

Healthwatch Independent Strategic Advisory Board

Public Board Meeting Agenda

19 June 2025 1.00pm

HW Advisory Public Board meetings include an opportunity for members of the public to feedback issues about local Health and Social Care issues at the end of the meeting.

Approx Time		Item	Enclosure P – paper V – verbal	Outcome N – Noting D – Decision I – info	Presenter
1.00pm		A private meeting of the ISAB will take place from 1.00pm. Not open to the public.			
		Close private session and open Public ISAB Meeting			
1.30pm	1	Declaration of Interests	V	N	
	2	Apologies	V	N	
1.35pm	3	Minutes & Matters arising and action log	P	D	
1.45pm	4	Activities and developments (for info) - (Since last meeting) <ul style="list-style-type: none"> Community Information System feedback 	P	I	
	5	Decision log - Annual report	P	D	
2.10pm	6	Progress against workplan – verbal update – New workplan	V	I	
2.20pm	7	Themes and trends	P	N	
	8	Risk log, (including ad hoc/unexpected requests and ability to respond)	V	D	
2.25pm	9	ISAB members feedback / horizon scanning	V	N	
2.30pm	10	Healthwatch network scoping feedback	P&V	N	
2.40pm	11	Public questions /AOB – ICB/Place update	V	N	
2.50pm	12	Close of meeting – Next meeting date			

Chair – Healthwatch ISAB Chair

LHC – Local Healthwatch Chief Officer

Agenda Item 3

Healthwatch Halton ISAB
Public Board Meeting Minutes
6th February 2025

In Attendance: Lydia Hughes (interim Chair)
Maureen Isherwood (MI),
Dave Wilson (Chief Officer, Healthwatch Halton)
Michelle Downes (MD)
Lorna Plumpton (LP)
John Fagan (JF)
Clare Screeton (minute clerk)

Apologies: Elizabeth Learoyd ECS Director

		Item
1.00pm		<i>Private session to discuss confidential staffing/ operational issues.</i> <i>Closed Session- not open to the public.</i>
		Public HAB Meeting
1.30pm	1	The Chair welcomed the Board and introduced new Board member John Fagan. The Board all introduced themselves and shared their backgrounds.
	2	Declaration of Interests No declarations
1.35pm	3	Minutes and Action log from Public Board Meeting update Recorded as a true reflection and agreed by the Board action log is completed to date. The 360 public priorities survey have been sent out via the e-bulletin. A stakeholder perception survey has also been sent to key stakeholders.
1.40pm	4	Activities and Developments Q3 monitoring report was included in papers for the Board. <ul style="list-style-type: none"> All social media and engagement targets have been met or exceeded. Engagement numbers had increased in Q3 as we had an additional member of staff at the time.. Three reports that were published within this quarter were shared with the Board. Enter and view visits to local care homes will be starting. DW will speak with EL about additional support to carry out the E&V visits. The report on the joint visit to Whiston A&E with Healthwatch Knowsley has been completed. MI said that corridor care and non-residing care is now considered the norm the staff are under immense pressure, and this has been raised at the patient experience meeting. The Chair asked DW to email the report to the Board to see if they have any comments on the recommendations that they can share with DW. Community Information System – This is the new system we have adopted for recording activities, feedback and signposting enquiries. Sample reports were included in the meeting papers. DW gave an overview on the system and how it can help in producing more insightful feedback reports and also quarterly reports for contract monitoring. DW has been approached by Public Health to comment on the pharmaceutical needs assessment document. It will be shared with the Board for comments.

		Item
1.55pm	5	Decision Log – Whiston A&E visit report - approved
2.10pm	6	Workplan Update – The team are meeting the current targets for feedback and outreach. The enter and view visits will be starting again soon but have been on hold due to capacity. DW encouraged the Board to complete the Cheshire & Merseyside GP access survey that is currently in circulation.
	7	Themes and trends – Access to G.ps and NHS dentists. The PACO BLINX system will be replacing the PATCHS system it can do a lot more in terms of cancelling and rebooking appointments it is on trial for 12 months. LP said that during the trial you can still book via the practice by contacting reception. MI said that the comms surrounding this was not very good as there is a lot of confusion and people that she has spoken with are not very happy. Again, there are concerns that the digitally excluded will suffer and struggle to get an appointment. This is on the PPG agenda, and she will feedback to the Board. DW said that he will also raise this at the next PCC meeting.
2.45pm	8	Risk Log – Nothing new to be added just the staffing issue as we are still one member of staff short. Recruitment will be on hold until the new financial year. The Chair asked if the HW England report on local commissioning arrangements is out yet. DW said that it is due out in April and will share with the Board. HW England have also updated their values DW shared a copy of this with the Board for information and HW Halton will endeavour to tie in with these values.
2.50pm	9	ISAB Feedback – MI said that the Living Well Bus is currently doing smear tests. The uptake has been good, and another 10 dates have been added until the end of March. Matthew is still interested in coming on to the HW Halton Board DW will meet with him to discuss. MD will email the chair and DW regarding issues with SEND services and she will give a full update at the next meeting. DW will speak with MD about attending the CYP Emotional Health and Wellbeing Board as HWH rep which is held quarterly. LP will be attending the Cancer Patient Engagement Meeting and asked if there was anything that the Board wanted her to share with them, if so, they could email it to her directly. The Chair attended the Health and Wellbeing Board where there was a very informative presentation from BIBs the breastfeeding service and the family hub also did a good presentation. The Chair also attended the ECS Chairs Meeting where she shared the operational work that the team at HW Halton are currently undertaking.
3.00pm	10	HW Scoping Feedback – The papers are enclosed for the Board to read, and any feedback or comments can be shared with DW and the Chair.
	11	A.O.B - LP said that the PPG Plus group has sent an email to the PCN Managers and has had no response. She said that they were very disappointed by the lack of support, and she may shut the group down and keep the information sharing to an online forum. There have been no practice Managers that have attended the meetings either. The Chair asked DW if he could raise this at the PCN Leads Meeting.
	12	Date and time of next meeting – TBC

Agenda Item 4

Community Insight System (CIS)

