

“I’d rather neglect paying for my prescriptions to buy my child food”

The rising cost of living and its impact on the health and wellbeing of residents in Westminster.

Community engagement report
January 2025



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Healthwatch

Healthwatch Westminster and Healthwatch Kensington & Chelsea are set up to promote and support the involvement of Westminster and RBKC residents in the commissioning, provision, and scrutiny of local health and social care services. Our service is provided by The Advocacy Project.

We collect feedback from residents about publicly funded health and social care services; based on the feedback received, we develop reports and recommendations on how these services should or ought to be improved. We share our data and recommendations with service providers and service commissioners and monitor if and how the recommended changes are implemented.

For an overview of our previous research projects, please refer to the [Healthwatch Westminster Reports Library](#) and the [Healthwatch Kensington & Chelsea Reports Library](#).

We also offer signposting and advice, directing people to the resources they need; this includes, but is not limited to, helping residents put forward a complaint about services, signposting to advocacy and local support organisations, and explaining how to navigate changes in services.

Introduction

This is a joint project between Healthwatch Westminster and Healthwatch Kensington & Chelsea, developed and carried out in partnership.

In undertaking this project, our aim was to understand the ways in which the rising cost of living may be impacting the wellbeing and access to services of residents of the bi-borough. By doing so, we also expanded on the findings of previous research by Healthwatch England, which identified some key national issues brought about by the cost-of-living crisis. Struggling with the rising cost of living is a theme that has come up often in our regular engagement as well as in our project work, where residents have consistently expressed concerns about meeting basic needs such as housing, food, and energy bills.

The realisation of this project has several implications. Besides identifying the ways in which the cost-of-living crisis may be impacting quality health and social care access and provisions, we also strived to provide recommendations for local authority and community organisers on how best to meet the needs of the communities most affected.

This report presents the findings obtained within the borough of Westminster.

Background

The UK experienced a sharp rise in the cost of living during 2021 and 2022, with inflation peaking at 11.1% in October 2022 before falling to the Bank of England's target of 2.0% by May 2024¹.

However, the cumulative effect of rising prices has left households, particularly low-income ones, facing significantly higher living costs than in 2021². In September 2024, over half of British adults reported rising costs, largely due to increased food and energy prices; low-income households were hit hardest, with above-average inflation and declining real incomes³.

Material deprivation rose, and food insecurity affected 11% of households, with foodbank use reaching record levels in 2023/24⁴.

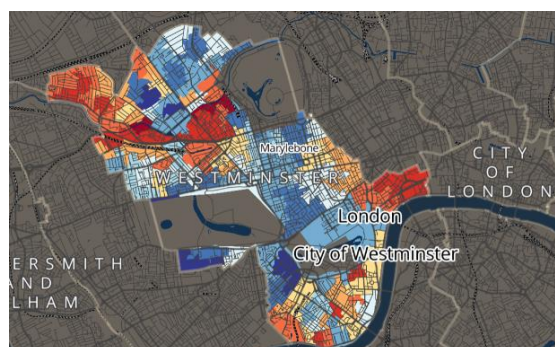
Previous research by Healthwatch England, based on surveys of 2,000 adults conducted four times between October 2022 and March 2023, revealed that an increasing number of people are avoiding essential health and care services due to fears of additional costs.

This includes skipping dental visits because of the expense of check-ups or treatments, avoiding NHS appointments due to costs such as internet access or phone calls, forgoing over-the-counter medications they typically rely on, and not filling NHS prescriptions because of the associated costs. The research also underscored the disproportionate financial burden of healthcare on specific groups, including individuals on disability benefits, those on means-tested benefits, and younger people aged 18 to 24.

Within the borough of Westminster, high levels of income inequality and socio-economic disparities make the population more vulnerable to health inequalities.

Westminster

In the least deprived neighbourhood in Westminster, 0.6% of people are estimated to be income deprived. In the most deprived neighbourhood, 39.7% of people are estimated to be income deprived. We also know that the overall income deprivation score for Westminster is 13.5%.⁵



¹ <https://commonslibrary.parliament.uk/research-briefings/cbp-9428/>

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ [Office for National Statistics](#)

Areas of the borough with a higher risk of being more severely impacted by rising household costs are Church Street, Queen's Park, and Harrow Road. Among those particularly affected by the rising cost of living are single people on low incomes, families with children (including single parents), those living with disabilities, and pensioners.

According to Westminster Council, around a quarter of households in Westminster, more than 31,000, face a serious reduction in living standards due to rising costs, such as of fuel, energy bills and food⁶. Westminster Council declared the cost-of-living crisis an emergency in September 2022⁷, and launched a cost-of-living strategy in July 2022. This includes an eight-point package built around three pillars:

- targeting an initial £5.5m package of support to help families in Westminster that are struggling with the rising cost of living
- working with partners to ensure that the Council coordinates and maximises their impact
- making sure residents have the information they need to access all the support on offer to them.

⁶ <https://www.westminster.gov.uk/cost-of-living-support>

⁷ Cost of Living Update, February 2024

Methodology

Engagement and data collection

Engagement for this project was carried out over the course of five months, from August until December 2024. Our aim was to engage with a wide range of participants, particularly from groups who may be more impacted by the cost-of-living crisis, including global majority groups, pensioners, people living with disabilities, and single parents. For this project, we took a varied approach to engagement and data collection, gathering both qualitative and quantitative data by employing:

- In person-surveys;
- Online surveys;
- Focus groups.

Our printed survey was made available in five languages other than English, namely Arabic, Punjabi, Amharic, Urdu, and Bengali. Doing so allowed us to reach residents with limited English proficiency – particularly from North African and Middle Eastern communities – who otherwise would not have been able to engage with the project.

Surveying was carried out by reaching service users of local community organisations particularly ones providing food aid or support to groups that may be experiencing isolation or economic difficulties. We also visited local GP surgeries and conducted engagements there. The following table outlines the organisations and services we have engaged with and visited to gather survey data and conduct focus groups.

Organisation	Type of organisation
AgeUK Westminster	Support, Advice & Signposting
Citizens Advice Westminster	Community organisation for elderly residents (65+)
Abdul Mageed Community Trust	Community organisation
Old People's Voices Forum	Community organisation for elderly residents (65+)
Mosaic Community Trust	Community organisation
Portman Childhood Centre Nursery School & Children Centre	Family & children support organisation
Grand Union Health Centre	GP Surgery
Elgin Clinic	GP Surgery

Information about the project was shared on the Healthwatch Westminster website and promoted in our regular newsletters. The survey was made available online, and we shared the link with our partner organisations and other relevant contacts.

During the three focus groups, conversations were recorded and then transcribed to ensure accuracy. Verbal consent was sought and obtained before each of these sessions; additionally, the focus groups had been specifically arranged in advance through the community organisation members, who also helped us facilitate them.

In total, we heard from 139 people. This was made up of 94 people who responded to the survey, and 45 people at our three in-person focus groups.

Findings

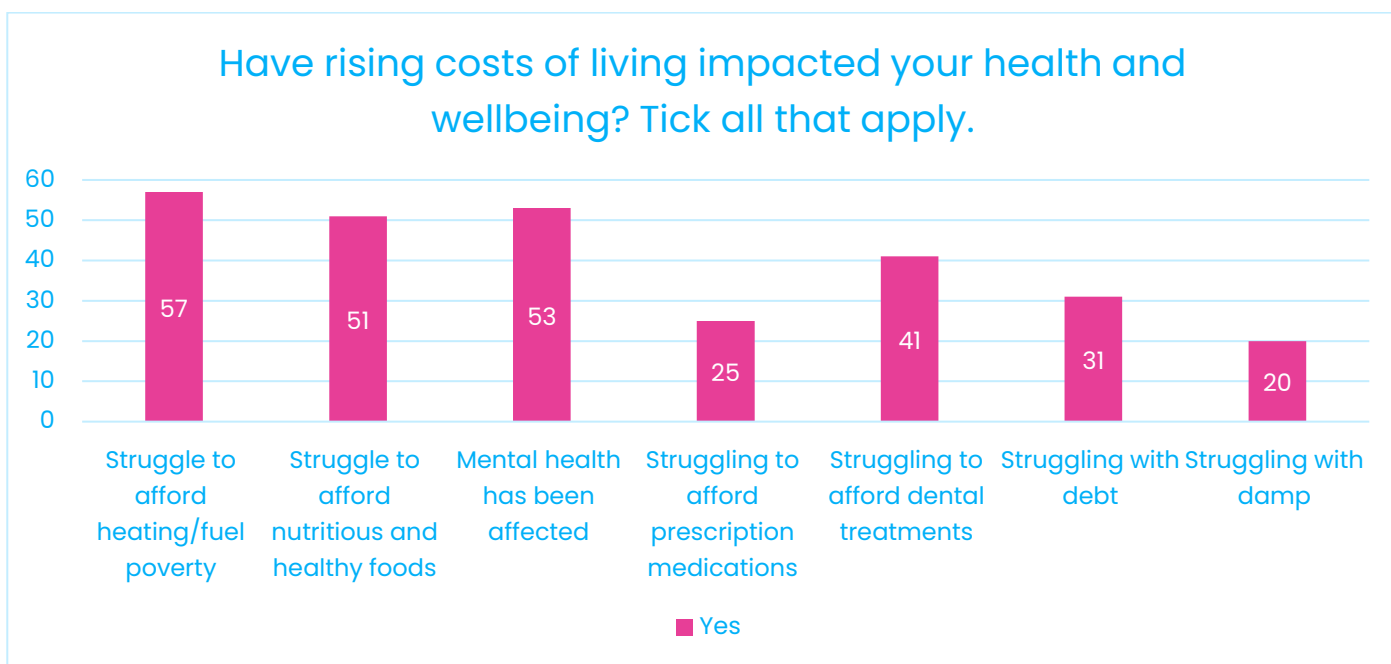
Survey findings

From our community and online engagement, we obtained a total of 94 responses. Of the 94 responses, 11 people filled the survey in Arabic.

