

Healthwatch Surrey CIC Social Impact Report 2022–23

**Company Number
8737632**



About us

Your health and social care champion

Healthwatch Surrey champions the involvement and gathers the views of local people on health and social care services in our county. We make sure NHS and Surrey County Council leaders, and other decision makers, hear your voice. We ensure your feedback informs, influences and, when necessary, challenges decisions and plans.

We also:

- provide, or signpost you to, information and advice about local services and how to access them.
- offer a free, independent advocacy service for people wishing to make a complaint about NHS care.

Our mission

Healthwatch Surrey is an independent champion that gives the people of Surrey a strong voice to improve, shape and get the best from health and social care services by empowering local people and communities.

Our vision statements

- Healthwatch Surrey is the respected, trusted and credible champion of the consumer for health and social care in Surrey.
- Healthwatch Surrey's role, function and services are known, understood and valued by local people who therefore readily contact us when they need us.
- Our influencing is based on sound knowledge of local issues and the insight and experiences of local people.

We exist to empower communities and we do this by recruiting and empowering volunteers to enable us to hear more and share more.

Message from our Co-Chairs and CEO

This year we gathered experiences from over 1,300 people and continued to assist people to access the care they need via our Helpdesk and Advocacy services. We would like to thank everyone who has taken the time to share their experience of health and care services in Surrey with us. We believe

that every individual story shared can help to improve support and services for everyone. As a result, we've helped a wide range of individuals, and collated what we are hearing to help improve services by sharing themes with decision-makers. Our volunteers have been instrumental in helping us hear more from local people and use this to have influence – contributing around £60,000 in social value to our work.

How have we worked with those who are less well heard?

The NHS and social care have duties to involve people in plans and decisions, and to listen to feedback. However, often these formal mechanisms don't ensure the involvement of everyone – people may be unaware of the formal routes; not have the time or resources to take part; have personal reasons for not wanting to share their experience with care providers; don't want to go through a lengthy process etc. We see our job as to get out across Surrey, trying to reach people in the places where they go about their regular lives, and asking them about their views and experiences of health and care. Visiting residents in care homes has been a key project this year.

We have a particular focus on trying to meet people who may be at risk of health inequalities and less well-heard. We've spent a lot of time this year at food banks; community cafes; at Ukrainian hubs; with refugees, asylum seekers and people who don't speak English as their first language. We've provided advice and signposting to help people access the care they need, as well as gathering themes to share with NHS and social care decision-makers, to help improve services for all. We've led the "Voice" group in Surrey's new Voluntary Community and Social Enterprise (VCSE) Alliance, aiming to create a more influential platform for all the rich insight on services held by Surrey's voluntary sector.

How have we made a difference?

We've made a difference to individuals, as many of the case studies in this report show. We've made a difference at system level, by championing a person-centred approach to decision-making, and ensuring that the involvement of local people is recognised alongside all other aspects of "quality" services (for example, as the formal structures of the Integrated Care Systems have taken place, we've used our statutory seat on the Health and Wellbeing Board and on many other committees to champion the

It is your views and experiences that enable us to inform, influence and if necessary, challenge decisions and plans by NHS and social care services. We carry out listening events in hospitals, GP surgeries, community centres, at food banks and community cafes and many other places to ensure we hear the voices of people from all areas of the community. We are always most interested in reaching and hearing from those who are at risk of health inequalities and less likely to have their voices heard via other routes.

... Providing information and support

Our community engagement team are also on hand to ensure people have the right information to access health and care to support their needs. Often NHS and social care services can be complex to navigate, so we offer a range of advice on what services are available, who to speak to if you have a problem, what other groups and support are available and how to give feedback or complain if needed.

These are just some of the organisations we've visited this year, hearing experiences and providing information:

- Children's Therapies Clinics, The Orchard, Salfords
- Café Milk and Midwife Clinics, YMCA Horley Family Centre, The Old Firestation
- Wayside medical practice
- Food club and café, Merstham Community Centre, Merstham
- East Surrey hospital
- Loveworks satellite Foodbank
- Surrey Coalition of Disabled People, New young adults social group
- Zero Carbon
- Children's Centre (Hazel Ave)
- Merrow Park GP
- The Clockhouse Day Centre and Warm Hub
- St Martin's community drop in East Horsley
- Mole Valley Family Centre
- St Mark's Food Club
- Andy's Café
- Homestart
- Spelthorne Youth Club

- Ukranian Lighthouse Hub
- Hythe Baby Bubble group
- Age Concern Rainbow cafe
- Rowleys, Cranleigh Community Centre.

Our Helpdesk

"Helpdesk were just amazing and so helpful. They readily and patiently answered all my questions and conveyed a good understanding of the process and the situation we find ourselves in. It was very helpful to get clear direction in the steps that I have to follow rather than trying to unscramble the process from various sources. Best of all, their follow up email was prompt and included all references and information that they said that they would provide. I think this is an invaluable service. It can only help to put patients' minds at rest. It is not about NHS bashing but to provide feedback so that there is scope for the NHS to identify their gaps and get better."

Nadia's story

Nadia booked an appointment with her dentist for a routine check-up at the hygienist. She was 19 weeks pregnant and had a maternity exemption certificate, which she expected would cover her treatment. However, her dentist informed her that they did not have enough funding to be able to support this, so she was charged £48. Nadia was shocked and consulted our Helpdesk for advice.