Trends analysis report

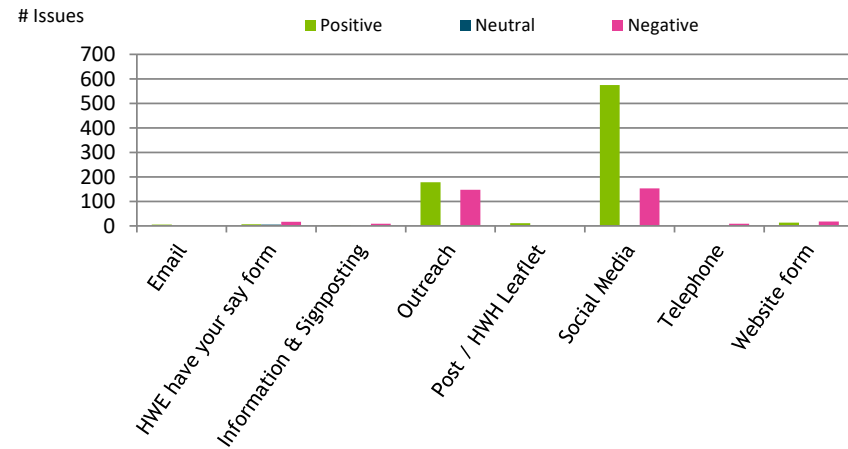


Version 1.1.2

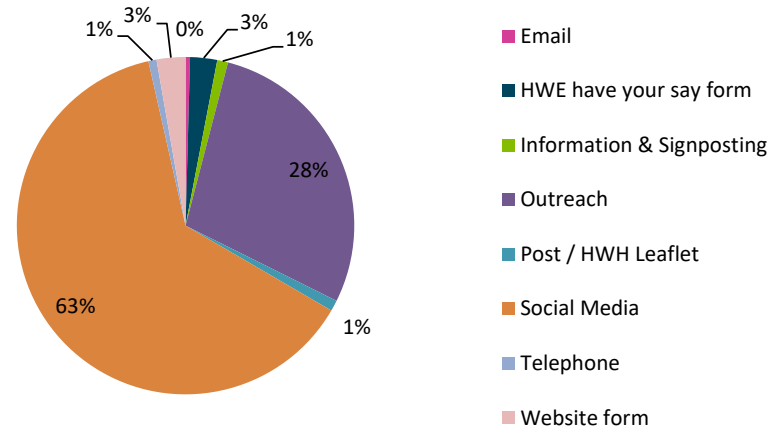
1. Data Source: Where did we collect the feedback?



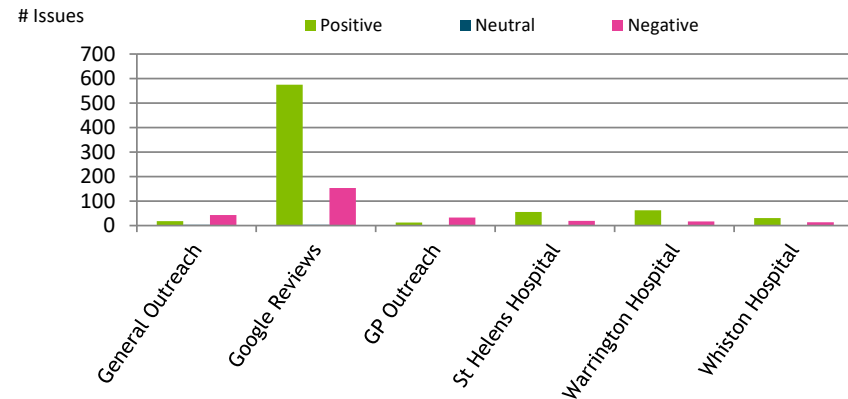
1.1 Source



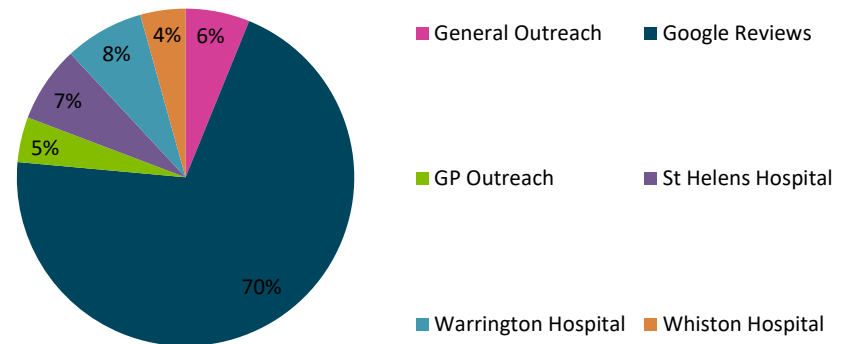
Sources providing the most comments overall



1.2 Origin



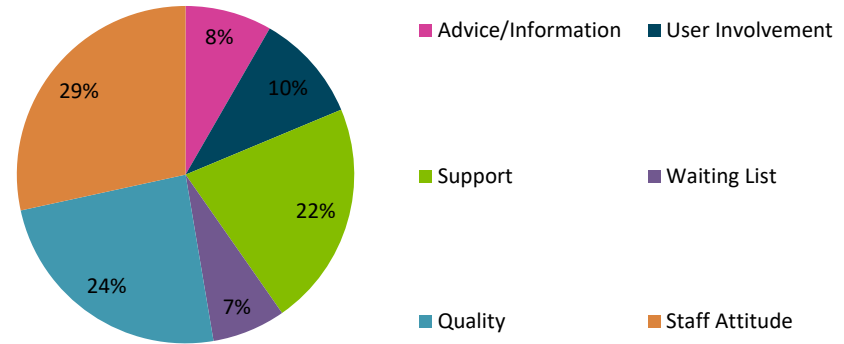
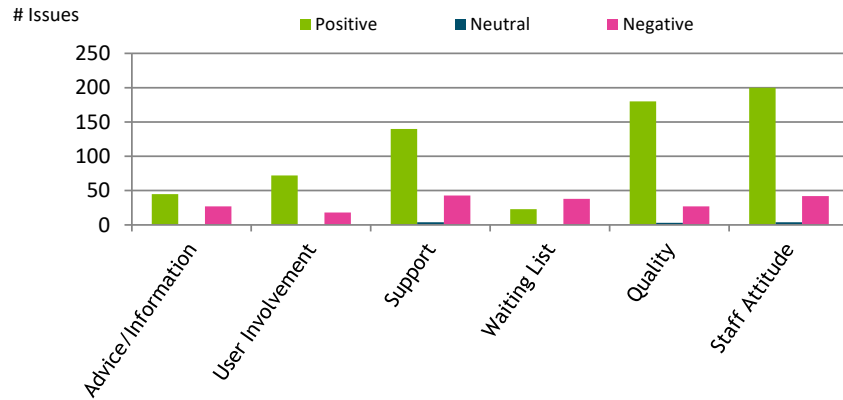
Origins providing the most comments overall