We asked respondents about the impact of the cost-of-living crisis on their health and on access to services, the cost of medications, and the Council services they may have utilised to seek relief.



Have rising costs of living impacted your health and wellbeing?



Most survey respondents reported that the increase in the cost of living has had a negative impact on their health and wellbeing.

Affording heating and fuel was the most reported issue, with 57 respondents stating that they struggle with this. A significant number of respondents also noted that their mental health had deteriorated (53), with people struggling to afford nutritious food (51), dental treatment (41) and having debt (31). Almost half of respondents (46 out of

94) said that they live alone which suggests that having dependants can be a significant challenge with the rising cost of living.

A small, but notable, portion of participants told us that they are struggling with their physical health (18), unable to afford prescription medications (25) and have damp in their homes (20).

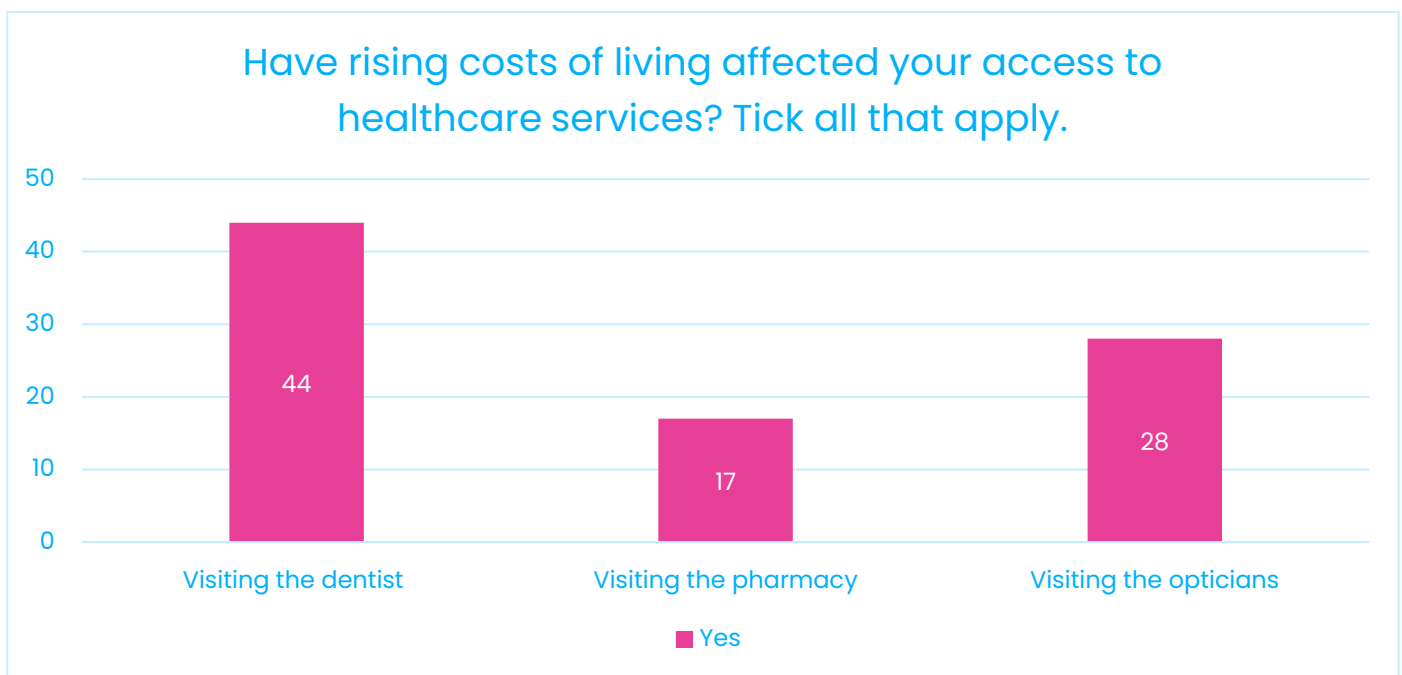
Other challenges that participants highlighted were the increased costs of transportation, rent, council tax, social and leisure activities such as going on holiday, health supplements, clothes, children’s necessities and private specialist health services including osteopath treatment.

One resident said:

“Rent has increased significantly which has meant I must work much longer hours to cover the rent. Also, the energy costs have gone up and I find it difficult to understand why I am paying out so much, when winter hasn't even arrived yet.”

More than half of the people we spoke to (50 out of 94 respondents) told us that they have a long-term health condition or disability, including diabetes, heart disease and other chronic illnesses. This suggests that people with long term health conditions need support during the cost-of-living crisis. Please see Appendix 3 for a more detailed breakdown of the demographic information we collected.

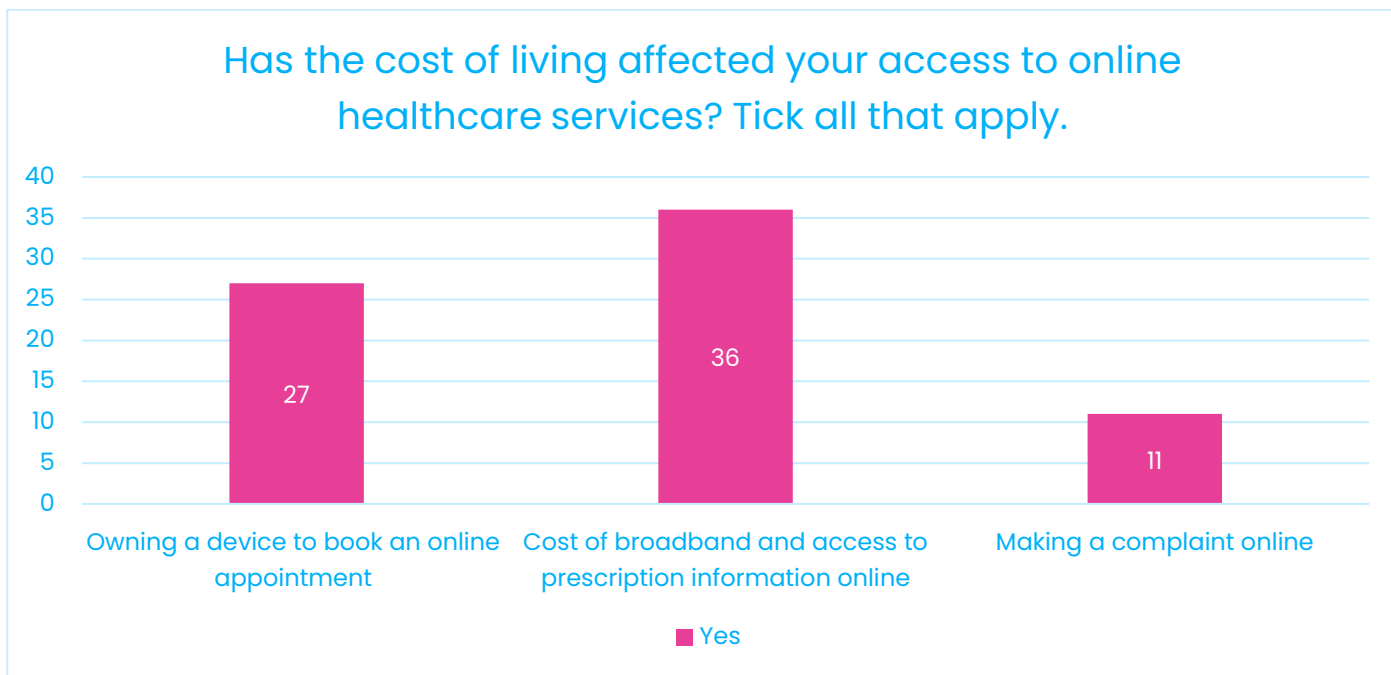
Have rising costs of living affected your access to healthcare services?



Struggling to afford dental treatment was the most the most significant healthcare barrier reported, with nearly half of the total respondents (44 out of 94) citing this issue due to the cost-of-living crisis.

A smaller proportion of respondents stated that it was difficult to visit the opticians (28) and pharmacy (17) due to the costs of these services.

Has the cost of living affected your access to online healthcare services?



Many participants (36 respondents) told us that the rising broadband and internet prices have made it difficult for them to access online healthcare services. This includes ordering repeat prescriptions and booking a telephone consultation with the GP. Several respondents also expressed their concerns for feeling excluded online because they cannot afford internet access.

