

Healthwatch England

Public Committee Meeting

17 September 2024

Full Committee Papers

Healthwatch England 17 September 2024

Meeting #48 Committee Meeting in Public

12:00 pm – 14:30 pm

Location: Wandle Room 39, 2nd Floor, 2 Redman Place, Stratford, London E20 1JQ

Time	Public Committee Meeting – Agenda item	Presenter	Action
12:00	1.1 Welcome and apologies	CHAIR – DCA	
12:05	1.2 Declarations of interest	CHAIR – DCA	
12:10	1.3 Minutes of meeting held on the 21 May, and action log	CHAIR – DCA	FOR APPROVAL
12:15	1.4 Presentations on Cervical Screening	HWE – REBECCA CURTAYNE	PRESENTATION, FOR NOTING
12:35	1.5 Presentation – HW Islington	HW ISLINGTON – EMMA WHITBY/MARIA GONZALEZ	PRESENTATION, FOR NOTING
12:50	1.6 Chair’s Report	CHAIR – DCA	VERBAL, FOR NOTING
12:55	1.7 Chief Executive’s Report	LOUISE ANSARI	FOR NOTING
13:00	1.8 Committee Members’ Reports	SUL MAHMUD	FOR NOTING
13:05 – 13:35	Lunch Break		
13:35	1.9 Update on new Healthwatch model	GAVIN MACGREGOR	FOR NOTING
13:45	2.0 Audit, Finance and Risk Sub Committee Update	JANE LAUGHTON	FOR NOTING
13:55	2.1 Business Items: a) Delivery and Performance Report for April – August 2024	SANDRA ABRAHAM	FOR NOTING

Time	Public Committee Meeting – Agenda item	Presenter	Action
14:10	2.2 Forward Plan	CHAIR – DCA	FOR NOTING
14:15	Questions from the public	CHAIR – DCA	
14:20	AOB: <ul style="list-style-type: none"> • Committee member farewell 	CHAIR – DCA	
Date of Next Meeting – 26 November 2024 at Stratford			

Healthwatch England Committee Meeting Held in Public

Online on MS Teams and in person

Wandle Room, 2nd Floor 2 Redman Place, Stratford

Minutes and Actions from the Meeting No. 47 – 21 May 2024

Attendees

- Professor David Croisdale-Appleby – Chair (DCA)
- Belinda Black – Committee Member (BB)
- Jane Laughton – Committee Member (JL)
- Pav Akhtar – Committee Member (PA) (online)

In Attendance

- Louise Ansari – Chief Executive (LA)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Ben Knox – Head of Communications (BK)
- Sandra Abraham – Head of Operations, Finance and Development (SA)
- Will Pett – Head of Policy, Public Affairs and Research (WP)
- Clara Duval – Business Support Coordinator (CD), (Minute-Taker)

Guests

- Harriet Wright – Healthwatch Leeds (HW) – Item 1.4
- Paul Callaghan – Healthwatch England, Policy Manager (PC) – Item 1.5
- George Lindars- Hammond, Healthwatch England, Senior Policy Analyst (GLH) – Item 1.5

Apologies

- Helen Parker – Committee Member (HP)
- Professor Sultan Mahmud – Committee Member (SM)
- Umar Zamman – Committee Member (UZ)

Item	Introduction	Action
1.1	<p>Welcome and Apologies</p> <p>The Chair welcomed committee members and attendees to the meeting, including Harriet Wright from Healthwatch Leeds, who joined via video conferencing.</p> <p>Apologies were noted for Helen Parker, Professor Sultan Mahmud and Umar Zamman.</p>	
1.2	<p>Declaration of Interests</p> <p>There were no new relevant declarations of interest.</p>	

Item	Introduction	Action
1.3	<p>Minutes of meeting held on 6 February The minutes from the meeting held 6 February were accepted without amendment.</p>	
1.4	<p>Social Care Case Study – Presentation by Harriet Wright, Healthwatch Leeds</p> <p>Harriet Wright (HW), from Healthwatch Leeds presented a report to committee on work they have done with local people and partners to transform home care in Leeds.</p> <p>The report outlined a project in Leeds aimed at transforming home care and improving the experiences of people receiving it. It involved working with local people and partners, including a panel of individuals with lived experience of home care, to gather feedback and make recommendations for improvement. The project resulted in 26 recommendations, including considerations for cultural and religious needs, and involvement of service users in the tender process. The goal is to provide more personalised and culturally sensitive care, with a commitment to continual improvement. The presentation also included quotes from a panel member, a commissioning program manager, and a volunteer buddy.</p> <p>The committee praised Harriet for her comprehensive and comprehensible presentation. JL appreciated the presentation, highlighting the difficulty of reaching certain cohorts of people and noting the importance of long-term relationships with local Healthwatch groups. She offered to share methods that could be useful for local Healthwatch efforts.</p> <p>The committee commented on the importance of building and maintaining long-term relationships to achieve effective results. JL emphasised the value of persistent efforts and the impact of Healthwatch's work on policy changes and service improvements. DCA agreed with JL and further suggested that more longitudinal research studies could help show the impact of this work.</p> <p>The committee focused the discussion on sharing good practice and replicating successful models in other areas. There were suggestions for involving organisations like the Local Government Association to showcase successful examples and encourage broader adoption.</p> <p>Harriet mentioned the involvement of local authorities and other allies in the project, emphasising the collaborative approach. The local authority, particularly through the work of Kate Simpson, was noted as a key partner, and their support was crucial in the project's success. The digital buddies model, initially met with scepticism, proved to be effective.</p> <p>The Chair thanked HW for the presentation. The committee NOTED the presentation.</p>	

Item	Introduction	Action
1.5	<p>HWE Social Care Research – Presentation by Will Pett, Paul Callaghan and George Lindars-Hammond</p> <p>Paul Callaghan (PC) and George Linders-Hammond (GLH) presented the Social Care Research findings to the committee. The research study conducted by us looked at the support and care needs of working-age disabled adults in England. The study highlights the high levels of hidden demand and unmet need for social care and support services among this population. The presentation also included recommendations for the government to address these issues and improve access to necessary support.</p> <p>In a recent survey of 1,500 working-age disabled people in England, significant care needs were identified among both older and younger adults. Despite 78% of respondents stating that their care package improved their lives, many face barriers to accessing care. An estimated 1.5 million adults might be eligible for care but are not receiving it. We urge the government to work with councils to address hidden demand and fund local initiatives. The report, highlighting these findings and calling for social care reforms, will be released during the week of May 27th.</p> <p>The Chair shared appreciation for the extensive work shown by the presentation.</p> <p>Further comments included: inconsistent language in communication is also leading to gaps, with some individuals not receiving the personal care they need. Complications in assessments and unclear terminology add further challenges. Public understanding of available care systems is often confusing, making it harder for individuals to navigate them.</p> <p>Louise Ansari (LA) emphasised the importance of Care and Support in enabling people to contribute economically as taxpayers, while George Linders-Hammond (GLH) raised concerns about whether those receiving benefits are truly having their needs met.</p> <p>The Chair thanked PC and GLH for the presentation. The committee NOTED the presentation.</p>	
1.6	<p>Chair’s Report</p> <p>The Chair reported to Committee on his planned Local Healthwatch visits, including engagement with Integrated Care Boards and participation in community events to amplify public voices.</p> <p>The committee noted the report.</p>	
1.7	<p>Chief Executive’s Report</p> <p>The Committee were positive about the report and the work of the whole team</p> <p>The committee noted the report.</p>	
1.8	<p>New Digital Strategy – Update</p>	

Item	Introduction	Action
	<p>CM shared the New Digital Strategy update and further progression, with ongoing public engagement and feedback through consultant Future Arc. A planning timeline is in place, with the strategy expected to be ready by July 2024 and reported at the September Committee meeting. The report includes a summary of recommendations for the short and long term, including creating a roadmap for digital development. Input from the Policy and Research teams is also contributing to the development of the strategy.</p> <p>Committee noted the report</p>	
1.9	<p>Healthwatch Model</p> <p>GM reported to the Committee that following the consultation with Healthwatch and local authorities, an independent report recommended transferring the responsibility for commissioning Healthwatch from local authorities to Healthwatch England. This would require a change in legislation and Healthwatch England will engage in discussion to develop detail for this model.</p> <p>The Chair reflected on issues with NHS patient care, highlighting that it often fails to capture patient perspectives, which are crucial for shaping and supporting services. JL noted that over the past five years, Local Healthwatch, commissioned by Local Authorities, have not been receiving the full extent of funding allocated to it.</p> <p>DECISION:</p> <ul style="list-style-type: none"> • Committee approved the Healthwatch model presented. 	
2.0	<p>Audit, Finance and Risk Sub Committee Update</p> <p>Jane Laughton (JL), AFRSC Chair reported to committee the following key points from the AFRSC meeting held on the 30 April.</p> <ul style="list-style-type: none"> • Our end of year overall spend was £3,313,501 representing a 100% budget spend with a small overspend of £13k. • On staff pay, we spent £2.2m and in non-pay we spent £1,08m. • The external income of £63k from the NHSE was credited to HWE in December for the NHS@75 engagement process work. The funds were used to pay staff for the commissioned work and the additional pay budget reallocated to cover non-pay activities during the reforecasts. • The subcommittee noted that the confirmed annual GIA budget for 2024/25 is £3,343,933 <p>Strategic Risk Register 2024/25</p> <p>JL reported that the subcommittee reviewed the final draft Strategic Risk Register 2024/25 and noted the two highest risks:</p>	

