healthwatch

Local Healthwatch Impact 2025/26

Improving services through community insight

August 2026

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Chair's foreword

Each year, Healthwatch England reviews all 153 of the annual reports from local Healthwatch to better understand the issues affecting communities and assess the impact being achieved across the network. We analyse the reports to discover the emerging trends that point to the right direction of travel in shaping health and social care services.

This year's reports highlight the hugely significant contribution local Healthwatch continue to make in identifying and reducing health inequalities, in helping people access care, in supporting service improvement and in ensuring that people's experiences inform decision-making.

Having personally visited a great many local Healthwatch over the past year, I have seen at first-hand the sheer level of commitment made by staff, volunteers and Board members to listening to their communities and using what they hear to support positive and practical improvement.

It should be noted the reports were produced during a period of uncertainty for the network as discussions about its future continue through the current parliamentary process. Regardless of that context, they provide a highly detailed and well-evidenced, independent record of the state of the nation's health and social care services, and demonstrate the tangible difference that such community insight can make to those services.

I hope you will agree with me that this report provides a valuable overview of the themes, achievements and learning emerging from across the Healthwatch network.

Professor David Croisdale-Appleby OBE
Chair, Healthwatch England

Executive summary

Local Healthwatch organisations continue to make a significant contribution to improving people's access to health and care services. They reduce inequalities, strengthen community-based support and ensure that people's experiences shape decisions about the services they use.

Each year, local Healthwatch organisations publish their annual reports. Together, they provide a unique insight into people's experiences of health and care services, the issues affecting communities and the improvements local Healthwatch organisations help bring about.

This review highlights a network whose independently determined priorities often reflect many of the themes now shaping national health and care policy. While local Healthwatch organisations prioritise work based on the experiences and concerns people share with them, annual reports demonstrate a strong focus on improving access to community-based support, supporting prevention and earlier intervention, and ensuring digital services work for everyone.

This suggests that many of the issues identified through local community insight are the same challenges health and care systems are seeking to address nationally.

Several key themes emerged from the reports.

1. **Local Healthwatch provides an important source of community intelligence and early warning.** Through continuous engagement, information and signposting, volunteer activity and relationships with local organisations, Healthwatch develops an ongoing understanding of people's experiences. This enables organisations to identify emerging concerns, spot patterns and trends, and provide timely insight to health and social care leaders before issues become more widespread or entrenched.

   Healthwatch organisations also played an important role in identifying safeguarding concerns, highlighting emerging risks and helping ensure vulnerable people were heard within local safeguarding arrangements.

2. **Local Healthwatch continues to play a vital role in reaching people whose voices might otherwise go unheard.** Across England, local Healthwatch worked with a wide range of communities. These included people with learning disabilities, rural communities, young people, refugees and asylum seekers, people experiencing homelessness, carers, and veterans.

Their work helps ensure that the experiences of people who may struggle to access health and care services inform decisions about those services, rather than only those who are already well connected to the system.

Maternity and neonatal care emerged as a notable theme across annual reports. At least 16 Healthwatch organisations undertook work in this area.

3. **Healthwatch is helping services work better.** Many projects explored issues such as missed appointments, difficulties accessing services, navigating referral pathways and barriers to attending clinics. Rather than simply identifying problems, organisations often helped services understand the reasons behind them, contributing to improvements that benefited both patients and providers.

The reports demonstrate increasingly mature relationships with Integrated Care Boards and growing collaboration across Integrated Care Systems. Local Healthwatch contribute community insight to neighbourhood health, prevention, inequalities and service redesign, often with limited additional resource.

They also reinforce an important lesson: meaningful impact depends not only on the quality of public feedback, but on the willingness of health and social care organisations to listen, learn and act. At its best, Healthwatch helps make this possible by ensuring that people's experiences remain central to decisions about health and social care services.

Beyond local impact, local Healthwatch continues to contribute to national improvement through work on primary care, dentistry, digital inclusion, women's health, health inequalities and wider policy discussions.

Finally, the reports demonstrate a network becoming increasingly effective at evidencing its impact. (See Appendix 1: Examples of local Healthwatch impact for examples for each Healthwatch).

Healthwatch England has supported this progress through training, peer learning and improvement programmes. This helps local Healthwatch strengthen their ability to demonstrate impact and drive continuous improvement.

This work reflects our shared values of equity, truth, independence, collaboration, and impact, which continue to underpin the effectiveness and credibility of the Healthwatch network.

Introduction

Each year, local Healthwatch share their annual reports with Healthwatch England. Collectively, these reports provide a unique picture of the issues people are experiencing, the concerns communities are raising and the changes being made across health and social care services. Reviewing these reports helps identify emerging themes, understand the impact the network is achieving and inform the support provided to local Healthwatch.

While there is undoubtedly variation across the network, one of the most striking observations from annual reports over the past decade is how local Healthwatch have evolved. In the past reports often focused on activity and recommendations, today's reports place much greater emphasis on outcomes: what changed, who benefited and how services improved as a result. Many of the strongest examples of impact reflect years of relationship-building with communities and health and care partners, demonstrating that impact is built on trust.