The cost of owning a device to book an online appointment was another area of concern, with 27 people indicating that this has affected their access to online healthcare services amid the rising costs of living.

Fewer respondents (11) stated that the cost of living has affected their ability to make a complaint online.

Have rising costs affected the quality of healthcare services you receive? if so, please explain.

The declining quality of dental services was one of the most significant themes that emerged from the views we collected. Key concerns that participants shared were the

reduced eligibility criteria for NHS dentistry, difficulty accessing emergency dental services, high costs associated with fixing treatment errors and being removed from the patient list for not using dental services. One resident expressed their concerns for maintaining dental care because they cannot afford to use private services:

“Yes, especially with dental care. I currently have dental problems and am [unable] to afford fixing it. We no longer receive the care as we used to get unless you are able to pay for this.”

The quality of hospital services was also another factor raised by many. For instance, people shared that they face long waiting times to see a specialist such as a gynaecologist or physiotherapist, to access A&E services or receive elective treatment. Since many cannot afford to pay for private health care, they feel that they have no choice but to endure the pain until they receive the necessary care.

Respondents also told us about the increasing challenges they face when accessing primary care services. This includes a lack of continuity of care, limited flexibility when booking appointments, brief duration of consultations and being recommended over-the-counter medications which are expensive.

One resident shared their experience of trying to book a GP appointment and resorting to emergency services which cannot prescribe medication:

“I can't afford private health care. The NHS barely functions any more. My GP is booked up for 3 weeks. St Charles Emergency Service can't prescribe.”

Furthermore, the increasing costs of travel, the shortage of staff and the transition to services from in-person to online have had an impact on people's access to services.

Have you noticed a change in the cost of the services you receive?

Most people said that they recently observed a rising trend in the costs of services they use. Key areas highlighted include dental and hygienist fees, the opticians, non-prescription drugs as well as a general increase in utility bills, nutritious food, clothes, transport and other expenses associated with daily living.

One resident shared the effects that the increasing costs are having on their mental health:

“The increased costs mean it's not possible to visit a private doctor during emergencies, and enduring the pain negatively impacts mental health.”

However, fewer respondents told us that they did not notice a change in the cost of the services they use for reasons such as being eligible for free prescriptions, receiving benefits, using NHS services that are free of charge, or not using health care services frequently enough to be able to see a change in the costs.

Have increasing costs affected your ability to receive dental care for yourself and for your family?

When asked whether the rising costs have impacted people's ability to receive dental care for themselves, most respondents agreed. Participants highlighted to us that it has become too expensive to attend regular check-ups, get basic treatment such as fillings and undergo more complicated procedures which include implants and surgeries. Instead, people have to prioritise paying their bills and other necessary expenses.

While some people have not avoided going to appointments, despite their worries about the cost of their next visit to the dentist, others have reduced the frequency of check-ups or stopped going to the dentist altogether. Those that stopped seeing the dentist reported poor mental health outcomes due to their experience of pain and discomfort from conditions like tooth decay. One resident expressed that they:

"Can't afford it so I haven't been to dentist over 5 years."

Some participants also told us that the lack of available NHS dentists, changes to their eligibility for NHS dentistry, having conditions like diabetes which substantially affect the teeth, travel costs, reliance on family members to cover dental fees or discomfort with visiting the dentist can prohibit them from visiting the dentist.

On the contrary, those that receive state benefits, are eligible for free treatment, feel that their teeth are in good condition or use dental services in other countries did not report a change in their ability to receive dental care.

We also wanted to understand whether the rising costs have impacted people's ability to receive dental care for their families. Many of the aforementioned issues were highlighted to us, along with concerns about the long waiting lists for children, the high costs once children reach adulthood and the unaffordability of treatments like crowns, as one resident noted:

"As someone with older parents, them needing something like crown especially more often is too expensive."

Cost of medicines and prescriptions

Many of the people that we spoke to qualified for free prescriptions (71). A small portion of participants were either ineligible (15) or were unsure about their entitlement to free prescriptions (7).

Among those who pay for their prescriptions, 28 people told us that they were still able to afford their medicines, while 37 people reported finding it increasingly difficult to purchase them. The remaining respondents chose not to disclose information about the effects that rising living costs have had on their ability to afford prescriptions.

We also wanted to understand whether the rising living costs have impacted people's ability to afford non-prescription medicines. A notable number of individuals (61 out of 94) reported that it was challenging for them to buy over-the-counter medications. Please see Appendix 1 to learn more about the impacts that the cost-of-living crisis is having on people's ability to afford medicines.

Awareness and use of Council services

We asked participants whether they were aware of the services offered by the Council, and whether they had ever made use of any of them.

The top services that people were aware of – with 38 respondents indicating this – are the Adult Social Care Service and Westminster Adult Education Service. On the other hand, respondents were least aware of the Council's private sector housing team, Westminster Home Energy Advice Service and the Cost-of-Living Support Hub.

In terms of accessing the Council's available services, many respondents told us that they use libraries as well as parks and open spaces. This is understandable, given that many of the community organisations that we engaged with as part of this project actively support their communities in libraries and other local spaces.

All participants highlighted that they do not use electric vehicle charging points which is unsurprising because the cost of electricity and the cost of owning a car itself have both increased. Other services that people have not utilised include Children Social Care Services and Financial Advice service. Please see Appendix 2 for a more detailed summary of the Council services that we asked people about.

What would you recommend for improving health and wellbeing and/or services during the cost-of-living crisis?

Finally, we asked individuals for insight into what they would suggest to improve health and wellbeing and access to services during the rising cost of living.

Key recommendations highlighted by participants included improving access to healthcare services by reducing waiting times, offering greater flexibility in appointment booking and prioritising staff training. Furthermore, people expressed a need for services to adopt a long-term vision which focuses more on preventing diseases. Increasing support for carers and the Council delivering more grants and subsidies during the cost-of-living crisis were other important suggestions.

1. Improving access to healthcare services

A recurring theme suggested by participants is the need to improve access to healthcare services. Key priorities include reducing waiting times to see a specialist, increasing the availability of appointments, providing more follow up appointments, expanding access to healthy eating services and offering patients greater flexibility in how they choose to book their appointments and the delivery mode.

Additionally, supporting older people waiting for an appointment, offering appointments within patients' catchment area and providing translator services during were deemed to be vital:

“Shorter waiting times and not been sent outside of the borough for appointments.”

“Wishes that GP has an Arabic speaking doctor. They sometimes offer a translator but not always so have to bring husband.”

2. Increasing staff training

Respondents told us that enhancing staff training could enable healthcare workers to manage their workload more effectively, demonstrate greater empathy when listening to patients, better understand the needs of individuals such as patients with diabetes and children with special needs and provide comprehensive mental health support.

People also suggested increasing doctors' salaries and offering more incentives for staff for improved performance and morale.

3. Increasing funding toward community-based services

Increasing funding to provide community-based support was acknowledged by participants as being essential for improving health and well-being during the cost-of-living crisis. For instance, people told us that they value sessions which engage individuals in creative activities to help alleviate stress, as well as on digital inclusion:

“More workshop[s] about how to get services for the elderly who do not have an email.”

“Support in using online devices when you don’t have WiFi.”

4. Prioritise prevention over treatment

Respondents touched upon the need for long-term vision whereby services prioritise promoting healthy behaviours, such as eating nutritious food and having an active lifestyle. They also highlighted the importance of early prevention to address minor health concerns before they become serious:

“Prioritising prevention before the issue turns into a big issue like cervical cancer. Treating small issues like cavity before they become serious. Long term vision is needed.”

5. Providing greater support for carers

Several respondents told us that there should be greater support, recognition and respect for carers. For instance, one participant noted that:

“Affordable housing is not affordable for carers; I have to visit foodbank.”

Another resident shared the challenges she faces when caring for her disabled son:

“My son is on 24-hour oxygen [therapy] so I have to consume a lot of electricity which is really expensive and I would prefer if I could get support directly as opposed to receiving it from charity organisations because I cannot attend because I am always taking care of my disabled son.”

6. Providing financial support for low-income individuals

The need to provide greater support for low-income households was highlighted by many respondents. This includes through grants and subsidies offered by the Council to help people cover the costs of nutritious food and energy bills, particularly for those affected by the winter fuel allowance:

“Government should help more people on lower incomes. Affected by the winter fuel allowance.”

“More support from council and children’s schools. Free school meals are difficult for me to obtain, and parents are struggling.”

Other measures that were proposed included raising the minimum wage, offering free dental care for seniors, providing support with transportation to NHS appointments for those with long-term health conditions and regulating the price of over-the-counter medications.

One participant also highlighted the need for housing services to provide greater support to alleviate health issues associated with the living environment:

“My Asthma has got worse due to damp; more support in forcing housing services to be more accountable people will continue to get sick if there home is not healthy.”

Focus group findings

We held three focus groups with 45 residents from different community organisations (namely, The Older People’s Voices Forum, The Mosaic Community Trust, and The Abdul Mageed Educational Trust), with most participants being older adults and people from global majority communities (including Chinese, South Asian, Arab, North African, and Sub-Saharan African backgrounds).

