Annual report 2025-2026

You live it.
We hear it.
Together we change it.

healthwatch Westmorland and Furness

People First

Healthwatch is the public voice for health and social care. We exist to make services work for the people who use them.

Pins indicate where the team has been this year.

Contents

Chris McCann, Healthwatch England Acting Chief Executive

"We want to say a heartfelt thanks to all the local people who have taken the time to share their experiences, and to the health and social care professionals who have listened and acted on that feedback. Your commitment has helped make a real difference for our community.

"The NHS faces real challenges. Listening to people's thoughts about their care is one of the best ways to improve services, and helps health and care professionals see what works and what needs to change, so care can be safer and better for everyone."

About us

Healthwatch is your local health and social care champion. Through public engagement we hear your voice and make sure NHS leaders and decision-makers hear your feedback and use this to improve care. We can also help you to find reliable and trustworthy information and advice.

1 **Equity** - We listen with compassion, value every voice, and include those often left out.

2 **Empowerment** - We create a safe, inclusive space where people feel respected, supported and confident to speak up.

3 **Impact** - We're here to make a real difference. We're ambitious, accountable, and driven to help others create change.

4 **Independence** - We stand up for what matters to the public and stay true to our role as an independent, trusted voice.

5 **Collaboration** - We work openly with others to share learning, build trust and make a greater impact together.

6 **Truth** - We're honest and speak up when change is needed.

Our team

David Blacklock
CEO

Lindsay Graham
Director

Kerry Prescot
Head of Healthwatch

Kate Rees
Assistant Head of Healthwatch

Chloe Wallace
Engagement Manager for Cumbria and Lancashire

Steve Walmsley
Operations Manager for Cumbria and Lancashire

Sophie Alexander
Communications & Administrative Co-ordinator

Leila Platt
Senior Engagement Officer

Caitlin Graham
Research and Data Officer

Putting people first

We are hosted by People First Independent Advocacy, a charity that spans both community voice and individual advocacy. As part of People First we believe in the following values:

Fairness **Rights** **Belonging** **Courage** **Kindness** **Love**

People First is proud to deliver five local Healthwatch across the north of England. They are Healthwatch Cumberland, County Durham Lancashire, Stockton-on-Tees, and Westmorland and Furness.

Being part of a local Healthwatch community helps us to work collaboratively, share great practice and learning and, most of all, speak up louder on behalf of patients, people who use social care services, and under-served communities across Cumbria, the North West and two integrated care boards.

Over this challenging year since the announcement of the Government's intention to close Healthwatch, this relationship has helped us to keep delivering our functions, meeting targets, and supporting each other in practical ways as well as emotionally. It also brings economies of scale and supports us to see the bigger picture on issues.

As part of People First, we work alongside those with lived experience and bring that knowledge and understanding into out projects. People First's work includes statutory advocacy, carers' support, education, training and supported employment opportunities for people with learning disabilities and autistic people, as well as a range of peer advocacy.

Healthwatch provides a distinct but complimentary role. While Individual advocacy ensure people are heard in decisions about their own lives, our community-level advocacy means services are shaped by the experiences of people who use them.

Members of the North West teams

Message from our Chair - Mark Pannone

This year has been defined by both dedication and uncertainty. In July 2025 the Dash Review announced the Government's intention to end Healthwatch's role as the independent champion of patient and social care service user experience. With very little information to go on until the introduction of the NHS Modernisation Bill in June 2026, our teams have faced a future without clarity.

This has been a deeply unsettling time, resulting in the loss of talented colleagues seeking security elsewhere. Despite these challenges, I am immensely proud of how our Healthwatch teams have responded: by doubling down on their statutory responsibilities; innovating in how they engage; and ensuring people's voices continued to reach those shaping health and social care.

Despite a challenging operational year, Healthwatch Westmorland and Furness has continued to deliver community-led work and listen to the lived experiences of under-served communities to influence local services and make a tangible impact. From reshaping conversations about transport barriers and women's health to ensuring patients were at the forefront of changes to local neurology services, the Healthwatch team has consistently brought together decision-makers with those who have lived experience of using local services. Most notably, its follow-up maternity Enter and View work with University Hospitals of Morecambe Bay Trust demonstrated the value of persistent, constructive scrutiny, showing how trusted local engagement turns recommendations into meaningful improvements for families.

