



Welcome to our

Annual Public Meeting

Tuesday 17th October 2023



Engaging
Communities
Solutions

Introductions



Members of the public

Stallholders

The Staff

Manager

Youth Engagement Lead

Insight Senior Advocate Lead

Youth Engagement Lead

Core20plus Engagement Officer

Engagement & Information Lead

Community Outreach Lead

Advisory Board

Chair & 5 Advisory Board Members

Volunteers

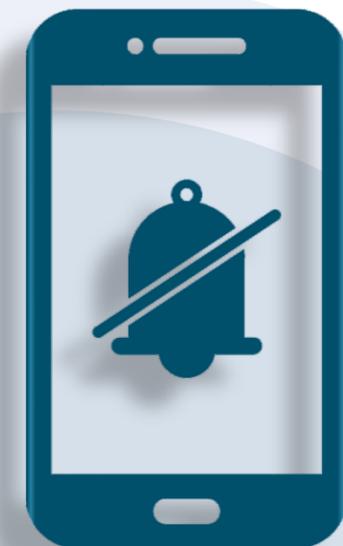
25 volunteers across all age groups.

Housekeeping

- Fire alarms
- Fire exits and meeting point
- Toilets
- WiFi – DrayTek-LAN-A
- Password: K7U57X045FDSW



Please put your mobile phone on silent.



Meeting Agenda

- About Healthwatch Walsall
- Presentation of our 2022/2023 Annual Report
- Finances
- Core Connector 20+ presentation
- Guest speakers YP Emotional Wellbeing and CAMHS & Q&A
- Lunch/Networking
- Our 2023/2024 Work Plan
- Closing remarks



A short video about Healthwatch



About Healthwatch

- Key Health & Social Care issues concerning the community as a whole
- Prioritise and scope a work plan around issues
 - Consider data
 - Consider resource
 - Consider local (&HWE) health and social care priorities
- Collect experiences & feedback
- Provide feedback
- Ensure feedback is acted upon



Annual Report 2022/2023

Presented by
Aileen Farrer
Healthwatch Walsall Manager



Annual Report

Our engagement over the year

27,765

people
were engaged
with via surveys,
Enter and View
visits,
Newsletters,
social media
posts

5,688

people
were
engaged with
face to face
across our
communities
or virtually on
our themed
online public
meetings

1,199

people
shared their
experiences of
health and social
care services with
us,
helping to raise
awareness of
issues

1,844

people
were given
advice,
information and
were signposted
to support or
services to help
meet their health
or social care
needs.

Annual Report

Work Plan 2022/2023 – Key Highlights

Walsall Manor Hospital Discharge Process

- Aim was to understand patient experience of the discharge process from WMH.
- Online and hard copy surveys and face to face engagement.
- **171** responses to the survey.
- Case studies were included.
- We spoke to staff to hear their views and we received feedback from care homes.
- Main issues were around:
 - Communication
 - Medication
 - Patient Information
- All findings are included in the final report which can be found on our website.
- **18** recommendations.

Young Person Communication Project

- To find out experiences and challenges young people (aged 14-24) face in accessing health and social care services.
- Online and hard copy surveys and face to face engagement
- **134** responses to the survey.
- Identified there is a lack of awareness of services available and little knowledge on how to use the service.
- Young people want to be listened to, understood and recognised. They want their health and wellbeing to feel important to the professionals they engage with.
- **8** recommendations

Raising Awareness of Male Suicide

- Working with Walsall Together.
- This was a local campaign to raise awareness to men aged 35-55 about the risks and issues of male suicide.
- To reach the desired audience we targeted local businesses.
- Met with great support for this work.
- Poster developed providing information and contacts of available services.
- Over **80** businesses agreed to display the poster.
- From the information received, it is estimated this information reached **several hundred** people.

Cost of Living Crisis

- Healthwatch Walsall undertook this piece of work to find out the potential impact of the cost of living crisis on people's health.
- Work carried out by online and hard copy surveys.
- **92** responses to the survey.
- **17%** of participants stopped going to the dentist
- **12%** of participants have stopped buying medication or prescriptions
- **11%** use candles instead of electricity
- **11%** use food banks
- **11%** borrow money to pay bills.
- **14** recommendations made

Annual Report Key numbers

27

Reports published
Over the year

87

Recommendations
for service change
or improvements
through our reports

25

Volunteers
helping us with
projects and
supporting our
outreach

6

Staff members
undertaking
Healthwatch
Walsall work and
projects across
the Borough

Annual Report

Enter and View Programme

WHAT IS ENTER & VIEW

- Under the Healthwatch regulations, local Healthwatch organisations have the power to Enter and View providers to observe matters relating to health and social care services.
- Organisations must allow an Authorised Representative to Enter & View to observe activities and speak to service users, as long as this does not affect the provision of care or the privacy and dignity of people using services.
- These powers do not extend to Enter & View of services relating to local authorities' social services functions for people under the age of 18.
- Healthwatch Walsall is fortunate enough to have **9** Authorised Representatives.
- From visits in 2022/2023 **38** recommendations were made.

WHERE WE VISITED 2022/2023 – CARE/ NURSING HOMES

- Drake Court Care Home
- Anson Court
- Whitehorse Road Care Home
- Delves Court Care Home
- Willow Rose Care Home

All reports have been circulated and published, available on our website.