These focus groups were formed in response to key themes identified during our preliminary analysis of survey feedback. Thus, our focus group discussions focused on key topics such as the impact of cost-of-living pressures on health and wellbeing, access to support services, awareness of available resources, and public consultations. In addition, we looked at ways to improve healthcare access, service quality, and overall community health as the cost of living rises. All the following names used in the case studies are pseudonyms to protect the privacy and confidentiality of each respondent.

What areas of health and wellbeing have been most impacted by rising costs?

We asked focus group participants which aspects of health and wellbeing had been most affected by the cost-of-living crisis to identify if there were any other health and wellbeing issues that had not been addressed in the survey questions.

The most reported impacts on health and wellbeing were related to mental health, with participants describing feelings of stress, worry, anxiety, and isolation. These emotions were largely linked to the rising costs of utilities such as electricity, the struggle to

afford nutritious food, the cost of traveling to healthcare services, dental treatments, eye care, and high prescription costs. Many residents also expressed concerns that the high prices of essential services are disproportionate to the wages people earn, making it harder to meet basic health and social care needs.

One resident expressed worrying concerns:

“People are not visiting the opticians because of the fear of the price of eye care.”

All participants agreed that the cost of services, medicines and prescriptions are increasing and that prices should be standardised.

Other respondents highlighted the negative impact of rising costs on physical health, referencing long waiting times, staff shortages, poor communication, and compromised quality of care. Some residents expressed concerns about inadequate dental care, with reports that some dentists were not thoroughly cleaning teeth, potentially affecting overall health. One resident also mentioned that people are less likely to check their diabetes status due to the fear of having to pay for medications.

Lisa Flair had a filling but received low quality of care from NHS, who rushed her dental procedure. She was then advised by staff that if she wanted quality treatment, she'd need to go private.

Tina Aderonke has an asthmatic son, and healthcare professionals have advised her to get over-the-counter medications, despite the fact that her son needs them to live and is eligible for free prescriptions.

Are you aware of the available support during the cost-of-living crisis? If not, how would you like to find out about the services available to you?

Another key issue that emerged was how easily people can access information about the available support during the cost-of-living crisis, particularly for vulnerable communities. In addition, ways in which available resources could be shared more effectively with disadvantaged groups.

Whilst many respondents are fortunate to be part of community organisations where they can easily access information about available support, some expressed concern for residents who are not involved in these networks. They worry that these individuals may struggle to find the help they need, especially if they do not know what support is available. This is particularly true for residents who are unable to access digital hubs or

online services to redeem support. One resident shared how a lack of awareness of available resources has impacted them:

“A lot of people are entitled to so many different benefits, but because they don't know about it, because they don't know how to fill [the forms], they are missing out on it”.

Furthermore, another respondent shares the need to raise awareness of available support:

“There needs to be more health literacy classes to understand what each resident are entitled or eligible for, and how to navigate the services. More funding to support community organisations in fulfilling this.”

Another resident adds that:

“There should be a physical single point of access to support vulnerable groups with redeeming the relevant support they are eligible for especially during cost of living. Also, having advocates that attend community outreach to promote the awareness of all the available support to improve awareness and support people who may fall within the cracks, via signposting.”

Have you received any support during the cost-of-living crisis to support your health and wellbeing and/or access to services?

We asked respondents whether they had received any support for their health and wellbeing, as well as access to healthcare services like visiting the optician, dentist, or pharmacy. Our goal was to explore the support available for residents experiencing poor mental and physical health due to the cost-of-living crisis, and to identify what types of support have been the most effective in helping residents.

Many expressed appreciations for the community organisations they rely on, which provide direct advice and signposting services. For example, the Mosaic Community Trust offers winter support drop-ins and energy advice sessions for the community. Respondents also mentioned receiving support such as school uniform donations, foodbanks, social networks, social care services, and digital assistance from local support hubs.

While respondents acknowledged the benefits of this support, they also raised concerns about the limitations of relief schemes. Common issues included the lack of consistency and continuity in support, the lack of in-person support, the stigma associated with receiving food aid, the complicated application processes in receiving

support, and the insufficient mental health support for both carers and non-English speaking residents.

A resident who tried to request energy-saving equipment from an energy saving organisation shares:

“Consistency is not there. They're giving you this advice, but whatever comes with advice [i.e., equipment], they're not providing you with that. So, there is a lack of consistency and a lack of resources that are available to the residents. [...] Not all the resources are available for people to live the way they should be living. You can't just give advice and not provide them with the support and resources they need.”

Another resident remarked that the system has gaps which makes it difficult to access support for some groups; in particular, she spoke about the lack of mental health support available for people who don't speak English as a first language:

“Even with Talking Therapies, counselling, there's a lack of languages. You know, [if you are] Somali, Sudanese, you can't get counsellors in these different languages. That's a barrier and not everybody can attend counselling.”

One resident expressed concerns of vulnerable adults including that adults with dementia easily fall within the cracks of not being identified to receive support because of the series of questions regarding income and overly long application process, highlighting that these are the groups that will be most impacted. Another resident expressed worries for people with disabilities who are more likely to use electricity in the winter months and currently receive no support towards electricity bills.

Peter Rogers is entitled to 5 vouchers periodically to support with food poverty but has only received a total of 2 vouchers highlighting the inconsistency of support.

Jenn Nickles received a Sainsbury's coupon and energy support voucher during COVID, however, everything stopped during the Ukrainian War, highlighting the inconsistency of support.

Caroline Tenners, who often attended the Job Centre in Marylebone before its closure to seek employment, now has to pay extra for travel to attend a job centre in

Victoria and is forced to be on universal credit. This makes it even harder for her to meet the demands of the rising cost of services and prescription costs.

How did you find out about available support services? [e.g. flyers, posters, online communications, etc...]

Many respondents shared they heard about the available resources to support them with the rising cost of living through the community organisations they rely on, community networks, flyers in the library, and word of the mouth through friends. However, some respondents expressed worries about the over reliance on word of mouth, noting that it may not effectively reach the vulnerable communities who need support the most.

Linda Stewart supported her friend by introducing her to the Attendance Allowance initiative, which meant her friend did not have to declare any income information; it was solely based on personal needs and attracts all other benefits into one. However, she is very worried that the most vulnerable communities may not be privileged to have someone who can share this important information.

Some respondents pointed out that accessing support information is easier in the south of the borough compared to the north. For example, one resident who resides in South Westminster noted that it was easier to find signposting resources in the Church Street area, which is more “multicultural” and has stronger community connections.

Another resident noted that:

“Church Street offers more digital support for vulnerable groups at the library, unlike Westbourne, which lacks similar resources. Church Street receive more digital support at the library for vulnerable groups as opposed to Westbourne.”

Please describe your experience in taking part in public consultations. How were you informed? If you haven’t, how would you like to be informed and in what way would you like to be involved?

We asked respondents if they had taken part in public consultations to express their opinions, concerns and how this involvement had affected their health and wellbeing. While all respondents confirmed that they had attended consultations, – which were typically well organised and advertised through the post, email, or community networks to discuss their health and social care issues and experiences – many felt that the

experience had a negative impact on their wellbeing. They felt excluded from the consultation outcomes and updates, resulting in a drop in morale and trust in public consultations.

One resident expressed dissatisfaction as she shares:

“They just come and take our data like a tick-box exercise and never let us know what the outcome of the public consultation is and what changes will be made.”

Another resident adds:

“It feels like lip-service, because nothing ever gets done.”

All respondents agreed that public consultations would be more beneficial if there was greater transparency about the priority areas and expected outcomes shared with the public.

What would you recommend in improving your health and wellbeing, access to service, and quality of service?

Finally, we asked respondents for their suggestions on how to improve support for the rising costs, overall health and wellbeing, and access to services.

Key recommendations included increasing funding for community networks, schools, and health literacy support, expanding language support for diverse groups seeking mental health support, improving staff training, ensuring better access to in-person GP appointments, integrating services more effectively, and making the public consultation process more transparent.

1. Funding

Respondents highlighted the importance of having a strong community network especially in times of isolation and propose there needs to be more funding in supporting community organisations and wellbeing groups in hosting more social networks and activities:

“Obviously, if they had [more] funding, they could organise more events for the community to come out and, you know, socialise.”

“We have got all these wellbeing groups, our group [Abdul Mageed] being one of them. So if we had enough funding, we could involve people in activities to keep them busy, like sewing, embroidering, knitting, trips [...].”

Other respondents emphasised the need for funding to help diverse communities improve their health literacy, so they can better navigate the system and advocate for themselves. One resident shared:

“There should be provision of English classes to help individuals understand the system, navigate their options and understand their rights in the context of using health and care services because some people are “scared to speak up” and there are language barriers. Yet, more funding is needed to support organisations to provide such support.”

Alternatively, other respondents emphasised the need for increased funding for local schools to support students who require additional support due to the cost of living.

Anita Paul describes how she sought additional support for her child at school, only to be told that no support was available. This has had a significant negative impact on her mental health and her ability to support her child.

2. Improving mental health support for diverse communities

Respondents highlighted that offering more language options in mental health services, including talking therapies, will help ensure that communities whose first language is not English are not overlooked. One participant highlighted the gaps in the system that make it hard for certain groups with severe physical disabilities to access support, specifically mentioning the lack of mental health services for people who do not speak English as their first language:

“Even with Talking Therapies, counselling, there’s a lack of languages. You know, [if you are] Somali, Sudanese, you can’t get counsellors in these different languages. So that’s a barrier and not everybody can attend counselling.”