Item	Introduction	Action
	<ul style="list-style-type: none"> • SRO1 – <i>Healthwatch England does not have enough financial resource to (a) undertake our statutory duties, and (b) achieve the level of ambition laid out in our strategy, leading to a loss of credibility and a severe risk to our existence.</i> Rated: 16 High • SRO2 – <i>If local Healthwatch do not have sufficient resources, they will not be able to fulfil their statutory activities locally, leading to a break in service, weakening community representation and diminishing health and social care advocacy.</i> Rated: 16 High <p>The subcommittee also requested the following two amendments:</p> <ul style="list-style-type: none"> • The mitigations for risks SR05 and SR07 need to be clearly distinct. • The mitigations for Risk SR04 should include our efforts on the patient vision and Healthwatch 2030 initiatives. <p>JL reported that both amendments have now been completed and the subcommittee recommends that the committee approve the Strategic Risk Register for 2024/25.</p> <p>DECISION:</p> <ul style="list-style-type: none"> • Committee approved the Strategic Risk Register 2024/25 	
2.1	<p>Business Items</p> <p>Business Plan 2024/26</p> <p>LA presented the two-year business plan to Committee, outlining our objectives, key performance indicators, budget, and strategic risks, providing a roadmap for our organisation over the next two years to continue to deliver our strategy. It also highlighted the stretch targets for 2025/26.</p> <p>The CQC has introduced a new way of charging under the Service Level Agreement (SLA) for services used by Healthwatch England (HWE). LA, SA and CM noted that the processes appeared transparent and without complications.</p> <p>BB raised concerns about the budget remaining the same (effectively a cut) and questioned whether this would impact the effectiveness of outcomes.</p> <p>The Chair congratulated the Executive team for successfully managing these challenges.</p> <p>Decision:</p> <p>Committee approved the two-year business plan 2024/26</p> <p>Budget 2024/25</p> <p>Sandra Abraham (SA) informed the committee that our confirmed annual Grant-in-Aid (GIA) budget for 2024-25 is £3,343,933.</p>	

Item	Introduction	Action
	<p>Committee noted the following key points:</p> <ul style="list-style-type: none"> • The total budget includes additional funding from CQC and DHSC for Staff NHS Pension charge of £143,933. • The remaining £3.2 million has been allocated to pay (£2.2m) and non-pay (£975k). • Internal pay recharges of £50k are included in the pay budget, likewise with the non-pay recharges of £150k. These internal recharges will cover costs for numerous services such as HR, finance, procurement, facilities, IT, and legal support from CQC. • The Executive Team will conduct two budget reforecasts in October 2024 and January 2025. • Our largest non-pay spends are digital at £155k and HWE conference at £100k. • Although our budget is the same as the previous financial year, in real terms this does mean an overall cut in our GIA budget. <p>Delivery and Performance Report for Q4 2023/24</p> <p>SA updated the Committee on our end of year performance against the Key Performance Indicators (KPIs) and Business Plan for 2023/24. The highlights of our KPIs included:</p> <ul style="list-style-type: none"> • 77% (11 out of 14) of KPIs were completed • Two of the KPIs were completed above target and one KPI below target • The three remaining KPIs are due for completion at the end of March 2025 pending the stakeholder perception survey. They include: <ul style="list-style-type: none"> ○ % of stakeholders say they are using our insight and evidence to inform their decisions. (New KPI requiring baseline. We propose 46%). ○ 80% of stakeholders saying they value the work done by Healthwatch. (Baseline from 2020 was 71%) ○ 80% of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%). <p>The committee noted the report.</p>	
2.2	<p>Forward Plan</p> <p>No further items were put forward by the committee or executive team. DCA asked for any further suggestions to be emailed to LA or SA.</p>	
	<p>Questions from the public</p> <p>There were no questions from the public.</p>	
	<p>The next meeting will be held 17 September 2024 in Stratford, London Guests can join in person or online via Teams. Details to follow.</p>	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

20 September 2023

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20230920 -2.0 Forward Plan	Louise Ansari	LA to take forward work on the sustainability of the Healthwatch movement	The proposed model was presented to National Committee on 21 May and approval given to proceed with the presented model. We will conduct further discussion with local Healthwatch and the local authorities to develop the details that would underpin this model and report to the National Committee for consideration at its September meeting	TBC	In progress

6 February 2024

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20240206 -2.2 Forward Plan	Louise Ansari and Sandra Abraham	LA and SA to review the forward plan	The forward plan for all committee meetings has now been completed.	End of Q1	Complete

HEALTHWATCH ENGLAND

Committee Public Meeting

17 September 2024

AGENDA ITEM: 1.4

AGENDA ITEM: Presentation on Cervical Screening

PRESENTING: Rebecca Curtayne

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The presentation will share findings of a national research and policy report we are due to publish on 15 September. This includes results of a national poll of more than 2,400 women, themes from 30 in-depth interviews of 30 young, disabled or ethnic minority women, and our recommendations for change, to inform the NHS as it aims to meet a new goal to eliminate cervical cancer by 2040.

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

HEALTHWATCH ENGLAND

Committee Public Meeting

17 September 2024

AGENDA ITEM: 1.5

AGENDA ITEM: Cervical Screening

PRESENTING: Emma Whitby/Maria Gonzalez – HW Islington

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: Healthwatch Islington will present their work on working with local community organisations to reach Turkish and Somali-speaking women aged between 25 and 49. Public health and GP data highlights that these are some of the groups most likely to refuse cervical screening. We wanted to understand more about the barriers faced, and what solutions might help overcome these.

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

AGENDA Item: 1.6**AGENDA ITEM:** Healthwatch England Chief Executive's Report**PRESENTING:** Louise Ansari**PREVIOUS DECISION:** N/A**EXECUTIVE SUMMARY:** This report updates the Healthwatch England Committee on key activity since the last meeting in May 2024**RECOMMENDATIONS:** Committee Members are asked to NOTE this report

1. Influencing

Despite a pause on external communications and influencing during the pre-election period in June, we have continued to secure impact against our policy objectives since the last committee meeting in June.

We have published key reports related to our strategic focus on social care and women's health, along with other business plan priorities around experiences of Community Diagnostic Hubs (CDC) and views of Physician Associates.

Following these outputs, we have planned work in the coming months on eye care, dentistry, ADHD waiting times, and Trans health care.

1.1 Physician Associates

In recent years, the NHS has expanded the use of medical associate roles, including Physician Associates (PAs). With the General Medical Council (GMC) taking on formal regulation of PAs from the end of 2024, we looked at what patients know about the role, and their expectations of the care PAs can provide.

Despite some positive stories – particularly from people who were aware they were seeing a PA – almost one in four respondents did not know the difference between PAs and doctors.

And despite NICE guidance stating that staff must explain their roles and responsibilities, only 60% of those surveyed said that during their last NHS appointment this occurred.

Alongside National Voices and the Patient's Association, we've made five recommendations and submitted these to the GMC for consideration as part of their consultation into how PAs will be regulated. We have also inputted into a set of principles to guide next steps on determining PA scope of practice, being developed by NHS England.

1.2 Social Care

As shared at the last Committee meeting, we have now published our latest findings on hidden demand for social care among working age disabled adults.

We have shared how transformative social care can be for those receiving it. But that access can also be a challenge, with as many as 1.5 million people in England having unmet needs for which they aren't getting any support.

The report was endorsed by key stakeholders, including ADASS, Sense, and Sir David Pearson as the Co-Chair of the Adult Social Care Workforce Strategy. Other stakeholders received the report warmly, welcoming our focus on the positives and our production of the first ever national estimate for unmet need in disabled adults.

The report also achieved immediate impact the week of its publication, when it was referenced in the first Adult Social Care Workforce Strategy, which Skills for Care led the development of.

1.3 Community Diagnostic Hubs

In August we published research into people's experiences of using Community Diagnostic Centres (CDCs). The previous Government introduced CDCs to provide planned diagnostic care in settings closer to people's homes than traditional acute hospital settings. But in much of the public discussion on CDCs, there was little information on people's experiences.

Our research, which was done in partnership with local Healthwatch, highlighted some real positives, with 93% of respondents describing good

experiences of CDCs. Benefits to people included convenience and getting their tests done quickly.

However important lessons can also be learned from our work, including the need for accessibility audits and a proactive approach to choice and communication preferences.

Our work was endorsed by partners at the Royal College of Radiologists, the Royal College of Pathologists, and RNID. We have also had productive meetings with colleagues at the Department of Health and Social Care, and NHS England, including their Experience Based Design team.

Our work has since been referenced in NHS Elect's national study of CDC patient experience.

1.4 Dentistry

We have continued our influencing work on dentistry, and in late August the National Audit Office invited Healthwatch England to a roundtable on its current investigation into the previous Government's dental recovery plan and its impact, if any, on patient access. A range of other bodies also attended including professional bodies representing dentists.

We conveyed the results of our research on dentistry, including that dental charges continue to act as a deterrent for patients and that we continue to hear incidents of parents only able to get NHS dentistry for their child if they (the parent) sign up as a private patient.

The findings are likely to be sent later this year to the Public Accounts Committee to be scrutinised by MPs.

1.5 Cervical screening

Our report into experiences and views of women who are hesitant to attend cervical screening, is due to be published on 15 September. It will make recommendations on how NHSE can achieve its goal to eliminate cervical cancer by 2040, amid a backdrop of declining screening uptake across England.

Key findings will be presented to the Committee on 17 September 2024.

1.6 Upcoming work:

- Eye care: In Q4 2025 we are due to publish findings of a nationwide survey about people's experiences of getting eye care help from opticians and secondary care. We are off to a positive start with 1,400 responses already.
- Dental care: This autumn we are due to publish polling carried out six months apart to find out trends in NHS dental access since the introduction of a government dental recovery plan earlier this year. We will also examine insight received from local Healthwatch. The DHSC and Chief Dental Officer await our findings with interest.
- Trauma cards: We are undertaking nationally representative polling to establish the level of the need for trauma cards which people who have experienced trauma can use to show healthcare professionals that they need extra support. This initiative was developed by Healthwatch Essex. We'll be reporting the results in November 2024. We have already had strong interest from NHS England in the project.
- ADHD: NHS England has commissioned us to lead deliberative research with people who have ADHD to inform the work of the ADHD task force. The deliberative event will take place on 17 September. We will also undertake research on the experience of people waiting for ADHD assessments. We are due to report on the results early in Q1 2025-26.
- Trans health care: We are due to report in early 2025, on polling and insight from trans people, with a focus on their experience of changing their name and gender marker on their records.