Looking ahead, while uncertainty remains around its future, what cannot be denied is the lasting legacy of Healthwatch across our communities. In a challenging time, they did not step back. They stepped up.
We put people's experiences at the heart of decision-making, and we will carry that commitment forward for as long as we are able to serve.

Mark Pannone

Our year in review

Spring

We celebrated our second anniversary with our volunteers at Leasgill, near Levens.

We carried out an Enter and View Revisit to South Lakes Birth Centre and Helme Chase maternity units.

We were visited by Sir David Croisedale-Appleby, Healthwatch England Chair.

Summer

We made an Enter and View visit to Alston Medical Practice and learnt why it's so deeply embedded in its community.

Along with Healthwatch Blackpool, we led a presentation on Healthwatch feedback and data to LSC ICB Commissioners.

Autumn

Our second Women's Health event was the opportunity to reconnect with our project group.

Our presentation to the Health Determinants Research Collaborative (HDRC) annual event was an opportunity to raise our profile and share what we had heard over the past year.

Winter

At the invitation of local community transport stakeholders, we attended the Cumbria Community Transport Conference. We supported some of People First's Independent Travel project team to go too.

A year of making a difference

Working together to make change

healthwatch
North East and North Cumbria

We are part of a pioneering network of 14 local Healthwatch formed to improve health and care services both regionally and nationally. The network is funded by the North East North Cumbria Integrated Care Board. This funding has helped us build strong, meaningful relationships within this network.

Healthwatch Together is a collaboration of five local Healthwatch organisations that ensure community voices shape healthcare decisions across Lancashire and South Cumbria. We work together to ensure the voices of local residents are heard through neighbourhood and Place, and represented at the ICB.

Healthwatch Together

Blackburn with Darwen, Blackpool, Cumberland, Lancashire and Westmorland and Furness working in partnership

Collaborative campaigns

We worked alongside other local teams within the North East North Cumbria Healthwatch Network on the following campaigns:

Primary Care Access

This campaign involved promotion of Modern General Practice Access (MGPA) through pop ups, flyers and socials. It is now easier than ever to find support for a healthcare concern, whether this is at a pharmacy, at an appointment time that works with your schedue, or through the NHS app.

Palliative Care

This piece of work involved finding out people's thoughts on end of life and palliative care. This involved a survey and pop-ups. The HWW&F team focused on rural communities, as well as producing communication and Easy Read materials.

Winter Care

We gathered feedback from the public about NHS health campaigns to find out if they were clear and accessible. This supported North East North Cumbria ICB to find out what campaign messaging was successful, and how content could be improved for future campaigns.

Work Well

As part of a North Cumbria pilot, we engaged people balancing health and work to shape the WorkWell service, capturing insights on barriers such as caring responsibilities, stigma and travel. This directly influenced service design, helping create a more inclusive, responsive service that better supports people to stay well and remain in or return to work.

Making a difference in the community

Improving maternity care in South Cumbria

Mums and babies in South Cumbria now have safer, more personalised and reassuring birthing experiences following an Enter and View visit made by our team.

Following our 2024 Enter and View, we returned to assess progress by University of Morecambe Bay Hospital Trust (UHMBT). Reassuringly, the Trust had implemented all the recommendations they were responsible for, particularly those relating to patient safety and staffing.

Our impact

Safer, more personalised care before labour

Women who are sent home before labour now benefit from dynamic, individualised risk assessments, including personal circumstances such as travel distance and conditions, reducing risk and anxiety. Families are also given direct contact details for support at any time.

Stronger staffing and better-supported midwives

Significant investment in staffing has created a dedicated Recruitment and Retention Lead, improved skill mix, and enhanced support for staff – including wellbeing initiatives and midwifery advocacy – mean staff are better equipped and less stretched.

Embedding person-centred and inclusive care

The service has strengthened its commitment to inclusive, person-centred care, including resources for LGBTQ+ families, neurodiverse individuals, and those whose first language is not English. Clear routes to raise concerns confidentially are in place.

Furness General Hospital Level 3 Intensive Care engagement

In September, we supported community engagement around proposed changes to Level 3 intensive care provision at Furness General Hospital in Barrow-in-Furness. Working alongside Lancashire and South Cumbria Integrated Care Board (LSC ICB) and University Hospitals of Morecambe Bay Trust (UHMBT), we hosted pop-up public information sessions, addressing concerns about the suspension of the service.