2. Top Trends: Which service aspects are people most commenting on

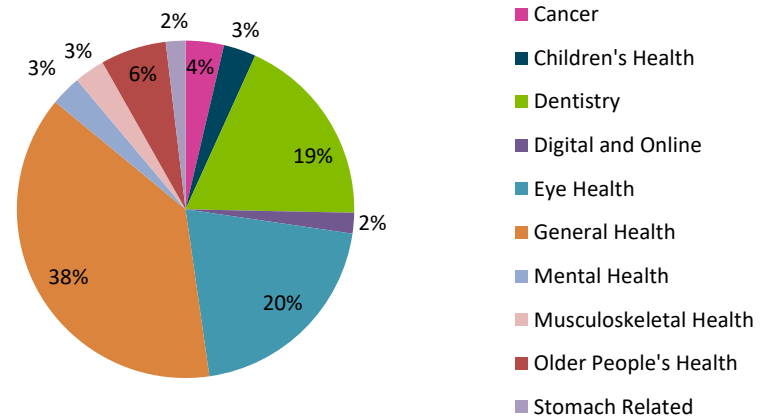
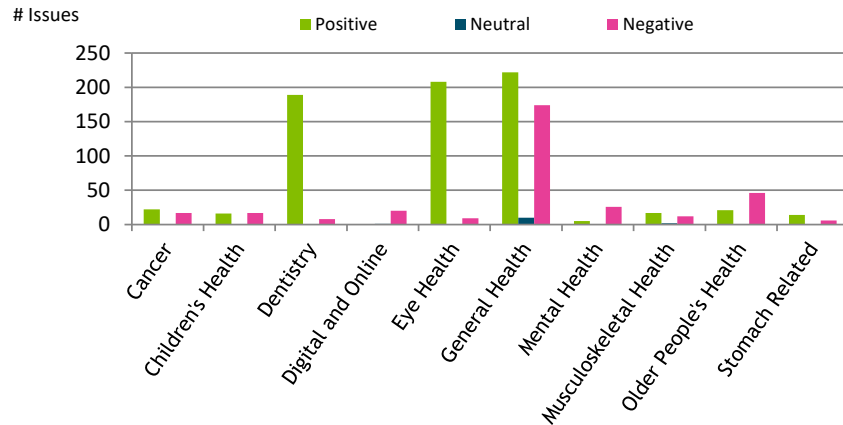


2.1 Service aspects: 1159 issues from 283 people



Issues receiving the most comments overall. See pages 8-9 for issue descriptions.

2.2 Stated medical conditions

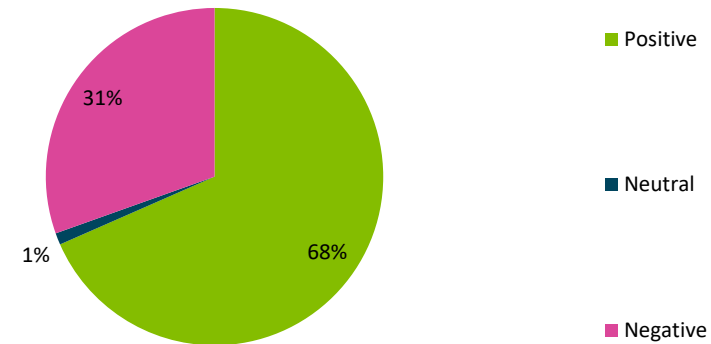
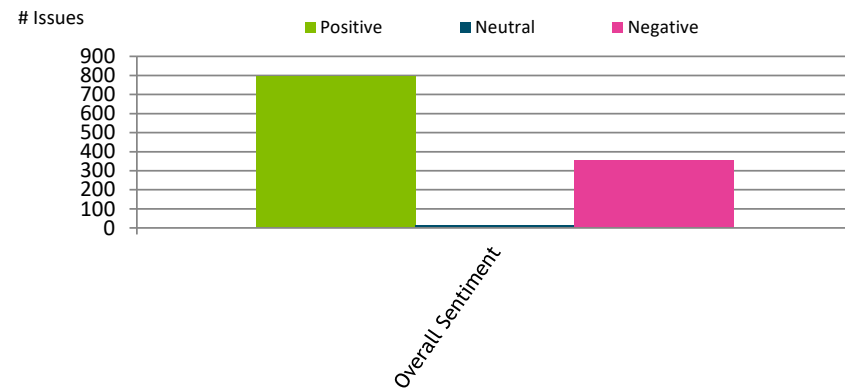


Medical conditions receiving the most comments overall

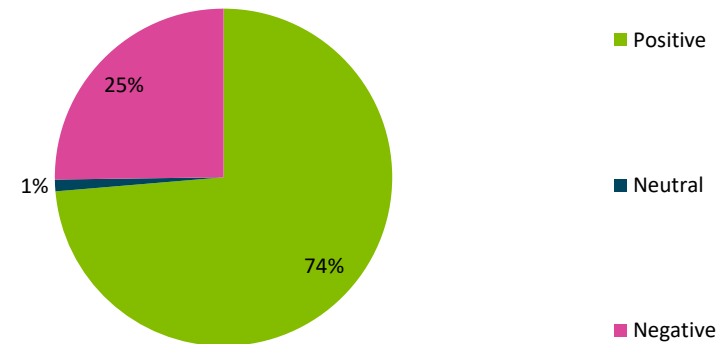
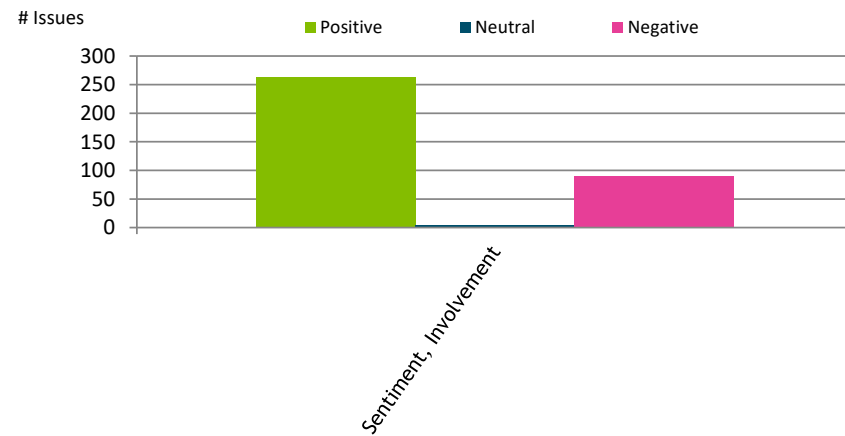
3. Sentiment: On the whole, how do people feel about services?



