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## Event at a glance

73 people attended the event including four Healthwatch staff and four HW volunteers, including two young Healthwatch volunteers and a representative from Chiltern Hills PCN







13 people signed up to receive HWCB Newsletters and Ebulletins

Widely advertised on Social Media platforms, including Facebook, X (Twitter), LinkedIn, and Instagram, Dunstable Town Council 'What's on' TV screen and via text message from Caddington, West Street and Priory Gardens GP surgeries









## Introduction

Bedfordshire, Luton and Milton Keynes
Integrated Care System (BLMK ICS)
commissioned The Denny Review; 'A rapid
evidence review of the health
inequalities experienced by the local
communities of Bedfordshire, Luton and
Milton Keynes' in April 2022. It aimed to
improve its understanding of health
inequalities in its local communities and good
practice to address them. It
identified priorities for areas of focus for
engagement and co-production with
individuals and communities to agree actions
to reduce inequalities.

The Denny Review demonstrated that the wider determinants of health, including socioeconomic deprivation, psychological, cultural and individual factors affect health and wellbeing. All these factors intersect and have a cumulative effect on an individual, family, social group or community. The review evidenced that the communities affected by the health inequalities in BLMK include, but are not limited to, ethnic minority groups, Gypsy, Roma, and Traveller communities, people living in deprived neighbourhoods, people with disability, and people experiencing homelessness, migrants, and LGBTQ+. These groups experience health inequalities from unfair distribution and the impact of wider determinants of health to access health care services.

The ICS aims to understand the nature, causes and potential solutions to inequalities in health through a whole-system approach to understand, inform and tackle health inequalities affecting BLMK local communities. A full report of all the activities undertaken as part of

this review can be found here: https:// healthwatch-centralbedfordshire.org.uk/ wp-content/uploads/2023/09/The-Denny-Report\_23.09.11\_13.45\_ac.pdf

As part of the Denny Review project
Healthwatch Central Bedfordshire (HWCB)
were commissioned to facilitate and
manage two Health Education Awareness
events within Central Bedfordshire, with
service providers, and utilising Young
Healthwatch volunteers.

The first of these events, a 'Men's Health' event took place on Thursday 12th September 2024 at the Grove Integrated Care Hub (Dunstable). The event was planned, organised and facilitated in partnership with a Health and Wellbeing Coach from Chiltern Hills PCN, to provide men of all ages with information about preventing ill health.

It was felt that men may be reluctant to talk about their health and the potential reasons for this include:

- the belief that they should be able to handle their problems on their own
- the fear of being seen as weak or not in control
- the worry that talking about their feelings will make them seem less 'manly'.

In addition, traditional stereotypes see men as self-reliant, tough and strong. This societal view demands men withhold their feelings and emotions, maintain superiority over others and resist asking for help. This can lead men to feel that seeing a doctor is a sign of weakness that goes against societal norms. Their pattern of seeking



support tends to be indirect rather than straightforward. Perceived vulnerability, fear, and denial are important influences on whether men seek help.

They look for help for specific problems rather than for more general health concerns.

The event therefore aimed to provide men with the opportunity to learn more about general health concerns, local care and support services available to them, preventative measures for particular health conditions, and to hear directly from health experts, with the option of asking questions in a 'safe space'.

A variety of local organisations were invited to attend either to give presentations or to provide information, advice and guidance. Dr Roy Boodhun, GP Partner Shefford Health Centre, Clinical Director Ivel Valley South PCN, and Mental Health Lead for Central Bedfordshire, agreed to host the event, and presenters included The British Liver Trust, Xyla Health Care (Diabetes prevention/screening), and Prostate Cancer Awareness.



## Methodology

Planning for the event began in May 2024, which involved the project lead and the Chiltern Hills Health and Wellbeing Coach. Regular meetings were held to share ideas, publicity and promotion of the event.

The venue chosen to hold the event; the Grove Health hub in Dunstable, was ideal for accommodating larger numbers of people and has excellent disabled and parking facilities.

Details of the event were widely advertised across Bedfordshire, including all social media platforms, Facebook, X (Twitter), Linked In and Instagram.

Posters were designed and sent to all key stakeholders to share via their communications teams, and advertisements were placed in Town and Parish Council Newsletters as well as community magazines: The Oracle, Ampthill and Flitwick Life, Dunstable Town Council 'What's On' TV screen.

Chilterns Hills PCN were asked to send a text message to their patients with details of the event, which was actioned by Caddington, Priory Gardens and West Street Surgeries. We continued to regularly promote via our weekly E Bulletins and community events, plus targeted emails to all on our distribution list.

