



# On equal terms

Then and now

Healthwatch Central West London Annual Report 2020-21

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# Message from our Chair

Throughout this difficult year, Healthwatch Central West London has played a key role in keeping local people up to date with reliable information, linking them to sources of help and support, and countering misinformation.

From the start, we found that residents were eager to share their experiences and offer support to each other throughout the COVID-19 pandemic. Our teams responded rapidly to what they were hearing, preparing resource packs and even delivering them by hand to the isolated or vulnerable.

The pandemic has focused a spotlight on health inequalities that exist in our communities and much of our work has involved connecting with and hearing from groups we haven't spoken to before to shape the delivery of services. We've prepared a case study that explains how grassroots collaboration is shaping the way we work.



**"We have gathered a wealth of feedback on the effects of the pandemic and have used this to help commissioners develop plans for the recovery."**

## Recovery & broadening our reach

As well as facilitating well-attended meetings on developing a local recovery plan and the vaccine-roll out across North West London, we followed up on a range of themes. They include young people's mental health, access to primary care, making services more accessible for those who are not digitally connected, gaining insights about the vaccine roll-out from African and other minority ethnic groups, and support available for isolated parents of children living with disabilities.

## New Models of success

I'm particularly proud to mention two projects that we launched this year. First, is our Small Grants Programme that provided 5 grassroots community groups with funding and support to capture their communities' experiences of local services. This work has been recognised nationally by Healthwatch England and recently appeared in an article in the British Medical Journal (BMJ). Secondly, is the Voice Exchange. A series of monthly user-groups established with the 'Central North West London Mental Health Trust' to co-produce the redesign of mental health services in Westminster.

The breadth of work I've described would not have been possible without the dedication and enthusiasm of our talented staff, volunteers and members. I would like to thank you all and also to recognise the funding support that we have received from a NHS and charitable trusts as well as our main funders - the City of Westminster and the Royal Borough of Kensington and Chelsea.

We look forward to working with you all to improve health and social care services the coming year.



**Christine Vigars**

Chair of Healthwatch Central West London

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Kensington & Chelsea and Westminster and it's our job to make health and social care services work better for residents, patients and carers.

We do this by listening to people's experiences through research and engagement and share recommendations with local council commissioners, health and care NHS providers so that they can act on what has been learned.

We help people find the information they need about services in their area. From accessing support for mental health related issues to choosing the right care home or self-help group. This support has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

## Our goals



### 1 Giving local people a voice

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



### 2 Quality service delivery

We want everyone who shares an experience or seeks advice from us to receive a high-quality service and to understand the difference that their views make.



### 3 Turning views into actions

We want more services to use local people's views to shape the health and care support they need today and in the future.



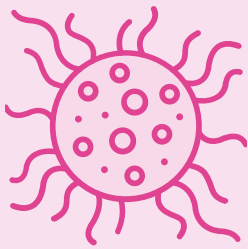
**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives.”**

**Sir Robert Francis QC, Chair of Healthwatch England**

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

## How we responded to the pandemic



**2223 people**

the number of local residents we spoke to and engaged with

**102 focus groups**

surveys, interviews, and public meetings held with local patients, residents and carers on the impact of the pandemic

**1,061,283 views**

how many times our content was viewed during this time

## How we made a difference to care



**Published 9 reports**

about the improvements people would like to see to health and social care services

**Held 340 meetings**

with local Councillors, services commissioners, and other decision-makers where we reported on what people told us

## How we made it happen



**86 volunteers**

helped us to carry out our work

**We employ 10 people**

Some of our team work part-time, so our staffing is equal to 9 full-time staff

**We received £311,000 in funding**

from our local authority in 2020-21, the same as the previous year





# Theme one: Young mental health & wellbeing



## Then: Engaging with young people to shape local services

**Together with young people, parents and staff at The Child and Adolescent Mental Health Services (CAMHS), we helped young voices to shape and raise awareness of local services before and during the COVID-19 pandemic.**

In January 2020, Young Healthwatch identified a need to understand children and young adults' experiences of local mental health services. In response, we designed a survey to understand what action they would take in a mental health crisis based on their existing stressors and support network.