We welcomed the extended engagement programme and emphasised that patient safety must remain the topmost priority while insuring community voices shape any decisions about the future of this critical service.

As part of our Transport to Healthcare project we also pivoted to focus on gathering feedback about travelling for medical care along the A590, the only main road between Barrow and other hospitals in the region.

Supporting neurology patients through service changes

When LSC ICB announced that a new provider would take over neurology services in South Cumbria, following many years of poor provision, we joined forces with charities including Headway, MND, Parkinson's UK, and MS Society to advocate for better patient engagement. Our collective efforts led to joint meetings and two well-attended patient engagement sessions at our Duke Street office in Barrow, and Kendal Leisure Centre.

These meetings were transformative – many patients asked questions of service providers for the first time and could communicate directly with commissioners of their care.

Listening to your experiences

Transport to Healthcare
Experiences of using public transport to get to medical appointments in rural Cumbria.

Safeguarding Voices
Joint project investigating how person-centred Section 42 safeguarding is in Cumbria.

Women's Health
Diverse voices from women and girls on what they want from female-focused care.

Transport to Healthcare

To read the report, visit our website

For many people in Westmorland and Furness, getting to healthcare isn't easy.

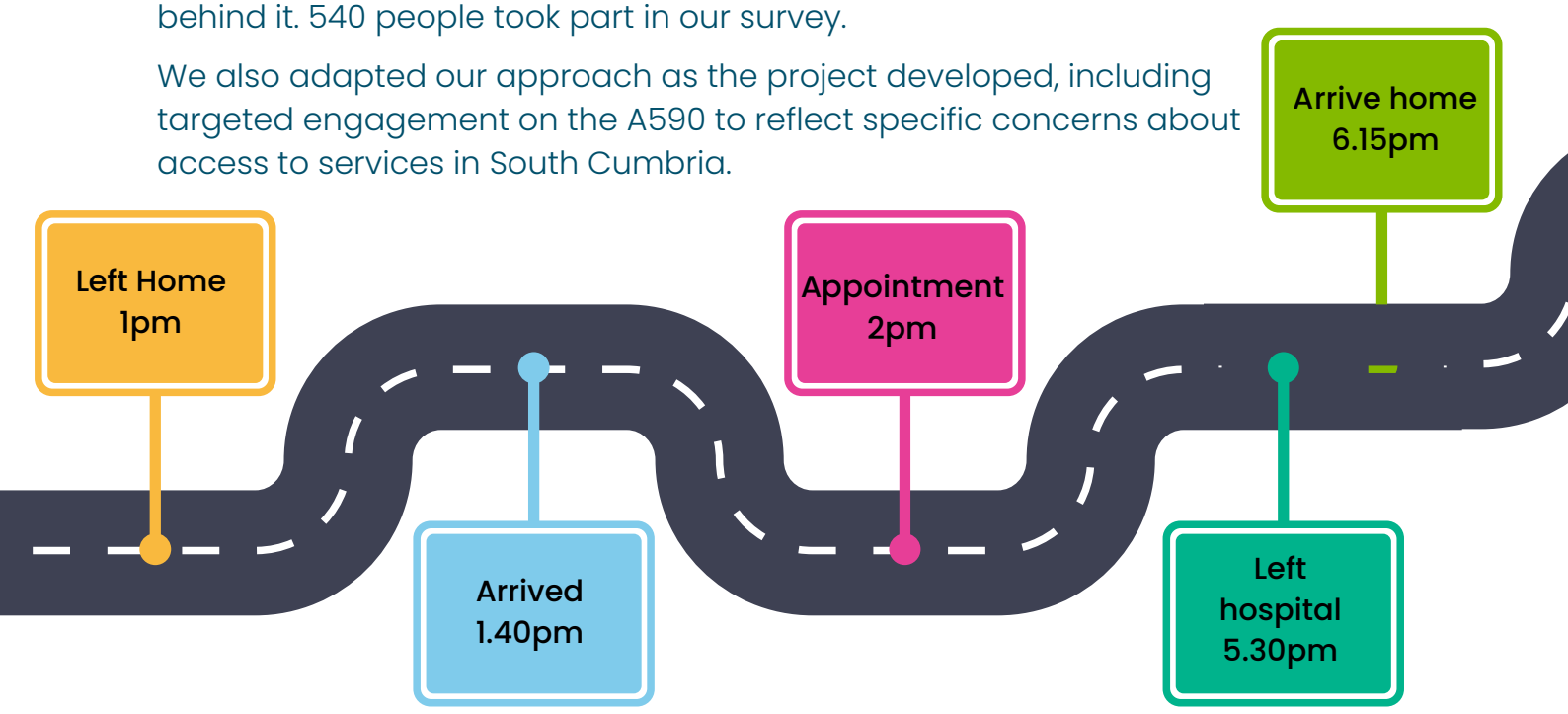
Long journeys, limited public transport and high costs mean people are missing appointments, delaying treatment and, in some cases, going without care altogether.

