

# **Healthwatch England**

## **Public Committee Meeting**

22 September 2025

Full Committee Papers

## Healthwatch England 22 September 2025

### Meeting #52 Committee Meeting in Public

13:30 pm – 15:00 pm

**Location: Wandle Room 39, 2<sup>nd</sup> Floor, 2 Redman Place, Stratford, London E20 1JQ**

Time	Public Committee Meeting – Agenda item	Presenter	Action
13:30	1.1 Welcome and apologies	CHAIR – DCA	
13:35	1.2 Declarations of interest	CHAIR – DCA	
13:40	1.3 Minutes of meeting held on the 20 May, and action log	CHAIR – DCA	FOR APPROVAL
13:45	1.4 Chair's Report	CHAIR – DCA	VERBAL, FOR NOTING
13:50	1.5 Chief Executive's Report	LOUISE ANSARI	FOR NOTING
14:10	1.6 Committee Members' Reports	COMMITTEE	FOR NOTING
14:20	1.7 Audit, Finance and Risk Sub Committee Update: a) July Budget 2025/26	JANE LAUGHTON	FOR NOTING
14:40	1.8 Forward Plan	CHAIR – DCA	FOR NOTING
14:45	Questions from the public	CHAIR – DCA	
14:55	AOB:	CHAIR – DCA	
<b>Date of Next Meeting – 24 November at Stratford</b>			

**CONFIDENTIAL**

**AGENDA ITEM 1**

**Healthwatch England Committee Meeting  
Held in PUBLIC**

**MS Teams Meeting and in Person at  
2nd Floor 2 Redman Place, Stratford**

**Minutes of Meeting No. 51 – 20 May 2025**

**Present**

Professor David Croisdale-Appleby (DCA)	HWE Chair
Belinda Black (BB)	Co-Chair Committee Member
Jane Laughton (JL)	Committee Member
Professor Sultan Mahmud (SM)	Committee Member
Debbie Bartlett (DB)	Committee Member

**In Attendance**

Louise Ansari (LA)	HWE Chief Executive	<b>Item 7 &amp; 9</b>
Chris McCann (CMcC)	Deputy Chief Executive	<b>Item 2.2c</b>
Ben Knox (BK)	Head of Communications	
Will Pett (WP)	Head of Policy, Public Affairs and Research & Insight	
Sandra Abraham (SA)	Head of Operations, Finance & Development	<b>Item 2.2 a &amp; b</b>
Carmen Fuertes-Riestra (CFR)	Strategy, Planning & Performance Manager	

**Guests**

Rebecca Curtayne (RC)	Healthwatch England, External Affairs Manager	
Sue Edwards (SE)	Healthwatch England, Research & Insight Manager	<b>Item 1.4</b>
Paul Callaghan (PC)	Healthwatch England, Policy Manager	<b>Item 1.4</b>
Sian Balsom (SB)	Healthwatch York Manager	<b>Item 1.5</b>

**Online**

Gavin Macgregor (GM)	Head of Network Development
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**Apologies**

No.	Agenda Item	Action Lead
1.1	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed all attendees to the meeting. Apologies were received from Dr Joanna Bircher, who informed the committee in advance of her prior commitment.</p> <p>It was noted that no members of the public were in attendance.</p>	
1.2	<p><b>Declarations of Interest</b></p> <p>No declarations of interest were made.</p>	
1.3	<p><b>Minutes and Actions from previous Meeting</b></p> <p>The minutes of the meeting held on 20 February 2025 were approved as a true and accurate record.</p> <p><b>Update on actions:</b></p> <p>The action log was reviewed, with updates on completed and ongoing tasks.</p> <p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	
1.4	<p><b>Presentation – Healthwatch Report on ADHD – Presenters: Sue Edwards (SE) and Paul Callaghan (PC) Healthwatch England</b></p> <p>LA explained to the committee that there has been strong interest from the Healthwatch network on ADHD, with many people sharing their experiences and concerns, especially about long waits and lack of support. This led to national involvement, including input into the NHS England ADHD Taskforce.</p> <p>SE and PC presented findings from two surveys showing that ADHD affects many areas of life, mental health, work, relationships, and daily tasks. Many faced long waits for diagnosis and limited help. Few receive workplace support, though those who do report finding them helpful. A diagnosis is often described as life changing.</p>	