With the support of local and regional mental health service managers from CAMHS, we were able to share our mental health survey with 200 young patients to get a better understanding of their needs.

After launching the survey, it wasn't long before the COVID-19 pandemic arrived and started to impact young people's health in new ways. Findings highlighted an increase in anxiety, eating disorders, depression and low mood, and it was essential that our survey reflected these concerns in a new context so we could inform service team leads.

**"It was great to be part of the meeting last evening and thank you for the information. Both the poster and the info page are great. I will send it to the team managers so staff are aware of them and they can be displayed in the clinic."**

**Chandra Atkinson, Service Manager at Westminster CAMHS**

Our young volunteers helped us adapt the survey questions to ensure it not only gauged awareness of the services among young people, but also helped service providers to understand the barriers to service use. The findings told us what was affecting young people's mental health and wellbeing during lock-down and reached beyond our work with CAMHS. We reported what young people told us to the Health and Wellbeing Board, London COVID Crisis Response and our findings were included in a West London Clinical Commissioning Group (CCG) report.

**"We lead work pulling together intelligence on a range of population health issues and noted your rich data set, particularly with respect to mental health."**

**Public Health England August, 2020**

CAMHS used our findings to identify and address the top concerns and potential barriers to using their services and responded by creating new website content to address concerns about:

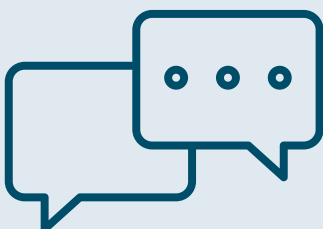
- Long waiting times
- Overworked staff
- Young people's perception that staff would only deal with urgent cases

As the pandemic intensified, the mental wellbeing of young people became more of a concern and the publication of our findings on social media started to receive more engagement. Building on the exposure, we made a guest appearance on One Community Radio to share our findings with young listeners and to find out what young residents knew about CAMHS.

We were able to identify that:

- 32% of 198 respondents to our survey hadn't heard of CAMHS
- Some people recognised the name 'CAMHS' and that it was a 'safe place to talk'
- Some associated CAMHS more with central Government and criminal justice, than with the NHS

In response, we created a mental health and wellbeing support page on our online 'Support Hub' to help improve access to local services and support groups.



### Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



[www.healthwatchcwl.co.uk](http://www.healthwatchcwl.co.uk)



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## Now: Evidence of development in health support for young people

CAMHS has been a shining example of how local service providers have been influenced by our research and how a collaborative way of working has shaped their service delivery, launched a new, improved website and influenced their wider regional network of service leads.

After sharing our survey findings with mental health service leads throughout the pandemic, they identified a need for a new website and further collaboration with participation leads in Westminster and Kensington & Chelsea. They invited our Young Healthwatch team and volunteers to help.

In January 2021, CAMHS formed a steering group with service team leads from multiple sites, locally and regionally to shape a new CAMHS website based on the findings from our survey. The aim of the website was to be a one-stop shop for professionals, young people, parents and they invited Young Healthwatch to join the steering group. Using our findings and the experiences of our young volunteers, we helped to shape the website content.



**“Really appreciate all your support and help recruiting young people to come along!”**

**Rajmin Nahar, Service Development Officer  
– RBKC Council**

Young Healthwatch carried out a comprehensive analysis of the new website as it was in development, providing advice and feedback to help make it more engaging, relevant and meaningful to children and young adults.