We also regularly promoted the event in the weeks leading up to the event on our website.



# Summary

Four speakers and twelve exhibitors were invited to attend and were provided with posters encouraged to advertise the event via their networks.

Other invitees included AAA Screening (Abdominal Aortic Aneurysm) which is a way of checking if there's a bulge or swelling in the aorta, the main blood vessel that runs from your heart down through your chest and abdomen, who were unable to attend on the day due to sickness, and BLMK Stop Smoking Service who unfortunately did not attend.

Many visitors said they heard about the event via their GP e.g. GP surgery screen, text message, email, the GP themselves, and the NHS app. Others via a direct email from HWCB, and many heard via a friend or colleague.

Over 70 people attended the event and information gathered from visitors indicated the majority of people were from the Dunstable area, with others from surrounding towns and villages.

Of the 23 respondents who completed the evaluation form, 60% had travelled by car and the remainder had either walked or taken the bus. Only one person required disabled parking.

On arrival, all visitors were provided with a printed programme detailing the itinerary of speakers, and the organisations hosting information stands.

All visitors and exhibitors were invited to provide feedback about the event which allows HWCB to evaluate what worked well and what could be improved for future events. 23 attendee evaluation forms were completed; 91% rating the overall event as either good or excellent, the remainder not responding. In addition, nine evaluation forms were completed by exhibitors, 56% rating the event as 'excellent', with 44% rating as 'good'.

The CEO of Healthwatch Central Bedfordshire welcomed everyone to the event, introduced key speakers, and informed visitors about the information stands.

A total of 12 exhibitors (including HWCB stand) attended the event, which included:

- MIND BLMK
- Xyla Health & Wellbeing
- ♦ The British Liver Trust
- Carers in Bedfordshire
- Morelife
- Dunstable Town Walking Football Club
- ♦ iCASH
- ♦ Bedfordshire Rural Communities Charity
- East London Foundation Trust Bedfordshire Recovery college (ELFT)
- Luton and Dunstable Prostate Support Group
- ♦ Citizens Advice Bureau- Social Prescriber
- Healthwatch Central Bedfordshire (plus Young Healthwatch)

Professionals from four organisations attended the event and gave presentations as follows:

- Dr. Roy Boodhun, GP at Shefford Health Centre and Clinical Director for Ivel Valley South PCN and Mental Health Lead for Central Bedfordshire.
- David Fisher, Engagement Lead, Bedfordshire, Luton & Milton Keynes, Xyla Health and Wellbeing.
- Rebecca Pandolfino, Outreach Development Officer, British Liver Trust.
- Andrew Gabriel Luton & Dunstable, Prostate Cancer Awareness, Support, and Education.

## Presentations

Four healthcare professionals presented information, advice and guidance regarding Diabetes, Liver health, Prostate health, and barriers facing men accessing healthcare, as follows:

#### Dr Boodhun, GP at Shefford Health Centre and Clinical Director at Ivel Valley South PCN and Mental Health Lead for Central Bedfordshire

Dr Boodhun stated that men are less likely to seek preventative care and therefore under-utilise healthcare services. He added that men have a lower life expectancy in that they tend, on average, to live five years less than women. Men are also at higher risk than women for certain developing diseases such



as heart disease, stroke, and some cancers. Men, particularly middle-aged men and veterans, tend to have higher rates of mental health issues e.g., depression, anxiety, and suicide.

Dr Boodhun explained that men's health faces significant cultural, economic, and psychological barriers and that addressing these barriers requires a multi-faceted approach involving society, healthcare systems, and individuals.

He went on to explain the cultural factors that affect men's behaviour around accessing healthcare. These include 'social norms' where men are often expected to be 'tough' or 'stoic'. There is a stigma around 'vulnerability' in that mental health struggles are often seen as weakness. There is the reluctance to seek help in that they avoid medical professionals or counselling due to fear of judgment.

Dr Boodhun also covered the psychological factors affecting men's behaviour in seeking healthcare support. Men have a greater tendency to think that taking care of their health is a sign of vulnerability and the pressures to conform to hyper-masculine standards, discouraging emotional openness i.e. 'Toxic Masculinity'. A stigma of seeking help for mental health issues and avoiding medical appointments is a fear of a bad diagnosis. Another psychological factor affecting men's behaviour is low health literacy; a lack of knowledge about health symptoms and conditions.