No.	Agenda Item	Action Lead
	<p>Committee members asked about the validity of long wait time statistics, the nature of relationship difficulties reported, and how ADHD affects mental wellbeing. They discussed awareness and access to medication, including issues with private diagnoses and shared care agreements. Questions were raised about workplace support, learning from practices used for other conditions, and the importance of providing clear information both while waiting and post-diagnosis. Members also stressed the need for better data, transparency around waiting times, and ensuring national guidance includes practical and accessible information for those affected and encouraging more support from employers.</p> <p><b>The Chair and committee thanked SE and PC for their presentation.</b></p>	
1.5	<p><b>Presentation – Listening to Neurodivergent People in York – Sian Balsom (SB), Healthwatch York Manager</b></p> <p>SB shared insights from their 2023 and 2025 reports on ADHD and autism. The 2023 report, <i>I want to know, I want a diagnosis, I want help</i>, focused on how important and validating a diagnosis can be. She explained that accurate diagnoses often lead to better support and can prevent long-term mental health crises.</p> <p>A pilot assessment pathway launched in York in 2023 aimed to improve access, but faced issues like long waits, poor communication, and lack of capacity. Over 90% of people assessed received a diagnosis, suggesting underdiagnosis is a bigger issue than overdiagnosis.</p> <p>SB highlighted confusion caused by different diagnostic standards (ICD-10 vs. ICD-11), which can lead to NHS services rejecting valid private diagnoses. She also raised concerns about digital forms used for referrals, which excluded many neurodivergent people. While phone support is now available, accessibility remains a key issue.</p> <p><b>The Chair thanked SB for her presentation and commitment to continue tracking progress.</b></p>	

No.	Agenda Item	Action Lead
1.6	<p><b>Chair's Report – David Croisdale-Appleby (DCA)</b></p> <p>The Chair reported on his latest visits to several local Healthwatch in the Northwest. He commented that the quality of their work was outstanding, especially their innovative approaches and impactful research.</p> <p>One local Healthwatch highlighted challenges in getting media coverage due to funding constraints and the need for ethics reviews.</p> <p>Time was spent exploring possible routes through NIHR and other bodies to support them in extending their research reach. A strong theme throughout the week was women's health, not just adapting men's health models, but creating more holistic, psychosocial approaches, including thoughtful work on menopause. There was also impressive work around prison in-reach and support for people returning to the community.</p> <p>The Chair noted that it was great to build on LA's earlier visit and see follow-ups from local teams. Despite mixed funding levels, the commitment, creativity, and energy across the region were inspiring.</p>	
1.7 & 1.9	<p><b>Chief Executive Report – Louise Ansari (LA)</b></p> <p><b>LA combined her report with the Dash update.</b></p> <p>Despite delays with the Dash review, planning continues, with updates expected in late June or early July. LA highlighted strong team performance, especially in communications, and noted concerns about the effects of local authority changes and ICB mergers on local Healthwatch. Support options are being explored, with GM and LA looking at how best to support local Healthwatch during the transitional phase.</p> <p>Learning and development feedback is positive, though tracking participation from local Healthwatch remains difficult. Work is underway to improve data, with GM focusing on tracking users. LA stressed the need to focus on people's experiences as NHS reforms and budget cuts progress. RC is developing questions to</p>	

No.	Agenda Item	Action Lead
	<p>understand service changes and their impact on the Local Healthwatch, including access and equality.</p> <p><b>The Chair thanked LA for the update and the committee noted the report.</b></p>	
1.8	<p><b>Committee Members' Reports</b></p> <p>BB recently met with Helen Rushworth, CEO of Healthwatch Bradford, to learn more about their work.</p> <p>JL has been invited to speak at Healthwatch Nottinghamshire's next annual event, with LA offering their assistance in their preparation.</p>	
2.1	<p><b>Audit, Finance and Risk Sub Committee (AFRSC) Update - Jane Laughton (JL)</b></p> <p>JL confirmed that 100% of the 2024/25 budget was spent, thanks to careful management led by SA.</p> <p>The 2025/26 budget has been set at £3.35 million, effectively a real-terms decrease. Some funds have been set aside to support any changes following the Dash review.</p> <p>The sub-committee also acknowledged limited options for generating additional income.</p> <p>The updated strategic risk register was reviewed, with minor changes made. A future risk register linked to the Dash review will be considered once the review is complete.</p> <p><b>DECSION: The committee approved the 2025/26 budget and the updated risk register.</b></p> <p><b>The Chair thanked JL for the update.</b></p>	

No.	Agenda Item	Action Lead
2.2	<p><b>Business Items:</b></p> <p><b>a) Delivery and Performance Report 2024/25 – Sandra Abraham (SA)</b></p> <p>The committee received an update on the 2024/25 business plan, which marks the end of the first year of a two-year plan. Of the total activities, nineteen have been completed, thirty-two remain on track and will continue into 2025/26, while three have been paused and two will not be completed, due to resource constraints. Four projects have not yet started.</p> <p>The committee commended the team for strong delivery across all work programs. Praise was given to the communications campaign “Share for Better Care Week,” along with new brand materials also being rolled out, with improved accessibility features and translated content.</p> <p><b>b) Business Plan and KPI 2025/ 26 – Sandra Abraham (SA)</b></p> <p>The 2025/26 amended business plan was also presented for approval. While largely unchanged, it reflects minor updates from the leadership team and will remain under review. The committee approved the plan, acknowledging that revisions may be required following the upcoming Dash review and NHS 10 Year Plan, which could impact future direction and operations.</p> <p><b>DECISION: Revised Business Plan approved by Committee</b></p> <p><b>c) EDI End of Year report update – Chris McCann (CMcC)</b></p> <p>CMcC presented the end-of-year update on EDI, reinforcing that tackling health inequalities remains one of Healthwatch England’s three strategic priorities. The update summarises the work undertaken across the organisation over the past year to embed EDI principles not just in external projects, but in internal operations as well.</p> <p>The EDI plan, published annually in June or July, holds the organisation accountable to its aims. Chris emphasised that EDI is not treated as a standalone or tick-box exercise, but as a central</p>	