This isn't just about transport, it's about access to healthcare, and the growing risk of health inequalities.

What we did

We carried out a large-scale piece of engagement to understand the reality of transport to healthcare across our area. Combining a survey with in-depth case studies, we gathered both the scale of the issue and the lived experiences behind it. 540 people took part in our survey.

We also adapted our approach as the project developed, including targeted engagement on the A590 to reflect specific concerns about access to services in South Cumbria.



What changed as a result

Our work has helped shift transport from being seen as a background issue to a recognised barrier to healthcare access across the system. We shared our findings with integrated care boards (ICBs), the local authority, NHS providers and local third sector partners. In response:

- NHS partners have recognised the impact of transport on missed and delayed care, particularly for rural communities, older people and disabled people.
- Work is underway to raise awareness of patient transport support and reimbursement, so more people can access help available to them.
- There is increased focus on ensuring appointment systems better reflect people's travel needs, including flexibility in timing and location.
- Partners are exploring ways to bring care closer to communities, including mobile services and virtual appointments, to reduce the need for long journeys.

"I just refused to go. I said, I'm sorry, I can't get there. That's all there is to it." - the appointment was at 9.30am, 63 miles away.

Staff and volunteers out on engagement, and our signposting leaflet on Patient Transport

What this means for patients

While change is still developing, this work has the potential to make a real difference to people's lives.

- Fewer missed appointments, meaning people get care and treatment sooner.
- Less stress and uncertainty, with appointments that are realistic to attend.
- Greater independence, particularly for people without access to a car.
- Better access for rural and disabled communities, reducing inequality.
- Care closer to home, through mobile services and improved local provision.

For someone who previously had to cancel an appointment because they couldn't get there, this could mean being able to attend, receive treatment on time, and avoid their condition getting worse.

For others, it could mean no longer having to rely on lifts, face unaffordable costs, or choose between their health and the practicalities of travel.

What difference did we make?

By listening to people and taking their experiences to decision-makers, we have helped turn a hidden, everyday struggle into a recognised priority for change.

This is about more than transport. It's about making sure that everyone – wherever they live, whatever their circumstances – can access the healthcare they need.

40.1% .said they have cancelled appointments due to being unable to get there

£2,300+ Estimated cost to the NHS of missed appointments from project sample alone

Safeguarding Voices

To read the report, visit our website

Safeguarding Voices was a collaborative project with Healthwatch Cumberland looking at how people, their carers and professionals experienced the safeguarding process. This involved respondents sharing their anonymous feedback and recommendations.

With the support of Cumbria Safeguarding Adults Board, between December 2024 and December 2025, online surveys were distributed to review the involvement of people within a Section 42 safeguarding enquiry. This project was centered around the experiences of people during a safeguarding enquiry with a focus on how the process felt tailored to them. We heard that, for individuals who were the subject of the safeguarding enquiry and carers, 40% were not given clear explanations of roles or processes, however 60% stated they felt involved in decision-making.

What difference did we make?

Through highlighting challenges experienced by individuals involved in a safeguarding enquiry, it was recommended that the safeguarding process should be made more personal and straightforward, with everyone kept informed throughout. The anonymity of this project allowed for honest opinions to be shared which have revealed strong suggestions for improvements.

Women's Health

To read the report, visit our website

Our Women's Health project gathered the experiences of more than **150** women across Westmorland and Furness to better understand the challenges they face to receive high quality healthcare.