These findings should also be viewed within the context in which local Healthwatch are operating. Financial pressures across health and social care services continue to grow, many local systems have undergone significant change, and Healthwatch funding has remained largely static, representing a real-terms reduction in resources. Organisations have also faced ongoing uncertainty following the Government's proposals to abolish Healthwatch.

Despite these challenges, the annual reports demonstrate the continuing significant contribution local Healthwatch make to communities and health and social care systems.

The reports also highlight an important characteristic of effective health and social care systems. Impact does not depend solely on the effectiveness of Healthwatch. A mature health and social care system is one that welcomes challenge, seeks feedback and acts upon what it hears. The variation seen across annual reports reflects not only differences in Healthwatch capacity and maturity, but also differences in how health and social care organisations engage with insight and translate it into improvement.

Appendix 1 provides examples of impact for each Healthwatch.

Key themes emerging from the reports

1. Reaching people whose voices might otherwise go unheard

Collectively, Healthwatch reported engaging with more than 370,000 people. The strongest theme running through many reports is a commitment to engaging people whose experiences are often absent from decision-making processes.

Across England, Healthwatch reported work with a wide range of communities whose voices are often underrepresented in health and care discussions. These included refugees and asylum seekers, Roma communities, Eastern European communities, people experiencing homelessness, veterans, carers, people with disabilities, young people, people experiencing deprivation and rural communities, among many others.

The breadth of communities that local Healthwatch engaged with is set out in full in Appendix 2: Healthwatch Reach and Engagement.

This work is important not simply because it broadens participation. It helps ensure that the experiences of people who may face the greatest barriers to accessing care inform decisions about services.

Example: *Healthwatch Milton Keynes, Central Bedfordshire, Bedford Borough and Luton worked together on palliative and end-of-life care. Healthwatch Luton engaged South Asian and Roma communities, helping ensure their experiences informed the development of a new coordinating hub and investment to improve access to and coordination of care.*

2. Improving access to health and social care

Access remains one of the most common themes across the reports.

Local Healthwatch reported a broad range of work to improve access. They covered areas such as GP services, dentistry, mental health, diagnostics, community services, carers' support, hospital discharge, patient transport, and information, among others. Many examples focused on identifying practical barriers that prevent people from accessing timely care and working with services to address them.

Particularly notable was the volume of work relating to community-based care, including patient transport, neighbourhood health, home care and support for

carers. This aligns closely with wider ambitions to provide care closer to home and improve people's experience outside hospital settings.

The annual reports demonstrate the significant contribution local Healthwatch continue to make to adult social care. While some reports placed greater emphasis on healthcare services, examples of adult social care work are widespread across the network. These included Enter and View visits to care homes and supported living services, work on hospital discharge, support for unpaid carers, dementia services, end-of-life care, day opportunities for people with learning disabilities and broader social care provision.

Much of this work focused on the aspects of care that matter most to people and families, including dignity, independence, communication, quality of life and access to support. Through engagement, Enter and View activity and partnership working, Healthwatch ensured that the experiences of people using social care services informed improvement, commissioning and service development.

Examples: Healthwatch North Yorkshire's work on patient transport led to improvements that made it easier for people living in rural communities to attend healthcare appointments.

Healthwatch Norfolk identified barriers preventing carers from accessing support, leading Norfolk County Council to review referral pathways to the Carers Matter Service and promote carers' services more widely to improve access.

3. Helping services work better

A recurring theme within the reports is local Healthwatch's contribution to helping services function more effectively.

Many projects focused on issues such as non-attendance at appointments, difficulties accessing diagnostics, barriers to attending clinics, navigating referral pathways and challenges moving between services. While often reported as access issues, they frequently revealed wider challenges within the design and delivery of services.

Annual reports highlighted examples where transport, communication, digital exclusion, accessibility, cultural factors or lack of information were preventing people from engaging with services as intended. These barriers affect patients, but they also affect providers, contributing to missed appointments, delayed care, inefficiencies and increased pressure elsewhere in the system.

By helping services understand the causes of these challenges, Healthwatch is increasingly contributing not only to improved patient experience but also to the effectiveness and sustainability of health and social care services. Many of the examples reviewed demonstrated how relatively small changes can have significant impacts when viewed collectively.

Example: *Feedback gathered by Healthwatch Lincolnshire informed the relocation of a leg ulcer clinic, reducing the distance and time patients needed to travel to access care.*

4. Making digital healthcare work for everyone

Many local Healthwatch have supported to the move towards increasingly digital health services. Their contribution is less about technology itself and more about helping people access and benefit from digital services.

Across the reports, organisations explored experiences of using the NHS App and other digital services, identified barriers to access and highlighted concerns relating to accessibility, awareness, confidence and digital exclusion.

In many cases, Healthwatch worked alongside communities, voluntary organisations and service providers to understand barriers, improve support and increase confidence in using digital services. This included helping identify why some communities were not using digital tools, supporting initiatives to build digital confidence and ensuring that alternative routes into services remained available where needed.

