To: CIC Board
From: Sam Botsford, Healthwatch Surrey Contract Manager
Date: 21 July 2026

Healthwatch Surrey Contract Manager's report

Summary of the last quarter Q1
April to June 2026

Highlights

- New workplan/KPIs
- Annual report
- Health Bill progression

New workplan

We launched our new workplan at the start of April amidst a number of uncertainties in relation to the recent merger of NHS Surrey and Sussex ICB. As such, we have had to make some amendments already as we await the bedding in of new structures and navigate our role in relation to that. We have been successful so far in further establishing our relationships with acute providers through collaborative approaches to our engagement- an example of this is featured in our Impact Report this quarter. We look forward to developing similar action plans with other providers.

Planning is well underway for our Enter & View project looking oral health in care homes. We are excited to work directly with care home managers on this project, following a presentation on our previous work with self-funders of social care at the Surrey Downs Health & Care Partnership Care Home Conference 2026, a number of care home managers will be co-designing our research questionnaires.

Making every voice count: Healthwatch Surrey Annual report 2025-26

At the end of June, we published our annual report, Making every voice count. This report is a great testament to the far reaching and wide ranging topics that we covered in the last year- topic areas that are not being highlighted elsewhere. We were delighted to receive such positive feedback from colleagues at Healthwatch England:

> "What a fantastic tribute to your team of staff, volunteers and Board members. I got a real sense of the connection you have with so many communities within Surrey, the skill of your staff and volunteers at listening and crucially making sure this led to improvements to benefit the residents of Surrey. It takes a special person to create rapport and trust so essential for effective engagement and your team demonstrate this in so many ways - prison population, people with learning disabilities, sexual health and young people...
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> You don't miss a trick in making sure your work influences national work, which is so valuable. I loved reading about the work of your volunteers like Carol carrying out such important work such as Enter and View visits, PLACE assessments and listening to people - great to read about her contribution to patient transport - a theme other Healthwatch have worked on, as is the work to seek improvements for people with hearing loss. I picked up on the section on information and signposting how you are not only helping individuals, but using that insight to secure changes to benefit other Surrey residents.
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> You don't need me to tell you about the uncertainty facing Healthwatch and how this can all too easily impact on a Healthwatch. Despite all of this, your annual is a real tribute to your team."

The Health Bill

The end of June marked 1 year since the recommendations of the Dash Review into the patient safety landscape were made public, including recommendations to transfer the functions of local Healthwatch to ICbs (for health) and local authorities (for social care). The team at Healthwatch Surrey have felt passionately about the importance of the public having an independent service to share feedback, raise concerns, or seek independent, impartial advice from in regards to health and social care. As a result, we have been urging both local and national decision makers to think again about adopting these recommendations.

The Health Bill had it's first reading on 14 May 2026 followed by a 2nd reading debate at which point some MPs in opposition of the clauses pertinent to Healthwatch began to outline their concerns. We were incredibly proud to have our work referenced during the committee stage of the bill:

> Bringing patient voices closer to decision makers is not the same as ensuring that those voices remain independent of the decision makers. Integration and independence are not synonymous. Indeed, the evidence we have heard suggests that independence is precisely what gives Healthwatch its authority. That distinction is not just theoretical, but reflected in the evidence submitted by those who work in the health and care system itself.
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> Healthwatch Surrey, which covers part of my constituency, including the town of Haslemere, has provided statements from NHS leaders and from Surrey county council. Those are not organisations resistant to partnership working; they are organisations that work with Healthwatch every day. The chief executive of NHS Surrey and Sussex told me that Healthwatch's "independent role in gathering this insight and acting as a voice for the community is essential in ensuring that the needs of all residents are heard—especially those who may otherwise go unheard or are at risk of health inequalities."
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> The chair of NHS Surrey and Sussex stated:

> "I would wish for an independent service to enable resident and patient voices to be heard to remain in place going forward."
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> The chief nursing officer described Healthwatch simply as "a third eye". Councillor Tim Oliver, leader of Surrey county council, explained:
> "Healthwatch has operated as an impartial champion…built a trusted brand within local communities where individuals can feel 'safe' in sharing their experiences and concerns…Their independence has been central to this." He went further, observing that healthwatches are "trusted because they are outside the system".
>
> Such evidence is particularly important because it comes from the organisations that will inherit those responsibilities should the Bill proceed. Far from arguing that independence is unnecessary, they describe it as essential to the effectiveness of the existing arrangements. Surrey county council also highlighted another practical reality, that "many individuals do not feel confident using these formal mechanisms."
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> That is precisely why Parliament has repeatedly concluded that an independent patient advocate is required. Independent bodies exist because some people are unwilling to raise concerns directly with the institutions about which they are concerned. That is not a criticism of those institutions; it is simply a recognition of human behaviour. The evidence from Surrey therefore reinforces what many of the witnesses subsequently told this Committee. Trust is not created simply because responsibilities are transferred from one organisation to another; trust depends on independence."