No.	Agenda Item	Action Lead
	<p>thread that runs through all aspects of our work, internally and externally. The report covers a broad range of focus areas, including ethnicity, gender, sexuality, rurality, and people with sensory impairments.</p> <p>The committee praised the depth of the work and the genuine commitment shown across the organisation. It was noted how vital this focus remains, particularly during periods of structural change and financial pressure, when EDI efforts can risk being deprioritised elsewhere.</p> <p>It was also noted that during times of financial constraint and organisational change, EDI can be overlooked in many sectors. However, Healthwatch England is committed to ensuring these efforts are protected and sustained because they are central to achieving equitable outcomes for people and communities.</p> <p>The Chair asked for clear and comprehensive notes to reflect the importance of the EDI work, emphasising that it should not be a passing mention but properly recorded to acknowledge its strategic value.</p> <p><b>The Chair thanked SA and CMcC for the updates and the committee noted the report.</b></p>	
2.3	<p><b>Forward Plan</b></p> <p>The committee was invited to suggest future agenda items for committee public meetings, private sessions, or workshops. These may evolve after the Dash review and the NHS 10-year forward plan, especially in response to changes in ICB and local authority priorities. Committee members and the Leadership team were encouraged to share ideas at any time.</p> <p>There was also discussion about how to keep the board better informed on the volume and detail of ongoing work between formal meetings, with suggestions including more regular updates and an annual planning session to shape priorities.</p>	

No.	Agenda Item	Action Lead
	<p><b>Questions from the public</b></p> <p>No questions were submitted by the public.</p>	
	<p><b>AOB</b></p> <p>Under any other business, it was noted that Chris Gorman will be stepping down as Speak Up Guardian due to his new role as a communications reservist with the RAF. Tim Cohen from the communications team has volunteered to take on the role. The committee and all staff are to take note of the change in Speak Up Guardian and direct any future concerns to Tim.</p>	
	<p><b>Future dates for committee and subcommittee meetings 2025</b></p> <ul style="list-style-type: none"> <li>• Audit, Finance and Risk Sub Committee (AFRSC): 23 October</li> <li>• Committee Workshop: 7 October</li> <li>• Committee Meeting: 23 September</li> </ul>	
	<p>The meeting was formally closed by the Chair with thanks to all attendees.</p> <p><b>End of Meeting.</b></p>	

**Scroll down for a list of actions.**

## HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

**No Actions recorded.**

Agenda Item	Lead	Reference	Action	Deadline	Status

## Committee Public Meeting

Monday, 22 September 2025 at 13:30pm – 15:30pm

### AGENDA Item: 1.4

**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 2025

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

## Background

This summer has been a difficult period. The announcement in early July as part of the NHS 10 Year Plan that Healthwatch England and the network of local Healthwatch are to be closed down was very disappointing news for our staff and everyone associated with Healthwatch who proudly supported people and communities have to speak up about their experiences of health and social care.

Amid this challenging context the team at Healthwatch England has operated with the highest degree of professionalism and continued to deliver excellent and impactful work

In June we published a report examining the public's experience of Pharmacy First identifying what's working and continuing challenges.

In July we published research on GP Choice outlining evidence of a "choice gap", where people are not always getting the choices, they want and may be entitled to. Also, in July we published a report on the barriers to care that transgender and non-binary people often experience focusing on their experiences with GPs.

These projects are just some of the excellent work that has been delivered while we begin to support a smooth transition of our functions to the NHS and Government, so that the voices of patients and the public continue to be heard.

# **1. Transition of Healthwatch**

## **1.1 Our contribution to the Dash review and 10 Year Plan**

In February 2024 under the previous Government, we were informed that Healthwatch would be subject to an organisational review by DHSC as part of a rolling programme of ALB reviews. With the change of Government this Healthwatch specific review did not take place.

However, a review of the Care Quality Commission by Dr Penny Dash was already underway and her report was published in October 2024. The report found significant failings in the CQC, and said it had 'lost credibility in the health and social care sectors'. It found that the CQC's ability to identify poor performance and support quality improvement has deteriorated and undermined the health and social care sector's capacity and capability to improve care.

Following on from this report the Secretary of State announced that Penny Dash would carry out a second broader review of patient safety across the health and care landscape.

The main focus of the review was on the following six organisations:

- Healthwatch England (HWE) and the Local Healthwatch (LHW) network
- Health Services Safety Investigation Body
- Care Quality Commission (CQC) - including the Maternity and Newborn Safety Investigations programme
- National Guardian's Office (NGO) – NGO is hosted by CQC and its work on staff experience should inform improvements in patient safety
- Patient Safety Commissioner
- NHS Resolution (patient safety-related learning functions only, not clinical negligence functions).