2. External Updates

2.1 Building relationships with the new Government

I sent letters of welcome to all new health and social care ministers in mid-July. The Chair and I had an introductory and positive telephone call a few days later with our new sponsor Minister, Baroness Merron, Parliamentary Under-Secretary of State for Patient Safety, Women's Health and Mental Health.

I have also written to opposition and health and care spokespeople. The policy team are also building relationships with the significant number of first-time elected backbench MPs and will engage with the select committees once their new chairs and membership are decided in coming weeks.

2.2 Investigation into NHS performance and preparing for a new 10-year plan

One of the first decisions of new Health and Social Care Secretary Wes Streeting was to commission a rapid and independent investigation of NHS performance by Lord Darzi. We have been part of the Expert reference Group for the investigation and the Darzi review is expected to be published in mid-September.

Lord Darzi's review will inform a new 10-year strategy for the NHS, which is due to be finalised by Spring 2025, following public consultation. No proposals have yet been published. We will support public engagement as required and feed in evidence accordingly.

2.3 Review of the CQC

Interim findings from the independent review into the operational effectiveness of the Care Quality Commission (commissioned by the previous Government), were published in late July. This identified many areas for improvement and raised questions about how patient feedback and experiences informed inspection findings. The full report is due in the Autumn.

2.4 GP collective action and other staff pay disputes

From August 2024, GP members of the British Medical Association have been taking collective action in protest over the 2024/25 contract. This is not a strike but could involve GPs choosing from a menu of options including limiting patient appointments to 25 a day. NHS England publishes regular data on GP appointments but with a time-lag, so data for August onwards is not yet out. We are monitoring feedback from local Healthwatch to see if this is impacting on patient access.

Junior doctors are voting on whether to accept a pay offer from the new Government, in a ballot that closes on 15 September. This could bring an end to a long running dispute involving strikes that have cancelled thousands of operations and outpatient appointments.

2.5 Forthcoming legislation

The King's Speech confirmed the government intends to bring forward a **Mental Health Bill**, to modernise the Mental Health Act to make it 'fit for the 21st century' and ensure mental health has the same attention and focus as physical health. There will also be a **Tobacco and Vapes Bill** to progressively

ban sale of cigarettes and tobacco to create a smoke-free generation for children born on or after 1 January 2009. Marketing of vapes to children would be curbed and retailers fined if they sold vapes to underage children.

3. Support to the Healthwatch Network

3.1 Future Sustainability of the Network

Our work to find ways to improve the sustainability of the Healthwatch network continues, including looking at alternative Healthwatch commissioning models. Following National Committee's request for further detail on the Healthwatch England as Commissioner model, we convened a working group of ten Healthwatch representatives. We will be drawing on this work to develop the proposal by the end of 2024. We are developing a business case for changing the model and have produced a timeline outlining the action taken to date and future opportunities to change the model. We continue to engage with stakeholders, including the Local Government Association on both the proposed model and other measures to support Healthwatch sustainability and effectiveness. We will be providing an update to Lead Officers and Board members, as well as at National Conference.

In addition to work on a new model for Healthwatch we are developing a template contract, drawing on best practice from local authority commissioners. This will help minimise the variation in commissioning and develop standard reporting with a focus on outcomes.

3.2 Healthwatch making a difference

Supporting local Healthwatch to demonstrate the difference they make is an important aspect of Healthwatch demonstrating their value. Through our Impact Programme, we support individual Healthwatch in effectively demonstrating the positive outcomes of their work.

Each year, Healthwatch submit their annual reports to Healthwatch England. We are currently aware that one Healthwatch has yet to complete their report and are actively liaising with the relevant local authority responsible for ensuring compliance.

Accepting outcomes reporting serves as a proxy indicator, this ongoing evaluation highlights how Healthwatch continue to deliver better outcomes for the communities they serve. Notably, 46 local Healthwatch have shown significant improvements in the strength of their outcomes this year.

Achievements include shaping a Child Poverty Strategy, influencing the tender specifications for homecare services, and prompting an Integrated Care Board (ICB) to invest in health inequality projects—all directly driven by the insights Healthwatch has gathered.

We will present an analysis of local Healthwatch outcomes as part of our report on the state of the network, scheduled for Quarter 4.

Another way we celebrate how Healthwatch make a difference is through our Annual Awards, which we have launched this month with the ceremony due to take place in the new year.

3.3 National Conference 2024

Preparations are on track for local Healthwatch staff, volunteers, and Board members to come together to celebrate achievements and discuss key policy issues at our National Conference on 12 October at the prestigious Queen Elizabeth II Conference Centre in London. We will celebrate achievements and discuss the future of the NHS, improving social care support, ADHD services, and strengthening Healthwatch's future so that there is stronger patient voice at every level of the health service.

3.4 Shared Values and Behaviours

With the help of Healthwatch we have developed a set of shared values as part of our work to improve our effectiveness as Healthwatch England and strengthen the Healthwatch movement. The Healthwatch peer networks helped develop corresponding behaviours for each value. For example, for the value of equity Healthwatch identified the importance of reaching out to and analysing the experiences of people with protected characteristics, inclusion groups and carers. We have produced videos and resources for all five values, to support embedding them in everyday work. Additionally, we have a programme of activities to support Healthwatch continuing to have a conversation about putting values into action.

4. Communications

With an election taking place, we were required to pause our communications over a six-week period. However, despite this gap, we are making good progress towards most of our communication goals. **Taking stock of the last six months:**

4.1 Campaigns:

- We have continued to raise awareness of the issues that people share with us via the media. From April to August, Healthwatch has been mentioned in over 3.3K items of newspaper, broadcast and online coverage. Highlights include:
 - [BBC coverage](#) and ITV coverage on the impact of GP collective action;
 - [Guardian Newspaper](#) feature on if diagnostic hubs work for people;
 - The [Independent](#), Telegraph, Evening Standard, Mail, Pulse lots of regional outlets published either our Physician Associate insight or our advice to help people understand the role of PAs;
 - The Press Association, Social Care Today and Telegraph ran our insight on social care assessments.
- From April to August, over 5,800 people shared an experience with us about their health and care. This including 1,200 people who have shared feedback as part of our eye care fee hardback drive. We have further feedback drives planned on ADHD and Trans health and care support.
- Our #ShareForBetterCare campaign is currently running a spike focussed on eye care and we are planning for our next awareness drive which will take place in a few months.
- We have finalised our proposal for our campaign to encourage a greater listening culture in health and care. We will now be approaching partners to help us deliver the campaign. As part of the campaign, we have also written to over 100 deans of healthcare, emphasizing the importance of teaching listening skills to the workforce of tomorrow.

4.2 Digital communications and content:

- From April to August, our social reach was 6.2M and our social media messages were engaged with 257K times. Traffic via social media to our website was +6% when compared to the same period last year. We

expect our results to improve further as we make up lost ground following the election.

- We have continued to test new digital approaches. This includes increasing our video content promotion and improving our SEO. This is already bearing fruit. Our test promotional video was viewed 55K times. Traffic to our website via organic search has increased 50%, when compared to the same period last year.
- From April to August, over 312K people visited our website. This is +19% higher than the same period last year. 115k users accessed our advice, 65K our news and blogs, 40K looked for their local Healthwatch and 31K people visited our feedback form.
- We have also continued to focus on retaining contact with those who engage with us. Our supporter numbers currently stand at 77K. This is up 6% since the start of April.

4.3 Brand and marketing:

- We have continued to focus on producing brand resources that local Healthwatch can easily adopt. For example, 88% of local Healthwatch used our annual report template to produce their annual reports in June. While 30 local Healthwatch have requested localised versions of our new videos explaining who we are and what we do.
- We have also continued to improve our guidance and training to meet the different need levels of Healthwatch staff. For example, we have updated our e-learning writing course, revamped our tone of voice guidance, which is accompanied by a new face-to-face course.
- We have also undertaken new research to understand the barriers and motivations to giving feedback, as well as additional research to identify how we can further engage our supporters.

5. Equality, diversity, and inclusion highlights

5.1 We have continued to ensure that our information is accessible and that we can do all we can to reach out, engage and amplify the voices of different communities. Highlights include:

- Evidence: Our reports and monthly insights have focused on several different communities. Topics have included, unmet social care need for people with disabilities, the importance of culturally appropriate services for some minority groups and help with healthcare costs for those on a low income.
- Advice and information: We have produced new advice to explain the role of Physician associates and how they can help patients. We have

also updated a range of existing guidance which has been accessed by 115K people. From April to August the average score people gave to our content in terms of usefulness was 4 out of 5.

- **Accessibility:** We are implementing several changes to our website to make it more accessible. This includes making it easier for people with screen readers or who have visual impairments to navigate. We have also updated our brand guidance to ensure that the designs that we and the network use do not present barriers to people with visual impairments.
- **Evidence collection:** We have continued to work with local Healthwatch to boost collection of experiences from people we do not hear enough from. For example, ten local Healthwatch are helping us collect experiences for our work to look at peoples experiences of eye care. We have maintained a consistent level of demographic data collection by local Healthwatch at 38%
- **Network support:** In addition to the work to support embedding of values mentioned above, we are supporting Healthwatch understanding of equity, with the recent launch of an e-learning course on equality, diversity, and inclusion. The course highlights how these principles shape Healthwatch’s work, and we’ve had a strong start with 96 learners completing it in the first month. This marks another step in our commitment to supporting Healthwatch in putting equalities at the core of their work.