Outcome:

Nadia was provided with full details of the complaints procedure and advised about other ways she could use her exemption certificate, such as prescriptions and travel to the hospital. Nadia was grateful for the advice and now felt empowered to escalate her concerns further.

Independent Health Complaints Advocacy

In partnership with Surrey Independent Living Charity, we also provide an Independent Health Complaints Advocacy service to support people through the whole NHS complaints process.

Jack's story

Jack was admitted to hospital through A & E after suffering chest pains. Whilst at the hospital, when being moved from one department to another, his glasses were lost during a bed change. He felt that staff were dismissive of his concerns and upon discharge there was no transport available to take him home. *Living on benefits, with a range of medical health problems, the loss of his glasses required for daily use had a significant impact on his quality of life.* Jack was forced to pay for replacement glasses. He contacted our Advocacy Service following a recommendation from a family member.

Outcome

The advocate liaised with Jack to draft a letter of complaint and a formal response was quickly received with an apology for the inconvenience suffered. There was assurance that procedures would be put in place to address the issue of transport late at night and a full reimbursement for his lost glasses.

* Names have been changed to protect identities.

Feedback we have received about Advocacy:

"It was completely invaluable. I don't know what I would have done without [my advocate's support]. Everyone else gave me the run around. I am so grateful. It's helped me not give up on making a difference to the service I was complaining about...I felt more heard...my complaint wasn't ignored."

We meet regularly with a wide range of health and care services to share the experiences of Surrey residents and seek outcomes.

Our team are always looking for new opportunities to ensure the voices of all Surrey residents are heard in the shaping and design of services.

Boards and committees

We attend a range of boards and committees across health and care services championing the importance of involving people in decision-making and sharing people's real experiences to help encourage better services for the people of Surrey. These include:

- Place Based meetings, boards and committees
- Health and Wellbeing Board

- Adults and Health Select Committee
- Children, Families, Lifelong Learning and Culture Select Committee
- System Board
- Carers Partnership Board
- Ethics Committee
- Quality and Performance Board (Surrey Heartlands) and Frimley ICS Quality Collaborative (Frimley) and place-based quality committees
- Primary Care Commissioning Committees for Surrey Heartlands and Frimley
- Health Equalities & Inequalities Group
- Surrey Heartlands Health & Care Professional Executive.

Independent Stroke Delivery Network

This group aims to better understand how services can work together to provide care for people who have experienced a stroke. Our role has been to highlight the importance of people's experiences of receiving care and treatment following a stroke in order to make improvements to services. We also encouraged and supported the development of a stroke survivor and carer panel to work directly with the network. The establishment of this group will ensure that people's lived experiences are an integral part of the network going forward.

During one board meeting we highlighted a potential area for improvement for people who have experienced a Transient Ischemic Attack (TIA) not being appropriately referred to the TIA clinic within 12 hours. This had meant some people were unnecessarily attending A & E. The leads for emergency and hospital care agreed to look into how this could be improved. We also shared further experiences of care after a stroke to help support future decision-making.

Within the community

We regularly share what we are hearing in local quality committees that focus on specific geographies across Surrey known as 'Places'. Sharing our insight at a local level enables deeper conversations with a variety of stakeholders and organisations who are invested in supporting the development of their communities.

An example

We spoke with a Syrian family at a community fridge event who needed help

with an urgent health problem. They relied on a translation app on their phone. Having previously sought help from emergency services and primary care in recent months, they still had concerns about this health problem that was significantly impacting their lives. By sharing this experience within the relevant Place quality committee, we enabled the services involved to come together collectively to understand how to provide better support in the future. The primary care team ensured the appropriate translation support was in place and that a follow up appointment was made to address the family's concerns. The hospital reviewed the patient's notes to examine the patient's journey and identify any further learning. The Borough Council team were also involved and offered additional support. Healthwatch bringing patient experiences to these forums enables voices to be heard widely across health and care organisations locally, and, as in this example, can bring about change for services in their local area.

National Influence

We recognise that the shaping of health and care services often goes beyond county boundaries, therefore we regularly contribute to national level conversations.

All of our insight is regularly shared with Healthwatch England who are then able to incorporate what we hear from the people of Surrey into national themes to challenge policymakers. Our record for influential insight sharing was also recognised within the Healthwatch network as an example of best practice. Our use of positive feedback was praised, and our monthly insight bulletins were used as an example in a national workshop on reporting insight.

We also seek out other opportunities to share local stories at a national level. In February 2023, we submitted what we've been hearing about dentistry services in Surrey following a national call for evidence from the Health and Social Care Select Committee, contributing to a vital national debate about the future of dentistry services.

How we've made a difference throughout the year

We are committed to ensuring Surrey residents' voices are heard in

decisions about health and care services. Our engagement programme ensures we travel around every corner of Surrey and that we empower less well-heard voices to be heard.

Our engagement team and volunteers have continued to listen to a wide variety of people and provided signposting to navigate health services as well as providing information, advice and support to the many community organisations we visited.

Another way that we encouraged services to respond to people's experiences was through our 'Enter and View' visits to residential care homes across the county. These in-person visits were supplemented with a survey to reach family and friends of residents in homes we were unable to visit, as well as providing another opportunity to share feedback about the homes we did visit.

This year we have also sought to build on our strong relationships with our colleagues in the voluntary, community, faith and social enterprise sector. There are many organisations working closely with people across Surrey who have deep insights about the communities they support. Connecting with them has further enabled us to reach new voices and provide an additional platform to share their voices.

