

To: Healthwatch Surrey Board

From: Kate Scribbins, CEO

Date: July 2022

CEO's report on local Healthwatch contract

Highlights of the last quarter (Q1: April to June 2022)

Highlights

As our health and care partners have been moving towards the Integrated Care Systems (ICSs) taking effect on a statutory basis from July 2022, we have been busy establishing how local Healthwatch can be most effective in the new structure. It is very important that we continue to be able to share what we are hearing from the people of Surrey swiftly and in an influential way, at a strategic and an operational level. In terms of how we interact with the governance structures within Surrey Heartlands ICS and Frimley ICS, we have continued to discuss with both systems our involvement at strategic level via the Integrated Care Partnerships, at the quality level both system-wide and at place, and on the multitude of boards. Some things remain the same, and some are changing and developing. Within Surrey Heartlands, we have joined the Primary Care Access Board to help bring lived experience to the development of access to GPs and primary care services. We have also been invited to join the new Carers Partnership Board to bring the independent voice of carers, and the Prevention and Wider Determinants of Health Board to bring insight to the prevention agenda. We have been building our relationships with the Primary Care Networks in both our ICSs as they have been conducting engagement with their patients around the requirement to offer patients extended hours.

Our challenge across many of these relationships and committees tends to be similar – across all projects and developments, both large and small, wherever a pathway or a service is being developed or changed, the more involvement there is of patients, carers, and the wider public at the design stage, and the more that feedback can be built into outcomes and evaluation, the more likely it is that the system will meet people's needs in a meaningful way. The importance of early involvement and engagement is enshrined in the NHS guidance to the new Integrated Care Systems about working in partnership with people and

communities¹, and we will continue our role in supporting our system partners to do this well.

To this end we have been involved in leading the work of the new VCSE Alliance in Surrey, helping to develop a “Voice” group whereby a range of organisations who are close to the lived experience of the public and users of health and care services, can be more effective and influential by sharing the insight they gather.

Our volunteers have been an essential support in our ability to cover our wide brief. In particular this quarter our group of “strategic influencer” volunteers have brought their own experiences and perspectives to help us consider and challenge around sexual health services; primary care issues; and mental health issues to name but a few.

Three important pieces of work which formed part of our Q1 activity were the start of our annual programme of visits to **care homes** across Surrey, using our Enter and View powers; the publication of our report on the experiences of **people waiting for delayed hospital treatment** across Surrey, and the production of our **Annual Report**, which can be found here: <https://www.healthwatchesurrey.co.uk/our-activity-reports/>. We’ve continued to work with partners on the follow up to our recent reports on dementia diagnosis and discharge from hospital, and details can be found in our quarterly Impact Report.

We have continued to hear a significant amount of feedback around access to primary care and to dentistry, and we’ve continued to keep these at the forefront in our discussions with decision-makers.

Challenges

The top risks to our local Healthwatch work, as in the previous quarter, relate to how we adapt to the changing architecture of the NHS and the Integrated Care Systems, in terms of having influence at both place level and system-wide.

Engagement

We heard from 372 people this quarter through our website, Helpdesk, Independent Health Complaints Advocacy and our engagement events.