Example: *Healthwatch Reading's work on the NHS App identified barriers that older people, ethnically diverse communities and people with limited English faced. The findings improved access to multilingual information, increased confidence in using digital health services and informed wider system work on digital inclusion.*

5. Supporting prevention and earlier intervention

The reports demonstrate a growing contribution to prevention and public health.

Examples include work relating to vaccination uptake, oral health, women's health, HIV prevention, mental wellbeing, hypertension awareness, Pharmacy First and support for carers. These activities frequently focused on understanding barriers to participation and helping services reach communities that were less likely to engage.

While prevention may not always be viewed as a core local Healthwatch function, many organisations appear increasingly active in this space. This reflects the issues being raised by communities, local Healthwatch's strong connections with local people and its ability to support public health initiatives, alongside wider efforts across health and social care systems to promote earlier intervention and reduce avoidable ill health.

Example: *Healthwatch Camden's engagement with local communities helped shape a new HIV prevention initiative designed to improve access among groups less likely to use traditional services.*

6. Information and signposting: more than advice

Information and signposting remains one of local Healthwatch's core statutory functions, helping people navigate increasingly complex health and social care systems. For many people, Healthwatch is a trusted point of contact when other routes have failed, or closed in recent years, with staff and volunteers drawing on their knowledge of local services and communities to help people access the support they need.

The reports suggest that information and signposting also provides valuable intelligence about the issues affecting local people. Individual concerns often reveal wider patterns and recurring problems, helping local Healthwatch identify emerging issues, shape future work and inform service improvement.

Example: *Healthwatch Warrington escalated safeguarding concerns and took action to prevent a crisis situation. What began as support for an individual ultimately informed wider action to improve services for future patients.*

7. An always-on source of community insight and early warning

Unlike consultations and engagement exercises that take place at a single point in time, local Healthwatch are continually listening.

Through community engagement, information and signposting, volunteer activity, Enter and View visits and relationships with local organisations, Healthwatch develops an ongoing understanding of people's experiences and concerns.

This means Healthwatch is often able to provide early intelligence to health and social care leaders about emerging issues affecting local communities. In many places, Healthwatch is valued not simply because of the reports it produces, but

because it can provide an informed and independent perspective on what people are experiencing right now.

Safeguarding featured prominently across annual reports. Local Healthwatch contributed to safeguarding boards, raised awareness of safeguarding concerns, supported investigations and helped ensure that the experiences of vulnerable people informed safeguarding arrangements.

In several areas, local Healthwatch's ongoing presence within communities enabled it to identify concerns, highlight emerging risks and support action before issues became more serious.

Example: *Feedback gathered through ongoing engagement by Healthwatch Sunderland highlighted concerns about hospital discharge arrangements and led to an action plan to improve coordination, speed up discharge, and ensure people get home safely with better support.*

8. Supporting oversight, assurance and accountability

Annual reports demonstrate the important contribution local Healthwatch makes to local oversight and accountability arrangements. Many organisations contribute evidence and community insight to Health and Wellbeing Boards, scrutiny committees, safeguarding boards, quality committees and Integrated Care Boards, helping ensure that public experience informs decision-making.

Healthwatch also makes an important contribution to regulation and quality assurance. Many organisations reported sharing intelligence with the Care Quality Commission (CQC), contributing to inspections and reviews, responding to Quality Accounts and raising concerns where community experiences indicated emerging risks. This helps ensure that regulatory and oversight processes are informed not only by performance data but also by the experiences of people using services.

Example: *Healthwatch Nottingham and Nottinghamshire shared patient experience intelligence with the Care Quality Commission ahead of an inspection. This helped inspectors understand people's experiences of care and ensuring community concerns informed the inspection process.*

9. Enter and View: a unique statutory power

One of local Healthwatch's distinctive statutory powers is the ability to carry out Enter and View visits to health and social care services. Annual reports demonstrate how organisations continue to use this power to understand

people's experiences of care, identify good practice and highlight opportunities for improvement.

Unlike many forms of engagement, Enter and View enables local Healthwatch representatives to observe services first-hand and speak directly with people using services, their families, carers and staff. Examples included visits to care homes, supported living services, hospitals and other health and care settings.

Importantly, Enter and View often focuses on the aspects of care that matter most to people but can be difficult to measure through performance data alone. These include dignity, communication, choice, accessibility, quality of life, the care environment and whether people feel safe, respected and listened to.

Many annual reports demonstrated how Enter and View findings led to practical improvements, with providers responding to recommendations and taking action to address identified issues. The reports suggest that Enter and View continues to provide an important route through which people's experiences can inform service improvement and quality assurance.

Example: *Healthwatch Cornwall's Enter and View visits identified improvements relating to accessibility, safety and the care environment, with care home providers responding positively and implementing changes to improve residents' experiences.*

10. Volunteers: trusted community connectors

Local Healthwatch is supported by more than 4,200 volunteers across England. Annual reports highlight the important role they play in helping local Healthwatch understand people's experiences and ensure communities have a voice in health and care services.

