

To: Luminus CIC Board

From: Sam Botsford, Healthwatch Surrey Contract Manager

Date: 21 July 2025

Healthwatch Surrey Contract Manager's report

Summary of the last quarter Q1

April to June 2025

Highlights

Community Engagement

This quarter saw us successfully launch a new approach to our community engagement. We have moved away from geographical deep dives to concentrate on specific topic areas related to each of our thematic priorities, which has also meant a change to how we report on what people are telling us about.

We are working in collaboration with system partners to provide greater focus to our conversations with the public and have had a very successful start to the year with this approach. As part of Katharine Newman's work with the Adults Wellbeing and Health Partnership, we set out to speak to under 25-year-olds about sexual health provision in the county. We worked with colleges to attend either in person to talk to students or shared surveys with them for students to complete. Nearly 600 students completed the survey and we were able to share early findings with the Senior Public Health lead. They said the insights were valuable in helping them make a start on a recommendation from the JSNA chapter to engage more with young people. Our focus on colleges also meant we were able to identify specific areas who may benefit from further outreach work. We will be publishing a summary of what people told us in the coming weeks.

Elsewhere, we've been able to [amplify the voices of male prisoners in HMP Coldingley](#) in relation to mental health needs, following Abby and Shelley's visit there. Our final significant area of community engagement has been in understanding some of the barriers to parents/carers getting their children's sight tested. Lou Danaher visited some areas which are considered deprived in some way and shared a survey via school newsletters. This work will be used to help encourage more people to access free NHS sight tests for people and target communications to those who need it.

Helpdesk supports system as well as public

As well as supporting individuals with their queries about health and social care, we have also been working with advocacy providers and those responsible for dealing with NHS complaints to learn from people's experiences and provide better support going forward. Our Impact Report provides more detail on how we've been trying to make referrals into advocacy support smoother, but we've also been taking our experience of advising people on NHS complaints to a complaints manager's forum. We have presented on Healthwatch functions as well as including SILC colleagues from an Independent Health Complaints Advocacy perspective. More recently we've begun conversations on how they can communicate more effectively with people who are neurodivergent and look forward to continuing this work in the coming months.

[In safe hands: domestic abuse survivors' experiences of general practice](#)

Another significant highlight this quarter is the work that Lou has been leading on to not only amplify the voices of those who have experienced domestic abuse, but to co-create a way of working going forward to ensure that general practice is supporting patients who are experiencing domestic abuse. Some of this work is outlined in the Impact Report but it's important to emphasise the impact that convening stakeholders to address the findings of our research will have. This feels like a significant step forward in how we make recommendations and also hold services to account for putting them into action. Co-creating realistic actions has meant stakeholders feel ownership of the ask of them and services supporting domestic abuse survivors can see the improvements first hand. We will reconvene in September to report on progress.

Challenges

The Dash Review

Our most significant challenge is the future of Healthwatch following the long-awaited Dash review and NHS 10-year health plan. As we have been reporting since October 2024, we received no indication of how far the recommendations of the Dash review would go, and we were shocked to be informed of the intentions to move local Healthwatch functions in-house to local authorities and Integrated Care Boards.

We have publicly objected to these proposals based on our concerns that the public will no longer have an independent service acting in their best interests. It is also not clear which functions will be transitioned in-house and when. As such, we have worked with other local Healthwatch to submit an open letter to the Secretary of State asking him to reconsider this position. We have also expressed concern in writing to all MPs in Surrey and have asked for their support in challenging the Government's plans.

We have been heartened and encouraged by words of support from colleagues across Surrey; from those working in health and care services, to VCSE colleagues. We have asked for their public support as we continue to gather evidence to show that this will negatively impact on people's experiences of care and relationships with the NHS and local authority. At the time of writing, we are awaiting confirmation that a petition that we have submitted meets government petition standards. This petition will be promoted across the local Healthwatch network nationally to encourage a review system partners and the public to sign to show their support.

Whilst this news has undoubtedly cast a shadow over the team in recent weeks, we are all determined to continue to deliver the best Healthwatch Surrey service we can, and I am incredibly proud of how the whole team has stepped up to the challenge.

Finances: Q1

Healthwatch Surrey Expenditure April to June 2025	
Category	Expenditure
Staff Costs	£100,611

Direct Delivery Costs	£7,989
CIC Costs	£12,800
Health Complaints Advocacy	£24,319
Total	£145,719

Performance on KPIs

We are extremely pleased with our performance against our KPIs this quarter. We introduced a new workplan and way of working for community engagement and associated reporting which has got off to a great start. 989 people have shared their experiences with us this quarter vs 304 people in the same period last year. A combination of community engagement and promotion of surveys has meant we've heard from more people this quarter than ever before.