Young volunteers identified that the website needed:

- A support page for schools
- More videos on how CAMHS works from the therapists and young people themselves
- ‘Walk through’ videos of what it’s like going in as a young person, for the first time

Individual meetings were then set up with Westminster and Kensington & Chelsea participation leads who began to use our findings to directly improve service delivery and monitoring in schools to address the specific concerns we’d raised:

- A lack of clear information on referral pathways for young people and parental involvement
- Communication issues between mental health support teams in schools and CAMHS service



**“I really enjoyed meeting the team and getting their views”**

**Krupa Raval, Business & Transformation Manager  
– CAMHS & Eating Disorders, for CNWL**





## Theme two: Grassroots Collaboration



### **Then: broadening our approach to community engagement with our Small Grants programme**

**Helping more people from minority ethnic backgrounds to have a say in how health and care is delivered by working collaboratively with organisations at a grassroots level**

The journey to create our Small Grants Programme began in 2018 when the findings of our membership survey highlighted a need to engage more with people from minority ethnic backgrounds. In response, we launched a project in partnership with the the BME Health Forum in 2019.

Thanks to 73 people from minority ethnic backgrounds sharing their experiences of using health and social care services with us, we were able to better understand how well primary care services were meeting their needs. We heard that 'interpreting services' were not as available as they should be to patients who needed them, especially when attending a hospital clinic. We reported this to Imperial College Healthcare NHS Trust, who committed to improve this in their hospitals.

Our partnership with the BME Health Forum worked really well. We'd met groups that we hadn't previously heard from, but knew we needed to do more. Based on the success of this partnership and positive feedback from local Council commissioners, we decided to launch a new engagement programme, and it was through this process that the idea to run our Small Grants Programme emerged.

We saw how willing small community groups were to carry out engagement, but often lacked the money and resources, so to tackle this issue we decided to award a small amount of money to local organisations to spend on listening activities and to provide support for their communities of interest.

We launched the programme right as the COVID-19 pandemic took hold in the UK, but despite this, we continued with the project and a panel of Local Committee members and Young Healthwatch volunteers identified five organisations that represented the diversity of people living in our boroughs. We collaborated to hear about their communities' experiences of using health and social care services.

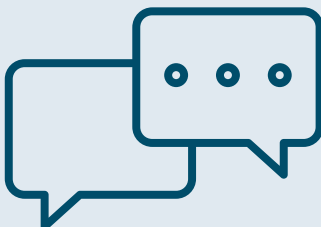


**"At WAND we are happy to be putting our voices on the table. I thank Healthwatch CWL for giving us the opportunity to reflect the voices of underrepresented groups, especially during the pandemic."**

**Gladys Sheriff, Co-ordinator, WAND UK**

As the severity of the pandemic became apparent, we offered the groups additional grant money to carry out specific engagement with us on their communities' experiences, to understand the impact of the pandemic. Using a series of focus groups, interviews, and a small survey, they spoke to us about digital exclusion, the impact on their mental health, COVID-19 stigma, and isolation. They told us about their worries about accessing food, medicine, and treatment, keeping up with their finances, and following public health advice. People also told us good stories about keeping in touch with loved ones, trying out new routines, and reconnecting with old friends and family.

Using this engagement work, we wrote reports describing the impact of the pandemic on the different communities in our boroughs. We designed recommendations and shared them with the Councils' Scrutiny Committees, the Health and Wellbeing Board, local councillors, and London-wide community partners such as Thrive LDN and the London COVID-19 Public Dialogue, and Deliberation workshops run by Imperial College Health Partners. The voices of people from minority ethnic backgrounds have been an important part in understanding local health and social care needs and has helped Commissioners plan how services can best support people's health and wellbeing now and in the future.



### Share your views with us

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## Now: how our Small grants scheme has turned into a model of success for 2021

### Building on our progress to promote a more diverse approach to engagement in our boroughs and with other local Healthwatch branches nationwide

Our Small Grants Programme has become a model for how local Healthwatch can run successful, diverse, community-centred engagement. Alongside building and expanding the programme, Healthwatch England has asked us to deliver a programme working with local Healthwatch's nationwide to design effective engagement in partnership with local community groups.

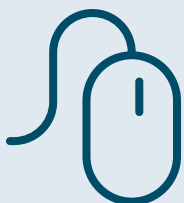
Last year taught us the value of reaching out to groups from across our boroughs and following on from its success in 2020, we are running the Small Grants Programme again this year. The Small Grants Programme gave us an important channel to hear from as many different people from as many different places as possible. This year, our programme is larger and we're working with more organisations and looking to hear from more people.