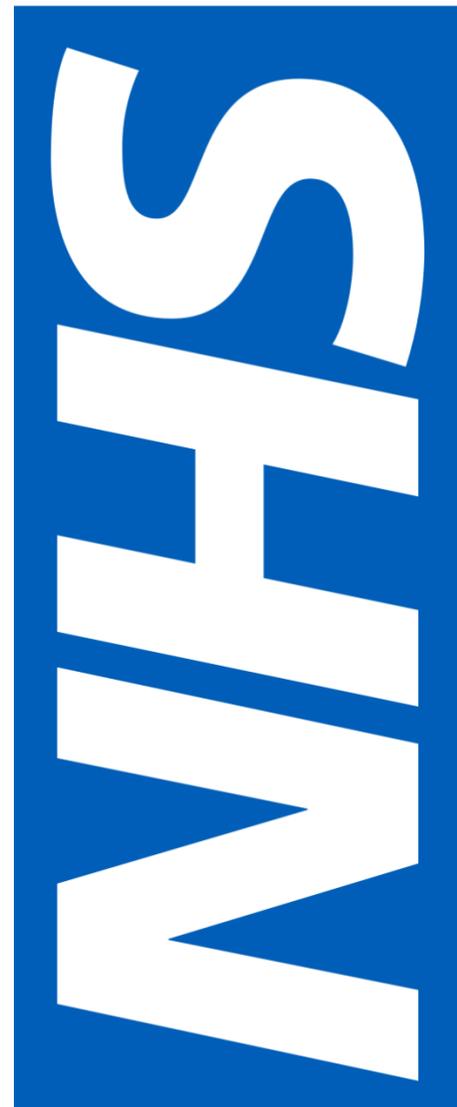
WHERE WE VISITED 2022/2023 – PRIMARY CARE SETTINGS

- Blakenall Family Practice
- Touchwood Pharmacy
- Pleck Health Centre



Annual Report – Working Collaboratively

NHS



Back Country
Integrated Care
Board
(System wide)

Walsall
Together
Partnership
Board
(Place based)



LOCAL AUTHORITY

Quality
in Care Board

Information
Sharing Group

Annual Report – Finances

Income	
Annual grant from Government	£190,450
Additional income	£25,292
Balance brought forward	£22,705
Total income	£238,447
Balance carried forward	£17,101

Expenditure	
Expenditure on pay	£180,804
Non-pay expenditure	£19,289
Office and management fee	£21,253
Total expenditure	£221,346

Annual Report – Core Connector 20+



Presented by
Teodora Albu
Community Engagement/Volunteer Facilitator
Core Connector 20+



healthwatch
Walsall

CORE20 PLUS

REDUCING HEALTHCARE INEQUALITIES

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1

2

3

4

5



MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (including SMI in line with the success seen in Learning Disabilities)



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



HYPERTENSION CASE-FINDING and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

Steps in delivering **CORE20 PLUS**

1. PROMOTING/MAKE IT VISIBLE

2. BUILDING TRUST WITH THE COMMUNITIES / ORGANISATIONS

3. STARTING RECRUITMENT PROCESS



We have the right to health!

Is health central to our overall wellbeing and about how much we enjoy every aspect of our lives?

Tackling health inequalities requires action to undo the fundamental causes, prevent the harmful wider environmental influences and mitigate the negative impact on individuals.

Health enables us to live fulfilling lives and be active members of society. Inequalities in health are also a key part of social justice – we each have the right to enjoy the highest attainable standard of physical and mental health.

By sharing your experiences and views you can tell us if your health and care services are working when you need them and if there are any barriers that prevent you accessing health care.

Talk to us - Make your voice count

 07732683494



Promoting CORE20PLUSProject in Walsall

Promote means make it visible through:

- **Sharing the project description to the organisations /meetings / people**
- **Attending webinars/community events where to share the programme initiative**
- **Create marketing materials to be also shared in the community (leaflets/business cards/banner) – an easier way to be visible, heard and maybe implement visual curiosity**
- **Live webpage on Healthwatch Walsall website where anyone can read about the project, ask further questions, involve in the programme and apply as a volunteer**

<https://www.healthwatchwalsall.co.uk/core20plus>



- Lunch & Learn – Safe Accommodation event, 16th of Feb 2023
- Target audience was operational/frontline stakeholders and services in Walsall
- Who may come in contact with victims/survivors of domestic abuse and want to learn about the new service offer and how to refer in.
- There was a short talk at the start of the session with the remaining hour used for networking questions.





Building trust with communities / organisations

**Linked with existing organisations & people with trust to sustain each other
(Walsall Council/RMC/ Nashdom/Aaina hub/Walsall Together/Glebe
centre/Walsall for All)**

Learned from what already exists/ assets (and invest in it)

**Spoke to organisations and asked them what will work (plan how to attract
people and start conversations, plan events (Glebe Centre example)**

**Collaborated in purpose of helping the community (Nashdom – Generation Café
regular activity)**

**Arranged regular visits to the centres/venues in purpose to meet vulnerable
people (refugees, Roma/Gipsy/Travellers, domestic abuse victims, LGBTQ+,
Homeless) – RMC, church, Nasdom**

Developed connections with Walsall College

Walsall for All Conference, 2nd of March, Health Inequalities Workshop

The workshop discussion was about 3 main questions

1. How does health inequalities and mental health & wellbeing impact integration?
2. What are your experiences of health inequalities that create barriers to integration in Walsall?
3. How do we bring these barriers down (solutions)?

The whole group engaged, and the workshop offered an opportunity to review and refresh these existing plans or embed new actions in partnership between the organisations, local authorities and voluntary sectors.