3. Training for staff

Respondents highlighted the need for more staff training to ensure high standards of care, including dentists, even during busy periods. Some also stressed the importance of training staff to better understand and support the needs and cultures of diverse communities experiencing mental health issues impacted by the cost of living, i.e. stress, anxiety, and constant worrying. Additionally, others highlighted the need for staff training to ensure residents receive accurate advice and are not paying over-the-counter medications that should be prescribed.

Gray Babajide shared that she pays for her children's medications despite them being eligible for free prescriptions. This is because the GP advises her to purchase over-the-counter medications.

4. Diversifying access to GPs

Respondents highlighted the importance of diversifying access to GPs, particularly for community members with chronic health conditions who may find it difficult to visit community spaces like local libraries to use services such as PATCHS. Others highlighted the importance of service providers reducing waiting times by recruiting more staff to meet the needs of vulnerable communities in need of prompt in-person support during the high demands caused by the cost-of-living pressures.

5. Integration of services to make accessing support more seamless

Respondents suggested creating an integrated system where all benefits can be accessed at once, rather than requiring separate applications to different service providers. They recommended establishing a unified advice and signposting service to support residents with diverse health needs during the cost-of-living crisis.

Additionally, they proposed an integrated network of services—covering housing, employment, healthcare, as well as providing a single physical point of access for vulnerable groups to easily obtain the support they're eligible for, particularly during the cost-of-living challenges. They also suggested that local health services, community organisations, the council, and housing associations collaborate with outreach advocates to effectively promote available support. This information should be shared in formats that are accessible to residents with learning difficulties and those whose first language is not English.

6. Improving the public consultation process

All respondents agreed that public consultations regarding health and wellbeing will be more effective if residents are informed about the outcomes and impacts. This would help build trust and improve morale in the consultation process to make impactful proposals that would relieve the pressures of cost of living on residents' physical and mental health.

Additionally, they suggested that reports summarising the consultations should be easily accessible in various formats, such as easy-read versions and different languages, as well as distributing physical copies at local health services.

Limitations

Accuracy of survey findings

We shared our cost-of-living engagement opportunity with community organisations located in deprived wards and public healthcare facilities in the borough. This likely led to more people reporting the impact of the cost of living, as these individuals self-selected to participate in the project. Additionally, speaking with residents before or after their GP appointments may have contributed to survey fatigue, increasing the likelihood that some residents filled out the survey quickly and inaccurately just to finish promptly.

Moreover, since the survey was made available in different languages, some of the responses were translated back into English, meaning that some nuances or details in the free text responses may have been lost in translation. A monetary incentive was also offered to focus group participants, which could have influenced who chose to take part in this research.

Representativeness of participants

The under-representation of these demographic groups in our findings means that in order to be fully representative, further insight is needed to gather a fuller perspective into their experiences.

Next steps

After the publication of the report, the project findings will be shared with the organisations responsible for commissioning and providing health and social care services. This includes local authorities, the North West London Integrated Care Board, the West London GP Federation, the West London Primary Care Network, as well as primary care services such as GPs, dentistry, and community pharmacy providers. We will continue to monitor existing and emerging themes related to the impact of cost of living on residents' health and well-being through our community outreach services.

Moreover, Healthwatch Westminster are presently seeking professionals and residents with lived experiences of health and social care to join our Advisory Board, which advises and guides the Healthwatch Team on how to achieve our goals and priorities.

If you are interested in supporting our work as a volunteer, joining our Advisory Board as a member, or staying updated on our ongoing projects, please email us at info@healthwatchwestminster.org.uk.

Acknowledgments

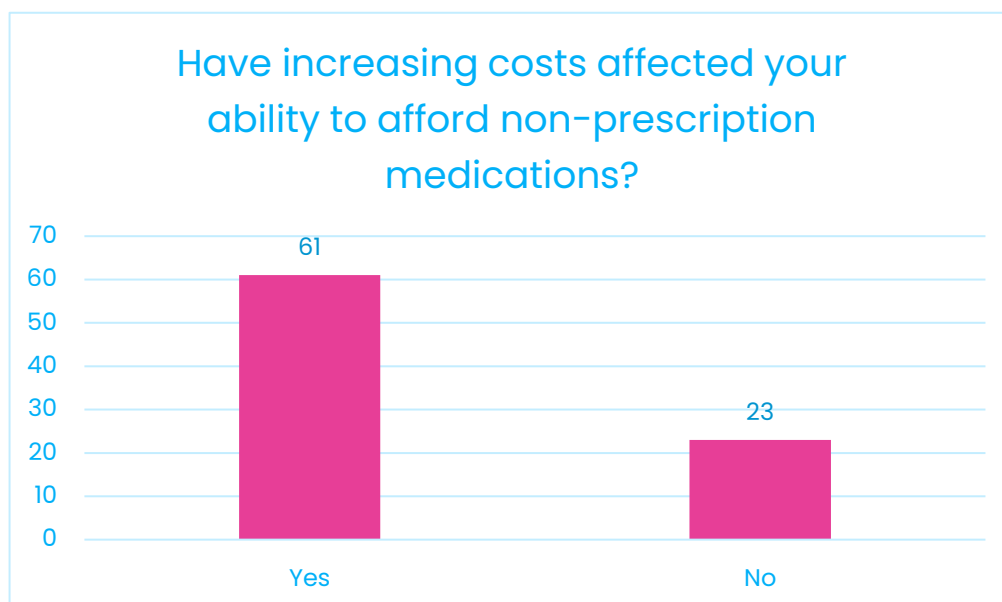
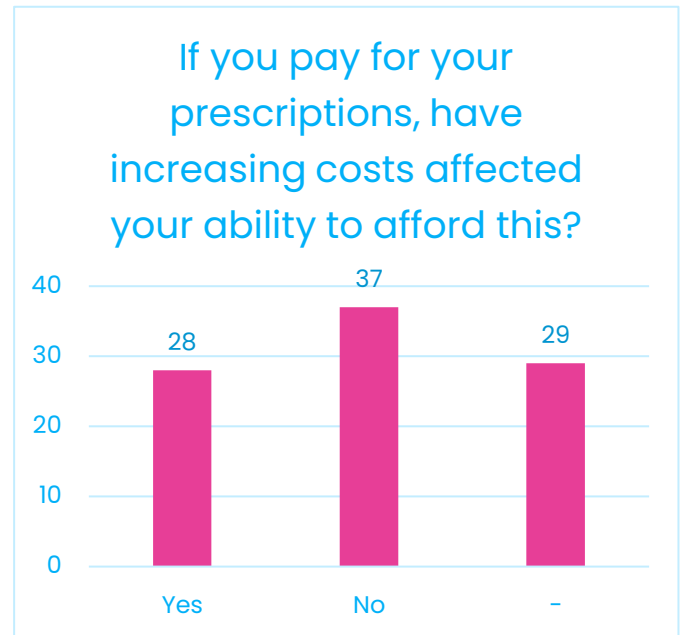
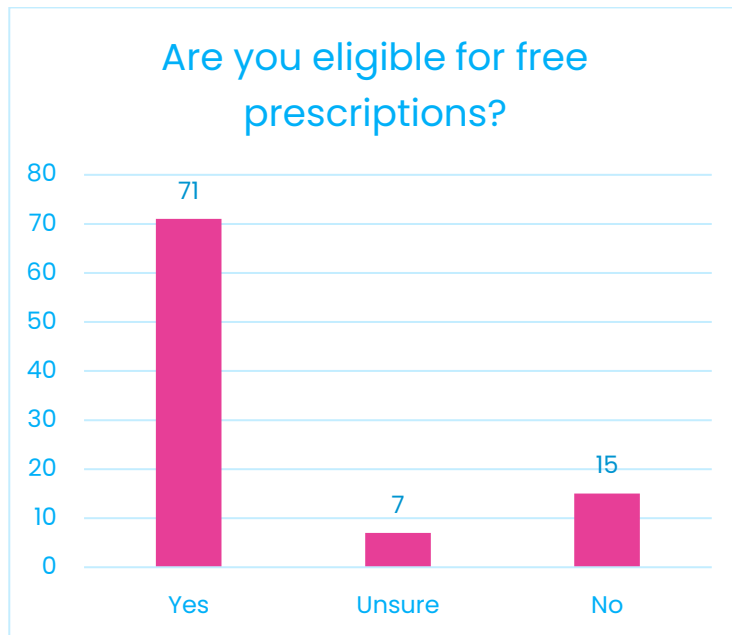
We would like to thank all the team members at Healthwatch Westminster, including our volunteers and Advisory Board members, for their contribution to this project.

This project would not have been possible without the support of the partnered organisations, health care facilities, including General Practices (GPs), and individuals in helping us to reach residents from diverse socio-economic backgrounds. We also greatly appreciate the residents who shared their valuable experiences and perspectives with us through the survey and focus group discussions.