Alongside reaching new people, we're also maintaining the relationships we've built with groups we've worked with in the past. Recently we've been in contact with groups who received the grant last year, as part of our engagement work on digital health, Homecare support, and the ongoing impact of the COVID-19 pandemic. We don't just want to hear from communities once, we are building our new relationships into all our future engagement work.

### In focus for 2021: Reaching more Communities

The progress we've made through the Small Grants Programme is work we are keen to build on. As a result of our commitment to equality, diversity and inclusion, we have been awarded a Communities of Interest grant from Healthwatch England to facilitate discussions with local Healthwatch from other areas of the country on how to design engagement in partnership with groups to ensure that we are listening to communities whose experiences aren't often included in decision-making discussions. This will help learning to be shared and for us to improve our approach. The focus of this grant is on Black African communities, and we will be working with other local Healthwatch between June and October 2021.

Our Small Grants Programme represents a significant advance in our initiative to engage more comprehensively with people from minority ethnic backgrounds in our communities, as well as from other smaller groups who find it hard to get their voices heard. As the independent champion for people using local health and social care services, we know how important it is to make sure that everyone can feedback and shape local services.



#### To find out more >

The list of organisations we will be partnering with in 2021 have been published on our website and can be found here:

[www.healthwatchcwl.co.uk/grassroots-work](http://www.healthwatchcwl.co.uk/grassroots-work)





# Responding to COVID-19

Since the COVID-19 pandemic began, we have spoken to as many people as possible across Westminster and Kensington & Chelsea to help influence how local health and social care is delivered. Our response was commended by local members at our Annual Meeting in December 2020.

## This year we helped people by:

- Providing up to date and reliable advice on the COVID-19 response
- Supporting the vaccine roll-out
- Helping people to access services and understand changes
- Facilitating engagement between residents, NHS partners, councillors and service providers
- Proactively encouraging Clinical Commissioning Groups (CCGs) and GPs to engage with patients
- Collaborating with resident engagement leads in RBKC, Westminster councils, and Public Health

## Top four areas that people have contacted us about:



36% on access to Primary Care



14% Access to emergency dentist



2% on mental health support



31% on COVID-19 vaccine

## COVID-19 Case Studies



### Understanding what support was needed in care homes & sheltered housing

As lockdown restrictions were put in place, we started to receive concerned calls from relatives of people either living in care homes or being discharged from hospital into a care home. Relatives were worried about their safety and how well they would be protected from COVID-19.

In response, we clarified the official Government information available online and created a web page and paper resource, keeping it up to date and regularly emailed it out to our contacts.

Our Dignity Champions usually evaluated the delivery of care in homes in person through 'Enter & View' visits, but these were put on hold to protect everyone's safety. Instead, we continued to speak to managers and sent out 800 surveys to monitor the situation and assess the quality of support.

We discovered that the resident's mental wellbeing had been affected as a result of feeling isolated and lonely. Many found it hard to be at home on their own all the time and told us that they missed seeing staff members who had to work from home. We shared our findings with Westminster, RBCK councils, and with voluntary groups, so that more support could be offered.





## Reviewing Adult Safeguarding Processes

During COVID-19, it was even more critical to review processes that could impact an adult's right to live in safety, free from abuse and neglect. The Safeguarding Adults Teams in Westminster and RBCK wanted to know what people felt about the quality of adult safeguarding processes locally and asked us to help them find out. We interviewed people who had had a recent safeguarding experience about how well the process had worked for them.