6. Key Meetings Attended by the Chief Executive since the last Committee meeting

May 2024		
Date	Event/Meeting	Attendees
02 May	Healthwatch Norfolk Annual Partners meeting	Kath Edwards - Healthwatch Norfolk
03 May	Medicine Shortages: NHS / DHSC / Healthwatch England	Gagandeep Bedi – DHSC Ben Gordan – DHSC
07 May	NHSE UEC Recovery Plan	Nicola Hunt - National Discharge and Intermediate Care Programme Director Professor Julian Redhead - National Clinical Director for Urgent and Emergency Care

13 May	HWE / Council of Deans of Health re understanding patient experience as part of clinical training	Megan Isherwood – CoD Health
14 May	Speaking at – The King’s Fund Integrated Care Summit	Sally Warren – Kings Fund
15 May	Action for Victims of Medical Accidents	Paul Whiteing – CEO AvMA
16 May	Nursing and Midwifery Council regular meeting	Tracey MacCormack – Assistant Director for Midwifery, NMC
16 May	Healthwatch England / ADASS Quarterly meeting	Dawn Wakeling – Barnet. Gov
16 May	ADHD Taskforce development	Catherine Hinwood – NHS England
30 May	Complaints Reform	Neil Churchill – NHS England
30 May	Pharmacy: What People Want	Ed Scully – DHSC
June 2024		
03 June	Developments in Primary Care	Claire Fuller – NHS England
06 June	Healthwatch Cornwall visit	Jodie Wilson – Healthwatch Cornwall
20 June	MHRA	Christine McGuire
25 June	Physician Associates	Kamila Hawthorne – RCGP
25 June	Support for local Healthwatch	Sue Symington – Chair NHS Humber and North Yorkshire ICB
July 2024		
08 July	Wheelchair provider concerns	Rebecca Hilsenrath – Interim Ombudsman Helen Henderson – Healthwatch Derbyshire and Will Pett – HWE
11 July	Healthwatch Islington visit	Emma Whitby – CEO
17 July	Speaking at global webinar on patient involvement	Sian Slade – Navigating Health AUs

18 July	Patient Safety Commissioner Advisory Group Meeting	Henrietta Hughes – PSC
26 July	Healthwatch - Llais catch up	Alyson Thomas
31 July	Briefing meeting re Collaboration Webinar: Healthwatch (UK), National Voices (UK) & CHF (AUST)	Elizabeth Deveny – Consumers Health Council of Australia
31 July	Meeting re. Kaleidoscope Review: Mark Norris, Principal Policy Adviser, LGA	Mark Norris – Local Gov and Gavin MacGregor – HWE
August 2024		
06 August	Darzi expert group	Lord Ara Darzi
08 August	GMC catchup meeting	Carrie MacEwen – GMC
15 August	10-year plan and Healthwatch England	Sally Warren – DHSC
19 August	Patient voice WHO/UK bodies	Lara Brearley – WHO Henrietta Hughes – PSC
21 - 23 August	Healthwatch Lancashire and Blackburn with Darwen visit	Jodie Carney – HW Lancashire Sarah Johns – HW Blackburn w Darwen

AGENDA ITEM: 1.9

AGENDA ITEM: Healthwatch Model – Update

PRESENTING: Gavin Macgregor, Head of Network Development

PREVIOUS DECISION: National Committee requested detailed work commence on the proposal for Healthwatch England to become the commissioner of Healthwatch

EXECUTIVE SUMMARY: This paper provides an update on work carried out since the last Committee meeting in May 2024

RECOMMENDATIONS: The committee is asked to note and comment

1. Overview

At the meeting on 21 May, the National Committee requested a detailed examination of the proposed model where Healthwatch England would assume the role of commissioner for local Healthwatch.

In response, a Working Group was established, comprising 10 representatives from various Healthwatch, representing a diverse range of sizes and operational models (both hosted and standalone), along with a Healthwatch Integrated Care System Coordinator. The Group's primary task was to consider and help us answer some of the questions relating to the proposed model.

2. Working Group Activities

The Working Group conducted three one-hour workshops focused on key aspects of the proposed model:

- **Core Services**
- **Decision-Making, Accountability, Quality, ICB Representation, and the Role of Local Authorities**
- **Funding Formula and Commissioning Footprint**

Each workshop generated a broad spectrum of views, reflecting the complexity and diversity of perspectives within the network. Detailed notes from each session were shared with all members, and one-on-one sessions were offered to capture individual feedback and perspectives.

Some key principles emerged, albeit that there were mixed views

- Fair funding formula with recognition of a minimum level required to deliver a Healthwatch service
- Importance of localism, local decision-making, local presence and local independence
- Defining a core Healthwatch service, while maintaining the Healthwatch statutory activities
- Outcomes based commissioning as opposed to outputs such as number of meetings attended

The Working Group also considered the risks associated with Healthwatch England becoming the commissioner and draft mitigations (Appendix 1).

Following these workshops, the Chief Executive attended a meeting to discuss both the specific proposals the broader process and address specific concerns.

We have committed to ensuring that our final proposals clearly outline the range of options considered, the diverse views expressed, and our own position, including our assessment of the consensus among Healthwatch and other stakeholders.

Jane Laughton and Gavin Macgregor met to discuss the proposals and establish the principles to inform a future model.

Further work is required to develop the model, including financial modelling and drawing on the work of the Working Group.

4. Business Case Considerations

Some members of the Working Group asked to see a business case to support the proposed changes. Elements of this business case have been shared with the National Committee in previous meetings and included in documents distributed across the network. However, a standalone business case is now being drafted and. The intention is to share this business case with the network and our stakeholders to support our case for change.

5. Timeline

Appendix 2 provides a detailed timeline for ongoing work regarding the future sustainability of Healthwatch and outlines the policy opportunities available over the next six months to influence the Healthwatch model.

6. Developing the proposal

We are committed to refining these proposals through the end of 2024 to ensure the National Committee receives a comprehensive and detailed model. We will consider the work of the Working Group; contributions from engaging with individual Healthwatch and contributions from Healthwatch England.

We will draw on the expertise of Kaleidoscope to help us develop the proposal, including financial modelling and plan for the transition period, including the legislative process. We will present the proposal for consideration at the Committee Workshop on 28 January, allowing for refinements prior to the Public Committee meeting on 20 February.

7. Engagement with Stakeholders

We are committed to transparent communication with our stakeholders:

- Jane Laughton will write a blog for Healthwatch, outlining the case for change, what we've heard from the network and the position of the National Committee.
- Subject to National Committee approval, we plan to hold
 - Lead Officers Network Meeting and Chairs and Board Network Meeting, both in October when we will update them on the proposals. These webinars will reiterate that Healthwatch England is proposing the Healthwatch England as commissioner model.
 - Two webinars in Q4 to update local authority commissioners, including discussions on the template contract and monitoring report.
- Provide an update to Healthwatch on the work undertaken, including the case for change and timeline pre-Conference.

8. Other Proposals

In addition to the primary model under consideration, our work—guided by the recommendations of the Kaleidoscope report—includes several measures that do not require legislative change. These include:

- **Developing a template contract and monitoring report for local authorities:** The draft has been completed and will be shared with a pilot group of local authority commissioners. We are actively seeking engagement with the Local Government Association and all local authority commissioners. While the use of this template will be optional, Healthwatch

England will promote it as part of our broader engagement on the commissioning process. We recognise that this is not a quick fix due to the length of existing contract cycles.

- **Revamping the Network site** to make it easier for Healthwatch to access our template policies and guidance. This work is complete, and the new site launched.
- **Exploring the option of setting minimum standards aligned with budget** with the Local Government Association as well as other options set out in the Kaleidoscope report. We are seeking a follow-up meeting with the LGA.
- **Engaging with our sponsor team at DHSC** to explore proposals that may require government regulation.

We will report progress on these measures to National Committee.

9. Next Steps

The National Committee is requested to note this report and identify any additional work required before the end of 2024,

Appendix 1: Risks associated with HWE as Commissioner model

The Working Group identified several risks.

	Risks	Mitigation
1.	Centralising commissioning may reduce flexibility and autonomy for local Healthwatch, potentially compromising their ability to effectively address and adhere to specific local needs and priorities.	<p>Outcomes-based commissioning should provide flexibility.</p> <p>We will set out national standard on decision-making. The decision-making body for each Healthwatch will set local priorities.</p> <p>We could give a role for local authorities to help inform commissioning – local context; local market for providers.</p>
2.	Requirement to address national priorities impacts ability of Healthwatch to address local needs.	Healthwatch to participate in <u>one</u> national project.
3.	HWE lacks necessary expertise resulting in centralised commissioning introducing more complex administrative procedures and slower decision-making processes, particularly as CQC may not have the processes to support procurement of Healthwatch.	<p>HWE will acquire commissioning expertise. When we've recruited for network support, we've drawn on talent of the network. We anticipate we could similarly draw on local authority commissioners who previously have expressed interest in working for HWE.</p> <p>We propose to commission on five-year cycles, with a single contract renewal date for all Healthwatch within a region to streamline the process and minimise unnecessary competition. We will seek advice from other national organisations which have gone through a similar change process.</p>

	Risks	Mitigation
4.	Centralised funding may reduce incentive for local investment and buy-in of system partners.	Most ICBs are not funding Healthwatch currently. Local Healthwatch have made the case to ICBs for investment. Investing in Healthwatch leadership should strengthen local stakeholder relationships.
5.	Shifting commissioning body does not address performance issues and variation in quality, particularly stakeholder relationships.	<p>Currently, Healthwatch England does not have powers to intervene if there are performance issues. Many local authorities lack capacity to investigate and provide support. We have seen disinvestment by some local authorities due to poor performance.</p> <p>HWE will use performance data to require providers to set an action plan, with HWE providing assistance, including drawing on expertise within the network.</p>
6.	Local context is not factored in performance management.	We'll ensure local context is part of reporting. This can be triangulated with stakeholder perception surveys and other mechanisms e.g. role for local authorities?
7.	Public trust is reduced due to perception of centralised control.	<p>The local identity of each Healthwatch will be retained. There will be an accountable local decision-making body, comprising of local people. The focus of Healthwatch will continue to be connecting with the local community.</p> <p>Trust is embedded in our values of independence and truth.</p> <p>National standards will include Healthwatch demonstrating how they have fed back to their local community.</p>
8.	No provider market for delivery of new model, including on larger footprint.	We'll not adopt a one size fits all approach. We'll seek to engage with local providers to understand what footprint would work most effectively in a particular area and deliver value for money.