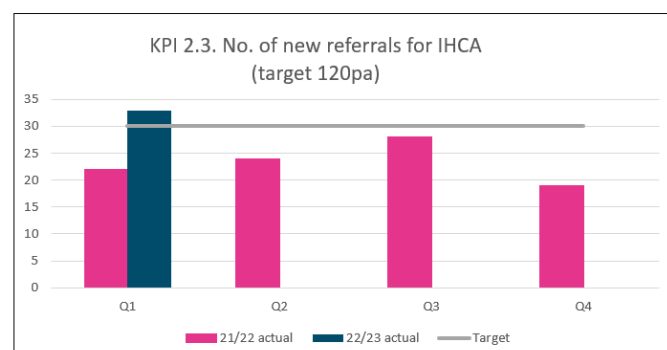
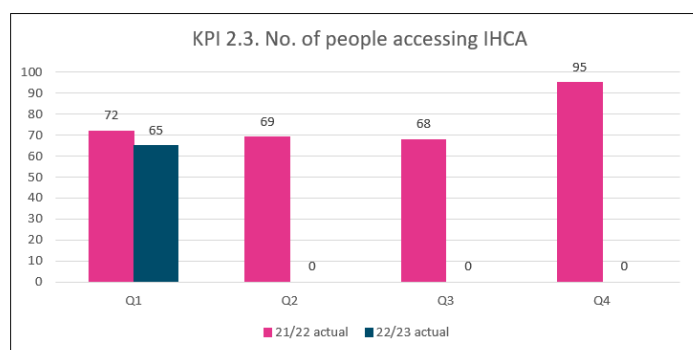
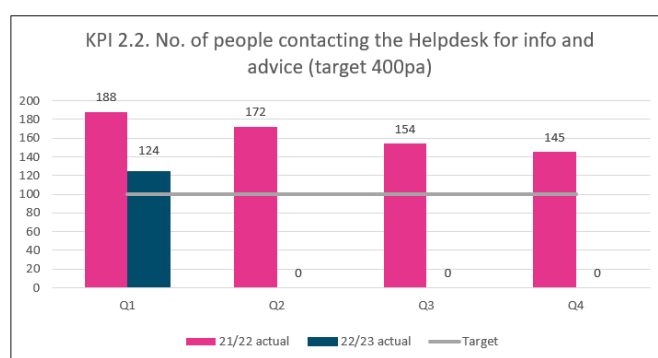
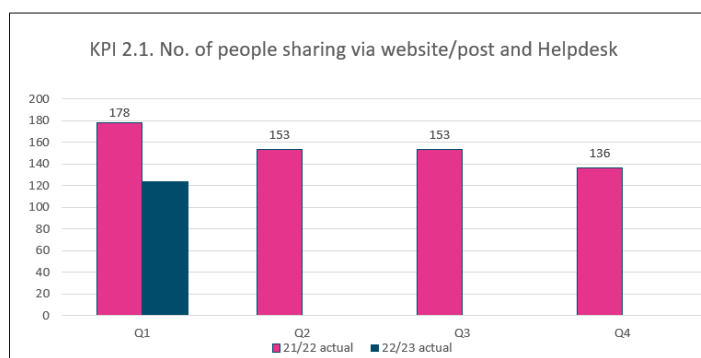
¹ <https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/>

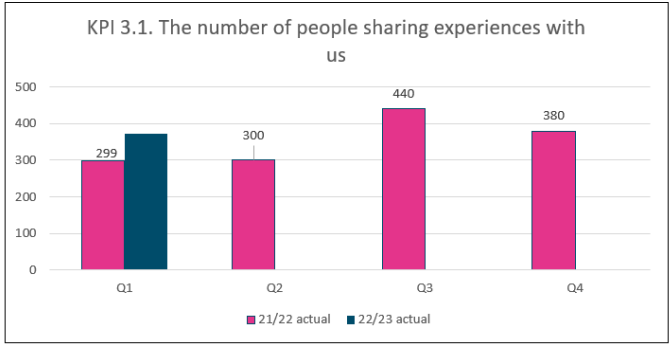
Finances

Healthwatch Surrey CIC – Expenditure Q1 as of 30th June 2022

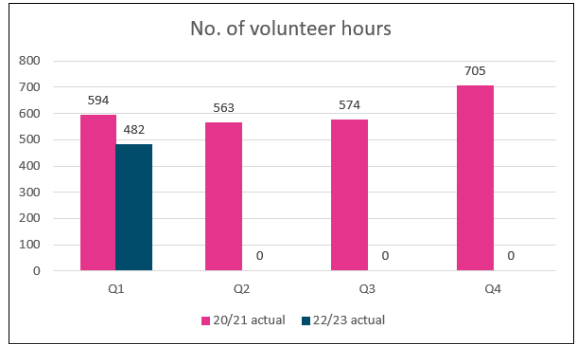
Category	Budget 2022/23	Budget to Jun-22	Expenditure to Jun-22
SCC HEALTHWATCH CONTRACT			
Core Staffing Costs	£352,223	£88,056	£87,002
Direct Delivery Costs	£78,098	£19,525	£9,122
CIC Costs	£43,979	£10,995	£11,805
Health Complaints Advocacy	£92,864	£23,216	£23,216
Help Desk	£15,041	£3,760	£3,760
TOTAL	£582,205	£145,551	£134,905

KPIs





No. of useable exp	Q1	Q2	Q3	Q4	Total
21/22 actual	299	300	440	380	1419
22/23 actual	372	0	0	0	372



No. volunteer hrs	Q1	Q2	Q3	Q4	Total
20/21 actual	594	563	574	705	2436
22/23 actual	482	0	0	0	482