



Business plan

2024–2025

Focus for this year

1. Access to health care services: non-urgent, out of hospital care known as primary care.

2. Autism and mental health for Children and Young People

3. Experiences of Community Mental Health Service (CMHT) changes

4. Experiences of the Acute Stroke Unit at St George's Hospital via an Enter and View visit .

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The bigger picture

In the coming year the Wandsworth health and social care system will be affected by factors including;

- Workforce challenges
- Putting in place new work practices after restructures (e.g. St George's Hospital and Epsom and St Helier working as a group and the South West London Integrated Care Board (ICB) restructure)
- Continued increases in demand and complexity, which our research has shown has been compounded by the cost of living crisis.
- Possible policy changes with a new government elected in July 2024

We've continued to be involved in the development of local strategies, which have increasingly been a collaborative effort between services and we are encouraged that initiatives will be increasing the collaboration and integration between services.

Wandsworth Care Alliance (WCA) will deliver Healthwatch for at least the next two years to give patients and the public a voice and to ensure decisions about health and social care services respond to local voices. To continue to react to what communities are telling us, we have listened to what people have told us and then prioritised a number of topics, which are outlined in this plan.

Throughout our work we will continue to champion and investigate the cross-cutting issues of **digital support/exclusion, health inequalities (including racial inequalities), mental health, support to carers and communications.**

What is Healthwatch Wandsworth?

Healthwatch Wandsworth (HWW) is the independent statutory champion for people using health and care services in Wandsworth. We make sure NHS and social care leaders use people's feedback to improve care because they have a legal duty to respond to our recommendations and requests for information.¹

HWW can go to a service to speak to people using its 'Enter and View' powers; we also listen to what people have to say, in person, and through surveys online, by email or by phone to capture what people have to say. We then make sure decision makers hear what you think about your care.

HWW has a unique position in the health and social care field as an independent organisation, listening to what people have to say, with an understanding of how health and social care works in theory and practice. We monitor local services and ensure local people:

- are involved in health and social care and that their needs and experiences are heard by those who can improve the quality of local services
- share with us what they think and what matters to them about their care
- can find information about local services and can access them

¹ Health and Social Care Act in 2012

Conversations between HWW and community members are confidential and, as a non-political organisation, HWW does not use information for political purposes. We champion the perspective of local people without judgment or bias.

HWW is part of Wandsworth Care Alliance (WCA), a registered charity that is contracted by Wandsworth Council to be the organisation accountable for HWW. WCA strengthens HWW with the skills and resources across the organisation, including connections and support for voluntary sector organisations and the Voicing Views project that focuses on strengthening the voice of people using mental health services. More information about our governance, decision-making and our Healthwatch Committee is on the HWW [website](#).

You can read about our past work and achievements in our [Annual Reports](#).

Our plans for the year

Our focus for the year:

Each year we set priority themes to focus us on what matters to local people.

We've reviewed experiences people shared with us in the last year and have looked at what will be happening in health and social care to identify opportunities for people to have a say in what happens.

There are always so many possibilities for our focus, but to make the most of what we can do with our limited resources we will share resources and capabilities throughout our host organisation Wandsworth Care Alliance and with other Healthwatch in South West London.

This year's collaborative projects we have already committed to include:

- Cervical Cancer Screening – hearing from the Asian community about barriers to take up.
- Access to welfare advice for people who experience health inequalities.

Working with Healthwatch in South West London we will focus on:

- Accessible Information Standard in GP surgeries
- Community services

With the remaining resource that we have available we will focus research and insight about people's experiences on the topics outlined below.

We will also continue to monitor and push for change on the following topics that we have already gathered people's experiences about:

- Perinatal mental health
- Access to dentistry
- Dementia
- Support for people who experience the effects of homelessness, particularly related to mental health
- Social isolation
- The impact of the cost of living
- Experiences of hospital discharge and virtual wards
- Ensuring patient and community influence in Integrated Care System

We are a small team with finite resources so we have a [decision-making framework](#) to ensure that we concentrate our efforts to get the best outcomes with the resources we have available. We will consider options to take on additional paid work under this criteria.

Topic 1: Access to health care services (primary care)

Background:

We have received a lot of feedback about how people are managing to access non-urgent, out of hospital care, particularly around access to GPs. Some of the feedback and new ways people can get support has been positive, others have told us that they have had difficulties. We have also heard that people are not always aware of the different ways to access what they need, including direct access via self-referral routes and there are indications that there are greater barriers for some in our community than others.

What we will do:

We will be speaking to people in the community to understand further what they might need to know more about to help them access care and to understand where they may have difficulties in accessing care.

We will also speak to people working in GP surgeries to understand the changing ways that they are working and the challenges.

Our aim is to develop recommendations and communications that help provide more information to help people access care and to make any recommendations to decision makers if there are ways improvements can be made to enable people to access care as easily as possible in a way that is appropriate to their needs.

Topic 2: Autism and the impact on mental health for Children and Young People.

Background:

There has been an increase over time in the number of people diagnosed with Autism and an increase in the waiting time for diagnosis and support. This can have a wider impact on children and young people if this affects how they get on at school and if it impacts their mental health. We want to hear the voice of people affected by this issue to make sure their voice is heard in conversations about how to ensure services can support people as well as possible.

What we will do:

We will be speaking to local families about their experiences of waiting for an Autism diagnosis and what is most important for their wellbeing and ability to thrive. We will be ensuring health and social care decision makers hear their views throughout this project as they consider options to improve support services.

Topic 3. Experiences of Community Mental Health Service (CMHT) changes

Background:

South West London and St George's Mental Health Trust (SWLSTG) is changing how the Adult Community Mental Health Teams are delivering services to increase timely access to a range of support, increase the number of people reaching and maintaining recovery, reduce the risk of relapse in to crisis and improve the experience of people using the services and their carers.