We carried out consistent and deep engagement with the Dash review team. Throughout the period of the review, we made the case for the strengthening of the Healthwatch movement both in terms of its independence, remit and finances. We had our first formal meeting with the Dash team on September 19<sup>th</sup>, 2024, but had been in regular contact with the team before this. In October 2024 we provided a thorough submission outlining the functions and duties of Healthwatch to the review team. We

also helped organise a patient listening round table providing a list of attendees. We also liaised with the review team around our research into NHS Complaints. Although our report was not due to be published until January 2025, in November 2024 we provided the Dash team with a presentation of our analysis that showed a complaints system that is not working effectively for the individuals complaining, the providers managing complaints, nor the system trying to understand the national picture. We included unpublished polling, qualitative data from two roundtables, FOI research findings and recommendations.

We arranged for a meeting between Dr Penny Dash and cross section of Local Healthwatch which took place on November 13<sup>th</sup>, 2024. This meeting was designed to help the review team understand:

- How Local Healthwatch saw their role.
- Where they thought there are opportunities to improve “use of the patient voice” – with a focus on how complaints are managed.
- How people who have been harmed could/should be interacting with the system.
- How they think surveys/capturing user input could be improved.

Throughout the first half of 2025 we maintained continuing communication with the Dash team.

In February our Chair and CEO wrote to the Secretary of State thanking him for the open spirit of how the Dash review was being undertaken and the many opportunities we had to contribute. We urged him to uphold the independence of a national patient voice body in the future. We continued to communicate with the team up until we were contacted on June 28<sup>th</sup> to be made aware of the outcome of the review and that this would appear in media the following day.

As well as our input into the Dash review we had a broader input into the NHS 10-Year Plan. Our Chief Executive, Louise Ansari, was selected by the government to co-chair a vision working group covering access to healthcare. Throughout the period we made the case for a stronger Healthwatch England and a stronger Healthwatch movement, as we have done for many years. We talked about the potential for us to use new technology to ensure more insight makes a difference. We proposed that we undertake or oversee some of the disparate surveys of patient experience and have a bigger role in complaints reform. We asked that a

more sustainable network of local Healthwatch be created. Clearly the final decision about Healthwatch was not what we wanted.

## **1.2 Maintenance of statutory function**

Healthwatch can only be disestablished by an Act of parliament. We have sought legal advice to ensure that we understand what level of function we need to maintain to continue to carry out our legal duties. We are planning a phased wind-down of the organisation to ensure that we deliver against our legal obligations.

## **1.3 Management of Change**

We have clarified with the Department of Health that Healthwatch England's Management of Change (MOC) process should take place under CQC's MOC policy, and since July we have been working closely with CQC HR to ensure that this is adhered to.

We are at pains to carry out this process in partnership with staff. We held an in-person all-staff meeting in July to facilitate this and have instituted a fortnightly all-staff meeting where we provide updates to staff on the progression of the MOC and provide an opportunity for staff to ask questions and air any concerns.

All staff members have also been spoken to on a one-to-one basis. We are working with the Trade Unions (Unite, Unison, PCS and RCN) to ensure that the management of change process adheres to all policies and proceeds in as smooth and non-traumatic a way as possible. We had our first meeting with the unions on September 3<sup>rd</sup> and have scheduled fortnightly check-ins to ensure that the MOC is delivered correctly.

All communications to staff around the MOC will be done in partnership with the Unions.

## **1.4 Finance and Procurement**

We have rephased our annual budget to ensure that we are placed to meet the financial demand of the MOC as much as possible over a two-year period including potential redundancy payments based on age and years of service, outplacement support, such as CV writing and job search assistance. We have engaged an external supplier, Kaleidoscope, to augment the existing CQC offer. We are supporting training and upskilling, by doubling our staff training budget from £40k to £80k, many staff have

already taken advantage of this provision by undertaking enhanced training courses.

We have engaged with CQC finance leads to explore contingency funding, particularly if redundancies occur later in the financial year when most of the pay budget would have been spent.

We have stopped the recruitment of new staff and also stopped the procurement and development of new systems. We have also reviewed all current procurement contracts and are assured that any long-term commitments have break clauses.

## **1.5 Network support**

Through the summer we have continued to provide our normal level of support to Local Healthwatch. In addition, we have held meetings and seminars with the network to keep them informed of developments regarding the implications of the Dash review and NHS 10 Year Plan for local Healthwatch. The first of these took place on Monday July 1, and we have continued to engage with Local Healthwatch since the announcement. We have also passed onto DHSC questions raised by the network regarding timelines and implementation and pressed Government to provide clarity as soon as possible.

We have ensured that DHSC and Ministry of Housing, Communities and Local Government communicated to local government commissioners that they are required to maintain a Local Healthwatch Service until a new Health and Social Care Bill is passed.

We are pressing for delivery of this year's LRCV grant and for assurance around the Central Government funding mechanism for local Healthwatch post the 2025/26 financial year.

There is a strong sense of frustration among Local Healthwatch about the lack of clarity on timelines for the transition process.

## **1.6 Legacy**

We are working with the King's Fund on a flagship legacy report which will outline our legacy setting out how we have delivered for the public and communities and learnings that can be taken for local systems, national bodies including regulators, charities and others. We intend to publish this report later this financial year.