Started the recruitment process of the Community Connectors:

In the last quarters, Core20plus programme focussed on volunteers' recruitment:

- **Shared leaflets about the volunteering opportunity**
- **Attended job fairs & community events**
- **Asked different organisation with trust to signpost the leaflets**
- **Interacted with service users who attended different Hubs**
- **Finding & meeting the vulnerable communities and their representatives**
- **'Out and about' as a continuous activity**

Outcomes from the recruitment process:

- **12 recruited connectors and another 4 who completed the application form from the targeted cohorts**
- **Introduced a new category of informal connectors**
- **Built trust and created opportunities for Community Connectors to be the voice for their communities and help shape service provision that better meets needs of those communities**
- **Created a loud voice for the vulnerable groups who are not afraid to speak out about their needs**
- **Developed trust and started the process of creating strong communities**
- **Informed individuals about the benefits of volunteering, opportunity to help the Voluntary sector development**
- **Training and courses available upon vulnerable communities**
- **Shared power to communities by creating equal seats**
- **Building up community work experience upon volunteers**





Outcomes from the programme activity:

- **Facilitated informative Workshops at RMC about Bowel Cancer for refugees' cohort**
- **Support given to communities to remove barriers that prevent access to health and wellbeing services by informative session at Nashdom about diabetes, prevention and symptoms**
- **Involved in Cancer Awareness session at Aaina hub (Macmillan Community Cancer Champions)**
- **Attended the homeless centre (Glebe) weekly in an Outdoor activity with the SU**
- **Regularly attended a drop in sessions at the refugee and migrant centre, where we developed understanding of different cultures, barriers, and lack of information about the health system**
- **Created close contact with The Beacon Centre where we can make referrals for drug and alcohol misuse**
- **Visited Caldmore Community Gardens and contacted the service users.**
- **Attended home visits of Roma families where listened the voices of non-service users (those who are not registered to the GP or dentist etc)**
- **Finding the voice of 'non-service users', individuals who were not registered with a GP**
- **Training and courses available for vulnerable communities**
- **Co-designed Community connectors programme in Walsall**

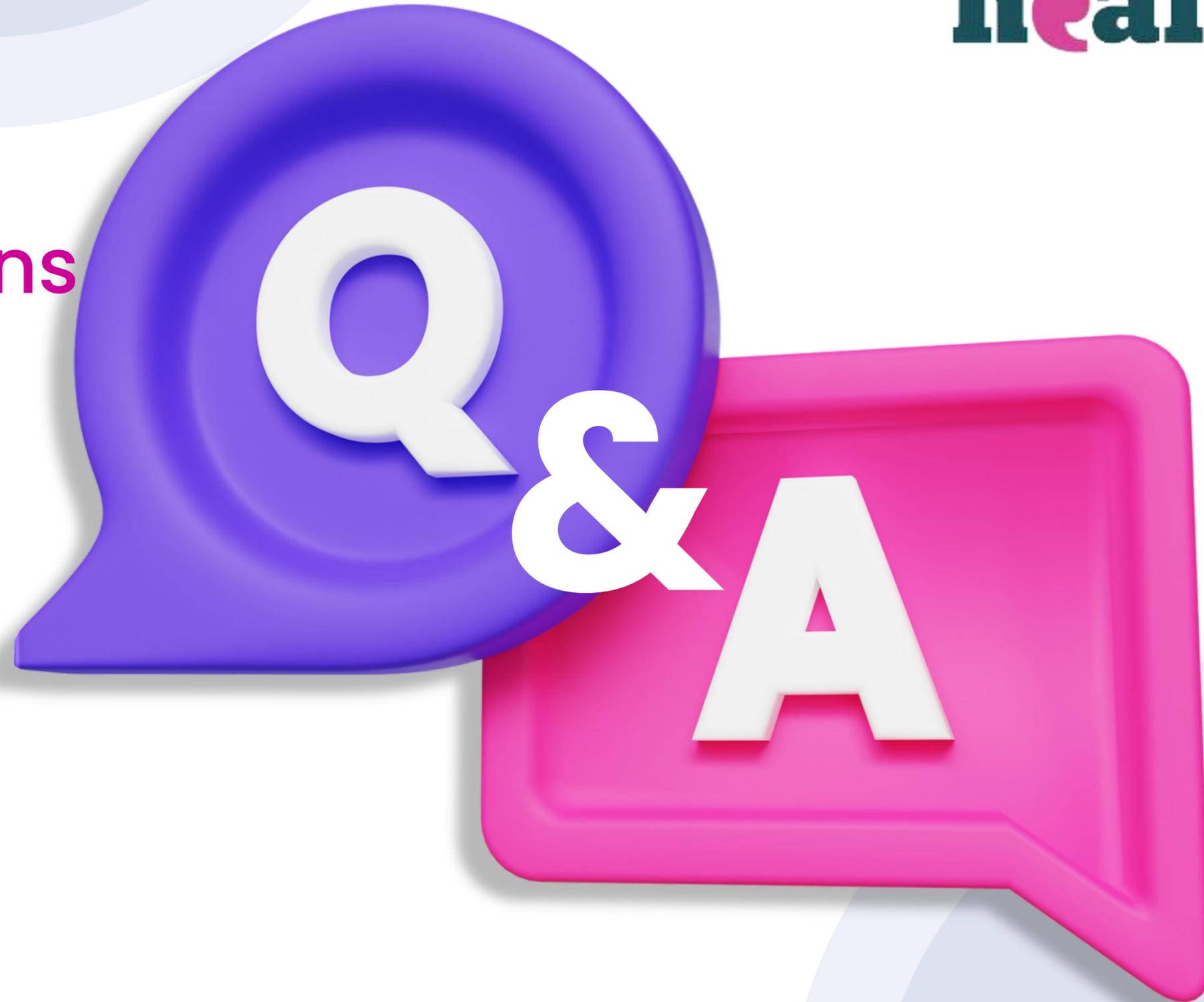
- Generation Café at NashDom,
- Every Friday afternoon
- A session for all generations



- Training Sessions –“Rediscovering yourself”
- 18 East European vulnerable women attended, including Ukrainian refugees and Roma community
- Discussions around values/challenges and fears in life as well as identifying how secure they feel and how confident they are about the services in the area they live



Your
questions



Our
answers

What is our Vision for Emotional, Mental Health and Wellbeing in the Black Country?