Through surveys, focus groups and community engagement, we heard from women across Barrow, Eden and South Lakes. We engaged with peer support groups for: women with hidden disabilities and conditions; multicultural women and those whose first language is not English; those with learning disabilities, autism and additional support needs. Working with local organisations helped us reach a diverse range of voices and identify inequalities in access, communication and care.

What we heard

Women consistently told us they wanted healthcare that listens and responds to their needs. Common concerns included:

- Feeling dismissed or not taken seriously.
- Difficulty accessing timely care.
- Services that are difficult to navigate.
- Limited support for complex or long-term conditions.

These issues were often greater for women facing additional barriers to care.

Our impact

Our findings have been shared with health and care partners and are helping to shape women's health services across both South and North Cumbria, including the development of Women's Health Hubs and the Women's Health Strategy.

We have also:

- Built relationships between communities and decision-makers.
- Developed accessible information and signposting resources.
- Helped shape how Lancashire and South Cumbria ICB engages with women and girls through our local women's health event on shaping solutions.

(Read about this on page 20)

What difference did we make?

By prioritising under-represented voices and working closely with partners, this project has helped ensure women's experiences are influencing local decision-making, as well as laid the foundations for more inclusive, person-centred services. We have continued to engage with participants to build relationships of trust and understand their experiences on a range of issues.

Hearing from all communities

Services can't make improvements without hearing your views. That's why, over the year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services to help them improve

In May, we brought women, community groups and health leaders together for our first Let's Talk Women's Health event in Kendal. The event created a space for open conversations about women's experiences of healthcare and what needs to change.

Eighteen women from across Westmorland and Furness, including women with learning disabilities and autism, joined representatives from local charities - including those representing mental health and veterans - Westmorland and Furness Council, NHS Trusts and Lancashire and South Cumbria Integrated Care Board (LSC ICB).

The event was a chance to thank participants of The Big Conversation and our Women's Health Project with lunch (and cake!), as well as bring them together with system leaders. It was a space to share findings, strengthen relationships and continue the conversation.

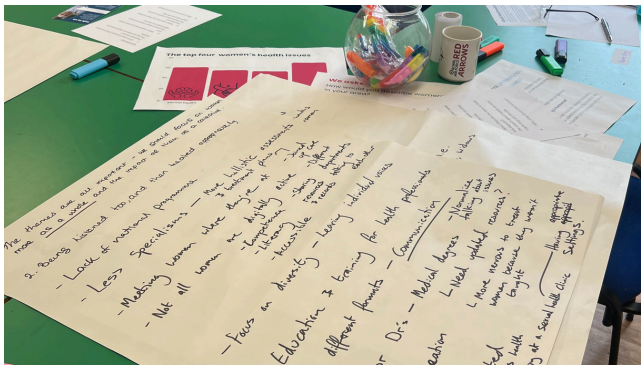
Above, we were proud to be joined by the Chair of Healthwatch England, Sir David Croisdale-Appleby for our event

The event

- Created meaningful dialogue between women and decision-makers.
- Connected people with support and services.
- Encouraged women to share their experiences.
- Led to better understanding by the ICB of what these cohorts of women want from their women-centred services.

What changed as a result

Our team used creative and understanding-building engagement techniques to gather the rich experiences and thoughtful opinions of the group. Our community development-inspired approach directly influenced LSC ICB's own women's health engagement event.



In December, we held a follow-up event in Penrith for women with learning disabilities and autism to maintain engagement and provide further support. Attendees told us they wanted to continue to attend such events in the future.

The difference we made

As well as strengthened relationships between communities and health leaders, the event was valued by all participants for its inclusivity, fun, for being a safe space and the sense of togetherness we all shared. We have been involved in community conversations to create the first Menopause Cafe in Barrow-in-Furness.

The impact of our women's health work was recognised by Sir David Croisdale-Appleby, Chair of Healthwatch England, who attended the event, praised its inclusivity and committed to sharing our work with government leaders.

Information and signposting

As well as signposting in project work - such as Transport to Healthcare on Patient Transport - and general engagement, we receive calls and emails. We signposted 566 people in 2025-26

"Our friend has prostate cancer, he is a non driver and struggles to get to the cancer centre for treatment at Rosemere, Preston. Can you help?"

We signposted to...

Community Car Scheme, Rural Wheels, and informed them about the Rosemary Cancer Charity for accommodation.