Volunteers engage with people in community settings, provide information and signposting, listen to concerns and capture experiences that might otherwise go unheard. Some local Healthwatch intentionally recruit volunteers with lived experience and from communities whose voices are less often heard, helping build trust and open conversations on sensitive issues such as cervical screening, end-of-life care, mental health and health inequalities.

Many volunteers act as trained Enter and View representatives, visiting care homes and health services to understand people's experiences and identify opportunities for improvement. Others review health information and websites to improve accessibility, represent Healthwatch on local partnerships and advisory groups, or help shape priorities through governance and Board roles.

Example: *Healthwatch Southwark's Community Health Ambassadors used their trusted relationships within local communities to engage residents on sickle cell awareness and blood donation.*

11. Spotlight: maternity and neonatal care

Maternity and neonatal care emerged as a notable theme across annual reports, with at least 16 local Healthwatch undertaking work in this area. Projects ranged from improving maternity pathways and neonatal care to addressing inequalities in maternity services, strengthening miscarriage support and ensuring the experiences of women and families informed service improvement.

The work reflected both the breadth of the local Healthwatch role and the diversity of local priorities. Local Healthwatch gathered experiences from women and families, informed maternity improvement plans, highlighted barriers to access, explored the experiences of underserved communities and worked with services to improve care and support.

Several local Healthwatch demonstrated the value of following up recommendations to understand whether improvements had been implemented. Others focused on supporting women whose experiences are less often heard, including women from Black, Asian and minority ethnic communities, refugees and newly arrived communities. Collectively, the reports demonstrate Healthwatch's contribution to ensuring maternity and neonatal services are informed by the experiences of those who use them.

Example: *Healthwatch Redbridge's maternity review led to improvements in staffing, safety procedures, interpreter access and monitoring equipment at Whipps Cross Hospital.*

12. Working with Integrated Care Systems

The reports demonstrate increasingly mature relationships between local Healthwatch and Integrated Care Boards. Local Healthwatch are collaborating with their neighbouring local Healthwatch to support engagement on system-wide priorities and provide insight on issues that extend beyond local authority boundaries.

Local Healthwatch reported contributing to work relating to neighbourhood health, service redesign, inequalities, prevention, mental health, patient experience and access to care. They provide an independent source of

community intelligence that helps local systems understand emerging issues, test assumptions and shape priorities.

Example: *In the North East of England, fourteen Healthwatch organisations collaborated to provide system leaders with community insight on issues including winter preparedness, healthy ageing and access to services, bringing together intelligence from multiple local communities to support decision-making at Integrated Care System level.*

13. Contributing to national improvement

Across the reports, organisations described contributing evidence and insight to national work on a wide range of issues. These included access to primary care, dentistry, the NHS App, digital inclusion, patient data, women's health, trans and non-binary people's experiences of healthcare, NHS Online, health inequalities and the future of health and social care services.

Several organisations also highlighted how local insight had informed national consultations, parliamentary inquiries and wider policy discussions.

14. Building a stronger and more impact-focused network

One of the clearest observations from reviewing annual reports over recent years is the continued improvement in how local Healthwatch demonstrate their impact. Increasingly, reports move beyond describing activity to explaining what changed, who benefited and the difference made because of local Healthwatch's work. Across the network there is growing evidence of tracking recommendations, following up actions and demonstrating outcomes for local people.

This improvement can be seen across local Healthwatch of different sizes and operating in very different local circumstances. The reports also highlight the reality that local Healthwatch operate with varying levels of funding and capacity. Smaller organisations are unlikely to demonstrate the same scale of activity as larger, better-resourced Healthwatch. Nevertheless, many lower-funded organisations are increasingly able to demonstrate meaningful impact within the communities they serve.

The reports also suggest that health and social care partners increasingly recognise the value of local Healthwatch. In many areas, local Healthwatch have secured additional funding to undertake targeted engagement, involvement and co-production work to support service redesign, neighbourhood health initiatives, prevention programmes and other strategic priorities. Increasingly,

health and care organisations commission local Healthwatch to engage communities, gather insight and support change programmes because of the trusted relationships, community knowledge and facilitation skills they bring.

Healthwatch England has supported this development through a programme of learning, improvement and quality development. This has included training, resources, peer learning opportunities and practical tools designed to strengthen capability across the network. Drawing on analysis of annual reports over several years, Healthwatch England has also delivered targeted support to local Healthwatch seeking to strengthen how they evidence and articulate their impact.

Conclusion

The annual reports reveal a network that has evolved significantly over the past decade.

Local Healthwatch continue to fulfil their statutory functions, but increasingly do so in ways that support service improvement, strengthen public participation and help local systems understand the experiences of the communities they serve.

The strongest themes emerging from the reports are a focus on reaching people whose voices might otherwise go unheard, building trusted relationships, acting as an always-on source of community insight, supporting improvement and helping systems understand and respond to community experiences. These themes align closely with wider health and social care priorities, including improving access, strengthening community-based care, supporting digital inclusion and promoting prevention.

The reports also demonstrate a network increasingly able to work across organisational boundaries, bringing together local insight from multiple communities to support planning, engagement and improvement at Integrated Care System level.

