the affordability of housing. The 'cost of living crisis' is impacting everybody.

But what if people who struggled against poverty were involved in making decisions about tackling poverty?

As a part of a local action plan developed by Suffolk County Council, we'll be coordinating an 'Experts by Experience' initiative modelled on an approach championed by the 'Poverty Truth Network' (www.povertytruthnetwork.org).



The project will be led by a core group of people with lived experience, and the influence to change how Suffolk tackles the issue of poverty in the future. Our team will have the role to facilitate, and support, this group to be effective – and we can't wait to get started.

Half of the group will be people with lived experience of struggling against poverty, and the other half will be comprised of leaders from the public, private and charitable sectors who can help to bring about change. Collectively, they will work together to understand the nature of poverty, the underlying issues that create poverty, and explore creative ways of addressing them.

Look out for more information about this important work on our website.



Are you committed to co-production?

2022/23 will see the launch of a new campaign that will encourage health and care leaders to show how they are embracing co-production, and how people can be a part of shaping decisions about their services.

We think everyone should be a part of shaping their local services and support – and that is why encouraging services to embrace co-production, and all of the benefits it can bring to local services and communities, is so important.

Our campaign, which has been shaped with local people and our Co-production Ambassadors, will support services to make a commitment to co-production. It will help them to show how people can shape decisions about their services, and influence how they are planned and delivered.

People making a commitment will receive specific support from our team to communicate about their co-production project(s), and to develop an action plan. This activity will be guided by a comprehensive communications pack we have developed to support the campaign, including a range of graphics and media.

Look out for more information on www.healthwatchsuffolk.co.uk/co-production/

Be a part of this campaign

If you, or your service, is interested in making a commitment to co-production (no matter how big or small), please visit www.healthwatchsuffolk.co.uk/committocopro-signup/

You can also email coproduction@healthwatchsuffolk.co.uk for more information, and to express your interest in this work.



A new NHS and care system

NHS and care leaders are committed to meaningful engagement and co-production with Healthwatch Suffolk as Integrated Care Systems become responsible for planning, and delivering, health and care from 1st July 2022, and new commissioning bodies take over from previous NHS organisations.

Integrated Care Systems are nothing new, but they have not had legal status until now. They bring health, social care, and voluntary, community and social enterprise organisations and leaders together to plan and deliver health and care in their area, and they will be made up of two new structures:

- **Integrated Care Boards (ICB)** – New structures that will replace current ‘Clinical Commissioning Groups’. They will decide how the NHS budget for our area is spent and develop plans for how NHS services will be delivered to meet local needs;
- **Integrated Care Partnerships (ICP)** – ICPs bring health and social care services and leaders together with representatives of the voluntary, community and social enterprise sector to develop a strategy for how our Integrated Care Systems can improve people’s health and wellbeing.

We will work with ICBs and ICPs in Suffolk and North East Essex and Norfolk and Waveney. We will also continue to represent the views of our local communities with a statutory seat on the Suffolk Health and Wellbeing Board. ICBs and ICPs are required to include the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies produced by the Board in their work. Our research and insights are included within these important plans and assessments.

Ed Garratt (Chief Executive, NHS Suffolk and North East Essex Integrated Care System) said:

“The COVID-19 pandemic has provided our system with the biggest challenge it has ever experienced. It has shown that no one agency could have risen to the challenge or responded to it alone. It has also highlighted that people need support that is joined up across all of our local agencies.

“I believe this commitment to joined-up, system working, based on the interests of the people we serve, is the best way to improve outcomes. It will help us to share resources and make decisions quickly to provide the care and support that local people need and deserve.

“Healthwatch Suffolk is central to helping our new Integrated Care Board and the wider system hear those voices and experiences of the people and communities we serve. This is vital as we strive to provide truly local services that meet local peoples’ needs.”

Tracey Bleakley (Chief Executive Officer, NHS Norfolk and Waveney Integrated Care Board) said:

"The development of the Norfolk and Waveney Integrated Care System is a unique opportunity that continues to bring together the many different partners who support the health and wellbeing of Norfolk and Waveney's almost 1.1 million residents: the staff and organisations working in the NHS and social care; local government with its responsibilities for public health, social care, housing, leisure and the environment; the voluntary, community and social enterprise sector; and many others in the public and private sectors and of course, Healthwatch Suffolk, who support and lead conversations, engagement and co-production for our communities in Waveney."



"As your local health and social care champion, our role is to make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. Public engagement, co-production and Healthwatch, have been acknowledged as key to the success of these changes and that's encouraging."