One system, working together to provide **equitable** and **responsive** emotional, mental health and well-being services across the Black Country, **accommodating the individualised needs** of children, young people and families **across the area.**



Thrive Framework



Black Country Healthcare NHS Foundation Trust

<https://youtu.be/ARAAiEoVpjQ?si=9QOkxuODOqszkesj>



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System Model Breakdown

Thriving	Those who's current need is support to maintain mental wellbeing through effective prevention and promotion strategies. Eg. Universal Service, GP's, School Nursing Services, community-based assets – local clubs/ groups
Getting Advice	Mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input – Signposting, self-management and One Off. E.g. Kooth. School Nursing Services or Social prescribing
Getting Help	Benefit from focused, evidence –based help and support with clear aims and criteria for assessing whether these aims have been achieved – goal focused, outcome informed interventions Eg. Commissioned EWB Services, Reflexions (MHST), Inclusion Services
Getting More Help	Benefit from focused, evidence-based interventions, with clear aims and criteria for assessing whether these aims have been achieved – specialist and intensive goal focused support and extensive treatment. E.g. Specialist CAMHS, Eating Disorder and LDA cohorts.
Getting Risk Support	Currently unable to benefit from evidence-based treatment but remain a significant mental health concern and risk. Risk Management and Crisis Response Eg. CAMHS Crisis and Home Treatment Team. In patient Services.



Getting Help



Black Country Healthcare
NHS Foundation Trust

Black Country Mental Health Support Team

Working in Collaboration with Schools and Colleges

Zoe Gilbert
Service Manager



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Early intervention and prevention is key



Reduce waiting times in CAMHS

Transforming Children and Young People's Mental Health Provision: a Green Paper

Designated mental health lead in schools

Mental health support teams to support schools



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What does a Mental Health Support Team do?

MHSTs have three core functions:

1. Delivering evidence-based interventions for mild to moderate mental health issues

2. Supporting the senior mental health lead in each school or college to introduce or develop their whole school or college approach

3. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education:

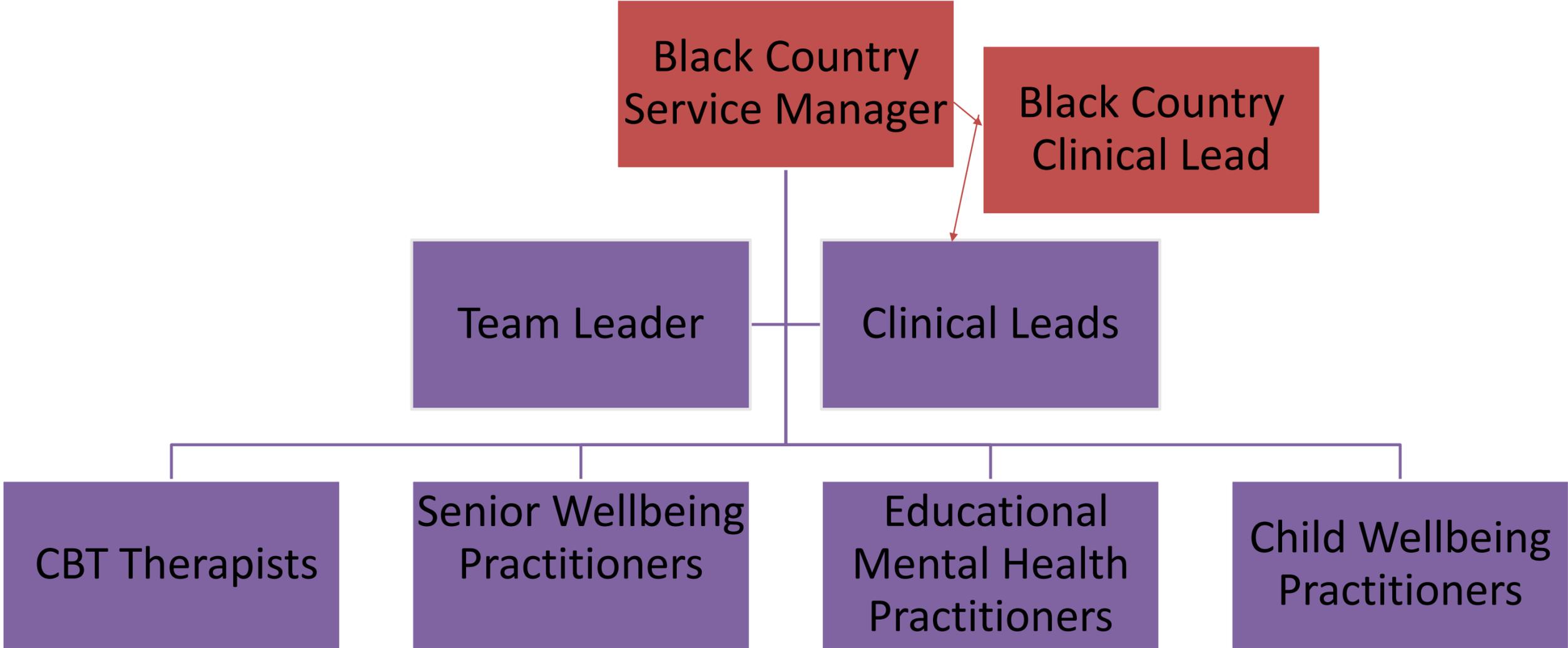
Each wave of the Mental Health Support Team (MHST) is expected to cover a population of approximately 8,000 children and young people