Most importantly, the reports suggest that impact is built on trust. Trust within communities. Trust between partner organisations. Trust in people with lived experience. And trust in the value of listening to people's experiences and using those experiences to improve health and social care services.

Appendix 1: Examples of service areas where local Healthwatch have made an impact

Barking and Dagenham: GP access for residents without formal identification, communication between Community Diagnostic Centres and patients, assessments and communication for unpaid carers.

Barnet: Access to GP services, reasonable adjustments for disabled patients in emergency care, development of neighbourhood health.

Barnsley: Women's experience of healthcare, dementia services, adult safeguarding.

Bath and North East Somerset: Self-harm support services, access to services for Ukrainian refugees, use of patient data in the design of services.

Bedford Borough: Recommissioning of carers services, palliative and end-of-life care across the ICB and for Ukrainian refugees locally.

Bexley: Tobacco control services, inequalities around access to services, mental health services.

Birmingham and Solihull: Remodelling of an Urgent Treatment Centre, autism and ADHD assessment pathways, GP digital access.

Blackburn with Darwen: Hospital discharge, homecare services, adults with learning disabilities, childhood injury prevention, healthy weight services for young people, vaping and safeguarding within South Asian communities.

Blackpool: HPV vaccine uptake, cancer awareness and barriers to accessing services, autism assessments.

Bolton: Dementia care, the NHS App, prostate cancer diagnosis and support, access to NHS dentistry, GP complaints processes, and prescription and medication management.

Bradford: Gypsy, Traveller and Roma communities' experience of screening, vaccination and wider health services, patient transport, information for people with learning disabilities.

Bracknell Forest: Engagement and involvement of under-represented groups in the Frimley Park New Hospital Programme, women's health, dementia friendly residential care.

Brent: Carers' services, pharmacy services for those experiencing inequalities, community engagement around safeguarding.

Brighton and Hove: Corridor care at Royal Sussex County Hospital, non-emergency patient transport, homecare services.

Bristol, North Somerset and South Gloucestershire: Hospital and maternity care for refugee and asylum-seeking women, access to dental services, mental health services.

Bromley: Maternity services at Kent Community Health NHS Foundation Trust, access to health and social care services for housebound people with a long-term condition, inpatient cancer care.

Buckinghamshire: Men's health, the Travel Costs Scheme and access to hospital appointments, community hospital care, young onset dementia services, hospital discharge, rural healthcare, access to social care information and NHS dental care.

Bury: Patient flow, capacity, and communication at A&E, access to prescriptions, District Nursing.

Calderdale: Trans and non-binary people's experiences of GP care, digital access to GP services, Pharmacy First services, hospice and end-of-life care.

Cambridgeshire and Peterborough: Access to services for neurodivergent people, mental health services for young people, urgent and emergency care at Addenbrooke's Hospital.

Camden: Sexual health services, community-based gynaecology services, diabetes services for Bengali women.

Central Bedfordshire: Carers support services, access to services for autistic adults and people with learning disabilities, palliative and end-of life-care.

Cheshire East: Pharmacy services through the Pharmaceutical Needs Assessment, discharge processes at Macclesfield Hospital and Leighton Hospital, corridor care in A&E at these hospitals.

Cheshire West: Needs of residents in rural areas in Cheshire West and Chester Council's new Health and Wellbeing Strategy, missed diagnostics appointments and corridor care in A&E at Leighton Hospital and Countess of Chester Hospital.

City of London: Cardiology services at St Bartholomew's Hospital, digital healthcare apps, maternity and neonatal services.

Cornwall: Dentistry services, neighbourhood health development, rural inequalities.

County Durham: Hospital booking systems, communication about Pharmacy First, support for carers.

Coventry: NHS App and digital access, Housing with Care services, neurosurgery inpatient care, carers' and migrant communities' access to healthcare and early years.

Croydon: Diabetes services for Black African and Caribbean patients, reablement and intermediate care, community diagnostic services.

Cumberland: Young people's mental wellbeing, health and social care experiences of trans and gender diverse people, priorities for aging well.

Darlington: Mental health rehabilitation and reablement services, mental health social prescribing, facilitating Darlington Organisations Together Network.

Derby: Phlebotomy, cervical screening access, GP online services and improved sexual health access and waiting times, with new online services.

Derbyshire: Young people with autism and mental health support, cervical screening, flu vaccination, NHS App and digital inclusion.

Devon/Plymouth/Torbay: Digital healthcare access, vaccination confidence, services at the Royal Eye Infirmary.

Doncaster: Co-produced safeguarding information, design of urgent and emergency care, access to hearing support, repairs and advice.

Dorset: Acute Hospital at Home service, access to healthcare for refugees and asylum seekers, stop smoking services.

Dudley: Cancer screening among ethnic minority women, poverty and access to health and care, safeguarding processes and sight-loss.

East Riding: Accessibility of non-emergency patient transport, adult social care service redesign, sexual health education and outreach.

East Sussex: Non-emergency Patient Transport Services, translation services for asylum seekers, GP website information.

Enfield: Access to GP services for people experiencing homelessness, emotional wellbeing and mental health services, diabetes services.

