

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE:**

**5<sup>th</sup> NOVEMBER 2025**

## **REPORT OF HEALTHWATCH LEICESTER AND LEICESTERSHIRE**

### **ANNUAL REPORT AND FORWARD PLAN 2024-25**

#### **Purpose of report**

1. The purpose of the report is to present the Committee with Healthwatch Leicester and Leicestershire's (HWLL) Annual Report for 2024-25; summarising the activities and impact of HWLL over the past year as a joint Leicester and Leicestershire commissioned Contract. The report also provides a summary of the HWLL Business/forward plan for 2025-26.

#### **Policy Framework and Previous Decision**

2. The Health and Social Care Act 2012 introduced statutory duties on local authorities to deliver effective local Healthwatch services.
3. The main statutory functions of HWLL are set out below:
  - a. Gather and share the views of members of the public who use health and social care services.
  - b. Influence the planning, commissioning, delivery, re-design and scrutiny of health and social care services.
  - c. Assess the standard of local health and care provision and make recommendations for improvement based on the views of service users.
  - d. Help people access and make choices about health and care services.
  - e. Is representative of local people, representing the diversity of the community it serves and different users of services in the way in which it exercises its functions.
  - f. Has powers to request information from commissioners and providers of health and social care and to enter health and social care premises, known as "Enter & View" visits.
  - g. Has a seat on Leicester City and Leicestershire County Health & Wellbeing Boards (HWBB).
  - h. Signposts people to information about local health and care services and how to access them.
  - i. Is able to alert Healthwatch England (HWE), or the Care Quality Commission (CQC) where appropriate, to specific care providers, health or social care matters.

- j. Has a duty to produce an annual report on their activities and finance and send a copy of their annual reports to NHS England, relevant Clinical Commissioning Groups/Integrated Care Systems (ICS) and HWE, among others specified in previous legislation.

### **Background**

- 4. The HWLL Contract is held by Leicester City Council and Leicestershire County Council under a formal joint working agreement.
- 5. A three year contract was awarded to Voluntary Action LeicesterShire (VAL) in April 2023.
- 6. HWLL promotes improvements in health and social care services improving outcomes for local people in Leicester and Leicestershire by ensuring services are designed around the needs and experiences of local people.

### **Annual Report and Annual Business Plan**

- 7. The annual report outlines HWLL statutory activities undertaken and the impact on service commissioning and delivery.
- 8. The report gives examples of the work undertaken with statutory partners and illustrates how HWLL has worked to support the public in accessing information on health and social care services.
- 9. HWLL Annual Business Plan sets out HWLL focus and strategic direction for 2025-26. The plan outlines the steps HWLL will take over the next 12 months to support delivery of our statutory duties and contract.
- 10. The full Annual Report 2024-2025 can be found here: [Front and Centre: Unlocking the power of people-driven care](#)
- 11. HWLL Business Plan 2025-26 is reviewed quarterly alongside Key Performance Indicators and Outcome Indicators at pre-arranged contractual meetings with VAL and HWLL Chair and Vice-Chair.

### **Consultation/ Patient and Public Involvement**

- 12. Key engagement activities in 2024-25 included:
  - a. 10434 people engaged sharing their experiences of health and social care services over the past year helping to highlight what still needs to improve.
  - b. 9259 people came to us for advice, information and signposting on local services on a range of topics. This included support with GP appointments, dental care, social care and support for long-term conditions. 464 of those individuals were directly supported through the signposting helpline.

- c. 24 reports were published about the improvements people would like to see to health and social care services.
- d. 20 Enter and View visits were conducted with recommendations for providers to respond including Care Homes, CAMHS, Gynaecology services, Children's ED Department and GP Practices.
- e. 18 #SpeakUp events were hosted to gather topic based public feedback across the City and County, 11 of these were in the County.
- f. To better understand rural issues, in addition to ensuring all seven district/ boroughs had presence throughout the year we held targeted events in: Oadby and Wigston, Hinckley and Bosworth, Ashby (NWL), Syston, Sileby, Coalville, Shepshed, Stoney Stanton (Blaby), Measham, Melton and Market Harborough.

### **Impact**

- 13. To deliver our statutory obligations HWLL maintains links with key stakeholders, including departmental links within the local authorities, Public Health, Adult Social Care and representation at the Leicester, Leicestershire and Rutland Integrated Care Board and attending relevant meetings. Ensuring we contribute to plans and decisions around health and social care services.
- 14. HWLL Collaborates with other Healthwatch's to ensure the experiences of people in Leicester and Leicestershire influence decisions made about services at the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) level.
- 15. Our work with the Adult Emergency Department (ED) last year led to improvements for patients. Building on this success we visited the Children's Emergency Department. The visit shared positive experiences as well as highlighting opportunities to further enhance the experiences for families and children. This feedback has led to a detailed action plan produced by University Hospitals of Leicester NHS Trust (UHL). Improvements already implemented include clearer communication on waiting times via updated screens, better signage, restocking of PPE and water stations and plans for a dedicated private space for sensitive conversations. Broken toys are being repaired, and staff are being supported to enhance the patient experience during busy periods.
- 16. We know from experience that emergency departments are often used because people cannot access care in the community. We have been working closely with the Integrated Care Board to help shape the new pre-hospital model of care aiming to improve access and reduce pressure on hospitals. Our insights on patient experience and local need have helped to shape a more responsive service proposal.
- 17. Our visit to the Child and Adolescent Mental Health Service (CAMHS) has enabled HWLL to work in partnership with Leicestershire Partnership NHS

Trust (LPT) on implementing improvements for young people at The Beacon Unit. Including improvements to food provision, staff input and recruitment and better use of facilities. More broadly we are working closely with LPT around access and appropriate communication for families and how to better support men's mental health.