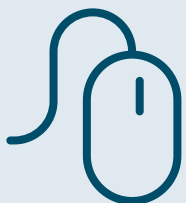
Our findings were well received by the local Safeguarding Adults Board and all our recommendations were accepted by the Board, including:

- improved information and guidance for all residents
- ensuring all frontline staff are fully trained in recognising and responding to safeguarding concerns
- better communication with people reporting or going through a safeguarding process

## Amplifying residents' views London-wide

Early in the pandemic, we heard from 2223 people about their experiences of accessing health and care support. Many people coped well, but most told us their mental wellbeing had been affected. People with a long-term health condition or aged 55-64 were more likely to have experienced this and a significant number had delayed seeking help. We were in a key position to influence and contribute to local and London-wide evidence gathering and planned responses to the impact of COVID-19. We contributed to discussions at:

- Bi-Borough Health and Wellbeing Board
- RBKC Health Select Committee
- Westminster Scrutiny Committee
- North West London Quality Committee
- London Regional COVID-19 Surveillance Group (NHS E/I)
- Thrive LDN (Mayors Office, NHS & PHE focus on mental health)
- Public Health England (PHE) London Region
- CQC Deputy Chief Inspector for London
- COVID-19 Deliberation & Dialogue, a London wide programme commissioned by NHS E/I delivered by Ipsos Mori & Imperial Health Partners



**To find out more >**

Visit our website to see our latest reports

[www.healthwatchcwl.co.uk/our-work/reports](http://www.healthwatchcwl.co.uk/our-work/reports)



## Discovering when 'digital' health works best

As more health and social care support is offered online, and patient and public engagement events go virtual, we want to ensure that people who don't have access to, or choose not to use digital, aren't left feeling excluded and can access the healthcare they need.

In [September] we carried out a paper survey with 92 local residents who don't use technology and learnt that they found it difficult to access health services digitally during the lockdown. Most people told us that they found using technology confusing and that they'd lost confidence.

Following this survey, we decided to hold further focus groups and in-depth 1:1 interviews and heard that:

- people get anxious when they hear automatic messages on GP lines and worry that they will not be able to see their doctor face-to-face
- it is harder for patients to access translation services people are concerned about being scammed online, including young people

To ensure our findings represent local populations, we are gaining further insights from Programme and Community Leaders. The full report will be published in [July 2021].



## Vaccine Roll-Out: Facilitating collaboration

The topic of the vaccine was extremely important to local people and we wanted to ensure that everyone's questions were answered and needs were met. We heard confusion and concerns about COVID-19 vaccinations. **'Were they safe and what the side effects would be?' 'What are the NHS's plans to roll out the vaccine to the public? How do I get it?'**

When we collaborated with the National Institute for Health Research (NIHR), we started to hear particular concerns from people from minority ethnic background groups and felt that a more integrated approach was needed. So, in response we facilitated a panel discussion with lead staff at NWL NHS Foundation Trust, which was attended by over 30 residents, community groups leaders, and voluntary sector providers.

The event provided accurate and current information for local people to share with friends, families and neighbours, to improve knowledge of the COVID-19 vaccinations. It was also a channel for open feedback, giving the NHS an opportunity to hear directly from communities so that they could better understand what information was needed and to include in their roll-out plans and communications strategy.



# Project Highlight

## The Voice Exchange

Since its launch in January 2021, we have heard from 18 people directly about their views and experiences of local mental health services.

### Speaking to people with direct experiences

Last year, we began chatting with Central and North West London NHS Foundation Trust (CNWL) about the future of mental health services in Westminster and Kensington & Chelsea. As champions of lived experience, we know just how important it is to listen to people, so we were thrilled to launch the Voice Exchange in January 2021.

The Voice Exchange is a project that listens to people's experiences of inpatient and outpatient mental health services. We do this in several ways - we have a Citizen's Group, which meets once a month, made up of people with direct experience. We also have a Deliberation Group running alongside this that brings together individuals who have extensive experience of representing service users. Every month we host virtual drop-in sessions which are open to everyone to come along and share their insights as well.