Connecting communities through our Community Engagement

Our community engagement programme was designed to provide opportunities to reach more people across Surrey. We continued to focus each month on a different region in Surrey, looking to connect with residents who might find services harder to access and also those who are more at risk of poorer health outcomes.

We have built upon and established good relationships with foodbanks, food clubs, community hubs and other support organisations, enabling us to hear different voices and help people we wouldn't otherwise have reached.

Connecting with communities

Our approach enabled us to hear from and support residents but also to

reach people who were themselves supporting communities with their wellbeing. Connecting with these important community leaders and providing them signposting and advice, enables them to forward this information on and support even more people.

We met a leader of an African Community group in Horley who was looking for advice on how to support her community. She was arranging a health event to raise awareness of health issues within the community and wanted to invite health and care advisors to provide information and support. We connected her with a wide range of health professionals and networks who provided supporting material for the event. We also recommended some organisations who offer free health checks.

We were delighted to hear that the event was a success with a high turnout and the health checks were so popular they arranged to come back for the next event.

We also created a new link with community leaders who are supporting armed forces veterans in North West Surrey. They told us about health challenges for Surrey's veterans, particularly in accessing NHS dentistry and we shared some advice and resources with them. We have also arranged for training to learn how we can support veterans better and ensure they are signposted to appropriate services.

Hearing from those with English as a second language and refugees

Connecting with new organisations and groups across the county has further enabled us to respond to requests for advice and support. There are many organisations which provide important services but are small and often don't have the funding to advertise widely.

Visiting a food club in North West Surrey, the organisers told us about the increasing numbers of refugees in the area who were struggling to access health and care services due to language barriers. We connected the organisers with other organisations we have recently worked with who support refugees, and they agreed to work with the foodbank to provide English language classes and other advice where needed.

We visited Ukrainian hubs in Woking and Guildford to speak to people

adapting to life in Surrey, providing advice about how to access support, how to register with a GP and the opportunities for getting help for health conditions. We learned that there is a clear gap in signposting and information, causing many to turn to emergency services as their sole means of seeking help. Some are also being required to travel large distances to access services with limited means of affording public transport. We signposted people who were previously healthcare professionals in Ukraine wanting to know how to use these skills locally. We shared what we heard with Surrey Heartlands' engagement team, who will now be attending these hubs to help signpost and advise. We raised the issues at the Surrey Heartlands System Quality Group to highlight people's lived experience in order to better understand the needs of these communities. We also shared this information with Surrey County Council's Public Health team who were in the process of developing a Surrey-wide strategy designed to respond to the needs of refugees and asylum seekers and provide recommendations for health and care organisations.

We continue to review our engagement work, to assess who we're reaching, and looking for further opportunities to hear from as diverse a range of residents as possible. Furthering our reach by working more closely with community organisations has been one way of achieving this. We also sought to address gaps in our knowledge through another key element of our engagement plans; Enter and View.

Hearing about Care Homes through Enter and View

Healthwatch have a legal power to visit health and social care services and see them in action – referred to as Enter and View. The purpose of an Enter and View visit is to speak with people in health and care settings such as care homes or inpatient wards. The aim is to observe services in action and provide feedback which draws together our observations, alongside interactions with staff and feedback from patients and their families.

Surrey has a large residential care population, with over 200 CQC (Care Quality Commission) registered care homes providing over 10,000 beds. Whilst we can meet people who are able to get out and about at community day centres, there are large numbers of people who aren't able to get out to such places, so we designed a programme of Enter and View events to meet residents, carers and staff at care homes across Surrey to ensure their

voices are heard.

Our approach

We worked closely with Surrey County Council, Surrey Heartlands and CQC to identify suitable homes, aiming to visit a different care home each month. We completed 7 visits between May 2022 and March 2023, with a team of 14 trained authorised representatives. We also ran a survey (online and in paper format) to complement these visits and allow for family and friends of residents to share their thoughts on services, through which we were able to hear about 17 additional care homes. Overall, we collected 135 pieces of feedback, speaking with 34 residents, 48 members of staff, and 53 friends and family, with half of these coming through the survey.

This work would not have been possible without the support of our volunteers, with particular thanks to Errol Miller and Virginia Fenton, who completed 6 and 4 visits respectively.

We have highlighted some of the visits here and a full review of our Enter and View programme will be published in 2023/24.

What We Heard

One of the objectives of the programme was to hear about existing opportunities to give feedback. We found different options being used such as residents' meetings, suggestion boxes, surveys, and an iPad at reception for family and friends. We only struggled to see any feedback mechanisms in one home, where information about the complaints procedure was displayed at the top of a notice board and difficult to read.

Many care homes told us that they had an 'open door' policy with residents and family member welcome to talk to staff at any time. Most residents told us that if they had a problem they would speak to staff. Depending on what the issue, some would speak to care staff, the nursing staff or management. If their issue was not resolved, sometimes they would involve a family member.

Overall, family and friends told us that they were confident in what to do and who to raise any concerns with. Staff all told us that if an issue was raised with them, they would either try to deal with it themselves or escalate to the correct person.

Our survey told us that two thirds of respondents were very confident they knew how to raise a complaint and who to raise it with. Half the respondents had raised a concern in the past, half of whom had been very satisfied with the response.

Recommendations and Outcomes

Across our visits, we made some recommendations, largely around activities and menus. There were two cases where we made recommendations about feedback.

In one case, we highlighted the fact that there seemed to be an over reliance on the activities coordinator to deal with any concerns. We recommended that families and residents are made aware of the formal complaints process and provided other means to feedback.