The economical and accessibility factors affecting men include tending to have greater work demands such as long working hours, leaving little time for self-care or medical visits. In addition, men from deprived populations are less likely to seek preventive care, increasing health inequalities. In addition, geographical barriers can affect men in that they may have limited access to healthcare services in rural or underserved areas.

Dr Boodhun went on to explain the biological and lifestyle factors affecting men's behaviour in seeking healthcare. Men are more prone to certain diseases like heart disease, are more likely to smoke, use alcohol, mis-use drugs, and have a poor diet and lack of exercise. Additionally, they have more sedentary lifestyles and unhealthy eating habits. Men tend to have a reluctance to follow medical advice in that they ignore or delay treatment.

Dr Boodhun also spoke about men's mental health; men make up over 75% of suicide deaths globally and are less likely to seek help for depression, often masking it with anger, irritability, or aggression. Men may feel socially isolated and feel unable to communicate emotional pain.

Cultural shifts are required to encourage men to undertake positive health behaviours by promoting open dialogue, challenging gender stereotypes, improving education and advocacy, and engaging Community Leaders to act as male role models.

Other actions to better support men to live a healthier life include, for example, increasing accessibility to male-focused health services, employers promoting and encouraging work-life balance and offer health screenings in the workplace. Additionally, health literacy programs to educate men on recognising symptoms and seeking timely care would be beneficial. However, preventative self-care for men to promote long term health is also encouraged by having regular check- ups, prioritising their own mental and physical health, having healthier lifestyle choices and better emotional support systems with friends, family and professionals.

A selection of questions followed Dr Boodhun's presentation, one of which is detailed below:

Question: "Why is it that women have regular screening tests for medical conditions and men are not screened or tested; there seems to be real inequality in how women are treated compared to men?" Answer: "Male and female bodies are genetically different, and women are tested for certain conditions because their bodies will go through changes, due to childbirth or menopause for example. Men over 40 should be invited by their GP for a 'health check' and any abnormalities are usually picked up then, however, if you have any concerns at all you should visit your GP before and/or after your health check."

### Andrew Gabriel, Luton & Dunstable Prostate Support Group

Andrew explained that prostate cancer is a cancer of the prostate gland; its main function being a sexual one in men, intersex and transgender people (male to female). Prostate cancer is the leading cancer for men in the UK, overtaking breast cancer in 2016. There are approximately 12,000 deaths per year from prostate cancer and 55,000 new diagnoses per year.

Andrew added there are no lifestyle factors known in developing prostate cancer, and the known risk factors are increasing age (particularly over 50's), and family history can increase the risk, along with ethnicity. Prostate cancer is more common in Black Caribbean (1 in 4 men), and Asian men (1 in 6 men).



The risks are not widely known by many people - only 2 in 5 people know that above 50 years of age they have an increased risk of developing prostate cancer.

Men living in countries that have better standards of living, with healthier lifestyles, tend to live longer, as a consequence however, they have higher rates of prostate cancer. Early diagnosis gives better outcomes and is more curable in and around the prostate, however this has to be managed if it advances around other parts of the body.

Many men will have indolent prostate cancer that will never present any symptoms therefore a man may never know that he has the disease. Andrew explained the three main types of prostate conditions; prostatitis, enlargement, and prostate cancer, and added that 80% of men that die from prostate cancer had no symptoms.

Although there is currently no national screening programme for prostate cancer, Andrew explained about the Protein Specific Antigen (PSA) test. PSA is a chemical produced by the prostate gland and normal levels of PSA in the blood differ by age. Although GP's do not have to offer the test, people have the legal right to ask their GP for a test. He added that people are still being refused by their GP for a test, and many GPs are not referring people for treatment as much as they should.

Andrew detailed the type of support offered by the Luton & Dunstable Support Group e.g. groups, one to one support, awareness, and online exercises.

Many questions were asked by the audience following Andrew's presentation, a selection of which is detailed below:

Question: "Prostate cancer in this country – is it on a par with other countries?"

Answer: ''Yes – however there are slight variations. Sweden has the highest levels of prostate cancer. Even though they are healthier due to healthy living, they live longer.''

Question: "If you live until 110 would you get prostate cancer?"

Answer: ''Yes – there are two types of prostate cancer, one is indolent prostate cancer that never causes problems, men never know they have it and are not treated. 40% of men that die from other things have indolent prostate cancer. Prostate cancer is not screened, if it was then more indolent cancers would be picked up that may not need treating, and men would be put through treatment.''

Question: "Is it expensive to cure prostate cancer?"