A patient changed GP surgeries after experiencing inadequate treatment, poor communication, and rude staff. After undergoing additional tests, they received scan results they could not understand but was told to wait 10 days for clarification, with reception staff refusing to escalate concerns or offer alternatives.

We signposted to...

NHS Complaints Advocacy.

They received an apology from the practice.

A patient in his 50s who was newly diagnosed with autism wanted to meet other people with who are neurodiverse in the area. They had tried some local groups in Barrow to find that not many people attend. Most took place in the day and, as they still works, this isn't the best for them. They felt that meeting peers could greatly help their mental health. They came to us asking for signposting to groups to connect and discover themselves.

We signposted to...

South Lakes ADHD and Neurodivergence support group which has online afternoon and evening meetings.

A patient travelled from Morecambe to Kendal for a neurology appointment only to realise that they had read the invite letter wrong and their appointment was in Barrow. They felt the letter was not clear in its communication.

We signposted to...

Our team was on-site for a pop-up and took them to the neurology department to speak with staff there. An appointment was rearranged there and then.

Our most common feedback was around:

- General Outpatients & Hospital Based Consultants
- General Practice
- Emergency Department (A&E)
- Waiting for appointments or treatments; waiting lists
- Caring, Kindness, Respect & Dignity
- Quality of Treatment

Volunteering

159
volunteer
hours

Volunteers make a fantastic contribution to our ability to hear the views of people across Westmorland & Furness on how health and social care services are delivered and their experiences of using them.

Interested in volunteering?
We'd love to have you as part of the team.

"I have had the chance to take part in the work on transport which gave me the opportunity to learn new things that I never thought I would about how people get to appointments"

Eddy volunteers for Healthwatch Westmorland & Furness and brings warmth and enthusiasm to the events that she has supported us with. She has supported Healthwatch Westmorland & Furness on our transport project, where she attended several events to hear about local residents experiences travelling to and from health services.

"It has all been very interesting but the PLACE assessments were *really* interesting. It's good to be part of something that could have a big contribution to your care when you need it."

Charles volunteers for Healthwatch Westmorland & Furness as an Enter & View volunteer, a PLACE assessment volunteer and an Engagement volunteer. He has a detailed knowledge of the area and services and travels extensively to offer a patient perspective and his lived experience.

Enter and View

Alston Medical Practice

We carried out an Enter and View visit to Alston Medical Practice in August. This is a small rural GP surgery serving a dispersed and isolated population across Alston Moor, at the top of the Pennines.

Patients often face long journeys to reach alternative services, making local provision especially important.

What we found

We found a GP practice embedded in its community and playing a vital role beyond traditional primary care. Patients spoken with had very high levels of satisfaction, particularly valuing same-day or next-day appointments, responsive communication, and supportive, approachable staff team.

The practice provides a wide range of holistic support, including a social day care unit offering activities, social connection and practical help for elderly and housebound residents. In a geographically remote area with limited transport links, this combination of accessible healthcare, proactive communication, and community-based services makes the practice a vital local lifeline.

What changed

Our report has already supported accountability and improvement. It was used as part of the practice's recent Care Quality Commission (CQC) assessment, ensuring patient voice was reflected in regulatory scrutiny.

Because services were working so well, we made only a small number of practical recommendations aimed at further improving accessibility and patient experience. Cumbria Health, which runs the practice, welcomed both findings and recommendations.

Our wider Enter and View work

Alongside this visit, we also carried out GP Enter and View visits to Temple Sowerby, and Captain French and James Cochrane practices in Kendal. Together, these four visits enabled us to meet our Enter and View target for the year, while building a strong picture of primary care across Westmorland and Furness.

This coming year, we will carry out further GP Enter and View visits, and bring findings together in a 'Great practice' report to share with GPs and the ICB.

The formal bits

People First Independent Advocacy
People First Conference Centre, Milbourne Street, Carlisle CA2 5XB.

Statutory statements

Healthwatch England
2 Redman Place, Stratford, London E20 1JQ.

People First Healthwatch

People First is proud to hold the contracts to deliver five local Healthwatch: County Durham, Cumberland, Lancashire, Stockton-on-Tees, and Westmorland and Furness.

Healthwatch Westmorland and Furness (HWW&F) uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Volunteers and lay people are invloved in our governance and decision-making. Our Healthwatch Board consists of six members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our local community.