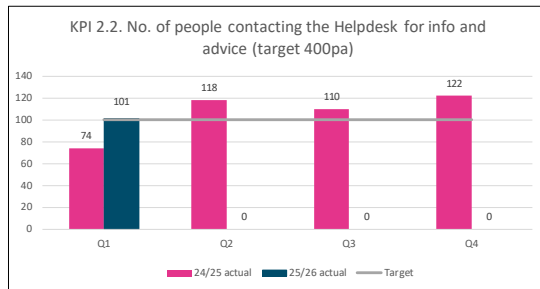
The number of people who we have supported through the Helpdesk and who have contacted the IHCA service remains fairly constant despite some staff vacancies in both of these areas.

Q1 is also an active time for our volunteers as they help to review Quality Accounts during this period, so thank you to our Reading Panel for offering their time to do this. Our volunteers with lived experience of supporting people with Learning Disabilities have also played a pivotal role in our Enter and View visits this quarter (Enter and View: [Ashmount](#) and [Jasmine House](#)).

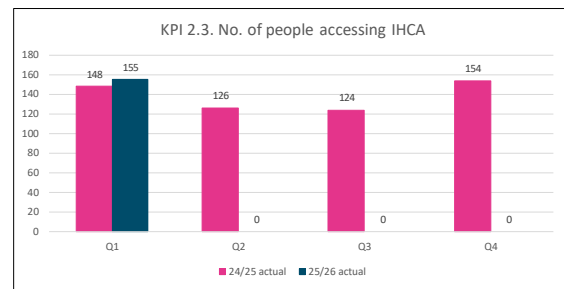
KPIs: Q1

KPIs for 2025/2026									
Link to mission/vision	KPI No.		Lead	24/25 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 to be reviewed by LHWAG					
	KPI 1.3.	Reflective Review – number of responses received and satisfaction levels	LS	Reported biannually					
2. Healthwatch Surrey's role, function and services are known, understood and valued by consumers and therefore they readily contact us.	KPI 2.2.	The number of people contacting the Helpdesk for information, advice or to share an experience(400 PA)	Helpdesk	424	101				101
	KPI 2.3.	The number of people accessing the Independent Health Complaints Advocacy service	IHCA	552	155				155
	KPI 2.4.	The number of new cases managed by the Independent Health Complaints Advocacy service (30 per quarter)	IHCA	112	26				26
	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	989				989
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				18
	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	6				RAG
	KPI 5.1.	The number of hours our volunteers have contributed	HG	1306	302				302
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				4

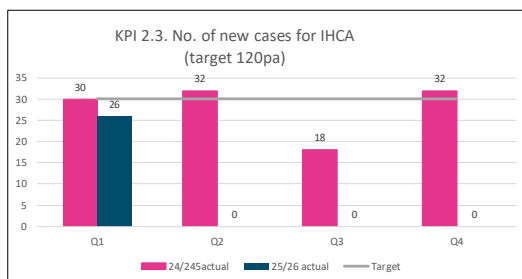
KPI Graphs



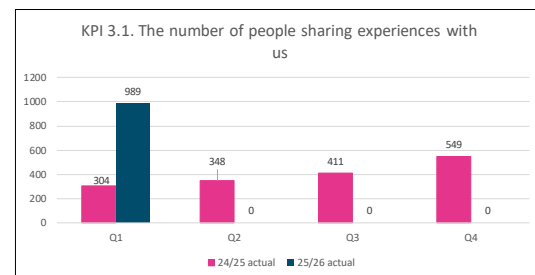
Helpdesk contacts	Q1	Q2	Q3	Q4	Total
24/25 actual	74	118	110	122	424
25/26 actual	101	0	0	0	101
Target	100	100	100	100	400



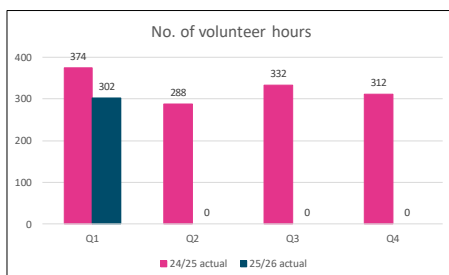
IHCA access	Q1	Q2	Q3	Q4	Total
24/25 actual	148	126	124	154	552
25/26 actual	155	0	0	0	155



IHCA referrals	Q1	Q2	Q3	Q4	Total
24/25 actual	30	32	18	32	112
25/26 actual	26	0	0	0	26
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	989	0	0	0	989



No. volunteer hrs	Q1	Q2	Q3	Q4	Total
24/25 actual	374	288	332	312	1306
25/26 actual	302	0	0	0	302