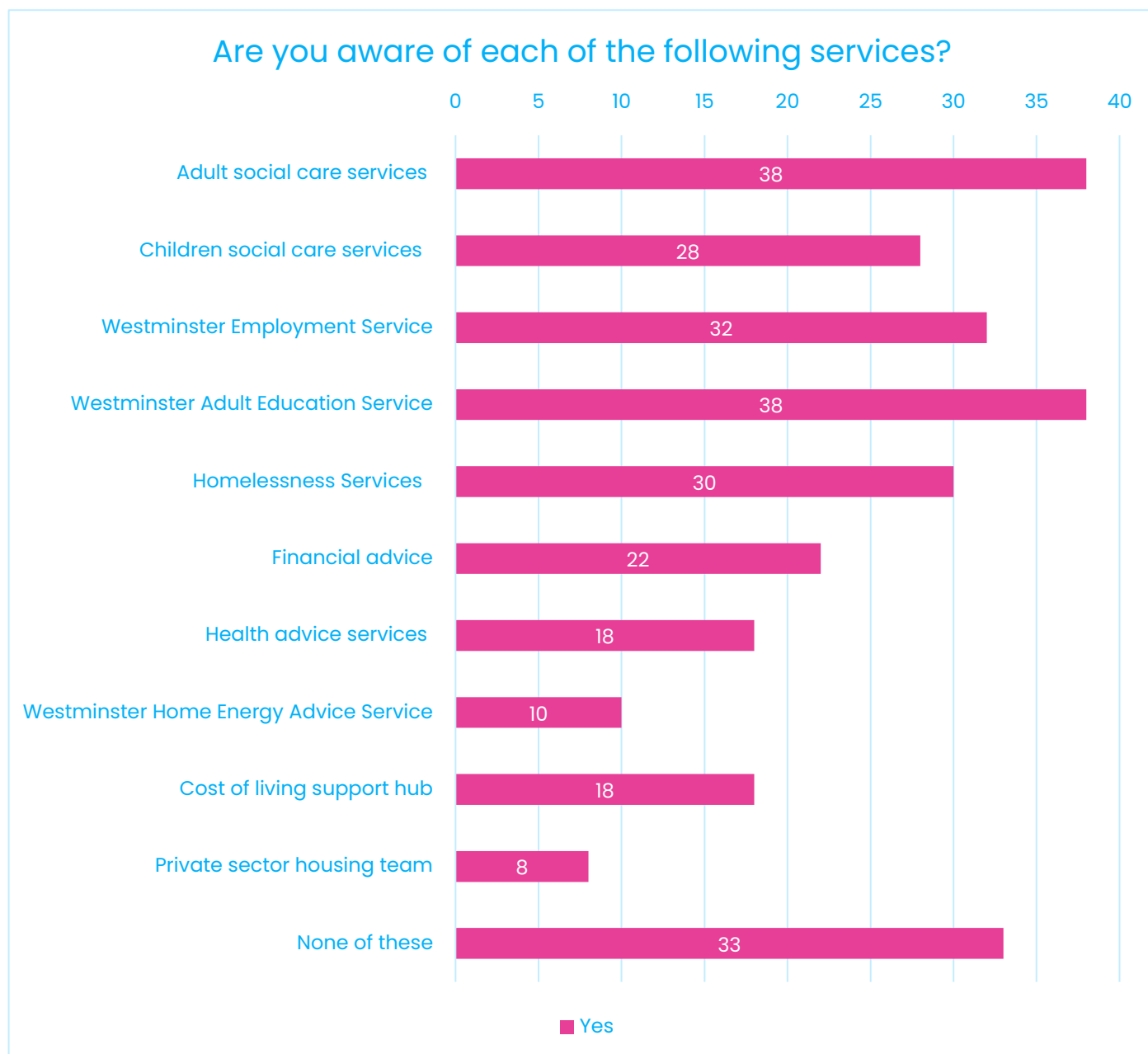
Appendix

The following data includes only the participants who completed the survey (either online or in-person). It does not include demographic data from focus group participants who did not want to complete the survey.