3.1 How do people feel as a whole?



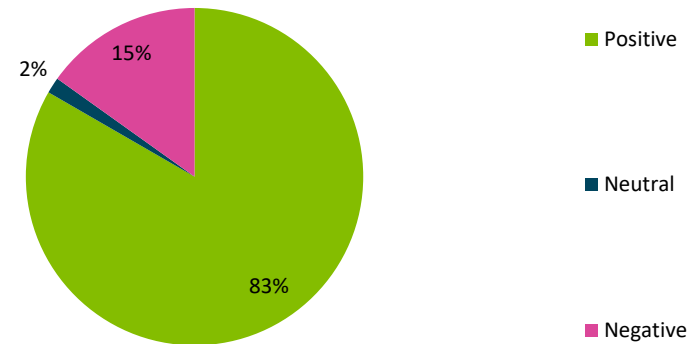
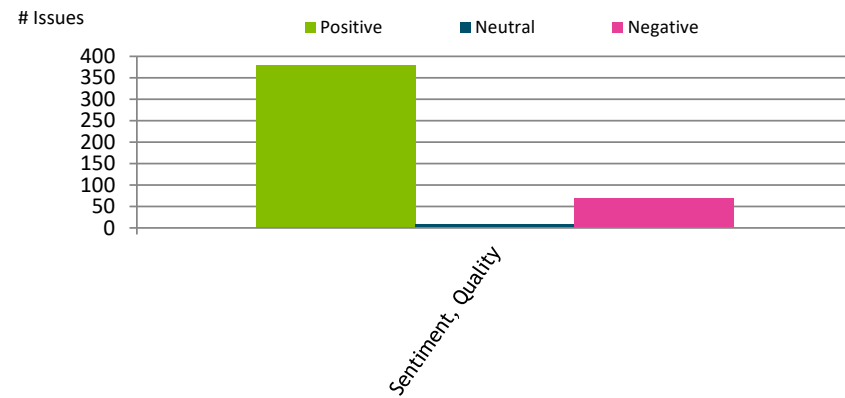
3.2 How well informed, involved and supported do people feel?



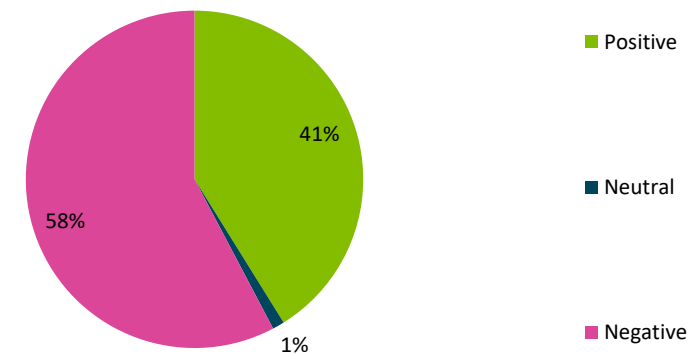
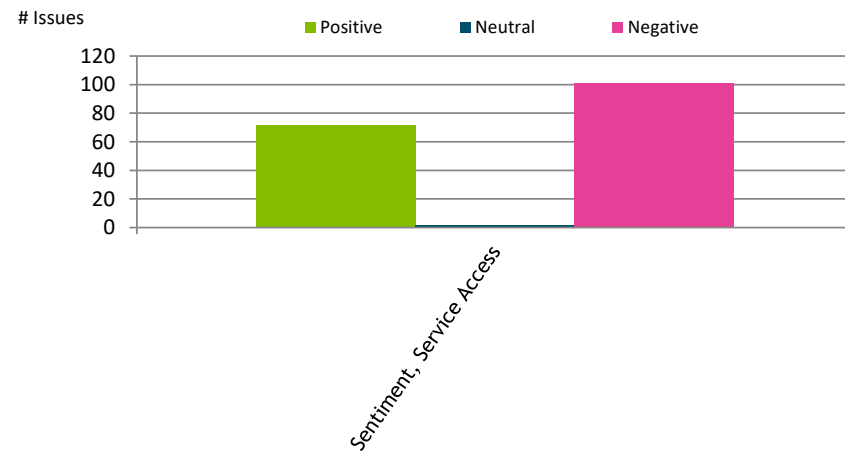
3. Sentiment: On the whole, how do people feel about services?



3.3 How do people feel about general quality and empathy?



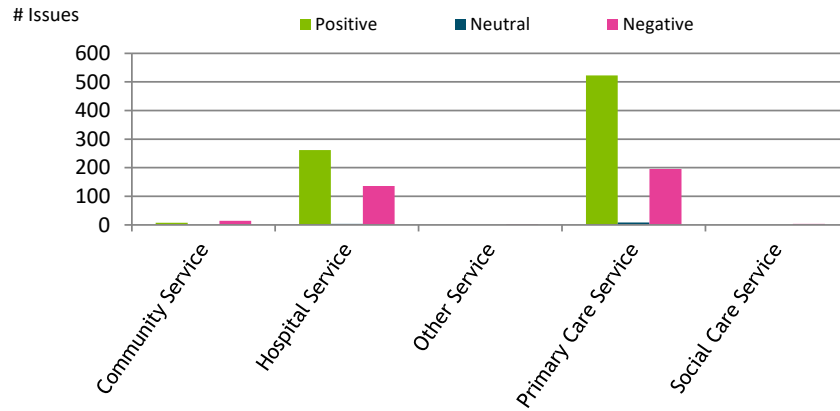
3.4 How do people feel about general access to services?



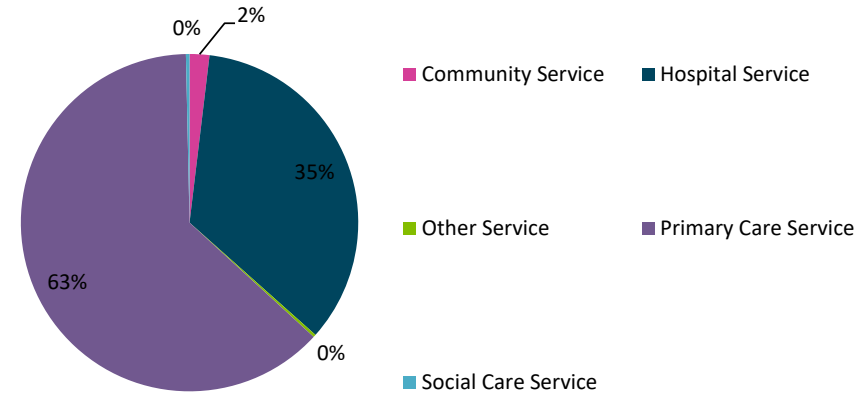
4. Trends: Which services are people most commenting on?



