

To: CIC Board

From: Sam Botsford, Healthwatch Surrey Contract Manager

Date: 20<sup>th</sup> April 2026

## **Healthwatch Surrey Contract Manager's report**

### **Summary of the last quarter Q4**

### **January to March 2026**

## **Highlights**

Q4 has been particularly busy this year seeing the team complete research projects in 3 of our thematic priority areas as well as planning for the new year, seeing significant changes across the health and care system as well as internally via the 2026/27 workplan.

## **Research projects and publications**

[Sight on equity: Understanding the barriers faced by black and Asian minoritised communities when accessing sight tests - March 2026](#) was the major research project for our Access to Primary Care priority. This saw Lou Danaher working closely with NHS colleagues to:

- Understand the level of uptake of sight tests amongst black and Asian minoritised communities
- Investigate the experiences and perceptions of eye health, routine sight tests and NHS entitlements
- Identify barriers to accessing eye care services
- Co-produce practical recommendations that address those barriers

Engagement with the community as well as stakeholders has made this piece of work successful in achieving its aims and demand to support the realisation of the recommendations is ongoing.

Elsewhere, under the Access to Primary Care banner, Abby Rodd reported on how some Surrey residents feel about the NHS App in [Loved, liked, or left alone - NHS App and patient feedback - February 2026](#). The Surrey

perspective contributed to a collaboration of local Healthwatch working together to understand the picture across the country and how people feel about providing feedback on services via the NHS App in the local Healthwatch [NHS App and Independent Feedback Report](#).

Katharine Newman and Hannah Gilmour's research projects for Adult Social Care and Public Health, and Mental Health both took on a more localised agenda, focusing on specific geographies in Surrey to support the developing neighbourhood health plans. Both also featured similar themes of prevention, in accordance with the Surrey Health and Wellbeing Strategy. These pieces serve as examples of how we're well placed to identify county-wide issues and themes, as well as supporting in a more local context.

[Living, coping, thriving: exploring preventative health behaviours of people aged 50-66 in Surrey - March 2026](#) focussed on people in their 50s and 60s from Spelthorne and how they prioritise their own health and wellbeing. Over 150 people contributed to this research. People of this age are approaching the age at which they are most likely to need NHS and social care services and are vital to the success of the NHS 10 year's plans to move from reactive to proactive care.

[Men in Mind: loneliness, mental health and men's access to support in Dorking and across Surrey - March 2026](#) came about due to our involvement in the pilot Neighbourhood Area Committee (NAC) of Dorking and Villages. Loneliness and isolation was identified as a priority in this area and we worked with VCSE organisations to understand male residents experiences of this. Our findings have been presented at NAC meetings as well as Team around the community (TAC) meetings, where there were lively discussions about how more men's groups can be established to support the demand for them. We will continue to support on progressing these plans where resource allows.

## **A time for change**

The NHS landscape has changed over the course of the last few months with the merger of Surrey and Sussex ICB, and Frimley ICB being divided into various systems. We have progressed many conversations with both incoming and outgoing staff to ensure that the insight that the people of

Surrey share with us continues to be influential and at the heart of the new ICB, and is listened to and acted upon as appropriate.

We have also been reflecting on changing resources and our own abilities to deliver a high quality local Healthwatch service with a reduced budget. Along with the Local Healthwatch Advisory Group, we have designed a workplan for 2026-27 which reflects a reduced budget but ensures that we will still be able to hear from those who are most likely not to be heard elsewhere. We will also continue to ensure that those who rely on us for information and advice are still well supported.

As we still await the details of how the recommendations of the Dash review will be implemented, we were pleased to see the findings of the King's Fund report [The future of patient voice: learning from the Healthwatch model](#) which reflect our own experiences in Surrey and emphasises the importance of having an independent public voice service. We have successfully collaborated with many other local Healthwatch across the country in highlighting the risks involved in the plans to abolish local Healthwatch and urging ICBs and local authorities to consider how they will implement their accountability for local Healthwatch functions should plans proceed.

## Challenges

The uncertainty surrounding the future of the Healthwatch model continues to loom large and prevents much long term strategic planning under the Healthwatch name. Our previous strategy had spanned 3 years, allowing us to embed our thematic priorities and develop our influence and research to truly achieve impact. Our workplan this year reflects shorter term goals and sees a significant reduction in the number of people we are likely to hear from in the coming year. We also decided to pause recruitment of volunteers as we cannot guarantee opportunities going forward.

The changing landscape of the NHS also presents challenges as we await the outcome of their staff consultation which is already impacting our established relationships and contacts. The revision of boards and committees and our invitations will also affect our ability to influence

services in improvements. Likewise, local Government reform will also have a significant impact on how and who we share insight with.

## Finances: Q4

Healthwatch Surrey Expenditure April 2025 to March 2026	
Category	Expenditure
Staff Costs	£381,878
Direct Delivery Costs	£54,903
CIC Costs	£51,200
Health Complaints Advocacy	£97,275
<b>Total</b>	<b>£585,256</b>

## Performance on KPIs

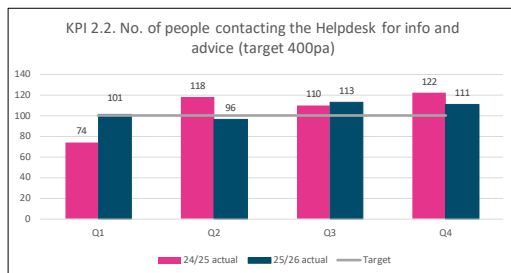
As we come to the end of the year, it is interesting to note that demand for information and advice services and Independent Health Complaints Advocacy services remains consistent with the previous year. However, it is important to note that both of these services report that the complexity of cases that people present continues to rise, meaning more time spent per person supported.