18. To support the improvement of hospital experiences of people with learning disabilities we visited wards within Leicester Royal Infirmary engaging with people with learning disabilities and their carers. In addition to this we conducted targeted outreach through the Voluntary Community and Social Enterprise sector and day services tailoring events to gather information. Recommendations were presented to UHL and have been included in the Learning Disability Action Plan, including staff training, reviewing how care bags are used and supporting carers.
19. We conducted a survey to understand the impact of changes to local bus routes, due to the feedback from some Ibstock and Heather residents struggling to reach essential health services. Over half of respondents reported reduced access to GP and pharmacy care, with older and less mobile people most affected.

### **Forward Plan 2025-26**

20. HWLL priorities for 2025-26 are shaped by extensive public engagement, including online surveys and consultation, targeted outreach and our successful 'Have your Say' conference and Speak Up events. Of the 1738 responses we collated, 67% was from the County.
21. The key three themes identified were:
  - a. GP Access: GP appointments remain a number one issue across the County and City. We will work closely with the Integrated Care Board (ICB) to share intelligence and to deliver a GP Access Survey. We will conduct Enter and View visits at practices to identify best practice and areas of improvement and share this with the ICB for quality improvement.
  - b. Mental Health: mental health remains a key concern for both adults and young people. We have plans to work with LPT to review referral pathways and Neighbourhood Mental Health Cafes. To identify gaps/ barriers and better understand need.
  - c. Adult Social Care: we will listen to people's experiences of care pathways and service quality to understand need and build trust between the public and providers. We will work in partnership with care providers and local authorities to ensure a collaborative approach.

22. All priorities will have a split between County and City planned activities to enable a distinction between urban and rural issues.

23. Current planned activities include:

- a. Every Woman's Health Matters Survey. This engagement programme will gather real stories and ideas from women, girls and local communities. This work is part of a wider effort to combine data and personal experiences, helping us improve how women experience care.
- b. 20 Enter and View visits planned to include care homes and GP practices.
- c. 5 follow up visits to assess progress and improvements.
- d. 3 Surveys on:
  - i. Experiences of Hospital Discharge
  - ii. Deaf Community – experience of health and care services
  - iii. Stakeholder Survey – targeting stakeholders on our relations and evidence.

### **Resource Implications**

24. We are funded by Leicestershire County Council and Leicester City Council.

25. We employ 7 staff and 29 volunteers.

- a. 1 FTE Manager;
- b. 1 FTE Information, Advice and Data officer;
- c. 1 FTE Enter and View officer (volunteering management);
- d. 1 0.6 FTE Media and communications officer;
- e. 1 FTE Outreach Officer City;
- f. 1 0.7 FTE Outreach Officer County (covers 4 areas);
- g. 1 0.63 FTE Outreach Officer County (covers 3 areas);
- h. 1443 volunteer hours per year.

### **Future of Healthwatch**

26. The Department of Health and Social Care in England commissioned an independent review of patient safety across health and social care. The review was carried out by Dr Penny Dash and looked at 6 bodies and how they worked within the wider health and care landscape. One of these bodies was Healthwatch. The outcome of the review was published in July 2025 and the report can be found here: [Review of patient safety across the health and care landscape - GOV.UK](#) Dr Dash made 9 recommendations.

27. The government announced its response to the Dash review:

- a. It accepts all of Dr Dash's recommendations, including proposals for Healthwatch functions related to healthcare to be combined with the

involvement and engagement functions of Integrated Care Boards and for functions related to social care to transfer to local authorities.

- b. It will enact primary legislation to make these changes, but in the meantime, local authorities should continue to make contractual arrangements to ensure that an effective Local Healthwatch organisation operates in each local authority area and delivers the activities set out in the legislation.
- c. The Government will provide funding for Local Healthwatch services in 2025-26 during the Autumn via the Local Reform and Community Voices grant, and funding for 2026-27 will be confirmed in due course.
- d. Department of Health and Social Care will work with us, Ministry of Housing, Communities and Local Government and stakeholders to develop the details and legislation required to deliver the recommendations in the Dash review.

### **Relevant Impact Assessments**

#### **Equality Implications**

- 28. VAL is committed to promoting equality and welcomes diversity in all aspects of its service delivery. We operate in a diverse community and our aim is to harness the talent within the community to help improve our service provision further. We understand that our services have to be delivered in a different way to meet the legitimate needs of different communities.
- 29. We are committed to preventing and eliminating discrimination, harassment and victimisation of any form, fostering good relations between all our people, advancing equality of opportunity for all and welcoming diversity.
- 30. We operate an Equality and Diversity Policy in service delivery and employment. VAL aims to provide appropriate service delivery to very diverse communities. VAL aims to recruit a staff and volunteer(s) team that reflects and is understanding of that diversity. This means that services have to be delivered in a different way to meet the legitimate needs of different communities. VAL will ensure it will recruit to each project/post staff with the appropriate understanding and specific skills needed.
- 31. In pursuit of this diversity VAL will ensure that no job applicant, volunteer, employee, user of services or member is discriminated against directly, indirectly, by association or perception because of disability, gender (including gender reassignment), race, colour, nationality, ethnic or national origin, marital status or civil partnerships, responsibility for dependents, sexuality, pregnancy or maternity, age, trade union activity, political or religious, agnostic or atheist beliefs and (unrelated to the post) criminal convictions.
- 32. We will not tolerate any form of harassment or victimisation.

#### **Human Rights Implications**

33. There are no human rights implications arising from the recommendations in this report.

**Officer to contact**

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