Risks		Mitigation
		We'd welcome views on this as we are concerned about the current model and decreasing budgets impacting on the provider market. One local authority struggled to find a provider.
9.	Annual funding awards by central government undermines contract terms and ability of Healthwatch to plan.	Discussion on this would be central in any negotiations about HWE taking on the role.
10.	Sharing functions leads to inequities between local Healthwatch thereby impacting performance and impact.	Expectations and monitoring on this would be set out in contracts from HWE.
11.	Income generation impacts on Healthwatch core statutory activities affecting reputation.	Income generation would be expected to be full cost recovery. Transparency through reporting between core and other activities which can only be statutory activities (as is the requirement in the legislation now).
12.	Increase in LHW budgets does not result in improved performance.	Better pay should improve recruitment and retention of staff. Performance will focus on outcomes as opposed to output. HWE better placed to target support.
13.	Commissioning function negatively impacts on the relationship between local Healthwatch and Healthwatch England.	Learn from other national bodies who face this challenge. Separate out HWE commissioning and support teams.
14.	Insufficient resources and capacity within Healthwatch England/local Healthwatch to secure	Stakeholder engagement plan

Risks	Mitigation
necessary stakeholder buy-in and support the adoption of quality standards and new infrastructure, leading to challenges in managing stakeholder expectations.	Possible phased approach – the Group suggested pilots and targeting areas – not all areas will see the same level of change.

Appendix 2: Timeline on addressing the sustainability of Healthwatch

<p>2013</p>	<ul style="list-style-type: none"> • Healthwatch set up • After consultation, DHSC sets adult social care relative needs formula to determine Healthwatch funding and used for its predecessor, Local Involvement Networks (Links). However, the actual funding amounts often varied significantly from those prescribed by the formula.
<p>2018</p>	<ul style="list-style-type: none"> • After publication of the Francis Report, Healthwatch England uses its statutory powers to inform Staffordshire over concerns about its effectiveness due to a reduction in funding. The Council cut funding from £415,000 to £205,000. • Sir Robert Francis, Chair of Healthwatch England writes to Secretary of State regarding concerns about Healthwatch funding • Healthwatch England uses similar powers to notify a further fourteen local authorities over period 2018–2024
<p>2020</p>	<ul style="list-style-type: none"> • National Audit Office Briefing highlights lack of ring-fencing risks Healthwatch inability to carry out statutory functions
<p>2022</p>	<ul style="list-style-type: none"> • In February, Louise Ansari, Healthwatch England Chief Executive, on annual publication on Healthwatch funding, writes to Secretary of State and sets out options to address challenges facing the Healthwatch model, including a DHSC review of guidance on the current funding and commissioning model and conduct an examination of the need to modernise the current model to reflect changes to the health and care system

	<ul style="list-style-type: none"> • King's College London study found significant variation across Healthwatch such as operational scale, stakeholder relationships, and additional income sources • Consultation with and other stakeholders for Healthwatch England Strategy confirms financial sustainability and variation as key objectives to address
January 2023	<ul style="list-style-type: none"> • Lord Kamall writes to fellow Lords about the model of Healthwatch funding. He confirmed that: "The funding provided through this [LRCV] grant is in addition to funding that Local Authorities receive as part of the Local Government Finance Settlement and is not intended to cover the full cost of operating a local Healthwatch organisation"
March 2023	<ul style="list-style-type: none"> • Health and Social Care Committee's report in March 2023 into Integrated Care Systems recommends DHSC review Healthwatch funding and commissioning arrangements including ensuring fit to address new ICS structure.
June 2023	<ul style="list-style-type: none"> • In its response to the House of Commons Health and Social Care Committee's recommendation the government states it will "continue to explore options for improvement and in doing so, the value of a formal review of Healthwatch is something that the government will keep under consideration."
Oct 2023	<ul style="list-style-type: none"> • National Committee consider different options for Healthwatch model – specifically ICB as commissioner, Healthwatch England as commissioner and Healthwatch England as direct employer
Nov 2023	<ul style="list-style-type: none"> • National Conference: Announcement of priority to address sustainability of Healthwatch and exploration of different solutions

Dec -Jan 2024	<ul style="list-style-type: none"> • 7 webinars involving over 100 Healthwatch explore sustainability of Healthwatch network and options
February 2024	<ul style="list-style-type: none"> • Healthwatch England publish annual report stating Healthwatch funding reduced by 43% of what it was in 2013-14 in real terms and calling for Local Reform and Community Voices grant to be restored, as a minimum, to 2019 levels in real terms.
March 2024	<ul style="list-style-type: none"> • David Croisdale-Appleby, Healthwatch England Chair, writes to the DHSC sponsor team to raise concerns about sustainability of the Healthwatch network • Conversation with 100 local authority commissioners about sustainability and options • Kaleidoscope produce independent report on options to address Healthwatch sustainability
May 2024	<ul style="list-style-type: none"> • National Committee agree we should work on options set out in Kaleidoscope report, including exploring detail of the Healthwatch England as commissioner model. Timescale driven by being ready should a legislative opportunity arise. • 5 webinars where Healthwatch explored principles that should underpin a new model • FAQ document summarizing what we heard
July 2024	<ul style="list-style-type: none"> • David Croisdale-Appleby resends letter sent to DHS C sponsor team about funding concerns to our new sponsor minister Baroness Merron
August 2024	<ul style="list-style-type: none"> • Working Group of Healthwatch explore detail of Healthwatch England as Commissioner model • Meeting held with Local Government Association to explore options set out in Kaleidoscope report • Written to new government outlining concerns with funding of Healthwatch

September 2024	<ul style="list-style-type: none"> • Report to National Committee with update on developing detail of the Healthwatch England as commissioner model • Business case for changing the model
Future Opportunities	
October 2024	<ul style="list-style-type: none"> • Update to the Healthwatch network on proposals, including business case and timeline • and invitation for feedback • Further developing the proposals including financial modelling, transition arrangements • Seeking to engage with Local government Association on the proposals including those not requiring legislative change • Consultation with local authorities and Healthwatch on template contract •
November 2024	<ul style="list-style-type: none"> • National conference which includes a session discussing the future for Healthwatch
Autumn 2024	<ul style="list-style-type: none"> • Dash Review: Following a full review into the CQC's operational effectiveness, which is due to report in October, Penny Dash has been asked by the health secretary to also carry out an additional review of the patient safety landscape, with Healthwatch being one of six bodies included. It is due to publish by the end of 2024. • October 30: Chancellor will confirm department budgets for 24-25 and 25-26.
Spring 2025	<ul style="list-style-type: none"> • New NHS 10-year Plan due following public consultation. • Outcome of the government's first Comprehensive Spending Review since 2021 will be announced to set long-term funding plans.

Healthwatch England Committee Meeting

Tuesday 17 September 2024

AGENDA ITEM: 2.2

AGENDA ITEM: KPI and Business Plan Progress Report (April – August 2024)

PRESENTING: Sandra Abraham, Head of Operations, Finance and Development

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This paper summarises our progress against our KPIs and Business Plan objectives from April – August 2024

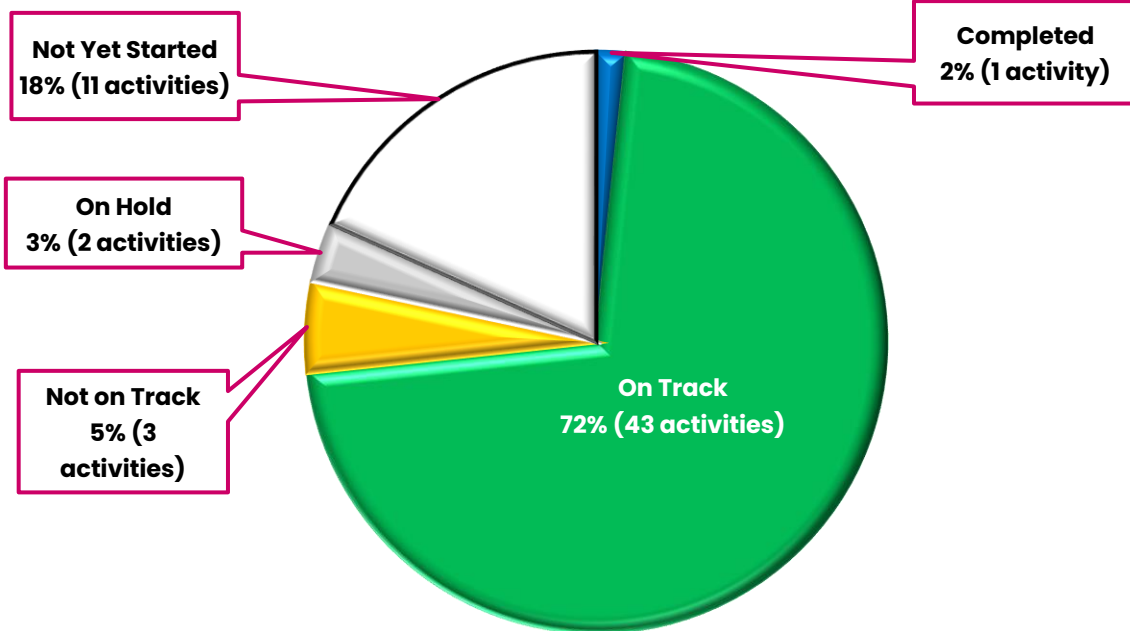
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report.