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Who we are



Together with you to achieve **healthier, happier lives**



Support we offer to children and young people

- 1:1 interventions (6-8 sessions for low intensity and 12 sessions for high intensity)
- Group work



Presentations which can be supported through low intensity intervention

Low Mood / Mild to Moderate Depression

Panic Disorder

Generalised Anxiety Disorder / Worry

Simple Phobia (but not blood, needle, vomit)

Sleep problems

Stress management

Mild Behavioural Difficulties



Presentations which can be supported through high intensity intervention

Depression

Social Anxiety Disorder

Generalised Anxiety Disorder

Extensive phobias

Low self esteem

PTSD, trauma or nightmares

Obsessive Compulsive Disorder



Support we offer to parents & carers

- Awareness workshops
- Parent groups (6-8 sessions)



Parent Work we can offer

Helping Your Child with
Fears and Worries -
Cathy Creswell and
Lucy Willetts

Mental Health
Awareness

Resilience work

Internet safety and
gaming

Problem Solving

Sleep Hygiene



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Supporting with Whole School Approach

- A whole-school approach is about developing a **positive ethos** and culture – where everyone feels that they **belong**. It involves working with families and making sure that the whole school **community** is welcoming, **inclusive** and **respectful**. It means maximising children’s learning through promoting good mental health and wellbeing across the school – through the **curriculum**, early support for pupils, staff-pupil **relationships**, **leadership** and a **commitment** from everybody.



Who can refer to the Educational Mental Health Support Team (MHST)?

- ✓ Young person, parent, Teacher, TA, Pastoral Lead or SENCO via [School Mental Health Lead](#)
- ✓ School Nurse via [School Mental Health Lead](#)
- ✓ Educational Psychologist via [School Mental Health Lead](#)
- ✓ CAMHS Getting Help Team (Positive Steps) if child doesn't meet their criteria

The MHST accepts referrals for children and young people, from Reception class to end of KS5 (until they turn 19)



Some indicators to think about when considering making a referral

- Length of time/onset of presenting difficulty
- Recent life events that may suggest an understandable reaction
- Significant change/deterioration in the individual's presentation
- Level of impact/interference the difficulty is having on the child's or young person's life
- Developmental stage, i.e. special education need
- Response to early intervention strategies



Settings currently working in collaboration with Reflexions in Walsall

Wave 2	Wave 6	Wave 8	Wave 10 (2024 start)
Bluecoat Infants & Juniors	Barr Beacon Academy	All Saints National Academy	Castlefort Primary
Chuckery Primary	Bluecoat Academy	Beacon Primary	St James Primary
Cooper & Jordan	Brownhills Academy	Bentley West Primary	
Delves Infants & Juniors	Busill Jones Primary	King Charles Primary	
Fibbersley Park Primary	Caldmore Primary	Blackwood Primary	
Grace Academy	Christchurch Primary	Bloxwich Academy	
Ladder School	Elmore Green Primary	Castle School	
Lower Farm Primary	Hillary Primary	Elmwood School	
Ormiston Shelfield	Lodge Farm Primary	Little Bloxwich Primary	
Pheasey Park Farm	Meadow View JMI Primary	Oakwood School	
Phoenix Academy	Radleys Primary	Pool Hayes Primary	
Ryders Hayes Primary	Shepwell School	Pool Hayes Secondary	
Short Federation	Shire Oak Academy	Queen Mary's Grammar	
Barcroft Primary *	Walsall Academy	Queen Mary's High	
Moorcroft Primary *	Watling Street Primary School	Rushall Primary	
St Johns Primary *		Studio School	
		Walsall Wood Primary	



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Feedback



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" I think what made the biggest difference was knowing that there was someone there to help, the sessions were my place to talk about stuff I don't talk about but should".

"She gave me time to talk, good listener, made me feel comfortable, didn't make me feel under pressure. I saw a big improvement in my behaviour and the way, my goal was small and I was able to surpass it, I feel more confident in myself and I'll keep following the advice given. It was my first time getting help from reflexions, but I've asked and got help before and this time I actually felt comfortable to talk, and felt like the sessions made a difference.

"Always listened to me. Taught me things that really helped me. Made me feel better and less worried"





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Community Initiatives



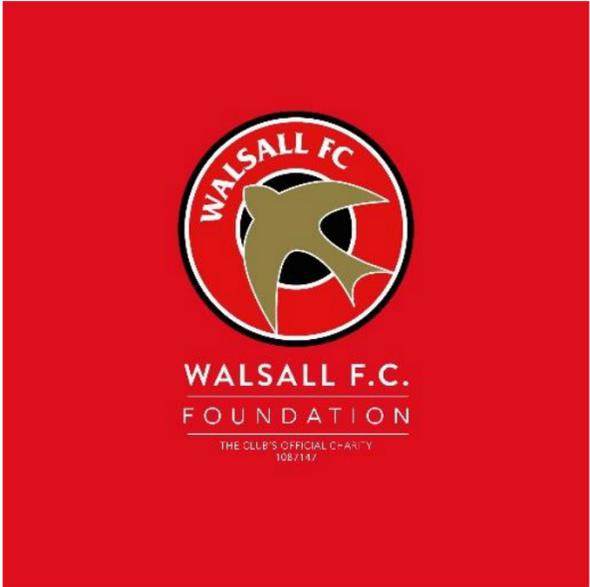
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Be part of our family



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Areas of development

- Young people home schooled
- Young people at the risk of exclusion from school
- EBSA – Evidence Based School Avoidance
- School based ambassadors programme
- Black Country's Got Talent



