

REPORT TO: Health and Social Care Policy and Performance Board

DATE: 10th February 2026

REPORTING OFFICER: Chief Executive Officer - Engaging Communities Solutions CIC

PORTFOLIO: Health and Wellbeing

SUBJECT: Healthwatch Halton – Staffing

WARD(S): Borough wide

1.0 **PURPOSE OF THE REPORT**

1.1 The report sets out proposed changes to the current staffing arrangements for Healthwatch Halton following the retirement of the long-standing CEO to maintain performance and impact for the people of Halton.

2.0 **RECOMMENDED: That**

- 1) the report be noted; and**
- 2) the Board endorses the proposed changes.**

3.0 **SUPPORTING INFORMATION**

3.1 The current and long-standing CEO of Healthwatch Halton has decided to take their well earned and richly deserved retirement.

3.2 The provider of Healthwatch Halton, Engaging Communities Solutions CIC, has to fill the vacancy that the retirement creates. Normally this would be a straightforward exercise to recruit to the role. We are not in normal times.

3.3 The reason we are not in normal times is down to the government's Fit for the Future 10 year health plan for England which says it will 'abolish' local Healthwatch and its national Healthwatch service passing over the responsibility of collecting people's feedback about NHS services internally and using that to support service development and quality. *

3.4 It is imperative that we recruit a person to the post who is experienced in Healthwatch and has local knowledge of the health and care systems. Considering the time remaining for the existence of Healthwatch, which may be only 12 to 18 months, it is

vital we move at pace. This may also prove to be a barrier in external recruitment with respect to the longevity of the post.

- 3.5 ECS believes it is prudent to create a joint Chief Executive Officer post covering both the Healthwatch Halton and Healthwatch Warrington services. This would allow for a senior officer within ECS to be the lead at the local delivery level to ensure both services have a similarly experienced and knowledgeable individual as its chief executive. Budgets will be pooled for this purpose. The resulting saving in the Healthwatch Halton service will be reinvested in additional staffing. This will be for an additional Outreach Officer post creating extra 'boots on the ground' time to go out and engage with people in Halton to support them to have their voices heard regarding the provision and delivery of health and social care services.
- 3.6 All the Healthwatch Halton paid officers and volunteers have one mantra which is 'we speak local' as they are all from the service delivery area and therefore understand the needs and aspirations of local people.
- 3.7 There are no budgetary savings for ECS within this proposal and surplus funds from the joint CEO role are to be invested as stated in 3.5, in additional outreach capacity.
- 3.8 The two sets of strategic meetings that require senior officer attendance or experienced volunteer attendance have been reviewed across both services. It is apparent that there is sufficient capacity for one joint CEO and Healthwatch Chair to cover with no adverse impact on the ability of the service to deliver its statutory role.
- 3.9 *The loss of the independent patient voice, which has been a feature people have enjoyed for 50 years is a concept that the majority of local Healthwatch services are opposed to and are campaigning against. Examples of NHS services previously marking aspects of their own homework and the outcomes can be found in the reports of the Mid Staffordshire NHS Foundation Trust Public Inquiry led by Sir Robert Francis KC and subsequently influenced the creation of Healthwatch in the Health and Social Care Act 2012.

4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications arising out of the proposal contained within this report as the service will be enhanced with additional outreach support and no underspending of the budget allocated in the contractual arrangements.

5.0 FINANCIAL IMPLICATIONS

5.1 There are no financial or resource implications for the Council in endorsing the proposal.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence:

Healthwatch Halton's primary purpose is to support people to have their voices heard regarding the provision and delivery of health and social care services. To use their truths to seek improvements to services and hold to account those services that do not meet the needs of local communities. These proposals enhance staffing which will mean more community work to gather those voices is delivered than before. With a greater visible presence in the communities, we will be able to promote system messages,

6.2 Building a Strong, Sustainable Local Economy:

These proposals will create a paid employment opportunity for local people. ECS delivering Healthwatch Halton has a strong track record in supporting people who 'speak local' to be involved either as paid officers or volunteers in the service. Our Independent Strategic Advisory Board is made of people who have a great insight into Halton very much 'speaking local' are also:

- working for Halton Cancer Support Centre
- active GP PPG member
- former governor at Warrington & Halton Hospitals
- former member of the Halton SEND Pare and Carer Forum (who has since been successfully employed as a project worker for a joint Healthwatch Halton and Healthwatch Warrington project).

6.3 Supporting Children, Young People and Families:

Healthwatch Halton is here for all ages, from cradle to grave. This proposal will give us greater capacity to work with all age groups across Halton and 'speaking local' will give children, young people and their families encouragement to share their experiences of what does and what does not support them to maximise their health and wellbeing.

6.4 Tackling Inequality and Helping Those Who Are Most In Need:

Healthwatch Halton is here for all communities and groups especially those often underserved and subsequently less well heard. This proposal will give us greater capacity to work with all communities and groups across Halton and 'speaking local' will

give people the encouragement to share their experiences of what does and what does not support them to maximise their health and wellbeing.

6.5 **Working Towards a Greener Future:**

Healthwatch Halton as part of its CSR – (Corporate Social Responsibility) seeks to maximise our ‘greenness’ by minimising travel, using virtual options where suitable, buying local to reduce carbon footprints (plus supporting a Strong, Sustainable Local Economy), promoting as part of our signposting for overall wellbeing especially those living with mental health issues, the benefits of self-served physical activities such as walking, jogging and cycling using dedicated routes to benefit from the great outdoors feeling.

6.6 **Valuing and Appreciating Halton and Our Community:**

Healthwatch Halton has a passion for all of its varied communities, in seeking to maximise their health and wellbeing, be it through our signposting to services to support people and their families or using their voices to seek improvement to services or hold to account where they fall short – our local officers and volunteers ‘who speak local’ live to that passion day in and day out.

7.0 RISK ANALYSIS

7.1 The proposal as set out in the supporting information has some key risks.

If the proposals are rejected, then the role of CEO for Healthwatch Halton will need to be recruited to. The risks are:

- We are not successful in recruiting on the first recruitment window and have to go out to second round of recruitment.
- We may not be able to recruit someone as experienced as the current postholder.

To mitigate the risk, cover will be provided for key meetings during the recruitment process.

This does not represent a significant risk.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 As stated in 6.5 Healthwatch Halton seeks to maximise its 'greenness' by minimising travel, using virtual options where suitable and buying local to reduce carbon footprints.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 (S.I. 2012/3094).

Available from:

<https://www.legislation.gov.uk/uksi/2012/3094/contents/made>

Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (S.I. 2013/351).

Available from:

<https://www.legislation.gov.uk/uksi/2013/351/contents/made>