We are also finalising our plans for (a) our Annual Report to Parliament which will focus on our impact and (b) our State of Patient Experience report which will focus on our current insight and what key issues the implementation of the ten-year plan should address. Both reports will also be published later this financial year.

### **1.7 Engagement with DHSC**

We have met with the team within DHSC on several occasions to provide input into the transfer of statutory functions from Healthwatch England to government, and from local Healthwatch to integrated care boards (ICBs) and local authorities.

This has involved providing clear, factual information to the team with the responsibility for setting up the Directorate of Patient Experience. We have offered a clear overview of how Healthwatch's statutory functions have been delivered to date and drawn attention to challenges and risks that government will need to address. We will continue to provide support in this way to ensure that, as far as possible, service users continue to have their voices heard in future.

### **1.8 Digital assets and data transfer**

We have met with CQC's digital team to ascertain what if any of our digital assets and data they wish to retain. We will continue to work with CQC to ensure that all our data remains secure and all data is either transferred or destroyed in an appropriate manner.

### **1.9 Roll of the Healthwatch England Committee in Transition**

Our National Committee will have a key role to play during what seems likely to be an extended wind down of the organisation. The committee will need to provide scrutiny and assurance over the Management of Change process to ensure this takes place in a strategic manner. It will also provide assurance that Healthwatch England continues to meet its legal obligations during the wind down period. Individual committee members may choose to offer support to staff as they plan their futures in a post Healthwatch world. Committee meetings will offer committee members the opportunity to focus on specific aspects of the transition that require extra scrutiny. Outside of meetings, committee members may choose to use their influence with local and national stakeholders to influence the landscape of patient listening that will be shaped via the 10-Year Plan. We welcome any other proposals from committee members for activity that they could carry out during the transition period.

## **2. Influencing**

### **2.1 The 10 Year Health Plan**

In July 2025, the government published [‘Fit for the Future: the 10 Year Health Plan for England’](#). To directly inform this plan, Louise Ansari co-chaired the ‘access’ working group to develop reform ideas with members of the group and the other co-chair Emily Lawson (at the time the NHS England Chief Operating Officer).

Many of the ideas developed through this working group and its report for the Secretary of State were included in the final 10-year plan. These include improved support for those in mental health crisis; increased use of the NHS App for accessing services, records and test results; and improved information for patients around choice and waiting for care.

### **2.2 Standards for care in the first 72 hours**

In July 2025, we were approached by NHS England to input into standards being developed for the first 72 hours in hospital. This was a commitment set out in the UEC Delivery Plan.

We set out our feedback in writing to the team leading the standards, as well as verbally to the NHS England UEC National Clinical Director. In September 2025, NHS England confirmed that as a result of this feedback they had included new standards on communication with patients in the document – a key measure we had pressed for. We continue to support the NHS England on public-facing resources to explain these standards.

### **2.3 LGBT+ health evidence review**

In April 2025, the Secretary of State for Health and Social Care commissioned NHS England to undertake an LGBT+ health evidence review. This will aim to better understand LGBT+ healthcare needs, provide expert insight and recommendations.

In July 2025, we published a report outlining the experiences of trans and non-binary patients’ experience of GP services. Speaking at the NHS LGBT+ National Conference in September 2025, the Secretary of State referenced our work when talking about the need to improve services for LGBT+ patients. We continue to press for our work to be reflected in the evidence review.

## **2.4 Elective care minimum waiting standards**

In January 2025, and further to pressure from Healthwatch England, DHSC and NHS England included a commitment to a set of minimum requirements around communications and support for patients while they wait for elective treatment.

We have since had several conversations with DHSC around the detail of these standards and how they should be delivered, monitored and assessed. In September 2025, we were invited to join the Advisory Group that will shape the work to map the core standards and service offer. The first meeting will take place on 1 October 2025.

## **3 External Updates**

### **3.1 Strikes**

Resident doctors went on strike for five days in July 2025. Healthwatch England's view was that the BMA and government should agree a resolution as soon as possible to prevent further disruption to patient care. We also wanted trusts to get it right on the timing of any cancellations and not leave it until the last minute.

In September, the Secretary of State joined a special meeting of the British Medical Association's representative body in an effort to avert further strikes.

### **3.2 NHS League Tables**

In September 2025, the government announced the introduction of NHS trust performance league tables. Every trust in England will be ranked quarterly against a range of services, ranging from urgent and emergency care to elective operations and mental health services. Our public response received pick up across national media and can be viewed in full [here](#).

### **3.3 Government reshuffle**

In September 2025, transplant and vascular surgeon Dr Zubir Ahmed MP was appointed as the Parliamentary Under-Secretary of State for the DHSC as part of a reshuffle of ministers. He became an additional minister rather than a replacement for an existing minister. Dr Ahmed was first elected in 2024 to the seat of Glasgow South.

There were also three new Parliamentary Private Secretaries appointed to DHSC: Joe Morris MP, Steve Race MP, and Rosie Wrighting MP. All three were elected in 2024.