In another case, we highlighted the fact that the complaints process was difficult to find. We recommended that the complaints procedure is clearly visible and accessible for all residents and their families.

Each of the reports were shared with the Care Quality Commission (CQC) to inform their assessments. Two of our reports have directly supported recent CQC inspections, with Priory Court being referenced in their February report and White Gates was requested to support an upcoming inspection.

Closer partnerships within the Voluntary, Community and Social Enterprise (VCSE) sector

The formal beginning of Surrey's Integrated Care System (ICS) in July 2022 brought a stronger focus on health and care organisations working closer together to develop and improve services for residents. Healthwatch Surrey have been championing the involvement of local people in these new ways of working and for services to be held accountable for ensuring voices are heard and acted upon across health and care.

We recognise the need for ways to further our reach beyond our community engagement to ensure we hear from a diverse range of voices. This year, we have been working to strengthen and develop our relationships with our colleagues across the Voluntary, Community and Social Enterprise (VCSE)

sector both to raise awareness of our service and what we offer, but also to provide additional opportunities for people to feedback about health and care services.

We are a founding member of the VCSE Alliance, which is a collective of not-for-profit organisations working in and around health and care services in Surrey. This alliance is vital in providing constructive challenge to the Integrated Care Partnership, and the wider system, offering a platform to elevate the voices of residents.

In October 2022, Healthwatch Surrey were a founding member of a new Voice Group bringing together a wide range of organisations who are each involved with engaging, supporting and involving Surrey residents including Surrey Coalition for Disabled People, Surrey Youth Focus, Central Surrey Voluntary Action, Active Prospects and East Surrey Domestic Abuse Service. The membership has expanded throughout the year and now includes Action for Carers, Sight for Surrey, Age UK, Surrey Minority Ethnic Forum, Citizen's Advice, Active Surrey, Mary Frances Trust, National Autistic Society, Marie Curie and Surrey Community Action.

In March 2023, we welcomed representatives from Surrey Heartlands to discuss their Joint Forward Plan. The group were invited to comment on a draft and challenge decision-makers and health leaders to provide more opportunities for residents to get involved in decisions about their health and care services.

Working closer with other organisations has strengthened our ability to advise and signpost residents to the wide range of help and support available to them. We have planned some joint engagement events, beginning with a collaboration with the engagement team from Marie Curie at events in East Surrey, to help connect people with the wide range of services provided by our not-for-profit partners. We will continue to explore opportunities to work with other organisations to bring health information and advice closer to communities.

Supporting the Health and Wellbeing Strategy

We have made good use of our statutory seat on the Surrey Health and Wellbeing Board, which is a collaboration between social care, public health, NHS, local councillors, emergency services, education and voluntary sector working together to improve health and wellbeing services for the people of

Surrey.

The board has developed a joint strategy to deliver this aim and is also responsible for overseeing a Joint Strategic Needs Assessment, a document designed to assess the current and future health and care needs of Surrey's residents.

Healthwatch Surrey have collaborated with other voluntary sector organisations to amplify the voices of Surrey residents in shaping decisions about health and care services.

Projects

During our engagement work, we are always listening out for the key issues that impact Surrey residents' abilities to access services. Some of these challenges require a more in-depth look and this year we undertook three research projects to learn where changes can be made to improve services.

Waiting for hospital care

In June, we published the results of our survey on Waiting for hospital care. We found that people's primary concern was the uncertainty around their waiting time with respondents highlighting that they would like more consistent communication from hospitals regarding their wait and more information on how they can manage their health while they wait.

In sharing this report with Surrey's health organisations supporting patients waiting for treatments, we made the following recommendations:

- Ensure patients are provided with the information and support they need while they are waiting. We encourage hospitals to work with their patients, their families and carers to better understand how best to achieve this.
- Communicate regularly with patients – at least every 10 to 12 weeks – to assure people that they still on list and reaffirm what patients can do while they are waiting.

Learning from complaints

In December we published our report exploring how health and care organisations could learn from the people who accessed our Independent Health Complaints Advocacy (IHCA) service for support in making a complaint about their care. We heard, in depth, from each of our dedicated advocates and reviewed over a hundred cases they have supported over

the past year, leading to three recommendations that we have made to health organisations in Surrey:

- Information on how to complain should be accessible, easy to understand, with a clear distinction between what is feedback and what is a complaint.
- The Independent Health Complaints Advocacy Service should be widely advertised to ensure people are aware of support for a complaint should they need it.
- Organisations must regularly update complainants with the progress of the complaint – even if it is only an acknowledgement to say their complaint is waiting to be addressed.

Neurodiversity assessments for children and young people

In the face of long waiting times for diagnosis, we set out to gather deeper insight into the benefits to families of formal diagnosis for Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), or other conditions relating to neurodiversity. We worked closely with Surrey Youth Focus to develop the project and their support was vital in reaching families willing to share experiences.

15 parents, children and young people shared their hopes and experiences with us in individual depth interviews.

In March, we shared these in our [report](#).

Our main finding was that diagnosis brought certainty for families, so they better understood their child and what support they require. This then enabled families to explore options for how to seek support and developing strategies to reduce difficulties and connect with others with similar experiences.

Our recommendations:

- Continue to listen to families waiting for referrals or diagnosis; work with them to develop support that meets their wider needs – are there any additional benefits of diagnosis that could be delivered pre-diagnosis?
- Continue to work with schools at an individual level
- Empower grassroots and community groups, ensuring they have the

support they need to thrive

- Ensure those willing and able to fund private diagnosis have the information they need to ensure their diagnoses are valid across all statutory services.