Essex: Services for women with multiple long-term conditions, experiences of the Armed Forces Community, Shared Care agreements for ADHD medication.

Ealing: Mental health services at West London NHS Trust, mental health hostels, provision of the Careline service.

Gateshead: Support for unpaid caregivers for people with dementia, access to services for refugees and asylum seekers, support following diagnosis of autism and ADHD.

Gloucestershire: Support for people with Parkinson's disease, assessment and access to support services for young women and girls who have ADHD or are autistic, macular disease and sight loss.

Greenwich: Carers' experiences of dementia pathways, HPV vaccination uptake, barriers to accessing health and social care services.

Hackney: Access to adult social care services, sickle cell services, patients' experiences at GP practices and mental health wards at Homerton Hospital.

Halton: Communication, waiting times and family facilities at Whiston Hospital's Children's A&E, digital access barriers for care home residents, adults with learning disabilities, people experiencing homelessness, public information in collaboration with Radio Halton.

Hammersmith and Fulham: Maternal mental health and childhood immunisation and vaccinations in Black African and Black Caribbean communities, access to GP services.

Hampshire: Care at home services, access to healthcare for Gurkha communities, assessment and hospital treatment for people with dementia.

Haringey: Experiences of Latin American, Somali, Polish and Turkish-speaking communities, women's health, mental health services.

Harrow: GP services, eye, ear and dental care, people's experiences at Northwick Park Hospital.

Hartlepool: Development of the town's first dementia strategy, access to Pharmacy First and primary care, palliative and end-of-life care.

Herefordshire: Cancer screening awareness among underserved communities, emergency department attendance at Hereford County Hospital, access barriers for Gypsy, Roma and Traveller communities.

Hertfordshire: Mental health and substance use, barriers to accessing services experienced by refugees and asylum seekers, frailty and ageing.

Hillingdon: Access to GP services, hospital discharge, the environment in residential and learning disability support service settings.

Hounslow: Babies and young children attending Accident & Emergency at West Middlesex University Hospital, winter wellness including vaccination confidence, experiences of people living in extra care housing.

Isle of Wight: End-of-life care, trauma-informed approach across multiple services, the environment in residential care settings.

Islington: Access to primary care services for asylum seekers, lung cancer screening, pharmacy needs.

Kensington and Chelsea/Westminster: Young people's access to mental health support, access to dental services for vulnerable groups, patient dignity at St Mary's hospital.

Kent: Mental health crisis support, support for veterans, routes to A&E departments at hospitals in East Kent.

Kingston upon Hull: Accessibility for visually impaired residents, PALS service satisfaction, autistic people's access to mental health services.

Kingston upon Thames: All age autism and ADHD, dignity and independence in social care, social needs of disabled people.

Kirklees: Accessing, receiving and returning community equipment, awareness of Pharmacy First, awareness of hospice services at different stages of a care journey.

Knowsley: Booking GP appointments, transport to dental and vaccination appointments for vulnerable community members, asylum seekers' and refugees' access to health services.

Lambeth: Serious mental illness in Black men, hospital discharge, development of neighbourhood services.

Lancashire: 'Ageing Well Without Family' project, young people's use of social media for health-related decisions, disabled people's travel to health and social care services.

Leeds: Mental health crisis support, GP care for trans and non-binary people, experience of people waiting over a year for treatment.

Leicester and Leicestershire: Discharge processes, patient flow and people's experience of leaving hospital, mental health café provision, public transport options for people in rural areas getting to health and social care appointments.

Lewisham: Mental health services and the Heather Close Community Mental Health Centre, trans and non-binary people's healthcare experiences, adult social care and neighbourhood health services.

Lincolnshire: Mental health of veterans, serving personnel and their families, experiences of health and social care for those with sensory loss, emergency care across the county.

Liverpool: Redesign of ADHD and trauma-informed services, co-production of a new All Age Carers' Strategy for the city, mental health day opportunities services.

Luton: Menopause support, palliative and end-of-life care, mental health services.

Manchester: Appropriate hospital food options for the Jain Samaj community, mental health crisis at the Emergency Department of Wythenshawe hospital, compliance with Accessible Information Standard by GP practices.

Medway: Experiences of carers, mental health support for children and young people, experiences of those who are homeless or accessing housing services.

Middlesbrough: Access to dementia services, safer hospital discharge processes, access to health checks and services for women's refuge residents.

Milton Keynes: Hospital discharge processes, palliative and end-of-life care, domiciliary care services.

Newcastle: Health information for new mothers and people aged over 65, reasonable adjustments at GP surgeries for people with learning difficulties, access to services for family hub clients.

Newham: Access to GP services, heart health, listening to under-represented communities.

Norfolk: Carers of people with serious mental illness, engagement on proposed changes to vital healthcare services, safeguarding practices in relation to people with learning disabilities.

North East Lincolnshire: Social care communications for people with learning disabilities, wheelchair availability at Diana, Princess of Wales Hospital, GP websites and apps.

North Lincolnshire: Non-attendance rates at the Musculoskeletal Physiotherapy department at Scunthorpe General Hospital, recommissioning of the stroke recovery service, cervical screening at GP practices.