Our community engagement has been particularly successful this year with an increase of nearly 800 experiences being shared with us. This has been particularly successful due to our connections with community groups and the VCSE as well as NHS and local authority colleagues who combined have allowed us to have topic-specific conversations with people. We hope to continue in the same way, however, it is worth noting a smaller engagement team size and a reduction in thematic priorities for 2026/27.

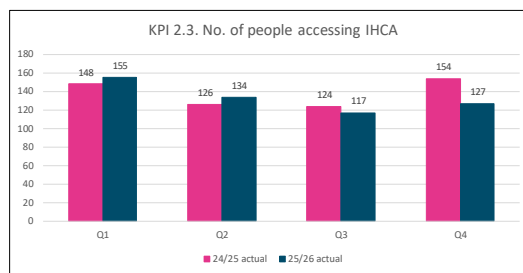
# KPIs: Q4

KPIs for 2025/2026										
Link to mission/vision	KPI No.	Lead	24/26 figure	Q1	Q2	Q3	Q4	Cumulative total to date		
1. Healthwatch Surrey is the respected, trusted and credible champion of the consumer for health and social care in Surrey.	KPI 1.2.	The proportion of reasonable responses received to escalations and project recommendations (80%)	SBo	Non-contract KPI. Definition and process reviewed by LHWAG						
	KPI 1.3.	Reflective Review – number of responses received and satisfaction levels	LS	Reported biannually						
	KPI 2.2.	The number of people contacting the Helpdesk for information, advice or to share an experience(400 PA)	Helpdesk	424	101	96	113	111	421	
2. Healthwatch Surrey's role, function and services are known, understood and valued by consumers and therefore they readily contact us.	KPI 2.3.	The number of people accessing the Independent Health Complaints Advocacy service	IHCA	552	155	134	117	127	533	
	KPI 2.4.	The number of new cases managed by the Independent Health Complaints Advocacy service (30 per quarter)	IHCA	112	26	19	21	29	95	
	KPI 2.5.	Service user satisfaction with the Helpdesk and Independent Health Complaints Advocacy service	AR	Testimonials reported quarterly in influence and impact report						
	KPI 3.1.	The number of people sharing experiences with us	SBo	1612	1023	348	497	560	2428	
3. Our influencing is based on sound evidence, knowledge and insight	KPI 3.2.	The number of outcomes achieved (4 PA min)	AR	Highlights reported quarterly in influence and impact report						
	KPI 3.3.	Project and outreach reports (4 PA min)	VR	32	18	9	10	11	48	
	KPI 3.4.	The tracking of engagement and insight shows we are hearing from a wide range of communities (activity plan and demographics collected)	SBo	RAG	G	G	G	G	RAG	
	KPI 5.1.	The number of hours our volunteers have contributed	HG	1306	302	233	311	201	1047	
5. We exist to empower communities and we do this by recruiting and empowering volunteers to enable us to hear more and share more.	KPI 5.2.	The number of new volunteers per quarter (5 PQ)	HG	27	4	3	6	0	13	

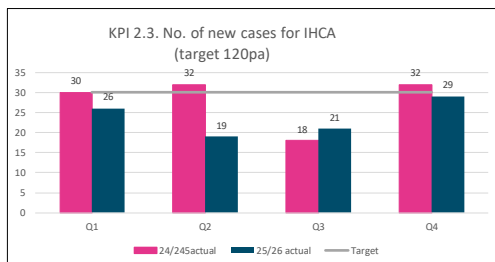
## KPI Graphs



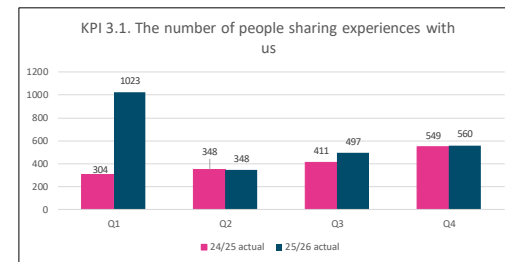
Helpdesk contacts	Q1	Q2	Q3	Q4	Total
24/25 actual	74	118	110	122	424
25/26 actual	101	96	113	111	421
Target	100	100	100	100	400



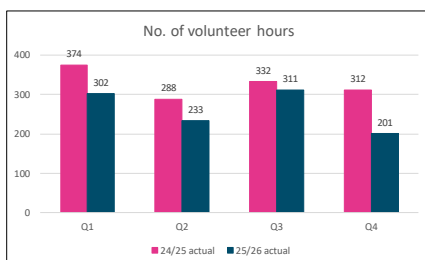
IHCA access	Q1	Q2	Q3	Q4	Total
24/25 actual	148	126	124	154	552
25/26 actual	155	134	117	127	533



IHCA referrals	Q1	Q2	Q3	Q4	Total
24/25 actual	30	32	18	32	112
25/26 actual	26	19	21	29	95
Target	30	30	30	30	120



No. of useable exp	Q1	Q2	Q3	Q4	Total
24/25 actual	304	348	411	549	1612
25/26 actual	1023	348	497	560	2428



No. volunteer hrs	Q1	Q2	Q3	Q4	Total
24/25 actual	374	288	332	312	1306
25/26 actual	302	233	311	201	1047