Long term impact of Dementia Diagnosis project – the value of volunteer tenacity

In November 2021, we shared our findings of people's experiences following dementia diagnosis.

Healthwatch Surrey volunteer Robert Hill has been a regular attendee at the Dementia Strategy Board. As co-author of our [report](#) he has been a tenacious champion of the recommendations. The Board invited Robert to join the Dementia Navigator Steering Group which is crafting the new contract for Dementia Navigators in Surrey. While Robert's perspective is informed by his own experience, his input is always professional and considered. We are very grateful to Robert's contribution to this important area.

Our volunteers

Between them, our volunteers gave up **250** days to make care better for our community. This equates to just under **£60,000** in social value.

Jill's experience

"One of the aspects of volunteering for Healthwatch Surrey that I enjoy the most is the variety of opportunities there are. During the summer, I went to engagements within my local community of Haslemere; at a food bank in Farncombe and the Royal Surrey County Hospital in Guildford. I've attended meetings as follow up to the Dementia project and joined a new group looking at health inequalities in the west of Waverley area, particularly around transport.

Following on from the engagement at Haslemere where comments were made about access to GPs, I spoke with the Chair of the patient participation group, and we are arranging to hold an open meeting to outline the changes at the health centre and the ways the public can access GPs.

Finally, I attended a meeting where the discussion was around the position of GP practices in Guildford and the plans to move 2 sites. My role in all of these meetings and engagements is to ensure the public's voice is heard at the appropriate commissioning group."

PLACE visits

Healthcare organisations have initiatives where they evaluate their services and identify how they can improve. One initiative is a Patient-Led Assessment of the Care Environment (PLACE) and this year, our volunteers supported four such assessments: Haslemere Hospital, Milford Hospital, Royal Surrey County Hospital and Horton Haven Rehabilitation Centre.

If you provide a service and would like Healthwatch to help with something similar please get in touch.

Influencing decision-making

Some of our volunteers help to support the sharing of residents' experiences in a variety of meetings involving senior health and care leaders. They also champion the importance of involving people in the development and design of services.

Healthwatch Surrey are represented at the Primary Care Commissioning Committee for Surrey Heartlands and for Frimley Health, by volunteers Peter Gordon and Maria Millwood respectively. These groups are responsible for the commissioning and delivery of primary care services (GP services, pharmacy, dentists and optometry) across their Integrated Care Systems.

In the Surrey Heartlands meeting in January, Peter challenged the group's Terms of Reference, a set of operational conditions describing the purpose of the group and how it intends to work to achieve this purpose. He raised that the current version did not adequately state the involvement of residents or inclusion of engagement as part of decision-making. The terms of reference have since been redrafted to address this.

At the Frimley meeting in March, Maria raised a similar issue, following challenges she had made at previous meetings. This was acknowledged by the leadership and we were able to share the example from the Surrey

Heartlands meeting to ensure the Terms of Reference were amended. This will help to ensure that people's experience of primary care will be instrumental in the development of services across Surrey going forwards.

Community Cash Fund

We were thrilled this year to open our Community Cash Fund again, offering grants of up to £1,500 to help small groups start or build upon local projects.

Our engagement programme had revealed to us that there were a number of challenges facing children and young people across Surrey, particularly in accessing services to help support their mental health and general wellbeing. We therefore decided to focus our funding support by inviting applications from organisations who support children and young people.

Following the application process, in February 2023, our review panel, including 3 members from our Young Healthwatch group, decided to award over £11,000 in total to 8 organisations. These winners attended a workshop in March, where they were able to network with one another and share their ideas.

We will continue to work closely with each of these organisations throughout the coming year to learn how we can help and encourage health and care services to provide better support for children and young people in Surrey.

Our winners were:

- Addlestone Salvation Army
- Appeer CIC
- Intergenerational Music Group
- Leatherhead Youth Project
- The Matrix Trust
- Red and Black Roots Albanian Football Team
- Twister LGBTQ+
- Youth Include Choir

Addlestone Salvation Army

Addlestone Salvation Army required support for a range of services helping young people who are homeless.

As a result of the funding, they can now run First Aid and Food Handling and Safety courses, enabling the young people to gain skills and confidence in their abilities and have a qualification to add to their CV. The money will also fund leisure activities such as a camping and hiking trip allowing the young people to take much needed time away from their daily challenges and anxieties

“the young people find it hard to interact with others and need more activities so we can chat alongside and they join in that way”.

Appeer CIC

The grant helped to fund Appeer’s Teens Exploring Work (TEX) programme, a 4-to-6-week, autistic-friendly work experience programme for girls aged 16 to 18. The programme helps develop confidence, self-esteem and ability to function in social and work settings. TEX also works with parents, carers, enhancing family support for their daughters’ aspirations and increasing their knowledge about available support.

“It’s like [TEX] gave me a map on how to navigate the world as an autistic woman.” (Quote from someone who has used the service).

Intergenerational Music Making (IMM)

IMM recognise that youth social action can lead to young people feeling more personally empowered in their communities, more confident and possibly even feeling an increased sense of their civic purpose promoting an overall sense of identity.

“We want to focus on creating a space where young people can be heard and validated.”

IMM are using their grant to deliver an innovative social action pilot, enabling young people to connect, through a combination of think tanks, podcasts and mentoring.