North Northamptonshire: Experiences of black communities, home birthing service, access to health and social care for refugees and people seeking asylum.

North Tyneside: Access to mental health crisis support, support for both adult and young carers, awareness of the signs and symptoms of cancer and uptake of screening.

North Yorkshire: Farmers' access to services, access to primary care for people in in Upper Swaledale, appointment processes and recording people's support needs at hospitals and surgeries.

Northumberland: New mental health strategy for the county, access and availability of audiology services, access to respite breaks for unpaid carers.

Nottingham and Nottinghamshire Access to urgent NHS dental appointments particularly for people with sight loss, booking appointments with GPs, peer support for people from African Caribbean communities affected by dementia.

Oldham: Wheelchair availability and overall experience at Royal Oldham Hospital, accessibility of services for adults with learning disabilities, GP registration for sanctuary seekers.

Oxfordshire: Inclusion in digital healthcare, women's health services, urgent and emergency care.

Portsmouth: Inclusive GP care, mental health experiences of children and young people, dementia care services.

Reading: Maternity and mental health, digital health, oral health in children.

Redbridge: Care at night in maternity services at Whipps Cross Hospital, accessible information, hospital to home journey for older people.

Redcar and Cleveland: Commissioning of services to provide advice supporting independent living, digital access and GP registration for people experiencing homelessness, awareness and access to borough-wide wellbeing services.

Richmond upon Thames: Patient journeys and experiences in the Emergency Department at Kingston Hospital, adult mental health services at South West London and St George's Mental Health NHS Trust, experiences of adult and young carers.

Rochdale: Borough-wide patient participation groups, access to healthcare for d/Deaf residents, digital exclusion.

Rotherham: Experience of services for people experiencing menopause, 'waiting well' service at Rotherham hospital, access to adult social care and improving accessibility for people with communication needs.

Rutland: Accessible emergency information for deaf and deafblind residents, a new combined Minor Illness and Injury service in Oakham with x-ray provision, information and support for social care self-funders.

Salford: Children and young people vaping, access for and awareness of the needs of the d/Deaf community, communication between staff and patients across a range of services.

Sandwell: Children with SEND services, sensory impairments and people with learning disabilities at the Midlands Metropolitan University Hospital, end to end experience of people receiving total knee replacements.

Sefton: Communication in Adult Social Care, patient experience at Litherland Urgent Treatment Centre, non-digital channels for GP appointment booking.

Sheffield: Mental health services for people using substances, access to services for Arabic speakers, experiences and needs of people in Tinsley neighbourhood.

Shropshire: Experiences of people living with a spinal injury, access to medication from pharmacies, mental health support for young people.

Slough: Women's health, patient and carer experiences at Frimley Park Hospital, dementia-friendly care homes.

Solihull: See Birmingham.

Somerset: Experiences of unpaid carers, accessible information, access to pharmacy services.

South Tyneside: Identification of alcohol misuse, specialist care homes, discharge from hospital to home.

Southampton: Respite and activities for unpaid carers, cultural and social needs of care home residents, access to mental health services.

Southend-on-Sea: Digital healthcare, accessible information for deaf people, supporting co-production Mid and South Essex Hospitals and their patients.

Southwark: Access to mental health services and support for Black communities, health inequalities experienced by refugees and asylum seekers, experiences of people with learning disabilities and autistic people.

St. Helens: Redesign of long covid services, experience and needs of people affected by suicide, care after a diagnosis of diabetes.

Staffordshire: Management of discharges from mental health services, accessing diagnosis and treatment for gynaecological conditions, communication and co-ordination between services.

Stockport: Living Well model for individuals with serious mental illness, information for patients waiting for continence services, information on screening programmes.

Stockton-on-Tees: Access barriers for deaf residents, communication processes, waiting list contact, and discharge arrangements in mental health services, drug and alcohol services.

Stoke-on-Trent: Public involvement in development of a new Commercial Research Delivery Centre, accessibility of podiatry services, Autism and ADHD assessments.

Suffolk: People's experiences of waiting for hospital care, accessible health and social care information, ADHD care and support.

Sunderland: Co-ordination of health and social care in hospital discharge, Foetal Alcohol Syndrome Disorder, sexual health services and education provided in schools.

Surrey: Non-Emergency Patient Transport Services, general practice journey of survivors of domestic abuse, men's mental health and access to support.

Sutton: Living with frailty, access to ear wax removal services, community mental health services.

Swindon: Women affected by trauma and disproportionate social challenges, hypertension support and treatment, vaping among young people.

Tameside: A&E at Tameside Hospital, proposed changes to in vitro fertilization (IVF) provision, awareness and provision of Pharmacy First.

Telford and Wrekin: Hospital Transformation Program changes affecting people in Brookside area, veterans' healthcare needs transitioning to civilian life, Emergency Departments at Princess Royal Hospital and Royal Shrewsbury Hospital.

Thurrock: Minor Injuries and Emergency Services, experiences of unpaid carers, discharge from acute health services.