As well as local references, witnesses giving oral evidence also talked about their concerns about the future of patient and public voice should the Health Bill be passed without amendment. As a result, the Healthwatch

clauses were among the most extensively debated parts of the bill. The bill now progresses through further stages in the House of Commons following the parliamentary recess. We will continue to work with local MPs and decision makers, to ensure adequate scrutiny of the plans.

Challenges

As alluded to earlier in this report, the changes in structure and scope of the ICB is proving challenging for us to navigate. As the head count has reduced significantly, so has many of our long-held relationships. We have also had a significant reduction in the number of ICB level boards and committees at which to influence and share our insight. It is particularly challenging to amplify the voice of residents in during this uncertainty. Whilst we've been successful in directing more insight at providers (as referenced above) we are also facing challenges with some providers who are less amenable to welcoming our engagement and insight.

Finances: Q1

Healthwatch Surrey Expenditure April to June 2026	
Category	Expenditure
Staff Costs	£92,313
Direct Delivery Costs	£6,000
CIC Costs	£8,200
Health Complaints Advocacy	£20,500
Total	**£127,013**

Performance on KPIs

Demand for our Helpdesk services has remained consistent despite the increased time target for responding. In many cases, we have found that we have the capacity to respond well within the 72 hour target.

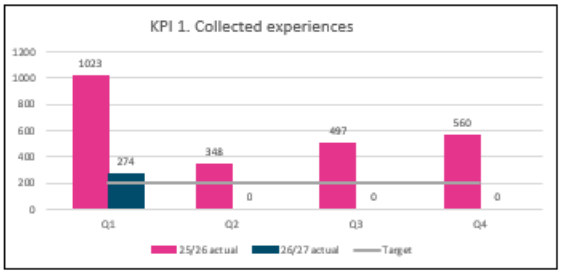
Demand for the IHCA has also remained consistent with 150+ new enquiries which have translated to 24 new clients this quarter.

Following the recent reduction in budget and subsequent change in target of number of experiences collected, there has been a significant reduction on the number of people overall we have spoken to, however, as shown in

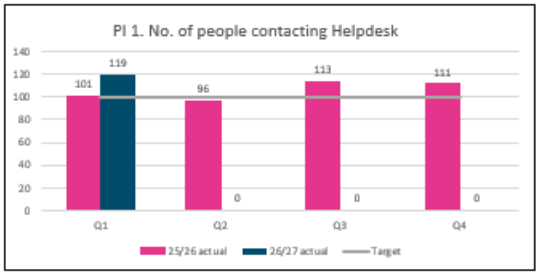
our impact report, we are still able to achieve meaningful impact and improvements based on what people are sharing with us.

KPIs: Q1

Healthwatch Surrey KPIs 26-27								
KPI No.	KPI	Target	25/26	Q1	Q2	Q3	Q4	Cumulative total to date
KPI 1	Collected experiences	800	2428	274				274
KPI 3	Publish 12 E-Bulletins per annum	12	11	3				3
KPI 4	Service user satisfaction of at least 80% with the Independent Health Complaints Advocacy service	N/A	Testimonials reported quarterly in influence and impact report. Ongoing survey available.					
KPI 5	4 public board meetings per annum	4	4	1				1
KPI 6	The number of outcomes achieved (4 PA min)	4	Highlights reported quarterly in influence and impact report					
KPI 7	Project and outreach report publications (3 PA min)	3	34	4				4
PI 1	The number of people contacting the Helpdesk for information, advice or to share an experience(400 PA)	400	421	119				119
PI 2	Provider will respond to phone messages within 72hrs	G	G	G				



No engaged with	Q1	Q2	Q3	Q4	Total
25/26 actual	1023	348	497	560	2428
26/27 actual	274	0	0	0	274
Target	200	200	200	200	800



Helpdesk	Q1	Q2	Q3	Q4	Total
25/26 actual	101	96	113	111	421
26/27 actual	119	0	0	0	119
Target	100	100	100	100	400