Leatherhead Youth Project

The Aspire Project run by Leatherhead Youth Project, supports young people from the age of 16 as they transition from school into the world of

college or work. The grant enabled 58 hours of one-to-one support for young people supported by this project.

The project runs social events, bringing the young people together and helping to build lasting, positive relationships amongst their peers, providing vital opportunities to develop their social skills, boost their self-confidence and better equip them for when they head into the working world.

The Matrix Trust

BOOST is a Matrix project which provides supportive work experience at a community café in Guildford. The grant has enabled 3 young people, aged 16-24, to access a 12 week traineeship, where they will develop confidence, problem solving and communication skills as they interact with customers and colleagues.

"We are trying to be more inclusive with who we support and this funding will help with that. It was so great to make new connections within the room at the workshop today."

Red and Black Roots Albanian Football Team

This charity received a grant to start a football team for young people (aged 16 – 25 years) from the Albanian Community and other communities in East Surrey.

This team aims to enter a local amateur league where they will be able to play competitive matches and provide a regular opportunity to exercise, socialise and improve general wellbeing.

Twister LGBTQ+

The grant was awarded to improve the resources available to this youth project working with young LGBTQ+ people aged 14 to 19, providing education and support regarding problems with drugs and alcohol in the community. Within these sessions the group develop the trust and relationship to have these conversations, and the additional resources enable them to do some smaller group work around these topics.

“This funding is enabling us to deliver integrated substance use informal education throughout the year. The resources are a powerful tool for our youth workers to be able to engage and educate young people. Statistically LGBTQ+ young people are at greater risk of substance misuse, so having the support of Healthwatch Surrey will be invaluable for the future of these young people”.

Youth Include Choir

The Include Choirs provide social, musical and self-advocacy opportunities, bringing together people with and without learning disabilities, autism & communication needs. Using Makaton signing and other speech and language therapy-evidenced communication techniques, additional skills are built and everyone is included

They applied for funding to develop a youth choir, following multiple requests from local schools, individuals and families, to support and empower young people and their families.

Our future priorities

In order to identify and shape our priority areas for next year, we have used what local people and our own volunteers have told us about the issues that they are facing and care about.

This process began in November 2022 with a "horizon scanning" session where our volunteers, Board Directors and staff team came together to review what we were hearing from local people; what we knew about system priorities; where we felt there was a risk of people being less well-heard and at risk of health inequality and poorer outcomes; and where we felt we could have most influence and impact. We then applied a Theory of Change model, examining what we'd want to influence in the long term, and what we need to do to achieve that change over time. Our Local Healthwatch Advisory Group (which comprises local volunteers) reviewed our proposed priority areas, and our overall CIC Board approved their recommendations at a meeting in public in April 2023.

Each of these priorities will be further shaped by focusing on people most at risk of health inequalities and people who are less well heard by services. We will be guided by our previous insight alongside other available population

health information to ensure we reach those in the most need.

We will continue to listen closely to people's experiences to ensure that the people of Surrey have suitable opportunities to be involved in shaping health and care services.

Involvement of people

We believe in the importance of listening to and involving people. The experiences we have heard over the past year indicate that listening is not equitable, and we have heard lots of barriers exist that prevent people from sharing their stories or raising concerns if they have them.

We want to see clearer and easier to access options for people to feedback to services, so we will work closer with all organisations involved in providing health and care services to understand how we can achieve this. We also want to raise more awareness of our services and connect with more communities and organisations across Surrey, to ensure that Healthwatch Surrey is a trusted independent service available to all the people of Surrey.

Access to primary care

The most common concerns we have heard in recent years have been related to difficulties with accessing primary care services such as GPs, dentists and pharmacies.

Accessibility for people who are second language English or do not have access to a computer is particularly challenging. We have also heard that services are not always making reasonable adjustments to support people with different access needs such as providing materials in accessible formats.

Mental Health

An increasing number of people have been sharing experiences relating to mental health, particularly from people at risk of health inequalities. We have also heard strongly through our engagements and through our collaborations with other voluntary sector organisations that there are growing needs for more mental health support and that services are not consistently responsive to residents' needs.

In order to best support people and better identify people's needs, we will be shaping our engagement to understand more about how people access services from early intervention through to support when in a crisis, sharing what we hear with those responsible for delivering services as well as supporting the mental health improvement plan. We will also continue to encourage the involvement of local people in the design and delivery of care and ensure that people are being listened to effectively.

Building on what we have previously researched, heard and shared from our work with dementia and neurodiversity, we will further explore where we can encourage these services to make changes and improvements to people's experiences of their services, and identify what has improved as a result of our previous work in these areas.

Social care

Whilst the majority of what we hear relates to health services, we are hearing more about issues relating to social care. These experiences usually relate to the complex landscape and navigation of services which is why we have set this as a priority area.

We will continue to support and advise people about social care as well as share regular insight with the commissioners of adult social care services. To ensure that we are providing the best advice and support we can and to better understand the complex landscape of social care, we will be focussing on specific training and upskilling of our engagement and Helpdesk officers.

Often people with social care needs are not the same people that we meet through our community engagement programme. To ensure that we are hearing these experiences and concerns, we will be designing bespoke engagement to ensure there is a focus on this crucial part of their lives.

The way we work

In 2022-23 our Healthwatch board consisted of 10 members working on a voluntary basis to provide direction, oversight and scrutiny to our activities, meeting 12 times. Our board ensures decisions about priority areas of work reflect the concerns and interests of our diverse local community.