"Created to be a part of our health and care system, but constituted as a Voluntary Community & Social Enterprise (VCSE) sector organisation, we are uniquely placed to bring people's experiences, and co-production, independently into the design of local services. The move to Integrated Care Systems should herald a culture shift in the engagement of people and communities, so we can move beyond fragmented consultation when health and care services are legally required to, towards meaningful and proactive co-production at all levels of decision-making."

"We will work hard to make sure the views of local people are represented in the new structures, and we are committed to championing equality and inclusion within our health and care systems. Reaching all communities, and bringing those voices into the design of local care, will become an increasingly important focus for us as we continue our work to shape, influence and improve local standards of care."



Wendy Herber (Independent Chair, Healthwatch Suffolk)



What's
it like?

‘What’s it like?’ Our next steps

In 2020, just prior to the COVID-19 pandemic, we published our report about people’s experiences of residential care and nursing homes in Suffolk (**‘What’s it like?’**). We made a number of recommendations to providers and commissioners, however progress on them was paused due to the pandemic.

In 2022/23, we hope to begin working with Suffolk County Council, and other partners, to begin to re-capture people’s experiences, and to find out what it’s like to live in Suffolk’s residential care and nursing homes after the pandemic.

Early conversations about a continuation of the project in 2022/23 have identified the following actions that health and care leaders are taking to respond to our first report:

- Health and social care professionals are currently updating guidance and resources available to support care homes, including the **‘purple reference book for carers’**. This resource provides information on how carers can support people with oral and dentistry care, or where to seek advice and support if needed (a key recommendation from our research). The booklet will also have some up to date guidance on nutrition and hydration.
- Suffolk County Council have commissioned a peripatetic social work team to respond to the backlog in residents needs assessments. This work is ongoing, and residents in care homes have been prioritised.
- Social care leaders are currently developing a ‘Workforce Development Plan’ to support the care market in line with the ‘ADASS Regional Workforce Development Plan’. This will provide robust pathways for carers and care providers who require training and development. One such pathway is the Developing Skills in Health and Social Care (DSHSC) project, which we are evaluating on behalf of Norfolk and Suffolk County Councils (see page 58).

It is our hope that this project will re-launch some time in 2022/23, subject to further discussions with Suffolk County Council and the Suffolk and North East Essex Integrated Care Board.

Look out for further updates on our website.

Our Strategic Equality & Quality Impact Assessment (SEQIA)

In adopting Healthwatch England's Commissioning Framework, we sought to make improvements in our approach to meeting equality, diversity and inclusion (EDI) aspirations.

We approached our EDI specialist on our Board for advice and as a result we have adopted the use of a Strategic Equality & Quality Impact Assessment (& Analysis) model, both for in-house internal matters, and for anything that has an impact on the public at large.

A Strategic Equality & Quality Impact Assessment (SEQIA) helps to identify priorities, explains the whys, and offers an audit trail of decision making. A strategic overview (the Analysis part of the SEQIA), based on known evidence and data, leads to 'deep dives' and this in turn leads to us being able to pick out (or search out) potential projects that might have significant impact, where certain demographics might feature.

We have developed our own comprehensive SEQIA Toolkit and we will invite our diverse group of Co-production Ambassadors to join what, in 2022–23, will be a Check and Challenge Group. This is a live and iterative process that will lead to broader outcomes in the short and long term, and for us to fully comply with the Public Sector Equality Duty.



Our money

Details of our abbreviated accounts. Our full accounts are available on request.



Please see our abbreviated accounts below. The figures are correct at the time of publication and are subject to auditors inspection. Our full accounts will be available on request.

Please call 01449 703949 or send an email to info@healthwatchsuffolk.co.uk.

Turnover	£502,387
Administrative expenses	£590,659
	(£88,272)
Other operating income	£128,864
Operating surplus	£40,592
Interest receivable and similar income	£674
	£41,266
Interest payable and similar expenses	£151
Surplus before taxation	£41,115
Tax on surplus	£4,201
Surplus for the financial year	£36,914

Our accounts will also be presented at our Annual General Meeting (AGM). Please see our website and newsletters for more information, and to book your space.

We will be making this annual report publicly available by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, Suffolk Clinical Commissioning Groups, the Suffolk Health and Overview Scrutiny Committee, the Suffolk Health and Wellbeing Board and our local authority (Suffolk County Council).

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, or language, please contact us on 01449 703949 or by email to info@healthwatchesuffolk.co.uk

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