## 4 Support to the Healthwatch Network

- 4.1** In addition to communications about the outcome of the Dash Review, we continue to provide support to both local Healthwatch and local authority commissioners. A key focus has been our annual review of local Healthwatch annual reports as part of our programme to strengthen how Healthwatch demonstrate the difference they make. When we commenced this analysis in 2021/22, only 40% of reports clearly demonstrated the outcomes achieved by local Healthwatch. Thanks to the hard work of local teams, supported by tailored resources and guidance from Healthwatch England, this figure has now risen to 92%.

Examples of outcomes achieved include:

- **Healthwatch Sefton:** work on Urgent Treatment Centres led to clearer waiting-time systems, increased staffing, and improved facilities.
- **Healthwatch Southwark:** secured the appointment of a designated learning disability and autism champion in every GP practice.
- **Healthwatch Derbyshire:** improved information for people with mobility issues and better communication for those waiting longer than six weeks for audiology services.

- 4.2** We have successfully launched **Workvivo**, the new online community platform for local Healthwatch, following the withdrawal of Workplace. Workvivo enables teams to share practice, collaborate with each other, and ask Healthwatch England questions about our work.
- 4.3** We continue to deliver our Learning and Development Programme linked to the core skills of running a local Healthwatch, such as research methodology. We are also committed to embedding equity, diversity and inclusion, including through specific training – for example, our recent sessions on neurodiversity.

## 5 Communications

**5.1** We have continued to maintain our communications when it comes to our insight and advice and information. We have also continued to market the service provided by local Healthwatch. Although we have paused our wider campaigns focussed on brand awareness and increasing our supporter base.

**5.2** Highlights from the last quarter:

- Over 300K people have used our website since April 2025. 93K people have viewed our news and blogs. 74K have accessed our advice and information. 30K people have found their local Healthwatch. 16K people have viewed our reports. Nearly 7K people have shared an experience.
- We reached the milestone of 100K people now following our channels. Despite no longer running supporter campaigns, our followers have grown on every channel. Our fastest two growing channels are BlueSky (+23%) and LinkedIn (+13%).
- The Healthwatch network has achieved over 3.6K media mentions. Highlights include coverage in the Mail on GP Access, the BBC for our ADHD work and the Guardian for our work on poor NHS administration.
- Our social reach has been over 11M with 170K social media engagements.
- We have produced or updated national advice on a host of issues including using NHS 111, Fit Notes, GP registration rights and social care. We have also continued to syndicate out advice and information to local Healthwatch services. Our advice continues to score a rating from public users of 4.1 out of 5 in terms of perceived usefulness.

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

<b>May</b> (last Committee meeting 20 May)		
<b>Date</b>	<b>Event/Meeting</b>	<b>Attendees/Delegate(s)</b>
1	Patient Safety Commissioner Advisory Group	<b>Henrietta Hughes</b> PSC
14	NHS Assembly meeting	

14	Healthwatch England / GMC bi-annual catch-up meeting	<b>Carrie MacEwen</b>
16	Poverty and public health: Taking local action RSM event	
19	Speaker at HSJ Reducing Health Inequalities Forum	
23	ADHD Taskforce Meeting	<b>Anita Thapar</b>
27	No 10 meeting re 10Year Plan	<b>Will Pett</b> HWE
28	Meeting re You and your GP - patient feedback	<b>Madihah Khan</b> <b>Will Pett</b> HWE
<b>June 2025</b>		
<b>Date</b>	<b>Event/Meeting</b>	<b>Attendees/Delegate(s)</b>
4	The King's Fund's annual reception 2025	<b>Sarah Woolnough</b> Chief Executive
5	NHSE Briefing: UEC Plan	<b>Julian Redhead</b> National Clinical Director for Urgent and Emergency Care
6	NMC update	<b>David Croisdale-Appleby</b> HWE <b>Paul Rees</b> NMC <b>Ron Barclay-Smith</b> NMC
9	HSJ Summit Delivering the 10 Year Health Plan	<b>Jose De Uriarte Diaz</b> HSJ
11 - 12	NHS - Confed Expo- speaker	Manchester Central Convention Complex
18	Parliamentary reception - Pharmacy across Great Britain: Empower, protect, build	<b>Stephen Kinnock MP</b> Minister of State for Care
20	ADHD Taskforce Meeting	<b>Anita Thapar</b> Cardiff.ac.uk
23	Briefing on Bipolar Commission	<b>Simon Kitchen</b> CEO, Bipolar UK <b>Will Pett</b> HWE
23	Introduction meeting - UML Suffolk / Healthwatch England	<b>Kirsty Rennison</b> <b>Gavin Macgregor</b> HWE
25	Takeda - Supporting people with Neurodiverse needs	<b>Carolyn Piper</b>

July 2025		
Date	Event/Meeting	Attendees/Delegate(s)
2	10 Year Health Plan	<b>Rob Checketts</b> Strategic Advisor <b>Tom Kibasi</b> Executive Director of Strategy NHSE
14	Patient Safety Commissioner Advisory Group meeting	<b>Henrietta Hughes</b> PSC
30	Design of New Directorate of Patient Experience	<b>Ben Widdicombe</b> DHSC <b>Neil Churchill</b> NHSE
August 2025		
Date	Event/Meeting	Attendees/Delegate(s)
5	Neighbourhood Health implementation design day	<b>Dr Minal Bakhai</b> NHSE
26	Speaker: The Ten-Year Health Plan: Empowering the public	<b>Beth Wheatland</b> NHS ConFed