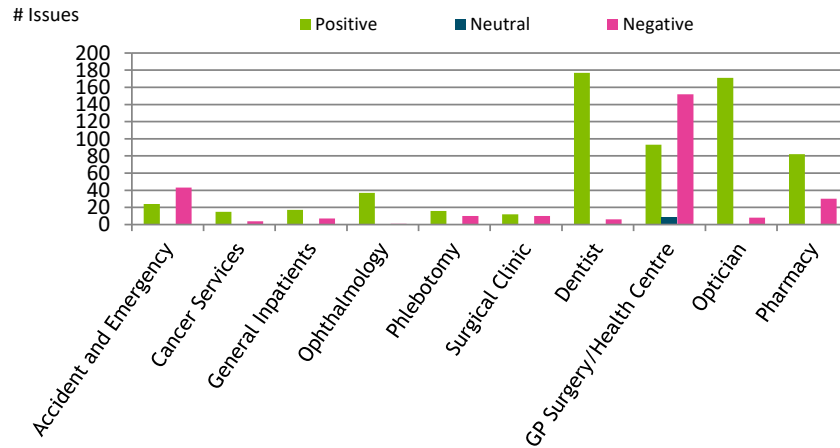
4.1 Service Sector



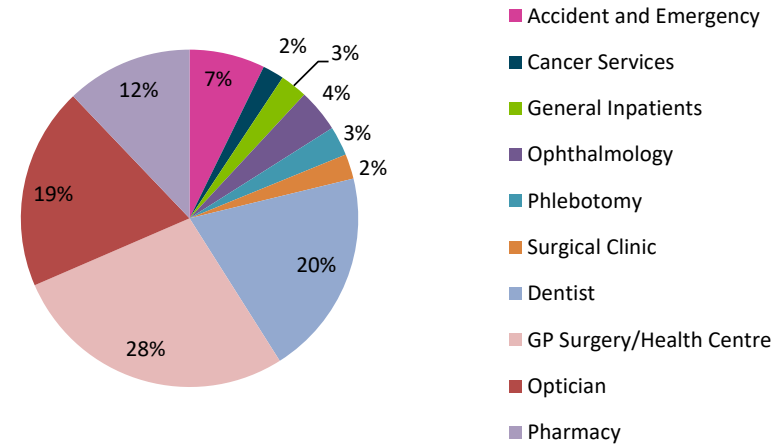
Service sectors receiving the most comments overall



4.2 Service Type



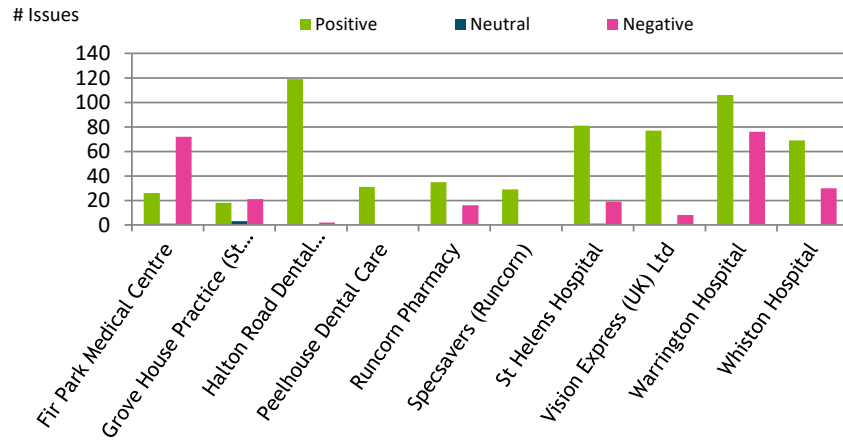
Service type receiving the most comments overall



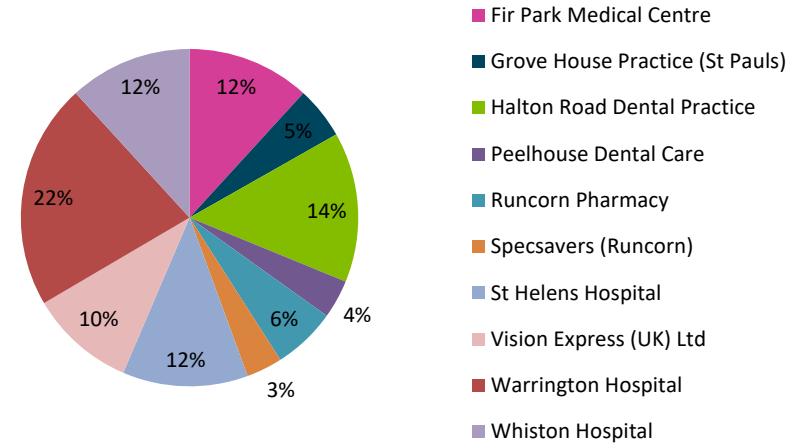
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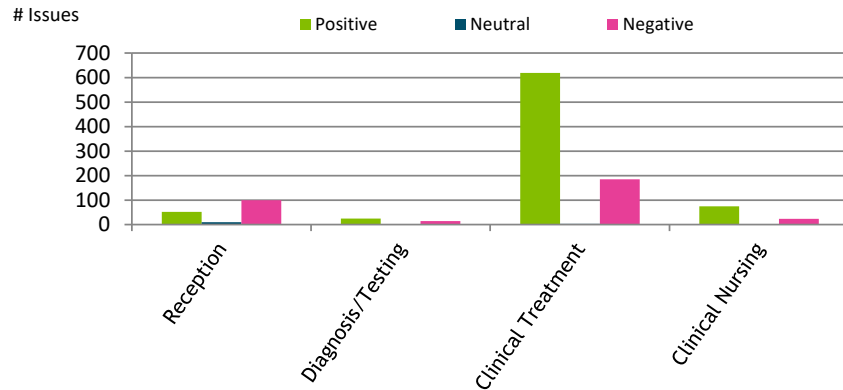
4.3 Services