Background

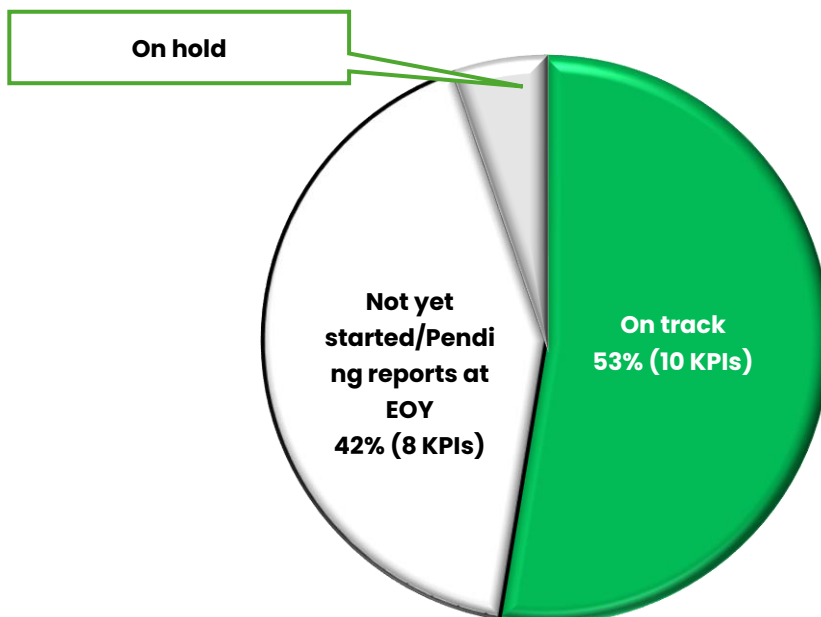
The following report provides an overview of our performance against our key performance indicators (KPIs) and our progress against our two-year Business Plan 2024-26. The format for reporting our performance has been changed to align the Key Performance Indicators (KPIs) with the corresponding projects/activities in our business plan.

Committee Members are asked to NOTE this report.

Progress against HWE Business Plan Activities April - August 2024



Progress against HWE KPIs: April - August 2024



HEALTHWATCH ENGLAND

Business Plan 2024 – 2026

Progress Update – April 2024– August 2025

Business Plan 2024-206 – Updates on delivery from April 2024 – 2026

RAG Status



COMMUNICATION

STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Update	Delivery Date	KPI RAG Status
1	To increase public and professional awareness of our brand, especially amongst those facing inequalities.	To deliver a year-long national campaign in partnership with CQC to increase feedback from those facing inequalities.	<p>Our #ShareForBetterCare campaign launched earlier this year. All Government campaigns had to be paused during the pre-election period. In July, the Cabinet Office also paused all Government campaigns while they were reviewed. We are expecting the pause to be lifted in September. Although these external factors have disrupted our original plans. We are planning to make up ground in Q4 by running an integrated campaign spike using PR, social media, advertising and partnerships to boost awareness and engagement.</p> <p>We have however continued to increase awareness and support the public to share feedback via our always on marketing. So far, this financial year over 5800 people have shared an experience with us.</p> <p>We are currently running a campaign to collect feedback on</p>	Head of Communications	Q4 2025/26	On track	KPI Brand awareness +10% (from 40% to 50%)	We will report on brand awareness again in Q4.	Q4 2024/25	Report due in Q4
					Q4 2025/26	On track	KPI 40% of aware public know a little or a lot about what we do (up from 31%) Comparison 2023 v 2026.	We will report on brand awareness again in Q4.	Q4 2024/25	Report due in Q4

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Update	Delivery Date	KPI RAG Status
			eye care. Further feedback drives are planned on ADHD waiting times and Trans peoples experiences of care.							
		To review the strategy and put in place an updated campaign for 2025-26 to increase feedback from those facing inequalities.	<p>We have undertaken research to understand the motivations the public have when it comes to giving feedback on care, as well as the barriers they face.</p> <p>Key motivations include highlighting tangible examples of change as a result of feedback. Key barriers include believing that the problems of the NHS are too big to fix and feedback taking too long.</p> <p>The findings will inform our plans for next year and we will also share them with health and care communicators.</p>		Q4 2025/26	Not yet started				
		To launch a professional campaign to encourage a culture of listening in the NHS.	<p>We have developed a campaign proposal, which focusses on PR, policy changes and engagement with healthcare educators to achieve our objectives.</p> <p>We will now start talking to potential partners to help build the coalition required to deliver the campaign. We will also continue with our ongoing PR activity to promote the benefits of listening to patients.</p>	Head of Communications / Head of Policy, Public Affairs and Research and Insight	Q2 2024/25	On track				
		To support the communication of our insight to professionals and the public. Key issues include primary care, social care, and women's health.	We have continued to raise awareness of our evidence insight. Key highlights includes: BBC coverage on the impact of GP collective action; Guardian Newspaper feature on if diagnostic hubs work for people; The Independent , Telegraph, Evening Standard, Mail, Pulse lots of regional	Head of Communications	Q4 2025/26	On track				

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Update	Delivery Date	KPI RAG Status
			<p>outlets published either our Physician Associate insight or our advice to help people understand the role of PAs; The Press Association, Social Care Today and Telegraph ran our insight on social care assessments.</p> <p>We have also continued to promote our insight via our other channels. Since 1 April until the end of August over 72K people have accessed our news, blogs and insight content.</p>							
		To deliver our digital communications strategy covering search, social and partnership referrals.	<p>We have rolled out new elements of our digital strategy. Key developments include: (a) Introducing new tools to help us frame our content and use the right key words so that our articles can be more easily found online. The approach is being used with any new content and we will be reviewing past content to make it more findable on search engines. (b) Testing new channels, including promoting video content on YouTube. (c) increasing engagement with our website by improving accessibility and making it quicker to give feedback. (d) refreshing our social media messaging and assets.</p> <p>Despite the pause to communications during the election, traffic via search (+50%), social media (+6%) are higher in Apr-Aug 2024-25, compared to the same period last year.</p>	Head of Communications	Q4 2025/26	On track				
2	To provide a consistent and accessible brand	To deliver our plan to continually improve the use of our brand through training and resources.	While other activity was paused during the election, we took the opportunity to speed up work on our brand plan. We have: (a) issued new	Head of Communications	Q4 2025/26	On track	KPI 50% of those who have used us would recommend us (up from 39%).		Q4 2024/25	Report due in Q4

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Update	Delivery Date	KPI RAG Status	
	communication experience.	To review our brand to inform our next strategy.	guidance on using our visual brand and tone of voice to local Healthwatch. (b) created new resources for the network, such as 'About us' leaflets to help increase engagement with the public and professionals (c) updated and rolled out new training for local Healthwatch communicators.								
		To deliver our plan covering brand marketing, content, news, and campaigns.	We have continued to deliver our always on campaigns to increase audience awareness and engagement. Our social reach from April – Aug 2024-25 was 6.2M, this is 193% up on the same period last year.	Head of Communications	Q4 2025-6	On track					
		To explore new ways to increase our reach and engagement. Approaches include PR, national awards, social and paid-for content syndication; marketing partnerships; new content formats and new systems.	We have run a number of tests. These include (a) using YouTube to increase reach. Our pilot video promoting Healthwatch has been viewed over 55K times. (b) testing different AI tools to increase our efficiency and audience engagement. We will soon share our findings with the network. (c) Making our feedback form, quicker to complete. Our research indicates that our conversion rate has increased from an average of 14% to 18%.	Head of Communications	Q1 2025-6	On track					
3	To grow our public and professional supporter base.	To deliver our supporter strategy for the public and professionals.	Over 400 professionals and members of the public responded to our research into what information they liked and how they would like to get more involved in our work. We are now applying the learning from this insight.	Head of Communications	Q4 2025/26	On track	KPI 200K channel subscribers (up from 50K). Compared to 2024	Our follower numbers continue to grow. Our supporters now stand at 77K, up 6% since the start of the financial year.	Q4 2025/26	Report due in Q4	
		To explore new ways to increase actions and involvement by the public and professionals in our	We have started tested a number of approaches to increase engagement including (a) testing our advice and information prior to	Head of Communications/ Head of policy and insight.	Q2 2025/26	On track					

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Update	Delivery Date	KPI RAG Status
		work. Including opportunities to attend events, feedback on projects and advocate.	publication and (b) introducing a new welcome journey to encourage volunteers to volunteer and promote us.							

DATA AND DIGITAL

STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
4	To find out the experiences of people needing or using health, public health, and social care services.	Set a vision for our digital and data that will support us achieving our strategic objectives including real time feedback to people who share their experiences of health and care.	We have carried out second wave of research to understand the public's needs requirements from our digital platforms. The Strategy will be finalised in Q3.	Director of Communications Insight and Campaigns	Q3 2024/25	On track				
		Create implementation plan for new DDaT strategy, with dependencies on cost and capability	Not started yet.		Q3 2024/25	Not yet started				
5	Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements.	Continue to increase the volumes of and quality demographic data that we receive and improve demographics presentation via dashboard.	The dashboard is complete. 38% of data shared by Healthwatch in Q2 contains demographic data for age, gender or ethnicity. This is slightly down from Q1 (43%), but this is not statistically significant due to a large volume of historical data shared in Q1.	Digital Systems Delivery Manager / Research and Insight Manager	Q4 2025/26	On track				

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
6	To find out the experiences of people needing or using health, public health, and social care services.	Improved error checking and resilience to Data Sharing Platform (DSP). Supporting users uploading data to Healthwatch England. (simplify)	We have addressed error checking. We have simplified the uploading process leading to vastly increased volumes of data, in July alone we received more data from the network, than we have previously received in an entire year. 89% of Healthwatch have shared data at least once.	Director of communication, Insights and Campaign / Head of Policy Public Affairs and Research	Q2 2024/25	On track				
7	To provide a consistent and accessible brand communication experience.	Website template onboarding new Healthwatch to Healthwatch England's template.	We will be promoting the Healthwatch England template in Q3 and Q4.	Director of communication, Insights and Campaign	Q4 2025/26	On track				
8	To build a sustainable and high-performing network of local Healthwatch services.	Impact tracker automation and integration solution, supporting Healthwatch to track and identify and promote their impact to stakeholders.	On hold as pending approval of capital spending bid.	Director of communication, Insights and Campaign / Head of Network Development	Q4 2025/26	On hold				
		Development of cloud solution for the Healthwatch to communicate their activities to Healthwatch and Healthwatch England, supporting collaboration opportunities in the network.	We have researched prospective solutions, and a working group has been set up to carry out procurement	Director of communication, Insights and Campaign / Head of Network Development	Q4 2025/26	On track				
		National Data Store (NDS) API development to support dynamic data analysis by allowing applications like Power bi to directly connect to datasets within the system.	On hold as pending approval of capital spending bid.	Director of communication, Insights and Campaign	Q4 2025/26	On hold	KPI	Completion of the API	On hold as pending approval of capital spending bid	