**Minutes of meeting No. 11, Meeting Reference: AFRSC202522**  
**22 July 2025 at 10:00 am – 11:00am**

(Online Teams Meeting)

**Attendees:**

Jane Laughton (JL)	Chair
Sultan Mahmud (SM)	Sub-Committee Member
Debbie Bartlett (DB)	Sub-Committee Member

**In Attendance:**

Louise Ansari (LA)	HWE Chief Executive
Chris McCann (CM)	Deputy Chief Executive
Sandra Abraham (SA)	Head of Operations, Finance & Development
Jonathan Nartey (JN)	CQC Strategic Finance Business Partner
Clara Duval (CD)	Business Support Coordinator (minute taker)

No.	Agenda Item	Action Lead
1.	<p><b>1.1 Welcome &amp; Apologies:</b></p> <p>The Chair, Jane Laughton (JL), welcomed everyone to the Audit, Finance and Risk Sub-Committee (AFRSC) meeting and noted the short agenda.</p> <p><b>1.2 Minutes of the meeting held on 24 April 2025:</b></p> <p>The draft minutes of the meeting held on 24 April were approved without amendment.</p> <p><b>1.3 Matters Arising:</b></p> <p>The Chair opened the meeting noting the light agenda but stressed its importance given the transitional context. Committee members were encouraged to consider upcoming uncertainties; particularly how past and ongoing projects may carry over into the next financial year, if one exists under current structures. It was agreed that convening a committee</p>	



No.	Agenda Item	Action Lead
	<p>meeting in August would be beneficial to provide direction during this period of flux.</p> <p>The previous minutes were reviewed. Some actions were deemed no longer relevant due to organisational changes. However, it was agreed that residual responsibilities, risks, and appropriate handovers must be addressed to ensure continuity.</p> <p>There was a broad discussion on change processes, including redeployment, vacant roles, and transition arrangements. It was recognised that while some roles may no longer exist within the future structure, staff communications, role clarity, and responsible handling of transitions remain critical.</p> <p>Louise Ansari (LA) added that Leadership Team has been encouraging staff to use this time to upskill, and to participate in any training opportunities that could support their future career paths.</p> <p>An update was shared on the upcoming CQC People Change process. Rebecca France (CQC HR) will attend the next All Staff meeting on Tuesday 28 July to guide staff through the management of change and outline CQC's commitment to job matching and redeployment.</p> <p>The redundancy package has not yet been agreed, but LA is continuing discussions with CQC Head of Finance and Jackie Jackson to reach a fair resolution. Sandra Abraham (SA) will arrange a meeting with Chris Usher to discuss the 2025/26 budget outlook, including reforecasting and phased payments for the final cohort of staff.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>SA to arrange a meeting with Chris Usher to discuss 2025/26 reforecast budget.</li> </ul>	<p><b>Sandra</b></p>
2.	<p><b>Finance and Procurement – Presenter Sandra Abraham (SA)</b></p> <p>SA presented the financial position at the end of Q1 2025/26.</p> <p><b>2.1 Q4 End of Year Financial Position 2024/25</b></p>	

No.	Agenda Item	Action Lead
	<p>At the end of March 2025, we spent a total of £3,358,988 (100%) of our £3,357,938 budget including the £14,250 NHS Income received.</p> <p>The overall budget position showed:</p> <ul style="list-style-type: none"> <li>• <b>Total year-to-date expenditure:</b> £3,358,988</li> <li>• <b>Total spend on pay:</b> £2,378,891 (including NHS Pension charge of £146k)</li> <li>• <b>Total spend on non-pay:</b> £966,801</li> <li>• <b>Accruals:</b> £13,296</li> <li>• <b>Final Position:</b> Underspend £1k</li> </ul> <p>SA reported that spending was broadly in line with expectations. It was confirmed that there had been no issues or unexpected costs and noted that while this is a strong position, upcoming budget changes linked to structural uncertainty may require careful review and adjustment in the new financial year's budget.</p> <p>SA emphasised that budget planning for Q4 2025/26 should reflect reduced staffing, potential reallocation of responsibilities, and possible wind-down activities. She advised that future reporting would remain transparent and detailed to support assurance during the transition phase.</p> <p>Members commended the financial management, noting its clarity and accuracy. The chair described it as “extremely professional” and encouraged SA to maintain the format in future reports, especially in Q4 where changes may accelerate.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• SA to Prepare for potential rebudgeting scenarios linked to organisational changes.</li> <li>• CM and SA Align finance updates with assurance planning and legacy documentation.</li> </ul>	<p><b>Sandra</b></p> <p><b>Sandra &amp; Chris McCann</b></p>
3.	<p><b>Forward Plan:</b></p> <p>The chair introduced the item by noting the importance of maintaining governance structures during the transitional phase, even if meetings are shorter or less</p>	