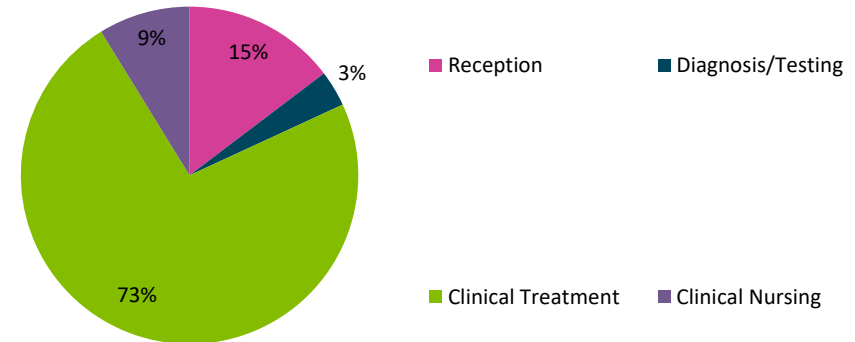
Services receiving the most comments overall



4.4 Breakdown of care pathway locations



Care pathway locations



5. Data Table: Number of issues



Issue Name	Descriptor	# Issues			
		Positive	Neutral	Negative	Total
Advice/Information	<i>Communication, including access to advice and information.</i>	45	0	27	72
Carer Involvement	<i>Involvement or influence of carers and family members.</i>	6	0	2	8
Peer Involvement	<i>Involvement or Influence of friends.</i>	0	0	0	0
General Comment	<i>A generalised statement (ie; "The doctor was good.")</i>	19	0	2	21
User Involvement	<i>Involvement or influence of the service user.</i>	72	0	18	90
Administration	<i>Administrative processes and delivery.</i>	3	0	15	18
Admission	<i>Physical admission to a hospital ward, or other service.</i>	0	0	1	1
Booking	<i>Ability to book, reschedule or cancel appointments.</i>	15	1	27	43
Cancellations	<i>Cancellation of appointment by the service provider.</i>	0	0	2	2
Data Protection	<i>General data protection (including GDPR).</i>	0	0	1	1
Referral	<i>Referral to a service.</i>	3	0	2	5
Medical Records	<i>Management of medical records.</i>	0	0	1	1
Medication	<i>Prescription and management of medicines.</i>	4	0	7	11
Opening Times	<i>Opening times of a service.</i>	0	0	1	1
Planning	<i>Leadership and general organisation.</i>	4	0	10	14
Registration	<i>Ability to register for a service.</i>	0	0	7	7
Support	<i>Levels of support provided.</i>	140	4	43	187
Telephone	<i>Ability to contact a service by telephone.</i>	0	0	10	10
Timing	<i>Physical timing (ie; length of wait at appointments).</i>	34	1	16	51
Waiting List	<i>Length of wait while on a list.</i>	23	0	38	61
Choice	<i>General choice.</i>	1	0	4	5
Cost	<i>General cost.</i>	1	0	4	5
Language	<i>Language, including terminology.</i>	1	0	0	1
Nutrition	<i>Provision of sustenance.</i>	1	0	1	2
Privacy	<i>Privacy, personal space and property.</i>	0	0	0	0
Quality	<i>General quality of a service, or staff.</i>	180	3	27	210
Sensory	<i>Deaf/blind or other sensory issues.</i>	0	0	1	1
Stimulation	<i>General stimulation, including access to activities.</i>	0	0	0	0

5. Data Table: Number of issues



Issue Name	Descriptor	# Issues			
		Positive	Neutral	Negative	Total
Catchment/Distance	<i>Distance to a service (and catchment area for eligibility).</i>	3	0	4	7
Environment/Layout	<i>Physical environment of a service.</i>	14	0	7	21
Equipment	<i>General equipment issues.</i>	1	0	1	2
Hazard	<i>General hazard to safety (ie; a hospital wide infection).</i>	0	0	2	2
Hygiene	<i>Levels of hygiene and general cleanliness.</i>	14	0	3	17
Mobility	<i>Physical mobility to, from and within services.</i>	2	0	1	3
Travel/Parking	<i>Ability to travel or park.</i>	3	0	16	19
Omission	<i>General omission (ie; transport did not arrive).</i>	0	0	1	1
Security/Conduct	<i>General security of a service, including conduct of staff.</i>	0	0	1	1
Staff Attitude	<i>Attitude, compassion and empathy of staff.</i>	200	4	42	246
Complaints	<i>Ability to log and resolve a complaint.</i>	0	0	2	2
Staff Training	<i>Training of staff.</i>	2	0	3	5
Staffing Levels	<i>General availability of staff.</i>	2	0	3	5
Total:		793	13	353	1159

Feedback Report by Service Type

This report summarises the patient feedback collected by Healthwatch Halton between April and June 2025. It highlights both positive and negative experiences, grouped by service type, and supported by direct quotes provided by the public. Quotes include the date and service name where feedback was received.

Healthwatch Halton – Service Type Insights (April–June 2025)

Primary Care Services

- **Total Comments:** 126
- **Sentiment:** 57 Positive | 39 Neutral | 30 Negative
- **Top Topics:** General Health, Dentistry
- **Insights:**
 - Many people praised friendly pharmacy staff and accessible optician appointments.
 - **Concerns** included problems accessing GP appointments and difficulties with phone and booking systems.
 - Dentistry received notably high engagement, especially for urgent needs—highlighting both availability and access challenges.

Positive Themes

- **Friendly and helpful staff**

“Very quick and efficient service with friendly, helpful staff.”

— West Bank Pharmacy, 30/04/25

- **Quick and efficient care**

“I had to have surgery and they made it possible far quicker and more

comfortable and at ease than expected.”

– Morgan Opticians, 29/04/25

- **Clear communication**

“I had an eye test, it was a lot more involved than any other test I have had and everything was explained.”

– Morgan Opticians, 09/04/25

Negative Themes

- **Problems with booking systems**

“You call from 8am. The phones are not working... you hear that there is no more space, ring tomorrow.”

– Upton Rocks Surgery, 29/04/25

- **Difficulty accessing appointments**

“Need to make a GP appointment so have to ring after 8am. I leave for work at that time, so had to keep trying on my break.”

– Newtown Surgery, 28/04/25

- **Long waits and lack of follow-up**

“I recently had surgery but have had no follow-up from my GP or hospital, not even a call to check if I was okay.”