Getting More Help



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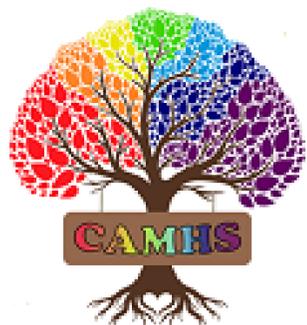
Walsall

Child and Adolescent Mental Health Service (CAMHS)

Emma Fletcher-Lee
Service Manager/Clinical Lead



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CAMHS

The service provides specialist assessment and treatment for children and young people who have severe, complex and enduring emotional/behavioural/mental health difficulties



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Who we are

Service
Manager/Clinical
Lead

Clinical Director

Social Workers

Administrators

Psychologists

Medical
Secretaries

Psychiatrists

Occupational
Therapist

Counsellors

Family
Therapists

Play Therapist

Nurses

Family Support
Workers

Psychotherapists

Assistant
Psychologists

Therapeutic
Assistants

Students &
Trainees



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Accessing the Service



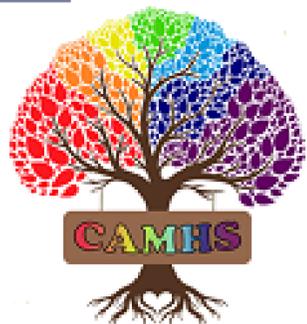
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Referrals will be accepted for children and young people who are registered with a Walsall GP up until their 18th birthday.

It is an essential requirement that consideration has been given to the young person accessing Getting Advice/Signposting and Getting Help services before a referral is accepted into CAMHS.



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The following general categories describe the children and young people who will be accepted for assessment and treatment, where their difficulties are leading to significant functional impairment:

Anxiety

Depression

Emotional and Behavioural Disorders

Conduct Disorder and Oppositional Defiant Disorder

Suicidal Ideation

Moderate to Severe Self-Harm

Obsessive Compulsive Disorder

Neurodevelopmental Conditions (where there are co-morbid mental health difficulties)

Post Traumatic Stress Disorder

Complex Bereavement (where there are co-morbid mental health difficulties)

Somatising disorders



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Referral Pathway

- We accept referrals from any professional to whom the child/young person is known to e.g. GP, Social Worker, SENCo.
- CYPIC referrals should be made by the young person's social worker and an additional form needs to be completed.
- We accept referrals where there is evidence to suggest a possible mental health condition. The evidence/symptoms may be present in the home, school and social environment.



Making a Referral

When making a referral we expect:

- The referral form to have been completed in full.
- The referrer to have met the child.
- Consent to have been gained from the child or young person.
- Universal and targeted interventions have been tried and the difficulties remain or have worsened.
- The referrer to have made any appropriate safeguarding referrals prior to referring to CAMHS.
- It is not helpful to refer to more than one agency at the same time for the same concern.

bchft.walsallcamhs@nhs.net

01922 607 400



Initial Assessment

At the initial assessment, the outcome may be one of the following:

If there is no evidence of mental illness, the child/young person and family will be signposted elsewhere and discharged from CAMHS as appropriate.

If there is evidence of mental illness, this may need to be assessed further by a psychiatrist or the child/young person and family will be offered brief or specialist intervention by another CAMHS clinician.

A summary letter will be written to the family and copied to the referrer detailing discussion, risk and care plan.



Interventions

Cognitive Behavioural Therapy

Systemic Family Therapy

Psychoeducation

Solution Focussed Brief Therapy

Occupational Therapy

Medication

Psychotherapy

Dialectical Behavioural Therapy

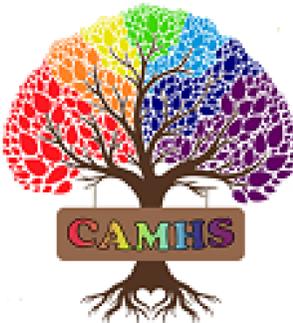
Play Therapy

Family Support

Positive Behaviour Support

Eye Movement Desensitisation Reprocessing

Acceptance and Commitment Therapy





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Feedback



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“You’ve done so much for me, you genuinely are one of the most kind, caring and understanding people I know. So for all of this, I’d just like to say...THANK YOU”

“Thank you so much for helping me over these past few years. I honestly don't think I'd be where I am without your help: you've changed my life! I look forwards to our sessions because all we'd do is laugh and giggle about nothing, but at the same time you and I would talk about serious subjects that have altered my life. You've helped me so much - I don't know how to express my gratitude! P.S. Don't forget me!”

“Can we all take this opportunity to thank you for sharing your expertise and knowledge to help us support our wonderful Son through his tic journey. You have both been supportive, positive, real and understanding throughout and we have watched our Son grow in confidence and accept this is part of who he is. But most of all, you have nurtured him to know it is ok to be his beautiful self. The skills he has learnt will support him for however long his tic stays. Thank you.”