EQUALITIES, EQUITY, DIVERSITY, AND INCLUSION

STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need

STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
9	Ensure our external research, policy and communications work helps improve health equity	We will ensure that every research and policy project we undertake is designed to have an impact on addressing health inequalities.	All our projects have an impact on addressing health inequalities.	Head of Policy, Public Affairs and Research	Q4 2025/26	On track	KPI 100% of our research and policy projects to include an equalities focus.		Q4 2025/26	On track
		Continue to shine a light on health inequalities across all areas of health and care through our insight pieces	Two out of five insight pieces have a focus on health inequality (people living in rural areas and people who are d/Deaf or hard of hearing)	Head of Policy, Public Affairs and Research	Q4 2025/26	On track	KPI Over half of insight pieces published to focus specifically on health inequalities		Q4 2025/26	On track
10	Ensure our internal processes and policies ensure EED&I in our staff support and culture	Continue to provide comprehensive EED&I training for all employees, including management and the leadership team, to foster an inclusive environment.	A new staff training programme has been produced for all staff to cover EDI, AI and Well-being.	Head of Operations, Finance and Development	Q3 2024/25	On track				
	Supporting EED&I activity across the network	Integrate and commission EDI across the L&D Programme, including peer networks	'Introduction to EDEI' is a new e-learning course published in August. We are delighted with strong take up by local Healthwatch staff and their feedback.	Head of Network Development	Q4 2025/26	On track	KPI 20 sessions/peer networks/ e learning with an EDI focus	Delivery of three sessions in Q2; Introduction to EDEI, Disability Awareness and LGBTQIA+ inclusion and engagement. New e-learning course: 93 learners with a 67% pass rate and 8.6 average satisfaction rating	Q4 2025/26	On track

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
		Prioritise tackling inequalities as part of Collaboration Programme	In October, we are facilitating meetings of Healthwatch covering the 20% most deprived (according to IMD) communities and deprived coastal communities to explore collaboration.	Head of Network Development	Q4 2025/26	On track				
		Understand and communicate the tackling health inequalities dimension of Healthwatch achieving outcomes and Impact	We have analysed all annual reports and identified those where HW have indicated tackling health inequalities. We will report outcomes in the report on the network due in Q3/4.	Head of Network Development	Q4 2025/26	On track				
		Support local authority commissioning to include EDI in tender and contracting	Including EDI in tenders and contracting is part of our review of all local authority contracts. We have reviewed 5 in Q2.	Head of Network Development	Q4 2024/25	On track				
		Carry out annual Healthwatch People Diversity survey to inform Healthwatch England support	Not yet started	Head of Network Development	Q2 2024/25 Q2 2025/26	Not yet started	KPI	Diversity survey completed and tracked		Q2 2024/25 Q2 2025/26

EVIDENCE, ENGAGEMENT, AND INFLUENCE

STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
12	We are maximising our reach, reputation, impact, and evidence base by working in	<ul style="list-style-type: none"> Publish State of Patient Experience 2025, two years on from 2023 report. 	Not yet started	Head of Policy, Public Affairs & Research	Q2 2025/26 (Subject to change)	Not yet started	KPI	<u>KPI Spanning all projects</u> At least two major policy announcements a	Q4 2025/26	In progress

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
	partnership with others. We follow through our research with campaigns to secure changes in line with our policy recommendations.	<ul style="list-style-type: none"> Continue to ensure that our work on primary care, including dentistry and GP access, is high on the policy agenda. 	We are undertaking a review of our evidence, supported by polling findings, which will be published in October 2024.	Head of Policy, Public Affairs & Research	Q4 2025/26	On track	KPI year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence. 85% of national stakeholders saying Healthwatch is a trusted and valuable organisation. (Baseline from 2023 is 79%)			
		<ul style="list-style-type: none"> Publish findings on Pharmacy First and deliver an insight piece to provide a 'one year on' assessment of how public attitudes have changed 	Findings published at the end of April. Currently working on a project on pharmacy closures	Head of Policy, Public Affairs & Research	Initial findings: Q1 2024/25 One year on: Q1 2025/26	On track				
		<ul style="list-style-type: none"> Deliver a project on patient experiences of optometry services, with a view to informing a possible Eye Care Strategy 	We have launched a survey to which over 1,000 people have responded. We have commissioned 10 Healthwatch to get responses from ethnic minority groups	Head of Policy, Public Affairs & Research	Q4 2024/25	On track				
		<ul style="list-style-type: none"> Deliver our social care campaign in partnership with other health and care organisations to raise awareness ahead of general election and influence direction of new administration. 	We published our research on unmet need at the end of July. We are scoping potential options for future research at present.	Head of Policy, Public Affairs and Research	Q4 2025/26	On track				
		<ul style="list-style-type: none"> Deliver a women's health project to align with year three of the women's health strategy (possibly on UTI, 	We are soon launching a poll about the impact of past trauma on healthcare, including intimate care. It's aimed at both genders but is an issue we hear more about from women.	Head of Policy, Public Affairs and Research	Q1 2025/26	On track				

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
		endometriosis, or women's access to sexual health services)								
		<ul style="list-style-type: none"> Deliver a project raising awareness of patient and parent experiences of ADHD/autism services to influence through national NHSE stakeholder group. 	Due to delays in the task force being set up, we have only just started planning the research. This will be completed in Q1 2025/26. We have been commissioned by NHS England to plan and deliver a deliberative event involving people with lived experience to inform the work of the task force. This will take place on 17 September.	Head of Policy, Public Affairs and Research	Q2 2024/25	Not on track				
		<ul style="list-style-type: none"> Deliver a project to reveal the 'hidden waiting list' of people awaiting follow up appointments and explore patient experiences of follow ups 	Not yet started	Head of Policy, Public Affairs & Research	Q3 2024/25	Not yet started				
		<ul style="list-style-type: none"> Complete projects on diagnostic hubs and cervical screening that have carried over from 2023/24. 	The report on CDCs was published w/c 27/8. The cervical screening report will be published w/c 15/9	Head of Policy, Public Affairs and Research	Q1 2024/25	Completed				
		<ul style="list-style-type: none"> Assess how we are perceived across stakeholders through round four of stakeholder perceptions research. 	Not yet started	Head of Policy, Public Affairs and Research	Q2 2025/26	Not yet started				
13	Lead by example and encourage the	<ul style="list-style-type: none"> Publish insight pieces once per 	During this period, we have published 5 insight pieces.		Q4 2025/26	On track	KPI At least ten insight pieces to be	Our insight on physician	Q4 2024/25	On track

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status	
	network to focus less on the quantity of data and more on who we are listening to.	month, with a strong focus on stakeholder engagement and achieving impact from published pieces.	The impact model is drafted but yet to be finalised.	Head of Policy, Public Affairs and Research				published per year, a minimum of two with additional quantitative insight.	associates included results from polling		
					Q4 2025/26	Not on track	KPI	Four insight pieces to be assessed as impactful under the new impact model	Impact model has not yet been finalised	Q4 2025/26	Not yet started
14	Increase our influence and provide greater support to the network to ensure that policy changes are driving real world improvements.	<ul style="list-style-type: none"> Support local Healthwatch to engage and influence effectively with new political stakeholders. 	Template letter shared with local Healthwatch on 12 July. Policy team-led webinar held on 17 July attended by 46 local Healthwatch on how to work with new MPs.	Head of Policy, Public Affairs and Research	Q1 2025/26	On track	KPI	Three quarters of MPs say that they know at least a little about what Healthwatch does (Baseline 60%, 2023)	Report due Q1 2025/26	Q1 2025/26	On track
		<ul style="list-style-type: none"> Support local Healthwatch to deliver implementation of the revised Accessible Information Standard. 	The revised AIS has still not been published by NHSE	Head of Policy, Public Affairs and Research	Q2 2024/25	Not on track					

LOCAL HEALTHWATCH RELATIONSHIP

STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status	
15	Healthwatch England and	<ul style="list-style-type: none"> Deliver Healthwatch England's 	Delivery of the Learning and Development Programme and	Head of Network Development	Q4 2024/25	On track	KPI	Number of Healthwatch	93% of Healthwatch	Q4 2024/2025	On track

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
	Local Healthwatch have evaluated and redefined their relationship to maximise collective quality and impact (nationally, regionally, and locally).	<p>statutory activities to provide advice and support to local Healthwatch including:</p> <ul style="list-style-type: none"> • Delivery of a Learning and Development programme aligned to core skills framework • Delivery of an events programme including National Conference and Awards • Facilitate communication and collaboration between Healthwatch England and local Healthwatch, as well as among Healthwatch themselves, to enhance our collective effectiveness and influence. • Delivery of a programme to support Healthwatch to demonstrate and communicate their impact • Publish a report on the funding and activity levels of the Healthwatch network 	<p>National Conference is on track. We are launching Awards 2025 in September.</p> <p>Impact support: (i) 96% of Healthwatch used our annual report template as a starting point for their 23/24 reports; (ii) a template Stakeholder Perceptions survey is now available for local Healthwatch use; (iii) a blog was published on lessons from four Healthwatch leaders who have developed a strong approach to impact.</p> <p>Report on the funding and activity levels due Q4.</p>		<p>Q4 2025/26</p> <p>Q3 2024/25</p> <p>Q4 2024/25</p> <p>Q4 2024/25</p> <p>Q4 2024/25</p>		<p>reporting outcomes in annual report</p> <p>90% of Healthwatch rate Healthwatch England support as good or very good</p>	<p>reported at least one outcome in their 23/24 annual report. This is the same as in 22/23 however there has been a significant increase in the number rated as 'medium' strong in this respect as opposed to 'low' showed a strong increase in outcomes reporting and 38 a slight increase. The previous year. 46 Healthwatch</p>		