– Runcorn Pharmacy, 25/04/25

Hospital Services

- **Total Comments:** 94
- **Sentiment:** 59 Positive | 23 Neutral | 12 Negative
- **Top Topics:** General Health, Older People’s Health
- **Insights:**

- Most hospital-related feedback was positive, especially around staff professionalism and speed of care in clinics and outpatients.
- However, issues were raised about lack of follow-up after surgery and long waits for specialist referrals.
- Some services were highlighted for offering clear communication and informative appointments, though this wasn't universal.

Positive Themes

• Quick and efficient care

"They are quick and efficient and I get what I came for."

— Whiston Hospital, 22/04/25

• Friendly and helpful staff

"The appointment was very quick, professional and informative."

— Warrington Hospital, 23/04/25

• Clear communication

"The building looks new and the staff are all fine."

— St Helens Hospital, 12/05/25

Negative Themes

• Difficulty accessing appointments

"Patient is in worse pain after an operation, with no sign of a follow-up."

— Warrington Hospital, 22/04/25

• Long waits and lack of follow-up

"Took my husband nearly a year to see the consultant for a hernia."

— Warrington Hospital, 08/04/25

• Problems with booking systems

"I've been waiting for months now... they phone to check in but no actual contact."

— Brooker Centre, Halton Hospital, 02/04/25

Community Services

- **Total Comments:** 4
- **Sentiment:** 3 Positive | 1 Negative
- **Top Topics:** Mental Health, Maternity
- **Insights:**
 - Mental health delays stood out, with one person reporting a year-long wait for therapy—highlighting ongoing pressure on local provision.
 - While small in volume, feedback suggests these services would benefit from continued monitoring.

Negative Themes

- **Long waits and lack of follow-up**

“Been waiting over a year for therapy from mental health services... not fit for purpose.”

— Brooker Centre, Halton Hospital, 06/05/25

Optical Services (e.g. UK Ltd, Widnes, Runcorn)

- **Total Comments:** 44 across multiple providers
- **Sentiment:** 28 Positive | 9 Neutral | 4 Negative
- **Top Topic:** Eye Health
- **Insights:**
 - Eye care services attracted consistently positive comments, especially for thorough examinations and staff reassurance.

- The consistency of experience across locations suggests a strength in local optometry delivery.
-

Other Service feedback

- **Bridgewater Community Services:** 1 Positive
- **Social Care Services:** 1 Negative
- **Other/Unclassified:** 2 total (1 positive, 1 neutral)
- **Insights:**
 - While limited in number, comments about children's services were positive, but a single concern around learning disability support in social care points to an area needing further exploration.

Agenda Item 6

Healthwatch Halton Workplan 2025 – 2026

April 2025 – March 2026

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Other issues to consider for 2025 – 2026.....	6
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One Halton priorities.....	11

The eight main statutory functions of a Local Healthwatch

- 1.** Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- 2.** Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
- 3.** Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
- 4.** Making reports and recommendations about how local care services could or ought to be improved within an overall framework that recognises financial constraints. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- 5.** Providing advice and information about access to local care services so choices can be made about local care services.
- 6.** Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- 7.** Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- 8.** Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Introduction

About us

Healthwatch Halton is the independent champion for people who use health and social care services in the borough of Halton. Our role is to ensure that the voices of local people are heard by those who commission, deliver, and regulate health and social care services. We listen to experiences—positive or negative—and use that feedback to help drive improvements across local services.

Local Healthwatch organisations were established in 2013 as part of the Health and Social Care Act 2012, replacing previous patient and public involvement structures. Since then, we have worked to strengthen the voice of the public in shaping care.

We also provide **signposting, information, and support** to help people make informed choices about their health and social care needs.

Healthwatch Halton is delivered by **Engaging Communities Solutions CIC**, a not-for-profit community interest company dedicated to involving people in the design and delivery of public services. See here for further details: www.weareecs.co.uk

As part of the national Healthwatch network, Healthwatch Halton also works closely with Healthwatch England to ensure that local views can inform national policy and change.

Our responsibilities

All local Healthwatch are required to:

- Gather and represent the views and experiences of people who use health and social care services.
- Ensure the diverse communities they serve have a voice in how services are designed and delivered.
- Share people's experiences with those who have the power to make services better, including NHS bodies, local authorities, and service providers.
- Provide people with information about local health and social care services to help them make informed choices.
- Recommend improvements to services based on what people tell them.

- Report concerns about the quality of care to Healthwatch England or relevant regulatory bodies, such as the Care Quality Commission (CQC), where appropriate.
- Work collaboratively with other local organisations, including voluntary groups and patient representative bodies.

Local Healthwatch benefit from having Healthwatch England as their national body. It gives local Healthwatch a stronger voice by providing a route to escalate serious or ongoing concerns to national decision-makers, such as NHS England and the Department of Health and Social Care. This ensures that the views and experiences of local communities can help influence change at a national level.

Healthwatch England also offers essential support to local Healthwatch through training and practical resources etc. See here for details: www.healthwatch.co.uk

We will meet our responsibilities by:

Listening to people from all communities in Halton; helping to involve people in decisions about their care and how it is delivered, giving people information to make choices about their health and care and working in partnership to make change happen.

As Healthwatch Halton, we will give critical challenge to highlight where improvements can be made, be the voice of the public, show the impact our work can make and work hard to listen to people throughout the borough.

Our Aims

This year, our strategic focus will be to:

- **Make every voice count:** Encourage more people across Halton to share their experiences of health and care services, making sure everyone feels heard—especially those whose voices often go unnoticed.
- **Raise awareness of Healthwatch Halton:** Help more local people understand who we are, what we do, and how they can get involved to shape the services they use.
- **Work together for better services:** Strengthen partnerships with the NHS, care providers, and community organisations to make real improvements based on what local people tell us.

- **Champion fair and equal access:** Highlight issues that prevent people from getting the care they need, and work with services to tackle these barriers.
- **Use what we hear to drive change:** Collect and share people's stories and feedback to influence how services are planned and delivered in Halton.

Priority areas from April 2025 to March 2026

These priorities have been shaped through extensive community engagement and direct feedback from Halton residents, as well as insights drawn from local PLACE plans and the strategic concerns of Halton Borough Council. This approach ensures our focus aligns with what matters most to people locally and is responsive to broader system-level issues identified in local health and care planning.

Access to Primary Care services: (Quarters 1–4)

This has been a long-standing priority for Healthwatch. Work has already been taking place during 2024 to look at access to GP services.