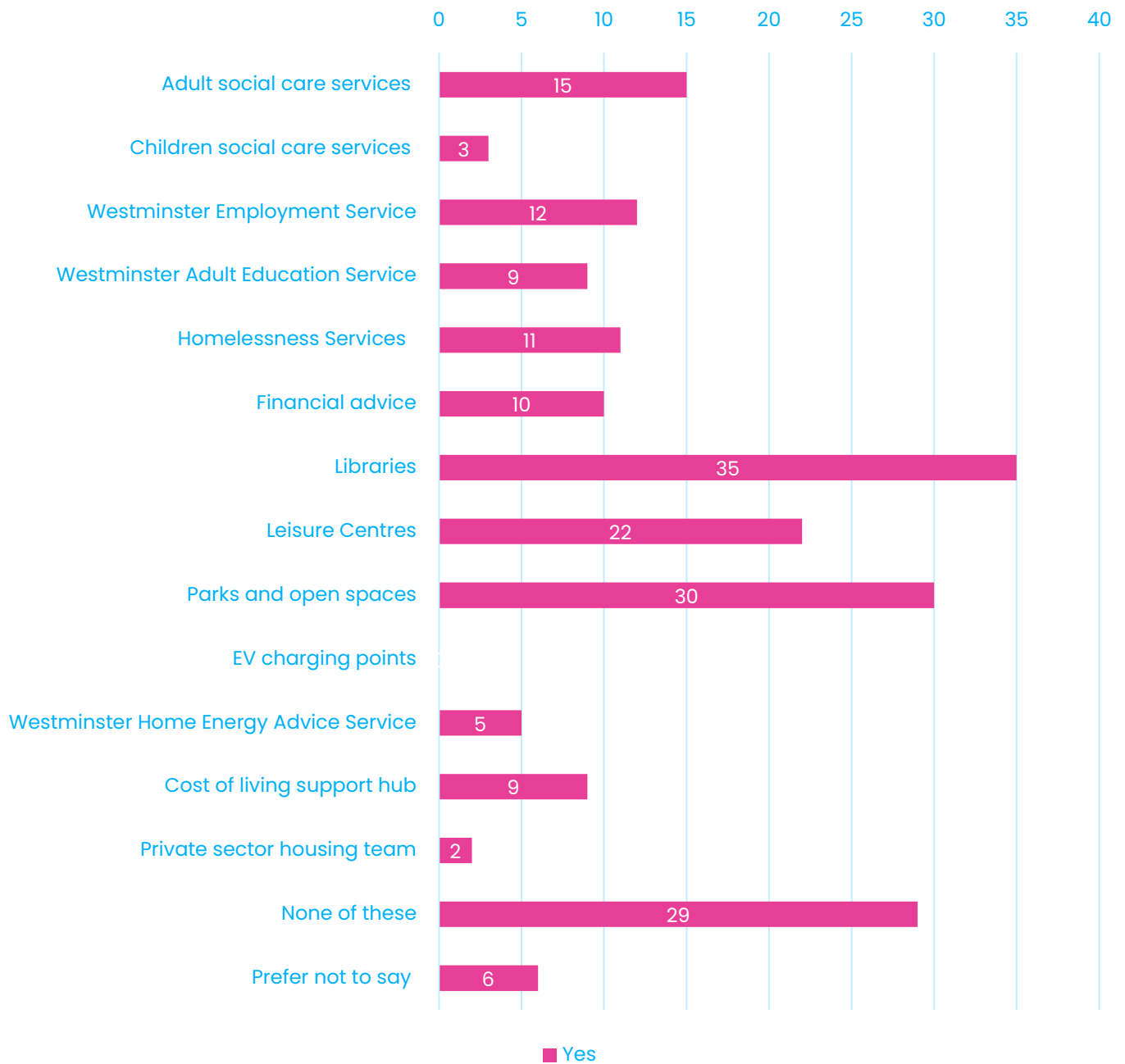
Appendix 1 – Prescription costs



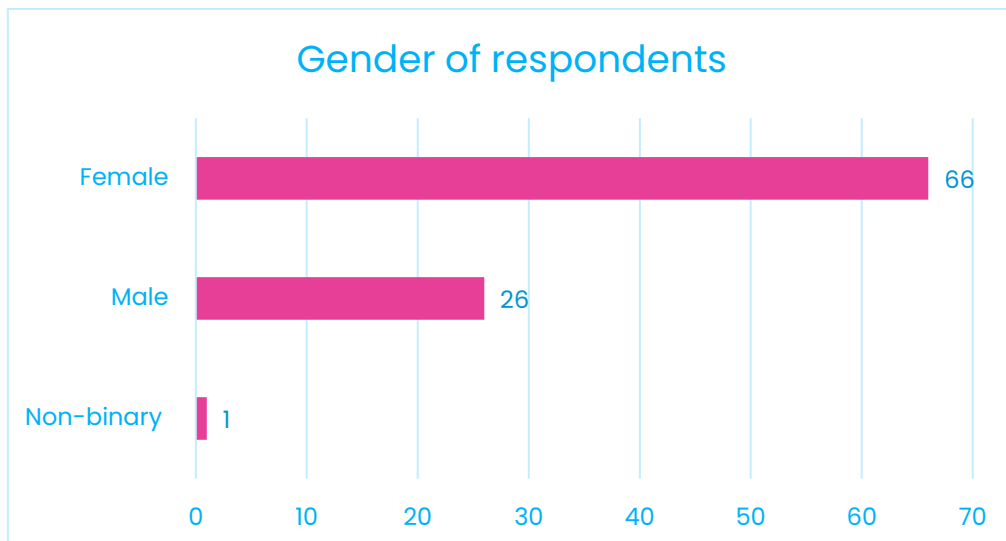
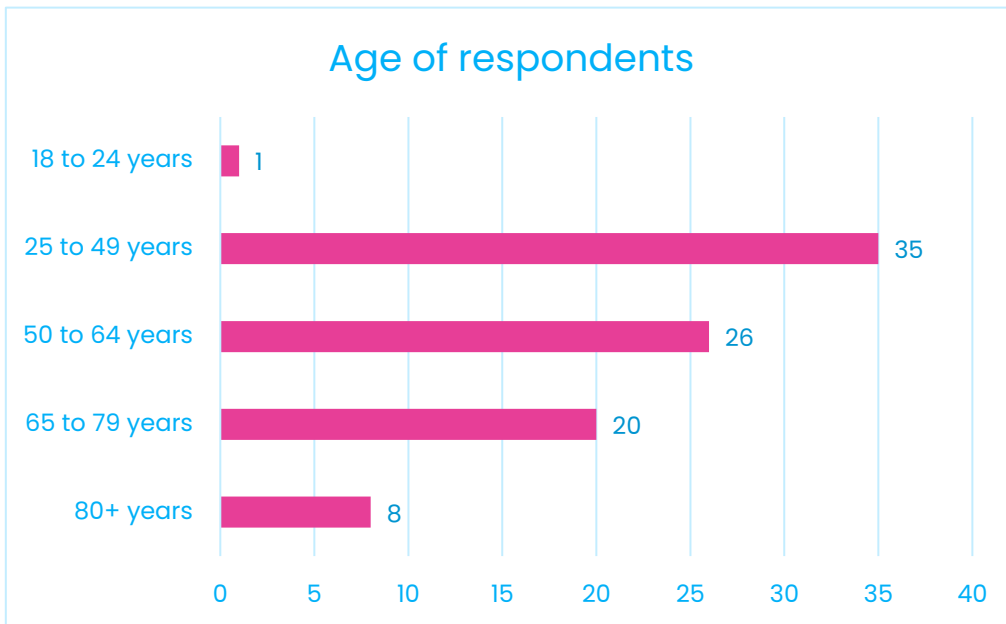
Appendix 2 – Awareness and use of Council services



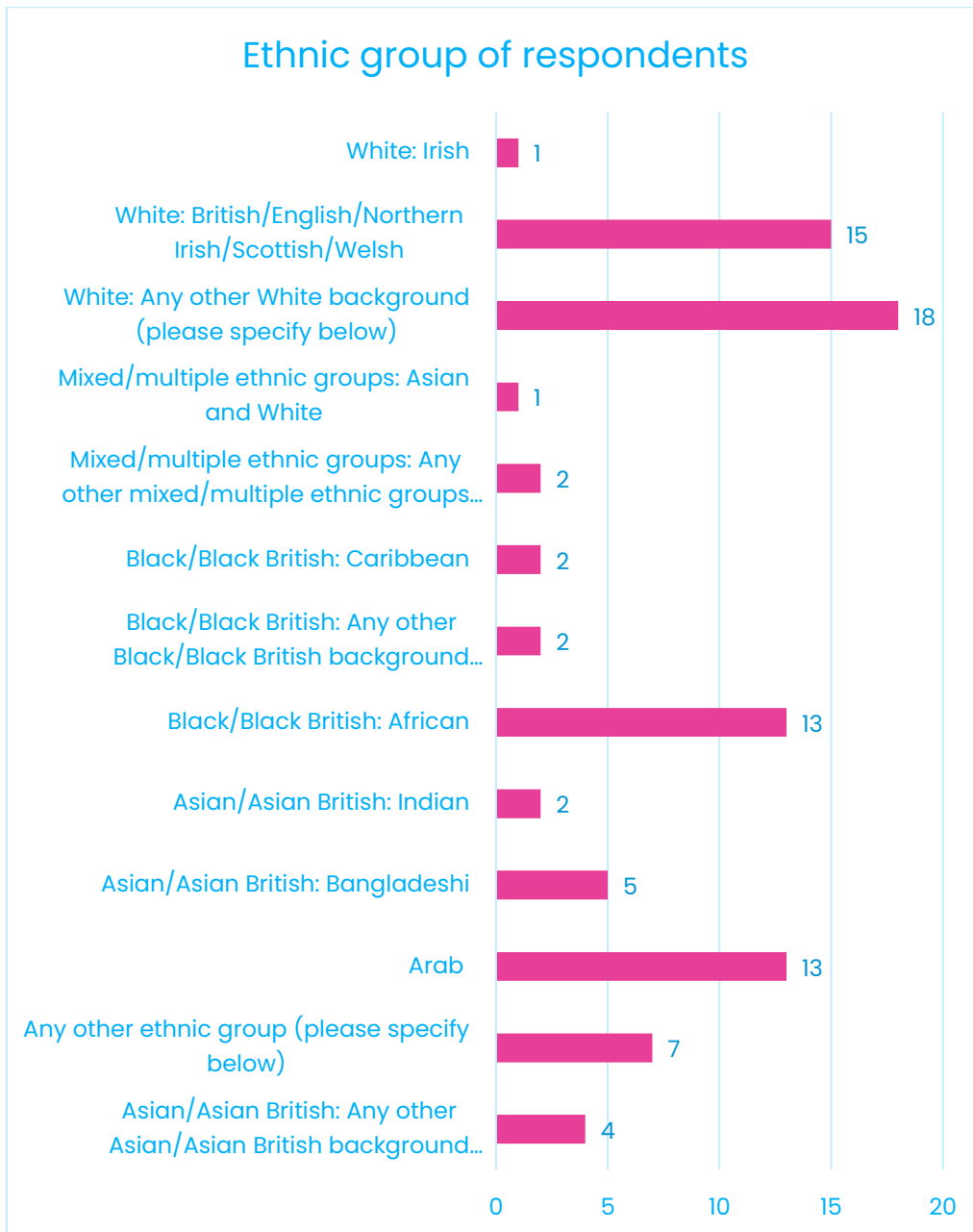
Have you or anyone in your household used any of the following services in the past 12 months?