Throughout 2025-26, the Board met six times and made decisions on matters such as endorsing our workplan, and signing off our annual report. We ensure wider public involvement in deciding our work priorities.

We are commissioned by Westmorland and Furness Council.

Westmorland & Furness Council

Finance

We receive funding from Westmorland and Furness Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure

Income		**Expenditure**	
Annual grant from Government	£138,880	Expenditure on pay	£108,853
Additional Income	£9,650	Non-pay expenditure	£8,525
		Office and management fee	£29,457
Total Income	**£148,530**	**Total expenditure**	**£146,835**

Additional income is broken down into:

We also receive funding from LSC and NENC Integrated Care Systems (ICS) to support new areas of collaborative work at this level, including:

ICS funding	
£4,000	Quarterly NENC HW Network reporting and engagement
£900	Project work carried out through NENC HW Network
£4,750	MNVP engagement and Enter and Views in South Cumbria
Total Income: £9,650	

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2025-26, we have visited community groups, held pop-ups and drop-ins, joined health and wellbeing fairs, visited hospital wards, made Enter and View visits, carried out surveys, collected case studies, and been available by phone, email, social media, and website web form.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, have printed copies at our offices and with us at engagement events.

We will send it directly to our local authority, ICBs, Trusts, Health Determinants Research Collaborative (HDRC), and those organisations and services we have worked with most closely over the past year. It will also be uploaded to the North East North Cumbria Community Engagement Library.

Responses to recommendations

We had two providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear the insights and experiences shared with us.

For example, we take information to Westmorland and Furness Council Health and Wellbeing Board, Health Adults Overview and Scrutiny meeting; Community Health and Wellbeing Equity Partnerships (CHWEP); Westmorland and Furness Council EDI Partnership; UHMBT Patient Experience Group; ICB Women's Health Board; South Cumbria Place-based Partnership; Cumbria Health Clinical Governance Committee. As part of the NENC HW Network our data and information is shared with NENC ICB.

We have also provided anonymised and aggregated feedback to GP surgeries where we held pop-ups,, and Trusts whose wards we visited.

We meet regularly with Care Quality Commission (CQC) inspectors to share soft intelligence. We also attend local authority-led Radar meetings for the same purpose.

We take insight and experiences to decision-makers at Lancashire and South Cumbria Integrated Care Board (ICB), through our Healthwatch Together Network, and North East North Cumbria ICB through our North East North Cumbria Healthwatch Network.

We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Westmorland and Furness is represented on the Health and Wellbeing Board by David Blacklock, CEO.

During 2025-26 David has effectively carried out this role as a critical friend and shared the experiences of patients, public and advocates.

Healthwatch Westmorland and Furness is represented on Lancashire and South Cumbria and North East North Cumbria Integrated Care Partnerships by Lindsay Graham, and Lancashire and South Cumbria and North East North Cumbria Integrated Care Boards by David Blacklock.

Our future priorities

From feedback received over the past year, ICB and local authorities priorities, and the NHS 10-Year Plan. In 2026-27 we will look into:

Neonatal Voices

Neonatal families (those caring for a newborn in a hospital setting) represent a group whose experiences can be fragmented, time-limited, and emotionally intense, needing safe, compassionate and effective services. This project will identify gaps and opportunities across Lancashire and Cumbria, and inform Maternity and Neonatal Voices Partnership development.

Neighbourhoods

The NHS 10-Year Plan shifts care from hospitals to community, and the focus from sickness to prevention. This project will visit 'neighbourhoods' and ask communities about where and how they use health services, what they think of as their community, and what they need in the future to stay healthy.

Digital Exclusion

The third shift in the NHS 10-Year Plan is from analogue to digital. With an increasingly elderly and frail population, and often unreliable and poor internet connectivity, does that work for our communities? Where there are challenges, what solutions will support high quality, consistent care?

Ageing Well

Following on from Healthwatch Cumberland and Lancashire's Ageing Well projects, we want to find out what people need to be healthy and happy as they age. This project will focus particularly on farming and rural communities, wards with greater health inequalities, as well as social care and carers.

healthwatch Westmorland and Furness

People First

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Email: info@healthwatchwestfurn.co.uk

https://wearepeoplefirst.co.uk/healthwatch-westmorland-and-furness/