A joint report on access to GP services across Cheshire & Merseyside is due for publication in Q1, (April to June 2025). A Halton focussed report will also be produced.

Focus: Improving access to GP services and reducing appointment delays.

- Gather feedback on GP availability, appointment systems, and out-of-hours access.
- Advocate for better booking systems and weekend/evening appointments.
- Assess impact of digital consultations on vulnerable groups.
- Promote patient awareness of available services and self-care resources.

Access to Women's services : Maternity Services and Women's Health

Focus: Supporting safe, personalised care before, during, and after pregnancy.

- Review maternity service availability and continuity of care.
- Investigate access to perinatal mental health and postnatal support.
- Address inequalities in maternity outcomes for young, disabled, or marginalised women.

Other issues to consider for 2025 – 2026

Treatment Room Services

Focus: Reviewing patient experience and access to Treatment Room services in Halton.

- Gather patient feedback on waiting times, service consistency, and ease of access.
 - Work with Bridgewater Community Healthcare NHS FT to identify areas for improvement.
 - Ensure that treatment room services are accessible, efficient, and meet the needs of local people.
-

Access to Urgent and Emergency Care

Focus: Understanding local experience and barriers in accessing urgent and emergency care.

Residents have also shared concerns around inconsistent access to local urgent treatment centres. Healthwatch Halton will investigate how well these services meet the needs of our population, and where improvements are needed to ensure safe, accessible care during urgent situations.

NHS data also shows that across the North West, many urgent and emergency care services continue to miss the targets for A&E treatment, with rising attendance rates and pressures on staff and resources

- Review access to Urgent Treatment Centres in Runcorn and Widnes.
- Collect resident feedback on A&E services at Whiston Hospital and Warrington Hospital.
- Explore barriers to timely, appropriate urgent care and promote public understanding of service options.
- Promote patient transport and accessibility improvements.

Access to NHS Dentistry

Focus: Tackling dental inequalities for children, families, and low-income adults.

- **Map dental deserts** – areas of Halton where no Dental practices are taking on new NHS patients.
 - **Gather local stories** from people forced to go private or go without due to lack of NHS availability.
 - **Highlight the financial strain** of dental costs for low-income households, including working families not eligible for free treatment.
 - **Raise awareness** of who qualifies for free or reduced-cost NHS dental care – many eligible adults and children aren't aware of their rights.
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Digital Inclusion in Health Services

Focus: Ensuring digital health solutions do not widen inequalities.

- Assess usability of NHS apps, portals, and virtual appointments.
 - Identify gaps in digital access and skills across age groups.
 - Advocate for hybrid service models offering both online and face-to-face care.
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Mental Health Services

Focus: Expanding timely, inclusive, and accessible mental health support.

- Evaluate access to CAMHS and adult mental health services.
- Highlight service gaps and advocate for local investment.

Measuring Impact

Through our activity plan, we have set clear aims and objectives as our delivery targets to achieve throughout the year to ensure we maximise the impact we have, in addition to our priority project work.

Activity	Aims and objectives
Enter and View Programme	<p>The annual programme is determined by intelligence received, follow-up actions from previous Enter and View visits and our standard programme of work.</p> <p>The focus on the Enter and View Programme for 2025-2026 will be care homes and other local health services.</p> <p>Aim: To carry out ten Enter and View visits from April 2025 to March 2026.</p> <p>We will aim to publish our reports and recommendations on the Healthwatch Halton website 40 days after the visit has taken place.</p>
Public Feedback	<p>We will continue to encourage the public to feedback their experiences of using local health and social care services.</p> <p>This feedback will form part of our regular reports to the Healthwatch Independent Strategic Advisory Board (ISAB) and be used to identify themes and trends in local services.</p> <p>This feedback will also form part of regular reports sent to service providers, commissioners, and stakeholders.</p> <p>Aim: To collect the experiences of 1,200 people between April 2025 and March 2026.</p>

Reporting	Healthwatch Halton will conduct independent reviews on various health and social care services. Reports will be published based on the intelligence we receive from members of the public and sent to the relevant Boards, commissioners, and contract monitoring officers.	Aim: To publish intelligence/insight reports on a quarterly basis.
Promotion	<p>We will ensure our services are widely available and promoted in a range of formats.</p> <p>Our website, Facebook, Twitter, Instagram, and other social media platforms will provide live updates on engagement topics, service delivery changes and enable networking with other organisations.</p>	<p>Aim: To see an increase in engagement numbers through our social media platforms</p> <p>To ensure that our website is updated regularly with relevant topics and issues.</p>
Strategic Influencing	Healthwatch Halton is represented on a wide range of Strategic Boards that oversee health and social care including the Health and Wellbeing Board, Health Policy and Performance Board and Halton Quality & Performance Group. We will work with these partnerships to ensure the voice of the public, patients, service users and carers are heard, and to provide guidance, and assurance on how to achieve this.	Aim: To ensure Healthwatch Halton remains a strong public voice in strategic decision making.

Healthwatch Independent Strategic Advisory Board (ISAB)	Develop a well-balanced ISAB with a complementary skill set and culture that allows collaborative working to enable effective decision making, and a platform in which the ISAB will formally agree and implement a plan of work.	Aim: To grow the number of ISAB members and to ensure the ISAB receives necessary training and support to fulfil its role during the year.
Volunteers	Volunteers play an essential role in the delivery of Healthwatch Halton. They add value and support us to achieve our mission and strategic objectives. By having an effective volunteer programme, Healthwatch Halton will provide opportunities for social inclusion, skills and confidence development and support routes into employment.	Aim: To develop a wider range of opportunities for people to volunteer with Healthwatch Halton, including work experience placements for students and young volunteers.
Additional funded projects	Healthwatch Halton will look at opportunities to take on additional funded projects or pieces of work that are aligned with our mission and values.	Aim: To generate additional income of 10% of the contract value to help sustain the current contract delivery and enhance the delivery offer.

Community Engagement	<p>Face-to-face: Our staff and volunteers will visit a range of community groups and outreach events to seek patient and public opinions and views. We will ensure our engagement activities focus on all communities in Halton and continue to earn their respect.</p> <p>We will also continue to seek the views of people, who in the past, have been in the minority in intelligence gathering.</p>	<p>Aim: Face-to-face: To undertake at least 120 outreach activities from April 2025 to March 2026.</p>
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One Halton priorities

Through our day-to-day work and our 2025-2026 priorities we will aim to contribute to the current One Halton priority areas.



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