### What's next?

The project is running until September 2021 and at the end of the project, the Voice Exchange members will present the findings to CNWL, who have committed to listening to these ideas about how future inpatient services could look. [www.healthwatchcwl.co.uk/get-involved/voice-exchange](http://www.healthwatchcwl.co.uk/get-involved/voice-exchange)



"The Voice Exchange is a unique approach to lived experience engagement. Instead of just looking at what's working and what could be improved, we are asking members to imagine what future inpatient services could look like in a broader sense. This makes it a creative, inspiring project that we hope will lead to tangible actions that benefit local communities for a long time. It wouldn't be possible without the commitment of the members, who have embraced the project via online meetings so far and have already shared so many great ideas."

**Project Lead - Laura**





# Volunteers

**Volunteers play a vital role in our community research and engagement work, helping us to reach different groups of people living and using services within our communities.**

We are proud to have been supported by **86** volunteers who have helped us to find out what people think is working, and what improvements they'd like to make to services in Westminster and Kensington & Chelsea.

## **This year our volunteers:**

- Hand delivered over 1000 copies of our COVID-19 handbook to residents with limited digital access
- Helped us to carry out surveys and focus groups online
- Listened to the views of carers and patients in care homes
- Contributed to panel discussions, webinars and radio shows to share our findings
- Provided feedback on the provision of mental health services for young people



### Facilitating receptionist training - Bibi

“It was a great pleasure to be a part of this extremely useful training session as a volunteer. I agreed to co-facilitate the training as I felt that I could contribute and share some useful customer service tips with my civil service HR background. The event was very interesting and I learnt a lot about the different priorities and the sheer volume of work that is required on the job.

What stood out for me and something I did not really think about was the after effect on receptionists when dealing with patients with life threatening illnesses and deaths. I suggested that they should ‘buddy up’ with other GP receptionists outside of their area to help to deal with these and other issues. Share good practices and just have a critical friend. A very useful event indeed!”



### Delivering surveys - Peter

“At the start of the pandemic I helped to deliver printed surveys to residents across the boroughs. I collected survey forms from the Healthwatch office by Uber and took them home. Paper is very heavy! I also reached out to my network of contacts and asked for volunteers to deliver the survey by hand in Westminster. A Harmonious choir member volunteered her network, and together they delivered over 200 forms, even phoning to ask for more.

I delivered about 100 forms door to door in Maida Vale and on some of the roads in Pimlico. Whilst delivering forms, a number of residents were going into and leaving their homes so I took the opportunity to speak with them about the survey and about Healthwatch. On the whole people were pleased to have the opportunity to take part.”



### Dignity Champion - Jacqueline

“This was a very strange year for Dignity Champions as all normal activities had to be suspended due to the pandemic. Nevertheless, we were not completely idle! From April through to January, regular ‘Coffee Meetings’ were held every two weeks on Zoom to discuss a topics of interest, mainly relating to the pandemic. These meetings were very welcome and kept us in touch with Healthwatch and each other.

We had five hours of online training looking at proposed areas of improvement for ‘Enter and View’ visits. I also took part in online session that invited Care Home residents and relatives to come and talk to us. These sessions were scheduled three times a week for 2 months at the end of January and were hosted by Healthwatch staff and Dignity Champions.”





## Member, Volunteer & Vice Chair of The Local Committee - Minna

One of our volunteers, Minna has recently been recognised with a Mayor's Award in the category of Individual Contribution for her work championing the voices and interests of disabled and other vulnerable people.

Her broad network and local knowledge have been instrumental in helping us to connect with local people during the pandemic. Minna is also an elected and co-opted representative for disabled and vulnerable people within health and social care organisations, NHS, MET policing and social housing.

"I have been a volunteer with Healthwatch for 4 years, helping to support local residents to connect with Healthwatch in Kensington & Chelsea who either live with a disability or feel vulnerable. During the pandemic, I received hundreds of enquires from residents asking for vital information about health, housing, and social care services. These enquiries tripled compared to the time before the Pandemic and certainly kept me busy!

Throughout the crisis, I actively helped information to flow into the local borough to distribute essential information into people's hands, especially those feeling digitally excluded.