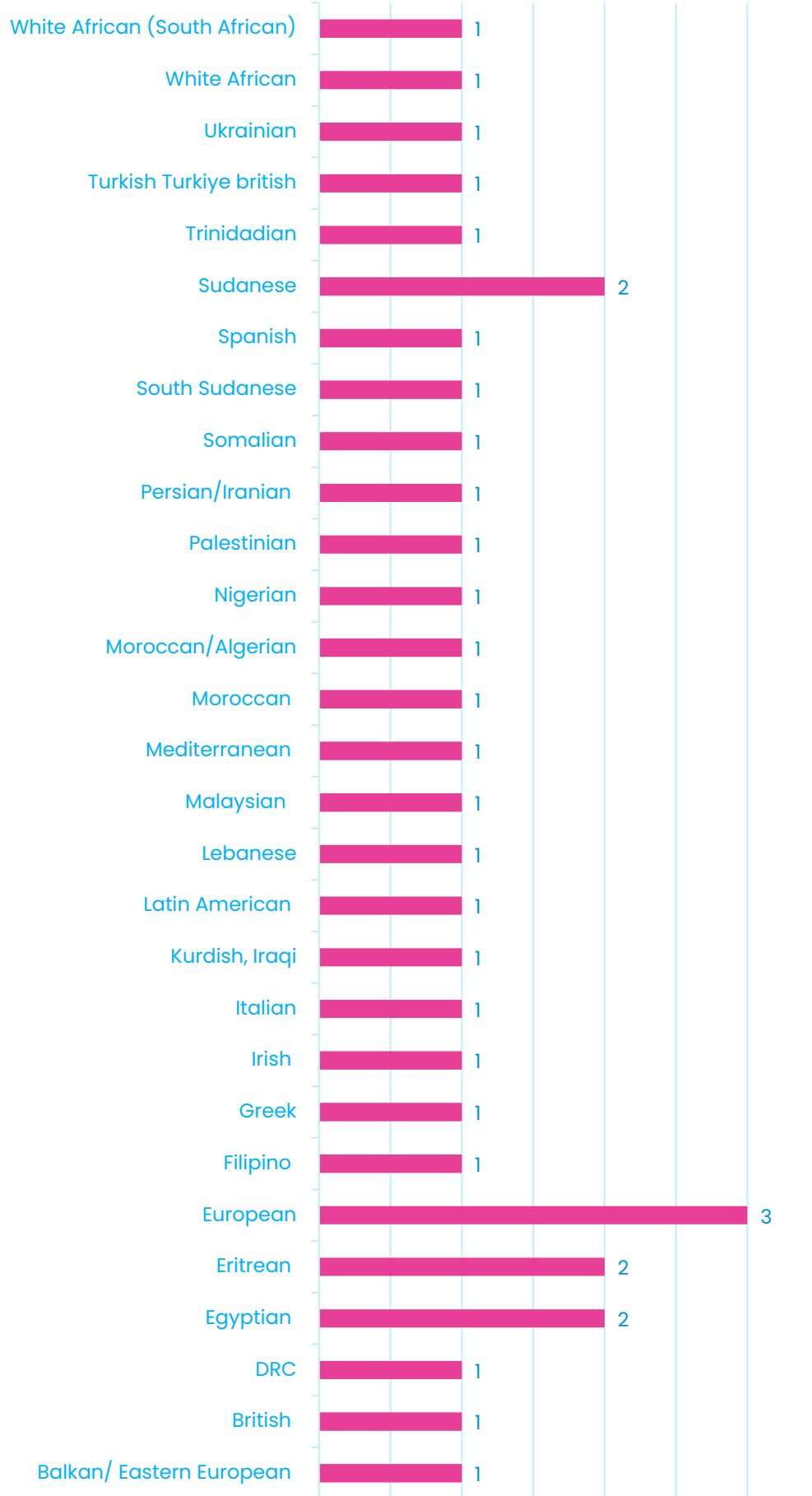
Appendix 3 – Demographics



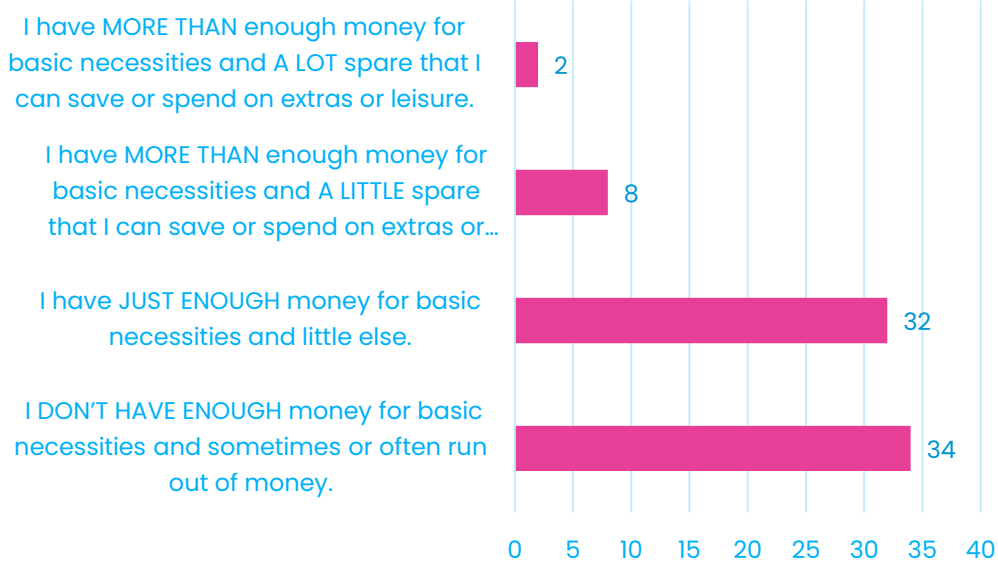
Ethnic group of respondents



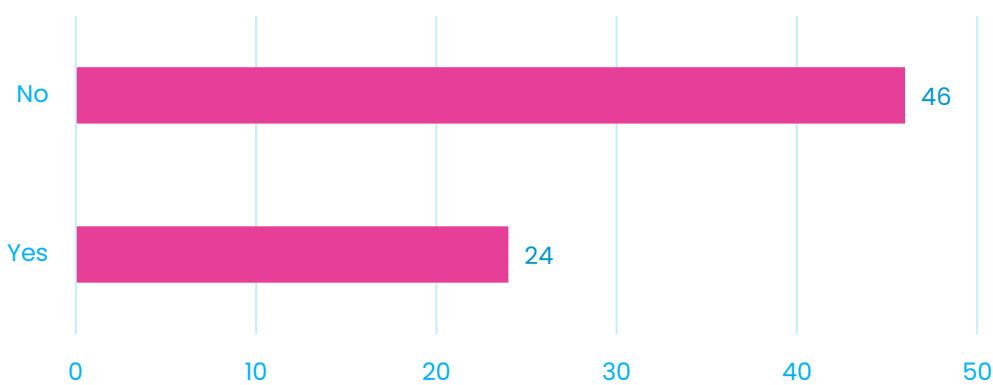
Specific ethnicity of respondents



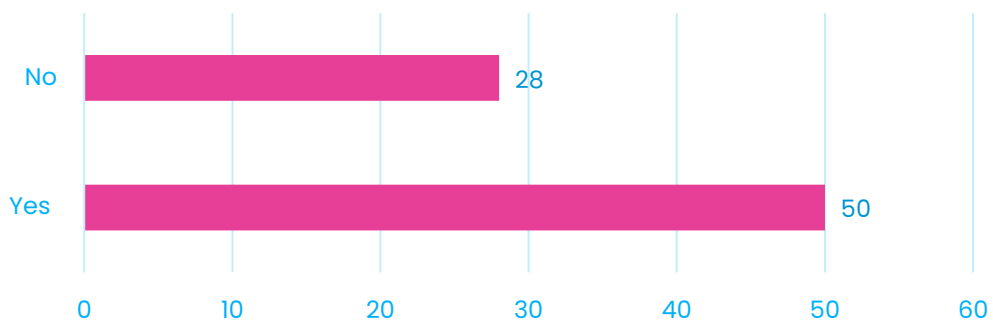
Financial situation of respondents



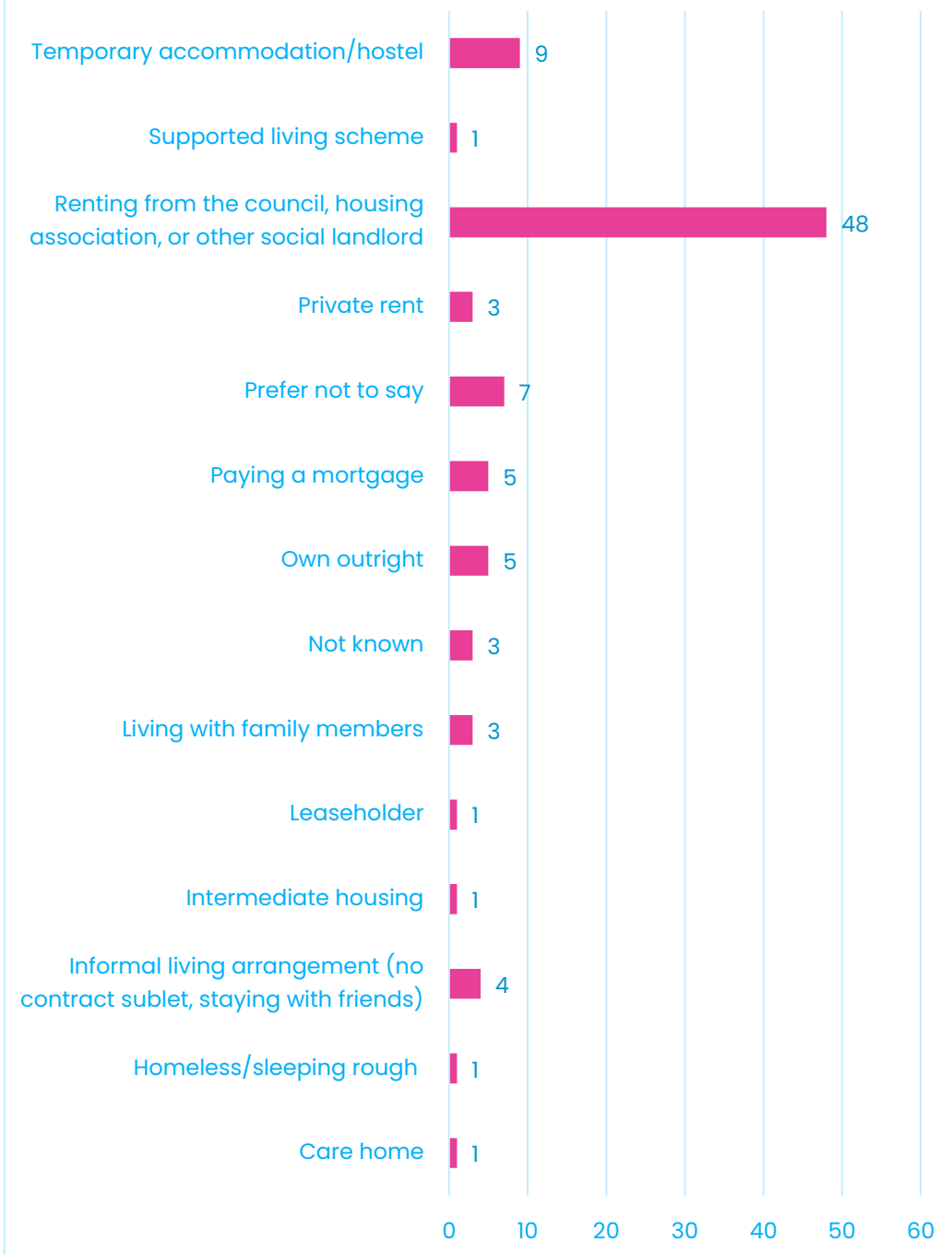
Do you live alone?



Do you have a long-term health condition or disability?



How would you best describe your housing situation?





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