What we will do:

We have already started the work to understand the experiences of the people using the services to see if changes improve things. We started with a survey to people who use CAMHS to hear their experiences before changes are made to improve the services. We will survey people at two further six-month intervals to see if and how experiences improve after the changes.

Topic 4. Patient experience of the Acute Stroke Unit at St George's Hospital via an Enter and View visit

Background:

Healthwatch has a legal power to visit services to speak to the people who are using the services and find out what is working well and less well. The people who run the services we visit have a legal obligation to respond to what people have told us.

Following a [report](#) by the Stroke Association on patient experience of stroke care we have decided to focus on the Acute Stroke Unit at St George's Hospital. Cardiovascular disease is a key priority area where more needs to be done in Wandsworth and it features in the health and wellbeing in Wandsworth and features in the Joint Local Health and Wellbeing [Strategy](#)

and the NHS South West London ICB Joint Forward [Plan](#). The Core20plus programme also recognises the disproportionate impact of cardiovascular disease on parts of our community who are impacted by health inequalities.

What we will do:

This year we will be visiting the Acute Stroke Unit at St George's Hospital to speak to patients with a team of Enter and View volunteers.

Other key operational challenges and objectives

- Completing a self-assessment of how we run Healthwatch Wandsworth using the Healthwatch England Quality Framework.
- Continue to explore how we can embed a 'Trauma Informed Approach' throughout our work.
- Tracking the influence of our previous work over time and further strategic consideration of how our work can have an impact.

Promotion and Communications Plan

Background

Our communications ensure we reach people in the borough to hear their experiences and to help them find health and care services through our

advice articles on our website, our electronic and printed newsletters and our presence on social media.

Our plan for communications

Our website, electronic newsletter and circulating our surveys electronically will be important. Our plan includes:

- Sending out 2 newsletters per quarter (one longer one and a shorter bulletin) to our members, with two printed versions per year to reach people who are not digitally connected to us.
- Creating more advice and information articles for our website that people can use to find information about services in Wandsworth.
- Use case studies to demonstrate benefits of involvement and to get people interested to be involved in what we do.
- Collaborating with partners who have contact with more isolated clients. Connecting with organisations working with people with long-term conditions or disabilities, people with a mental health condition and carers such as 'buddy schemes', GPs and other services.
- Exploring using forum digital spaces.
- Exploring the potential role for volunteers in our communications.

Resources

To deliver our programme we rely on three main resources:

- Financial – in 2023–24 our contract income reduced by 10% compared to the previous year. This year we have a financial lift for inflation. Additional project funding may be obtained where it fits our aims and objectives or goes beyond our planned work.
- Staff – The HWW contract provides resource for 2.6 full time equivalent staff. However, WCA resources, staff and their skills can contribute to supporting HWW work further.
- Volunteers – We currently have 27 volunteers, who provide a vital contribution to achieving our levels of activity, undertaking a wide range of roles ranging from sharing intelligence from local boards and meetings or speaking to patients during visits to service to helping write our reports.



How our work will make a difference

We will continue to use the insight we gather from the public to make the case for improvements in health and social care. Demonstrating how far our evidence or recommendations are acted on by others can be challenging and can take time.

We build relationships with local health and care leaders to find out what is happening in health and social care and champion views of local people.

Our impact will be felt in the following ways:

1a. Increased community insight/evidence: our work has increased understanding of community needs and experiences, amplified community voices and improvements they say are needed or has challenged

assumptions or provided reassurance. Our intention is that, where recommended, service commissioners and providers will make changes to their practice including staff training and guidance and changes to how a service works. In some instances, the work will prompt further investigation and monitoring.

1b. Amplified the voices of people who are heard less often and a range of communities: our work facilitates insight/evidence of needs and experiences and amplified lesser heard and diverse voices.

2: Community empowered with information: we enable people to choose and access services and manage their health, reducing health inequalities and access barriers. We give them information so they know how to raise concerns.

3a: Commitment to service improvements: our work facilitates longer-term changes because decision makers made commitments, including in strategies and policies.

3b: Implemented service improvements: our work facilitates changes to health and care service delivery e.g. staff training, processes, access and reduced health inequalities.

4: Improved engagement and involvement in health and social care: we encourages more meaningful and increase involvement and co-production leading to responsive services (including at the Health and Wellbeing and ICS boards). We ensure that the perspective of people using services is not overlooked and opportunities for public engagement and co-production.

5: Other improvements e.g. improved wellbeing and access to services or other unplanned benefit or social value.

These impacts are not easy to measure and specific service changes on the ground are almost always the result of the work of many people, including but not exclusively Healthwatch. Nevertheless, they are vitally important. Updates about the impact of our work will be available on our website, via our newsletter and our annual report.

Our Key Performance Indicators:

In addition to our broad statutory responsibilities and obligations, under our contract with the London Borough of Wandsworth we have Key Performance Indicators (KPIs) to assess our performance.

Our KPIs for 2023–24 are:

- Number of unique people viewing our webpages
- Number of members/newsletter subscribers
- Number of people involved and/or providing feedback
- Percentage of people responding 'yes' to having gained something from interacting with HWW
- Percentage of stakeholders responding that they have done something differently after interacting with HWW

We also provide reports on:

- Our impact tracker.
- Demographics of our volunteers and people involved in our work.
- Our stakeholder survey.
- Reach of our communications.

Thank you

Thank you for your continued support. We look forward to working with more local people and organisations in the coming year. If you would like to share your stories and experiences with us or you would like to collaborate with us, we would be very keen to hear from you.

Contact us

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