Early on, I got involved in printing and distributing Healthwatch's COVID-19 handbook, providing relevant and reliable local and national information. Many people living with disabilities lost their support network when family members, friends or/and carers died of COVID-19 and were left feeling even more vulnerable and disconnected, particularly those without access to a computer. People also needed support with locating food banks and how to access daily essential items, so I delivered food and essentials packages twice a week by driving them to the local homeless hubs.

I also volunteered to introduce and seek out small community groups that could benefit from partnering with Healthwatch as part of their Small Grants Programme. Volunteering for me is to support each other by starting with our friends and neighbours, empowering communities, especially its most vulnerable members, being able to learn from real people and their experiences. It's also my way of giving back to society.



### Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch Central West London.



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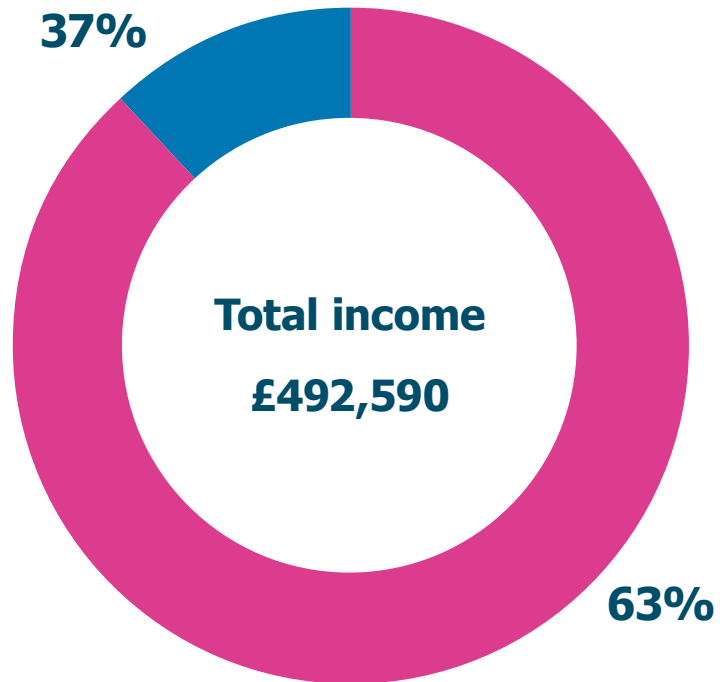
[info@healthwatchcentralwestlondon.org](mailto:info@healthwatchcentralwestlondon.org)

# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

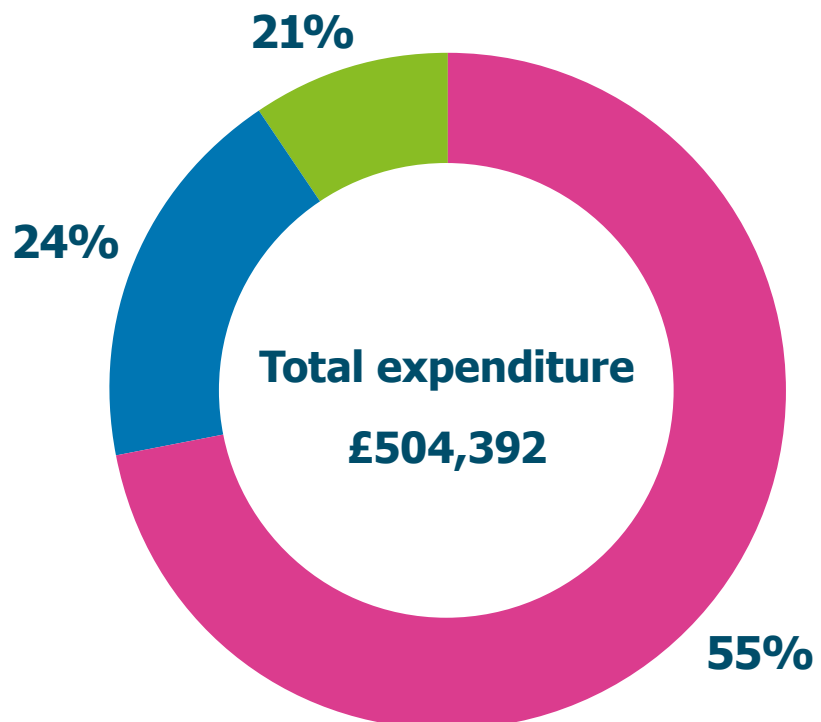
## Income

- Funding received from local authority for Healthwatch contract
- Additional funding - project grants and other income sources