Further Information



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<https://www.blackcountryminds.com/>

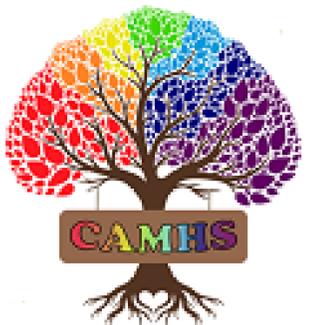


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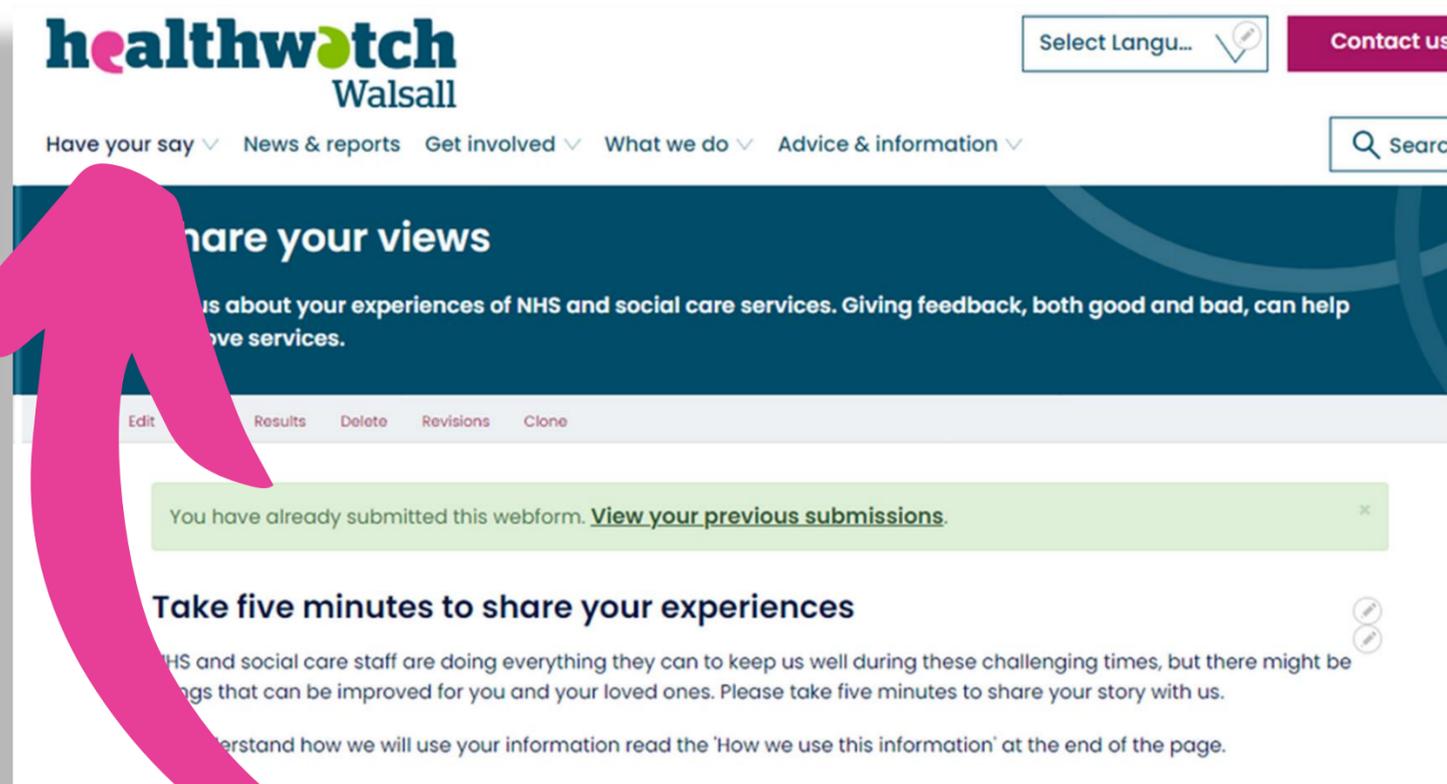




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We changed our website & how you share your experiences



Have Your Say

If you have recently used a Walsall NHS healthcare or Local Authority funded social care service, please share your experience by using one of our tablets at our Healthwatch Walsall table



10 Anniversary

years

healthwatch
Walsall

- Developed Deaf awareness cards
- Diabetes peer support group
- Disability groups input into new Emergency Department (A&E)
- Discharge from our Hospital
- We worked differently during COVID19 to reach Walsall people
- We raised awareness of male suicides
- Signposting people to alternative GP access pathways





Back in
???????

WELCOME BACK

Work Plan 2023/2024 – Key Projects

Accessible Information Standards

Are Walsall health & social care services communicating with you in ways that you can understand?



Take part in our short survey and let us know?

Use the link: <https://tinyurl.com/4dsam5hy>
Or if you wish to take part over the phone
Telephone: 0800 470 1660



Long COVID

Have you or are you suffering from Long COVID?



Take part in our short survey and let us know if you have the support you need?

Use the link: <https://tinyurl.com/mprscsvk>
Or if you wish to take part over the phone
Telephone: 0800 470 1660



Maternity Services



Healthwatch Walsall want to hear Maternity experiences of Black and Asian Women

Share your thoughts on Maternity, Neonatal and Post-Natal Care in Walsall.

Were you happy with your maternity experience?

Healthwatch Walsall want to hear your feedback on this.

You can share your feedback with us by taking part in our survey. Use the link below or scan the QR code to have your say.

If you would like a paper copy or need help with completing this survey, please contact Loretta Higgins on 07732 683 449



<https://engagingcommunities.welcomesyourfeedback.net/9hu2mf>



healthwatch
Walsall

A conversation with Carol King-Stephens

**Equality, Diversity & Inclusion
Lead Midwife at Walsall Hospital**



healthwatch
Walsall

Work Plan 2023/2024 – key projects

NHS Dentistry



Can you get **NHS** dental treatment?



YES? or NO?

Please take part in our short questionnaire and let us know if you are still able to get NHS treatment or not?

Use the link:
<https://tinyurl.com/4hmfmadr>
Or if you wish to take part over the phone
call: 0800 470 1660



Or use the QR code

healthwatch
Walsall

NHS 111



NHS 111



How does it work for you?

Take part in our short survey and let us know?

