

Healthwatch Wandsworth



Business Plan

2025–2026

Focus for this year

- 1. Access to Primary Care
- 2. Raising concerns, advocacy and communication
- 3. Experiences of Community Mental Health Service changes
- 4. Enter and View visits

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The bigger picture

The year ahead appears to be one that could bring yet another year of transition at national and local level for the NHS, with heavy cost pressures at all levels and across organisations in health and social care.

In the short term, this may introduce some uncertainty. Historically, such uncertainty has affected our work by reducing consistent contact with key individuals, which is essential for staying informed about system issues, organising collaborative efforts, and sharing and implementing our findings. We will have a reduction in our capacity to work in a co-ordinated way with other Healthwatch in South West London Healthwatch, which has been facilitated by funding from South West London ICB.

In the longer term we hope that changes will bring some positive improvements and that local people will be involved in the implementation and that change will be responsive to community needs. A move to 'neighbourhood' collaborations and services in the community is one of the ways we are hearing this could be achieved and we will be championing co-production¹ with local people throughout the year.

In previous years Healthwatch work and capacity has been strengthened within our organisation from Wandsworth Care Alliance's delivery of the Voluntary Sector Co-ordination Service. Fortunately, this service is now planned to expand and we look forward to new and exciting ways we can efficiently and effectively partner with voluntary sector organisations and our communities. If there is a new provider delivering the service, although there may be an initial impact on our capacity, we will be working to understand

¹ Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. (For more see <https://www.england.nhs.uk/always-events/co-production/>)

how we can collaborate and continue to collaborate with voluntary sector organisations and our communities.

Wandsworth Care Alliance (WCA) will deliver Healthwatch for at least the next year to give patients and the public a voice and to ensure decisions about health and social care services respond to local voices. We will be hearing soon about any potential changes to Healthwatch nationally as part of the Dash review. Some of our time this year will have to focus on how we respond and adapt to outcomes from the review.

To set our focus for the year 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 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. They have a legal duty to respond to our recommendations and requests for information.²

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 hold a unique position in the health and social care field as an independent organisation, listening to people's experiences and understanding of how health and social care work 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.

Conversations we have with community members are confidential and, as a non-political organisation, the information is not used 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

² Health and Social Care Act in 2012

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. Read about our governance and decision-making on our [website](#).

Read about our past work and achievements in our [Annual Reports](#).

Our plans for the year

There are always so many possibilities for our focus, but to make the most of what we can do with our limited resources, each year we set priority themes to focus on.

We have reviewed the experiences people shared with us over the past year and what they said matters most. We have also looked at what will be happening in health and social care to identify opportunities for people to have a say in what happens.

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 Primary Care

Background:

Last year we gathered feedback and evidence about people's experience in getting access to non-urgent, out of hospital care, particularly around access to GPs. We also took part in a South West London wide project about how GP practices support communication needs in accordance with the Accessible Information Standard. These projects did not have the scope to further investigate indications that there are greater barriers for some in our community than others.

What we will do:

- We will engage with primary care professionals and those designing the tools (such as online forms) to explore potential changes based on our recommendations this year.

- We will listen to the experiences of people trying to get healthcare support when they speak English as a second language.
- We will continue to discuss developments and future insights with a community of practice, a group of representatives across voluntary and health care organising.

Topic 2: Raising concerns, advocacy and communication

Background:

A national Healthwatch England [report](#) highlighted that there were issues in complaints systems in the NHS that was weakening patient voice. Very few patients complain or take action despite a significantly higher number experiencing poor care. The report suggested this is due to a low confidence that improvements would be made or that they would be responded to effectively, a poor experience of complaining, low levels of advocacy support and long waits for responses. We have also heard locally that people may be struggling with routes to make a complaint and resolve issues with their care when they happen.

There are inter-related elements relating to raising concerns, complaints, advocacy and communication.

What we will do:

- We will use a trauma informed approach to gather experiences of local people in raising concerns and issues. Primarily we will be focusing on a hospital context, but will consider learning across physical and mental health contexts.

Topic 3. Experiences of Community Mental Health Service changes

Background:

South West London and St George's Mental Health Trust (SWLSTG) has changed how community services 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 into crisis and improve the experience of people using the services and their carers.

What we will do:

We will continue to survey to people who used CAMHS, now known as Integrated Recovery Hubs, to hear their experiences to see if and how experiences improve after the changes and to make sure people's experiences continue to shape service improvements.

Topic 4. Enter and View visits

Background:

Healthwatch Wandsworth has statutory powers to visit a health and care service and speak to patients about their experience of the care they are receiving.

What we will do:

- We plan to visit a care home and a service providing mental health inpatient care over the year.
- We aim to recruit more members to our Enter and View volunteer team.

Other topics of interest

We collaborate to share resources and capabilities across our host organisation Wandsworth Care Alliance and with other Healthwatch in South West London and this year this will include:

- Cervical Cancer Screening – hearing from the Asian community about barriers to take up and promoting screening.
- A pilot project to improve the involvement of local people in Social Care through a Lived Experience and co-production project. Over the year this may involve further considerations of how local people are involved across our health and care services.

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

- Promoting the findings of our Accessible Information Standard in GP surgeries project.
- NHS Community services.

We do not currently have the resources for projects on more topics, but we know there are others that people told us were important or where we have previously gathered views. If we can, we will monitor and push for change in the areas of the under 8 year-olds' Autism diagnostic pathway, stroke ward at St George's Hospital, emotional mental health, Violence Against Women and Girls, older people's mental health, support for adults with Learning Disabilities, LGBTQ+ health and social care issues and social isolation – increasing awareness of support, connections, cultural inclusivity.

Operational challenges and objectives

Last year we completed a self-assessment about how we work based on the Quality Framework written by Healthwatch England. Areas we've identified we can work on include:

- Considering new tools to understand our impact
- Considering new ways to improve our Engagement Methodology
- Further developing our support for employees and EDI action plan

Promotion and Communications Plan

Background

Our communications strategy ensures we reach people in the borough, gather their experiences and that we can help them find health and care services through articles on our website, electronic and printed newsletters and our presence on social media.

Our plan for communications

This year we are including in our plans:

- 2 electronic newsletters per quarter, with two printed versions per year to reach people who are not digitally connected to us.
- Creating advice and information articles to signpost to services in Wandsworth relating to our priority themes.
- Encouraging new members to our mailing list
- Considering internal communications to support the evolution of the way we work.

Resources

To deliver our programme, we rely on three main resources:

- Financial – Last year and this year we have a financial uplift in our contract 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 25 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 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 upon 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:

Alongside our broad statutory responsibilities and obligations, our contract with the London Borough of Wandsworth includes 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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