## Expenditure

- Staff costs
- Management Costs
- Office Costs



# Next steps & thank you

## Top four priorities for 2021-22

1. Supporting the communication and engagement around the vaccine roll out and understanding of the impact of the COVID-19 pandemic on our populations
2. Local peoples experience of primary care, an essential route in to healthcare for local people
3. Local peoples experiences of Mental Health
4. We have a particular focus on young peoples experiences of health and care

## Next steps

- HWCWL will be working hard to support the communication and engagement on what health and care services look like as we come out of the pandemic, how to access them, and how they have changed as a result.
- We are continuing our focus on mental health, primary care and young people. We also feel that the change to Integrated Care Systems and Integrated Care Partnerships at local level needs to be connected to local people so they can understand who is responsible for services in their area.
- After the success of our small grants programme in 2019 /20 we are extending the programme to increase our reach into local communities together. We have secured national funding from Healthwatch England to share our expertise in working with Black African Communities.



**"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."**

# Thank you

## For helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experience with us
- All of our amazing staff, volunteers and members

## Our funders

Westminster City Council, Royal Borough of Kensington & Chelsea, West London Clinical Commissioning Group, Central London Clinical Commissioning Group, Hammersmith and Fulham CCG, Central London Community Health Charitable Trust, Healthwatch England, National Institute of Health Research, Central North West London Mental Health Trust (CNWL).

## Stakeholders

Thank you to our friends in the three boroughs, who have collaborated with us on our projects and other community engagement events, including, but not limited to, the BME Health Forum, Imperial College, Dalgarno Trust, One London, One Westminster, Sobus, Kensington & Chelsea Social Council, Young Minds, Westminster Kingsway College, Insight Westminster and Kensington and Chelsea, Child and adolescent mental health services (CAMHS), bi-borough council colleagues, NHS colleagues and youth-focused community partners in Westminster and RBKC, the King's Fund, Open Age, The Advocacy Project, Catherine ElHoudaigui, the members of the Health and Wellbeing Board and the Safeguarding Adults Board in the Bi-Borough, Kensington and Chelsea Social Council, One Westminster, Age UK Kensington & Chelsea and Age UK Westminster.

## Our partners

Breathe Easy Westminster (BEW), Make it Happen, LEGS: Local Exercise Groups for Stoke & Neuro Conditions, French African Welfare Association (FAWA), and WAND.



# Statutory statements

## About us

Healthwatch Central West London, 5.22 Grand Union Studios, 332 Ladbroke Grove, London, W10 5AD. Healthwatch Central West London uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

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## The way we work

### Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 9 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 12 times and made decisions to ensure wider public involvement in deciding our work priorities. We heard very clearly through our surveys, discussion groups, and from our partner voluntary organisations that some people were missing out on accessing health and support services, as well as becoming isolated from friends and family because they did not use digital technology. Our members at our annual meeting were concerned about how that would affect the wellbeing of people they knew as the NHS and other services moved to a 'digital first' approach. We knew we needed to know more about this and so understanding local people's use of and attitude to digital healthcare is a focus for 2021-22.



## Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by launching a small grants programme, and working with partner organisations to hear from their members.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website at [www.healthwatchcwl.co.uk](http://www.healthwatchcwl.co.uk)

## Responses to recommendations and requests

All providers responded to requests for information and acknowledged our recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Central West London is represented on the Westminster and RBCK Health and Wellbeing Board by Tanya Kerno. During 2020/21 our representative effectively carried out this role by sharing the experiences of local people throughout the year.



Healthwatch Central West London  
5.22 Grand Union Studios  
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