Use the link: <https://tinyurl.com/2s3fs3c9>
Or if you wish to take part over the phone
Telephone: 0800 470 1660



Or use the QR code

healthwatch
Walsall

your voice counts

Our other work projects for 2023/2024

Teenage Pregnancy

- We are aiming to do a piece of work around teenage pregnancy.
- If this does happen, then potentially it will be an evaluation of the programmes in place in Walsall that have supported the reduction in teenage pregnancy.
- This is in the very early stages of development, so please look out for further information.

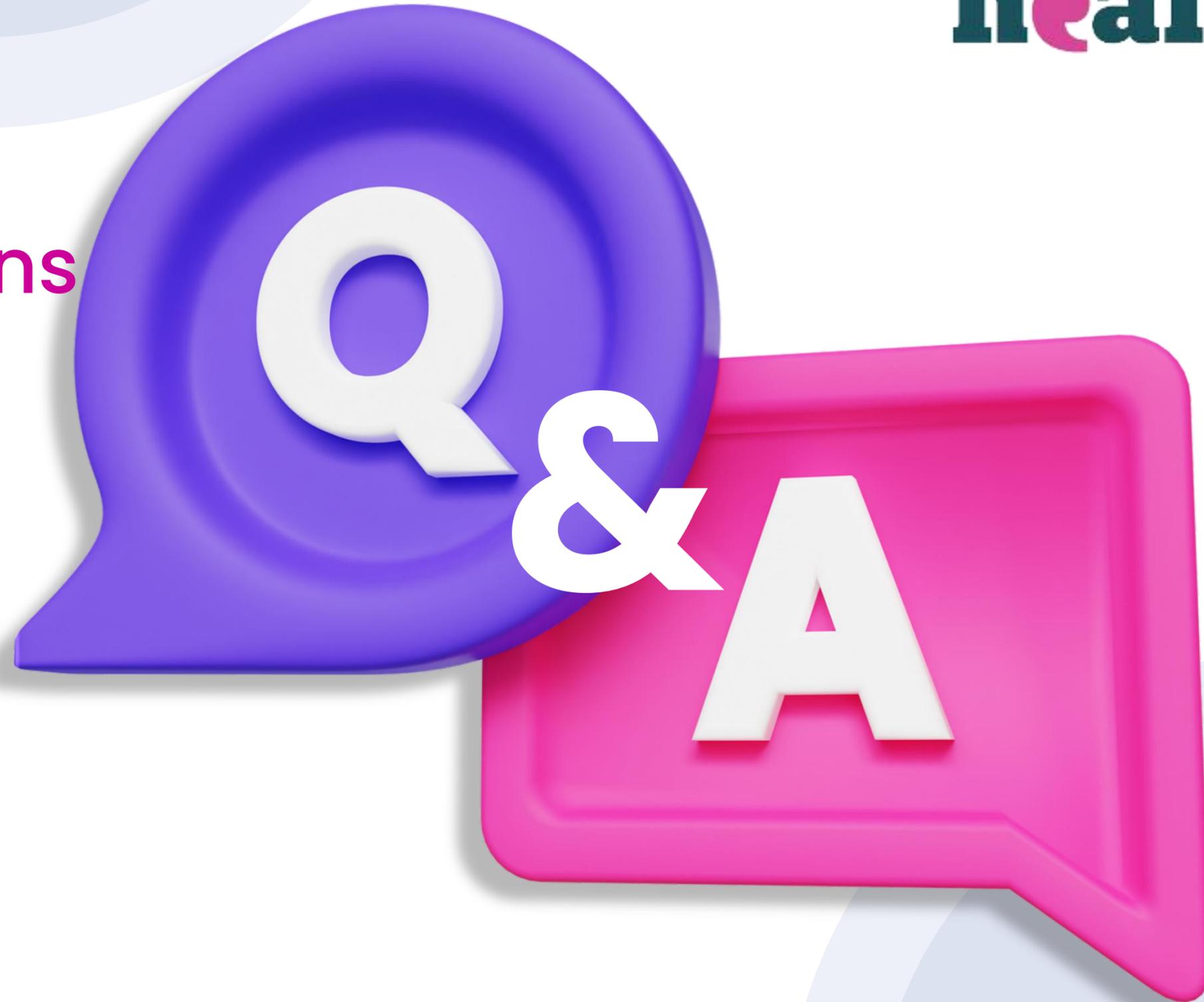
Patient Experience of the new A&E Department at Walsall Manor Hospital

- Looking at how the new A&E department works for patients.
- Undertake survey of patients attending the new A&E department.
- Face to face interviews.

Continue our Enter and View schedule

- We will maintain our visits to health and social care settings and reporting back what patients, residents and relatives say about the care they receive.
- Check the reports section of our website for new Enter and View reports.

Your
questions



Our
answers

Impact

Believe our work is valued

Changes in service provision & design

- Post feedback
- Better outcomes

Hospital Discharge Example

- Local
- National

Signposting

- GP appointment alternatives
- NHS dentists near me

Highlighting Inequalities

Closing Remarks



How to contact us

Offices at:

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Walsall, WS31LZ

T: 0800 470 1660

E: info@healthwatchwalsall.co.uk

www.healthwatchwalsall.co.uk

Social Media:

Twitter: [@HWWalsall](https://twitter.com/HWWalsall)

Facebook: [@HealthwatchWSL](https://www.facebook.com/HealthwatchWSL)

Instagram: [healthwatchwsl](https://www.instagram.com/healthwatchwsl)

YouTube: [Healthwatch Walsall 2020](https://www.youtube.com/HealthwatchWalsall2020)



How does
the NHS in
England
work and
how is it
changing?

The King's Fund
video