Tower Hamlets: Perimenopause and menopause support, use of the NHS App, access to health and care services for Jewish, Somali, Vietnamese and Chinese communities.

Trafford: Residents' wellbeing in Sale and Partington areas, palliative care and district nursing, parental mental health.

Wakefield: Support for neurodivergent children and their families, experiences of stroke support, mental health services for young people.

Walsall: Carers' support, maternity services and mental health provision, GP appointments and phlebotomy services, and practical improvements through Enter and View and safeguarding activity.

Waltham Forest: Recovery and independence after leaving hospital, access to services for Romanian and Eastern European communities, shaping neighbourhood health.

Wandsworth Patient queries and concerns at St George's Hospital, acute mental health care at Holybourne Hospital, access to cervical screening for South Asian communities.

Warrington: Residents' and families' experience of home care, men's mental health, communication of individual needs and reasonable adjustments.

Warwickshire: Young people's mental health, autism and GP services, refugees, asylum seekers and Gypsy, Roma and Traveller communities, accessible health information and GP registration.

West Berkshire: Feedback pathways for health and social care experiences, access to healthcare and support for older residents, women's health.

West Northamptonshire: Experiences of Eastern European communities, accident and emergency and paediatric services at Northampton General Hospital, young people's emotional wellbeing and support.

West Sussex: Equality of women's rights in healthcare, digital services supporting people receiving palliative and end-of-life care at home, barriers to healthcare for people experiencing homelessness.

Westminster See Kensington and Chelsea.

Westmorland and Furness: Maternity care in South Cumbria, proposed changes to Level 3 intensive care provision at Furness General Hospital, transport to appointments.

Wigan: Home care services, awareness and use of Pharmacy First, development of Public Involvement Engagement Hub.

Wiltshire: Access to services for military families, health and wellbeing of young people, experiences of parent and unpaid carers.

Windsor and Maidenhead: Women's health, dementia-friendly care homes, patient and carer experiences at Frimley Park Hospital.

Wirral: Musculoskeletal Self-Referral pathway, support to people who frequently attend urgent and emergency care, experiences of unpaid carers.

Wokingham: Maternal mental health, tackling racism and inequality, South Asian women's health.

Wolverhampton: Autism, audiology and cancer services, support for Deaf communities and healthy ageing initiatives, interpretation services, dementia awareness and safeguarding.

Worcestershire: Mental health, ADHD services and hospital discharge, prostate cancer awareness, emergency care, community hospitals, parent carer needs assessments and Education, Health and Care Plans (EHCPs).

York: Access at GP surgeries, trans, non-binary and intersex people's experience of services, young people's vaping.

Appendix 2: Healthwatch reach and engagement

Annual reports highlighted engagement with a wide range of communities whose voices can be underrepresented in health and care decision-making. These included:

Age and Life Stage

Children and young people	Young carers
Young parents	Older people
Working-age adults without family support	People approaching end of life
Bereaved families	

Disability, Long-Term Conditions and Accessibility

• People with learning disabilities	• Autistic people
• Neurodivergent people	• People with ADHD
• People with dementia	• People with sensory impairments
• Deaf and hard-of-hearing people	• Blind and partially sighted people
• Wheelchair users	• People with neurological conditions
• People living with long-term health conditions	• People with severe mental illness
• People requiring reasonable adjustments	•

Mental Health and Wellbeing

• People experiencing mental health difficulties	• People with dual diagnosis needs
• People using mental health services	• People experiencing loneliness and isolation
• People affected by addiction and substance use	•

Communities Experiencing Inequalities

• Refugees • Asylum seekers • People experiencing homelessness • Rough sleepers • People experiencing poverty • People facing financial hardship	• People living in areas of deprivation • Rural communities • Coastal communities • People affected by transport barriers • Digitally excluded communities

Ethnic and Cultural Communities

• Roma communities	• Gypsy, Roma and Traveller communities
• Eastern European communities	• Romanian communities
• South Asian communities	• Bangladeshi communities
• Black African communities	• Black Caribbean communities
• Chinese communities	• Somali communities

• Nepalese communities	• Congolese communities
• Vietnamese communities	• Jewish communities
• Latin American communities	• Turkish communities
• Hong Kong communities	• Eastern European migrant communities

Faith Communities

• Muslim communities	• Mosque congregations
• Faith groups and faith leaders	• Church groups
• Multi-faith communities	•

Women and Women's Health

• Women experiencing menopause	• Women from global majority communities
• Black women	• Asian women
• Women with multiple long-term conditions	• Women with reproductive health conditions
• Women experiencing maternity inequalities	

Carers and Families

• Unpaid carers	• Parent carers
• Carers of people with dementia	• Carers of people with learning disabilities
• Family carers	• Families of people using services

LGBTQ+ Communities

• LGBTQ+ communities	• Trans people
• Non-binary people	• LGBTQ+ young people

Other Communities

• Veterans	• Serving military personnel and families
• Fishermen	• Farmers
• Canal boat residents	• Prison populations
• Students	• Care home residents
• Supported living residents	• People living in temporary accommodation
• Community organisation members	• Food bank users
• Residents of warm spaces and community hubs	

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