No.	Agenda Item	Action Lead
	<p>frequent. It was agreed that the committee should continue to meet to support transparency and oversight.</p> <p>Discussion focused on continuity of services, contractual responsibilities, and assurance. Members raised concerns around legacy commitments, such as website hosting, stakeholder engagement, and contractual reporting, that need to be either continued, transferred or formally concluded. There was agreement to begin mapping these functions immediately.</p> <p>There was also discussion about the need for an assurance framework during the transition period. This would monitor decisions, risks, and handovers. A quarterly review process was suggested as proportionate and manageable.</p> <p>Members also discussed the operational structure of meetings and whether greater efficiency could be achieved by merging the subcommittee and full committee into one unified body. It was agreed that this proposal should be put forward with the HWE Chair for feedback and a formal decision on how future meetings should be arranged.</p> <p>Planned meetings over the coming months were shared, including:</p> <ul style="list-style-type: none"> <li>• Healthwatch England transition planning update in August</li> <li>• Joint discussion with CQC on stakeholder functions (September)</li> <li>• Liaison with Community Health Partnerships (CHP) regarding site access and legacy asset management (Q4, date pending confirmation)</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• CM and SA Develop assurance framework to support closure or handover of responsibilities.</li> </ul>	<p><b>Chris &amp; Sandra</b></p>



SUMMARY OF AFRSC ACTIONS FROM 22 JULY 2025					
AGENDA ITEM	LEAD	ACTION	UPDATES	DEADLINE	STATUS
<b>1.3 Matters Arising</b>	Sandra Abraham	Arrange a meeting with Chris Usher to discuss the 2025/26 reforecast budget.	Chris Usher recommended the meeting to be conducted with Jonathan Nartey. The meeting took place on the 3 September and Jonathan was briefed on our reforecast budget.	September 2025	Complete
<b>2. Finance and Procurement</b>	Sandra Abraham	SA to Prepare for potential rebudgeting scenarios linked to organisational changes.	Pending the Trade Unions' feedback on our staffing requirements for Q4 and the 2026/27 period, a draft scenario budget will be prepared for the subcommittee.	July 2025	In progress
	Chris McCann & Sandra Abraham	SA and CM Align finance updates with assurance planning and legacy documentation.		December 2025	

SUMMARY OF AFRSC ACTIONS FROM 22 JULY 2025					
AGENDA ITEM	LEAD	ACTION	UPDATES	DEADLINE	STATUS
3. Forward Plan	Sandra Abraham & Chris McCann	Produce and assurance framework for subcommittee to monitor decisions, risks and handovers		October 2025	
	Jane Laughton	JL proposal to combine sub-committee and committee to be submitted to the HWE Chair for feedback and decision.		December 2025	
3. Forward Plan (cont....)	Leadership Team	LT to begin identifying and documenting legacy responsibilities (contracts, websites, stakeholder work).	Contracts have now been identified and shared with Jonathan Narthey at CQC.	December 2025	In Progress
	Josephine Buckle (on behalf of LA & CM)	Schedule upcoming transition-related meetings		November 2025	

SUMMARY OF AFRSC ACTIONS FROM 22 JULY 2025					
AGENDA ITEM	LEAD	ACTION	UPDATES	DEADLINE	STATUS
		with Healthwatch England, CQC, and CHP.			
<b>AOB</b>	Louise Ansari & Chris McCann	LA and CM to coordinate with the communications team on external messaging, including website content.		October 2025	

**AGENDA ITEM: 2.3**

**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 2025/26.

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

### Healthwatch England Committee Meeting in **PUBLIC** Forward Agenda 2025

Date	Agenda Items
<b>Standard Items for each Public Committee meeting</b> <ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Declarations of Interest</li> <li>• Minutes and Actions from last meeting</li> <li>• Local Healthwatch and Healthwatch England policy project highlight</li> <li>• Chair's Report</li> <li>• Chief Executive's Report</li> <li>• Committee Members' Reports</li> <li>• AFRSC Minutes and Report</li> <li>• Delivery and Performance report</li> <li>• Forward Plan</li> <li>• Questions from the public</li> <li>• AOB</li> </ul>	
<b>24 November 2025</b>	<ul style="list-style-type: none"> <li>• EDI update</li> <li>• October Budget Reforecast 2025/26</li> <li>• Financial Modelling 2026/27</li> <li>• Closing Risk Register – Approval</li> <li>• Update on Transition Plan</li> </ul>
<b>27 January 2026</b>	<ul style="list-style-type: none"> <li>• January Budget Reforecast 2025/26</li> <li>• Transition Plan update</li> </ul>
<b>21 May 2026</b>	<ul style="list-style-type: none"> <li>• GIA Budget Plan 2026/27</li> <li>• Transition Plan update</li> </ul>



Date	Agenda Items
24 September 2026	<ul style="list-style-type: none"> <li>• Budget reforecast 2026/27</li> <li>• Transition Plan Update</li> </ul>
26 November	<ul style="list-style-type: none"> <li>• Update on the Transition Plan</li> </ul>