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	KPI RAG Status
		<ul style="list-style-type: none"> Deliver Healthwatch England's statutory activity to provide advice and information to local authorities on commissioning an effective Healthwatch service. 	We are working with local authorities to develop a template contract and monitoring framework. We engage with all local authorities in run up to tendering using our checklist. Q2 is usually quiet for commissioning – we have advised on eight tender specifications and provided guidance to a further 12.	Head of Network Development	Q4 2024/25	On track				
		<ul style="list-style-type: none"> Assist and evaluate Healthwatch in establishing effective relationships with the new Care Quality Commission structure and assessment approach and support the implementation of a new patient safety escalation process. 	We continue to support individual Healthwatch in establishing effective relationships with new CQC teams and in preparation of their local authorities being assessed by CQC. We are kept updated by CQC on their assessment approach and await the final Dash Review. We are evaluating HW/CQC relationships as part of our annual survey in Q3. We have an interim solution for new patient safety escalation process and continue to facilitate patient safety meetings for Healthwatch.	Head of Network Development	Q4 2024/25	On track				
16	The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch	<ul style="list-style-type: none"> Scope and propose a new model, building consensus with stakeholders and develop and deliver an implementation plan, aligned to the 2030 workstream 	We have carried out engagement with Healthwatch and other stakeholders. We facilitated a working group of Healthwatch to inform proposals. We will continue to work on detail of the proposed new model until end of 2024 and present to National Committee. We have engaged with LGA	Head of Network Development	Q3 2024/25	On track	KPI New Model proposal	Presentation of options Detailed work on proposed model commenced for reporting to National committee in Q3 24/25.	Q3 2024/25	On track

ORGANISATIONAL DEVELOPMENT

STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	RAG Status
17	Sustainability of Healthwatch England and the Network - Healthwatch 2030	<ul style="list-style-type: none"> Scope and cost a programme of work to explore organisational impact and shape for the long term 	We have developed a programme called 'Healthwatch 2030' which takes into account all the opportunities presented by the current context including the new Government, Dash phase 2 review, and our involvement in development of the NHS 10-year plan	Chief Executive	Q3 2024/25	On track	Regular discussions with civil servants and external stakeholders			On track
		<ul style="list-style-type: none"> Undertake wide consultation on opportunity and risk for Healthwatch 	Local Healthwatch, Commissioners and the LGA have been involved in extensive discussions about new model, and we have also discussed this with DHSC		Q3 2024/25	On track	Involvement of 100 stakeholders in developing 'Healthwatch 2030'	101 HW have been involved in conversations about the new model and a similar number of local authorities. The Leadership Team have also had meetings with a number of meetings with stakeholders.	On track	
		<ul style="list-style-type: none"> Build into next strategy iteration 2026-2030 	Not yet started		Q3 2024/25	Not yet started	KPI		Q3 2024/25	Not yet started
		<ul style="list-style-type: none"> Take advantage of opportunities for expansion of Healthwatch role and financial sustainability in an agile way; continue to explore income generation and modelling shape of Healthwatch England. 	Louise Ansari and Chris McCann has now met with chair of CQC committee Zoe Fyffe. The CQC Deputy Director of Commercial and Contracts has shared CQC guidance on funding. Following August investment committee meeting Chris has contacted Jill Marsden to discuss where opportunities might lie.		Q4 2025/26	On track	KPI		Q4 2025/26	On track

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	RAG Status
		<ul style="list-style-type: none"> Review progress on our 2023-26 strategy 'our future focus' 	Review of our current strategy is due in Jan 2025		Q2 2024/26	Not yet started	KPI New strategy process and delivery by end March 2025	Review is due to commence in Jan 2025	Q2 2024/26	Not yet started
18	Culture We will create a new process with committee and staff to establish a new culture set within our organisation	<ul style="list-style-type: none"> Complete our new culture development process 	We have worked with HW to develop a set of behaviours for each of the values.	Chief Executive Officer/ Head of Operations, Finance and Development / Head of Network Development	Q3 2025/26	On track	KPI 80% of staff feel that their daily work practices and interactions align with our new cultural values and expectations by Jan 2025	Pending staff survey 2025/26	Q3 2025/26	Not yet started
		<ul style="list-style-type: none"> Clearly outline new values and behaviours expected across Healthwatch England and the network 	We have promoted the values to the HW network We have produced three videos where a HW talk about what the values mean for their HW		Q2 2024/25	On track	KPI 70% of the network understands the values and behaviours.	Awaiting annual survey results in Q3.	Q2 2024/25	Not yet started
		<ul style="list-style-type: none"> Define and agree mechanisms for ensuring culture is embedded in our internal processes and external work 	We are asking HW to report on their understanding and application of values in their work through the annual survey - which was launched w/c 2 September - results at the end of Q3.		Q3 2024/25	On track				
		<ul style="list-style-type: none"> Evaluate the impact of our culture change work 	We have included a question on the values in the local Healthwatch annual survey with results in Q3.		Q4 2025/26	Not yet started				
19	Review of Policies Healthwatch England and CQC will review the policies and processes in place to ensure they are fit for our purpose.	<ul style="list-style-type: none"> Review the CQC policies that govern us and produce a condensed version that is applicable to our work. 	We are now in the process of reviewing the CQC policies and guidance that governs our work to ensure they are relatable to our line of work.	Head of Operations, Finance and Development	Q4 2025/26	On Track	KPI 100% of CQC policies set for review are abridged and approved for Healthwatch England use.	10% of our policies have been reviewed and pending approval from Leadership team and CQC	Q4 2025/26	On Track

No.	Strategic Objectives	Activities	Updates	Owner/Lead	Delivery Date	Project /Activity RAG Status	Key Performance Indicators (KPIs)	KPI Updates	Delivery Date	RAG Status
20	Service Level Agreements (SLAs) Our SLA clearly defines and aligns with our expectations of the service we require from CQC to carry out our work.	<ul style="list-style-type: none"> Establish measurable standards within the SLAs, so we can provide feedback to CQC on the service we are receiving and review SLAs in January 2025. 	CQC is looking to update the CQC Corporate Governance Framework over the next couple of months and obtain CQC Board approval in February. CQC have scheduled a meeting with HWE to discuss the governance arrangements between HWE and CQC. Following this review, measurable standards will be established.	Head of Operations, Finance and Development	Q4 2025/26	Not started	KPI 100% of SLAs meet or exceed the defined standards in the SLAs agreements.	Measurable standards, pending the completion of CQC Corporate Governance Framework	Q4 2025/26	Not yet started
21	Finance and Governance Our committee, finance and staff will maintain the highest standards of governance	<ul style="list-style-type: none"> Review the committee standing orders and accountability framework (January 2025). 	Due to be completed in January 2025	Head of Operations, Finance and Development	Q4 2025/26	Not started				
		<ul style="list-style-type: none"> We will maintain a full quota of committee members in post. 	By the end of 2024, the tenure of three committee members will have concluded. We are currently in the process of recruiting for the three committee positions, with one committee member appointment already confirmed.		Q3 2024/25	On Track				
		<ul style="list-style-type: none"> We will conduct two budget reforecasts (October and January) to ensure accurate financial projections and align resources effectively. 	The Leadership Team is currently in the process of reforecasting our budget, which is due for completion in October and will be reported at the next Audit, Finance, and Risk Sub-Committee (AFRSC) meeting on 17 October.		Q4 2024/25 and Q4 2025/26	On Track				
		<ul style="list-style-type: none"> We will carry out an annual staff survey to improve staff overall experience and enhance organisational performance. 	Our staff survey is now being finalised and will be available for staff to complete by the second week of October.		Q3 2024/25	On Track				

AGENDA ITEM: 2.2

AGENDA ITEM: Public Committee Meeting Forward Plan

PRESENTING: Chair

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out for the agenda items for the Public Committee meeting taking place in 2024 and 2025.

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

Healthwatch England Committee Meeting in PUBLIC Forward Agenda 2024/25

Date	Agenda Items
<p>Standard Items for each Public Committee meeting</p> <ul style="list-style-type: none"> • Welcome and Apologies • Declarations of Interest • Minutes and Actions from last meeting • Local Healthwatch and Healthwatch England policy project highlight • Chair’s Report • Chief Executive’s Report • Committee Members’ Reports • AFRSC Minutes and Report • Delivery and Performance report • Forward Plan • Questions from the public • AOB 	
<p>Additional Agenda items to consider</p>	<ul style="list-style-type: none"> • Digital Strategy • Listening campaign • Reports or presentation on opportunities for us to engage with the new government and influence healthcare policy and decision-making – (Healthwatch 2030)
<p>26 November 2024</p>	<ul style="list-style-type: none"> • Welcome to new committee members • LHW/HWE or other External presentation on a key influencing area • Healthwatch 2030/new model • EDI update • October Budget Reforecast 2024/25 • Financial Modelling 2025/26

Date	Agenda Items
	<ul style="list-style-type: none"> • Committee member farewell
20 February 2025	<ul style="list-style-type: none"> • LHW/HWE or other External presentation on a key influencing area • Two Year Review of Strategy process • January Budget Reforecast 2024/25 • Budget plan 2025/26 • Committee Accountability Framework – Approval
20 May 2025	<ul style="list-style-type: none"> • Budget 2025/26 – Approval • AFRSC: <ul style="list-style-type: none"> ◦ Strategic Risk Register 2025/26 – Approval • EDI End of Year report • AOB
23 September 2025	<ul style="list-style-type: none"> • HWE Conference • Speak-Up Guardian Annual Update
25 November 2025	<ul style="list-style-type: none"> • LHW/HWE or other External presentation on a key influencing area • Healthwatch 2030 • Business Plan 2026/29 • EDI update • October Budget Reforecast 2025/26 • Financial Modelling 2026/27