We ensure wider public involvement in deciding our work priorities. We code and analyse all the insight shared with us by the public and our escalations panel, which includes volunteers, meets on a regular basis to review themes arising from the insight. This in turn informs our work. Our annual workplan is drawn up following engagement with our local volunteer groups who also help shape our outreach priorities for engagement in their local area helping us to identify those who are less well served and at risk of health inequalities.

Securing a sustainable future

This year, our Board made the decision to re-name our Community Interest Company as Luminus Insight CIC, and to launch our Luminus brand to reflect the new work we are taking on, including the independent Giving Carers a Voice and the Public Involvement for the Combating Drugs Partnership services. This additional work enables us to reach more Surrey residents and hear more experiences, sustaining our local Healthwatch service and

Company registration number 08737632 (England and Wales)

LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023
PAGES FOR FILING WITH REGISTRAR

THURSDAY

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23/11/2023
COMPANIES HOUSE

#100

**LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
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**LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
INDEPENDENT ACCOUNTANTS' REVIEW REPORT TO THE DIRECTORS OF
LUMINUS INSIGHT C.I.C.**

We have reviewed the financial statements of Luminus Insight C.I.C. for the year ended 31 March 2023 which comprise , the balance sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

Directors' responsibility for the financial statements

As explained more fully in the directors' responsibilities statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Accountants' responsibility

Our responsibility is to express a conclusion on the financial statements. We conducted our review in accordance with International Standard on Review Engagements (ISRE) 2400 (Revised) 'Engagements to review historical financial statements' and ICAEW Technical Release TECH 09/13AAF (Revised) 'Assurance review engagements on historical financial statements'. ISRE 2400 (Revised) requires us to conclude whether anything has come to our attention that causes us to believe that the financial statements, taken as a whole, are not prepared, in all material respects, in accordance with United Kingdom Generally Accepted Accounting Practice. ISRE 2400 (Revised) also requires us to comply with the ICAEW Code of Ethics.

Scope of the assurance review

A review of financial statements in accordance with the ISRE 2400 (Revised) is a limited assurance engagement. We have performed procedures, primarily consisting of making enquiries of management and others within the company, as appropriate, applying analytical procedures and evaluating the evidence obtained. The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing (UK and Ireland). Accordingly, we do not express an audit opinion on these financial statements.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the financial statements have not been prepared:

- so as to give a true and fair view of the state of the company's affairs as at 31 March 2023, and of its profit for the year then ended;
- in accordance with United Kingdom Generally Accepted Accounting Practice; and
- in accordance with the requirements of the Companies Act 2006.

Use of our report

This report is made solely to the company's directors, as a body, in accordance with the terms of our engagement letter dated 9 September 2022. Our review work has been undertaken so that we might state to the company's directors those matters we have agreed to state to them in a reviewer's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's directors as a body, for our review work, for this report, or for the conclusions we have formed.

Kirk Rice LLP

Kirk Rice LLP

06/11/2023
.....

The Courtyard
High Street
Ascot
Berkshire
SL5 7HP

LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
BALANCE SHEET

AS AT 31 MARCH 2023

		2023		2022	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	4		6,000		6,190
Current assets					
Debtors	5	9,123		22,436	
Cash at bank and in hand		356,668		334,592	
		365,791		357,028	
Creditors: amounts falling due within one year	6	(72,927)		(66,599)	
Net current assets			292,864		290,429
Net assets			298,864		296,619
Reserves					
Income and expenditure account			298,864		296,619
Members' funds			298,864		296,619

The directors of the company have elected not to include a copy of the income and expenditure account within the financial statements.

For the financial year ended 31 March 2023 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

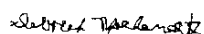
The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared and delivered in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the board of directors and authorised for issue on 06/11/2023 and are signed on its behalf by:



Mr T Davies
Director



Ms D Mechaneck
Director

Company Registration No. 08737632

LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2023

1 Accounting policies

Company information

Luminus Insight C.I.C. is a private company limited by guarantee incorporated in England and Wales. The registered office is Room GF21, Astolat, Coniers Way, Guildford, GU4 7HL.

1.1 Accounting convention

These financial statements have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the requirements of the Companies Act 2006 as applicable to companies subject to the small companies regime. The disclosure requirements of section 1A of FRS 102 have been applied other than where additional disclosure is required to show a true and fair view.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Income and expenditure

Income and expenses are included in the financial statements as they become receivable or due.

Expenses include VAT where applicable as the company cannot reclaim it.

1.3 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Fixtures and fittings	33.33% on cost
Computers	33.33% on cost

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to surplus or deficit.

1.4 Impairment of fixed assets

At each reporting period end date, the company reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

1.5 Cash and cash equivalents

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2023

1 Accounting policies

(Continued)

1.6 Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies and preference shares that are classified as debt, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

1.7 Taxation

The company is exempt from corporation tax, it being a company not carrying on a business for the purposes of making a profit.

1.8 Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense, unless those costs are required to be recognised as part of the cost of stock or fixed assets.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.9 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2023

2 Judgements and key sources of estimation uncertainty

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3 Employees

The average monthly number of persons (including directors) employed by the company during the year was:

	2023	2022
	Number	Number
Total	21	17

4 Tangible fixed assets

	Fixtures and fittings	Computers	Total
	£	£	£
Cost			
At 1 April 2022	1,456	19,238	20,694
Additions	-	5,640	5,640
At 31 March 2023	1,456	24,878	26,334
Depreciation and impairment			
At 1 April 2022	1,263	13,241	14,504
Depreciation charged in the year	97	5,733	5,830
At 31 March 2023	1,360	18,974	20,334
Carrying amount			
At 31 March 2023	96	5,904	6,000
At 31 March 2022	193	5,997	6,190

5 Debtors

	2023	2022
	£	£
Amounts falling due within one year:		
Trade debtors	7,500	22,200
Other debtors	1,623	236
	9,123	22,436

LUMINUS INSIGHT C.I.C.
(FORMERLY KNOWN AS HEALTHWATCH SURREY C.I.C.)
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 MARCH 2023

5 Debtors **(Continued)**

6 Creditors: amounts falling due within one year

	2023	2022
	£	£
Trade creditors	9,816	5,984
Other creditors	63,111	60,615
	<u>72,927</u>	<u>66,599</u>

7 Members' liability

The company is limited by guarantee, not having a share capital and consequently the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required not exceeding £1.

8 Operating lease commitments

At the reporting end date the company had outstanding commitments for future minimum lease payments under non-cancellable operating leases, as follows:

2023	2022
£	£
<u>27,432</u>	<u>9,144</u>

scrutiny of involvement and participation at all levels of the system). We've also played our part in making a difference at national policy level, contributing the experiences of Surrey residents to national work on dentistry for example.

We also hope that we've made a difference to our NHS and social care partners, who we recognise have been under immense strain this year. By sharing good news first and including positive feedback at the start of our reports, we often hear this makes a big difference to staff and helps morale.

This year we carried out a "Reflective Review", where we asked a wide range of stakeholders for feedback on our performance as a local Healthwatch. We were heartened to receive really positive feedback across our work, with the vast majority of respondents saying we make a difference. Our key challenge from this is to try to spread awareness of our services, and we are working with health and care services to see what more they can do to encourage people to share their experiences with us.

Over the year we have been working on the re-brand of our Community Interest Company, to more accurately reflect the range of work we are now involved in. In addition to our local Healthwatch service, we now run the independent Giving Carers a Voice service in Surrey and are embarking on the Public Involvement Service for Surrey's Combating Drugs Partnership.

These services widen our reach and enable us to hear from more people, many of whom have experiences to share about health and social care. So, we are strengthening our local Healthwatch work by building our sustainability and extending our focus, all with the aim of empowering people to have their voices heard in the design and delivery of public services; and helping organisations provide equity of access and the best services possible through the inclusive involvement of local people. We are proud to be launching the Luminus brand as the name for our wider work ([Luminus-cic.uk](https://luminus-cic.uk)), however the Healthwatch Surrey service remains unchanged, and our volunteers on our Advisory Group continue to guide our priority setting and decision making.

Our engagement approach

Listening to your experiences...

000852/15

CIC 34

Community Interest Company Report

For official use
(Please leave blank)

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*Please
complete in
typescript, or
in bold black
capitals.*

**Company Name in
full**

Healthwatch Surrey CIC

Company Number

8737632

Year Ending

31/03/2023

(The date format is required in full)

Please ensure the company name is consistent with the company name entered on the accounts.

This template illustrates what the Regulator of Community Interest Companies considers to be best practice for completing a simplified community interest company report. All such reports must be delivered in accordance with section 34 of the Companies (Audit, Investigations and Community Enterprise) Act 2004 and contain the information required by Part 7 of the Community Interest Company Regulations 2005. For further guidance see chapter 8 of the Regulator's guidance notes and the alternate example provided for a more complex company with more detailed notes.

(N.B. A Filing Fee of £15 is payable on this document. Please enclose a cheque or postal order payable to Companies House)

PART 1 - GENERAL DESCRIPTION OF THE COMPANY'S ACTIVITIES AND IMPACT

A social audit report covering these points is attached

(Please continue on separate continuation sheet if necessary.)

PART 2 – CONSULTATION WITH STAKEHOLDERS –

A social audit report covering these points is attached

PART 3 – DIRECTORS' REMUNERATION –

No remuneration was received

PART 4 – TRANSFERS OF ASSETS OTHER THAN FOR FULL CONSIDERATION –

No transfer of assets or other consideration has been made.

PART 5 – SIGNATORY (Please note this must be a live signature)

(DD/MM/YY)

The original report must be signed by a director or secretary of the company

Signed



Date

04/09/2023

Please note that it is a legal requirement for the date format to be provided in full throughout the CIC34 report.

Applications will be rejected if this information is incorrect.

Office held (delete as appropriate) Director/Secretary

You do not have to give any contact information in the box opposite but if you do, it will help the Registrar of Companies to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

Richard Davy (Director)	
Astolat, Coniers Way	
Guildford, GU4 7HL	
	Tel 01483 662 680
DX Number	DX Exchange

When you have completed and signed the form, please attach it to the accounts and send both forms by post to the Registrar of Companies at:

For companies registered in England and Wales: Companies House, Crown Way, Cardiff, CF14 3UZ
DX 33050 Cardiff

For companies registered in Scotland: Companies House, 4th Floor, Edinburgh Quay 2, 139
Fountainbridge, Edinburgh, EH3 9FF DX 235 Edinburgh or LP – 4 Edinburgh 2

For companies registered in Northern Ireland: Companies House, 2nd Floor, The Linenhall, 32-38
Linenhall Street, Belfast, BT2 8BG

(N.B. Please enclose a cheque for £15 payable to Companies House)