Answer: "It costs approximately £25, 000 to cure a man with prostate cancer; failure to cure a man could cost approximately half a million pounds. 12 thousand men die of prostate cancer in the UK however, men can survive for 10 years on expensive treatment. Through research the PSA test could save 50% of the number of deaths from prostate cancer. There are not enough machines and radiographers, no national screening programme. There are 55, 000 diagnoses per year increasing 10% every ten years, and it is being seen more in younger people. You have a legal right to ask for a PSA blood test. Prostate cancer is not a lifestyle cancer. Early diagnosis gives better outcomes, it can be cured around the prostate gland but not if spread.

"Risks are unknown, increases in men over 50 years of age, black men are twice at risk due to a genetic link. There is a family connection – if your father or brother had prostate cancer then you are two and a half times as likely to develop prostate cancer. I in 6 men get prostate cancer. I in 4 for black men are at risk and at an earlier age. If your mother or sister has breast or ovarian cancer, then a man is more at risk of getting prostate cancer."

Question: "Blood test - what is a PSA test?"

Answer: ''PSA stands for Protein Specific Antigen, which is a chemical that the prostate gland produces, it increases with age, and the maximum normal level for a man varies by age.''

Question: "What are the symptoms of prostate cancer?"

Answer: ''There are no specific symptoms for prostate cancer, 80% of men who died of prostate cancer had no symptoms.'' Question: "I can go to my GP and ask for a test, then?"

Answer: "Yes, you have a legal right to request a PSA test, even without having symptoms. It was brought in during the Blair Government however people are being refused. If you are refused, then you should ensure that a request for a test is recorded by the GP."

"Screening – it's a major health inequality, therefore we have a higher prostate cancer incidence. People in deprived areas and in deprived communities that have a poor education have a higher incidence of prostate cancer." but then went on to say, "However, there are some indicators such as blood in the urine, weaker erections, pain in back and ribs but these may be symptoms of other things."

Question: "Do walnuts help to prevent prostate cancer?"

Answer: 'That's the selenium.
There isn't great scientific
evidence related to this.''

One man stated that he had visited his GP surgery for a PSA test (West Street surgery) and had received a text message to inform him it was 'normal'. On asking staff at the surgery how he could find his previous PSA test results, and actual value for the levels of PSA, he was signposted to the NHS Portal, but was unable to find the right information.

#### Rebecca Pandolfino, Outreach Engagement Officer, British Liver Trust

Rebecca explained the many functions of the liver e.g. chemical production, detoxifying, absorption of vitamins, cholesterol synthesis, bile production, building larger chemical structure, fighting infection, illness and blood clotting.

Rebecca added that four times more people are now dying from liver disease than in 1970; the figures taking into consideration the greater population, people living longer, and the higher levels of binge drinking.



She explained that 90% of liver disease is preventable with the leading causes being the excess consumption of alcohol, obesity and viral hepatitis. Viral hepatitis affects more people that are East European, African, and Columbian, and is detected by a simple blood test with a GP.

Non-alcohol related fatty liver disease can be caused by obesity, type 2 diabetes and prediabetes; however, damage can be reversible to a certain level by making small lifestyle changes such as reducing alcohol intake, reducing binge drinking, improved diet, and undertaking exercise.

Rebecca explained the effects of cirrhosis (liver inflammation) which means the liver cannot function properly as it is inflamed and hard. As the liver does not have pain receptors, cirrhosis is not detected until it has become very serious at which stage ascites (fluid build-up in the abdomen), jaundice, sudden confusion, vomiting blood, can occur, and this would be a medical emergency - "Early detection is key".

Rebecca gave details of the support services the British Liver Trust offered, mainly the nurse led helpline, virtual support groups e.g., transplant support group and the nurse led mobile liver scanner that travels around the UK. The liver scan is free to all residents, and the location of the scanner is advertised on the British Liver Trust website. Attendees were signposted to the 'health screener' risk tool on the website.

Questions were asked by the audience following Rebecca's presentation, a selection of which is detailed below:

Answer: ''It's an ultrasound Question: "What is the that detects the colour of scan?" the liver and 'noise levels' produced; if the liver is poorly, it sounds different.'' Question: "Can Answer: ''Would need to ring medication affect the the British Liver Trust nurses liver?" or a Pharmacist and ask. Paracetamol in excess can damage the liver.'' Answer: ''Northern Ireland currently - there is a full time truck Question: "Where driver that drives around the UK. It abouts is the scanner?" is likely to be in England in the next few months. Check the website.'

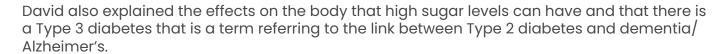
Diana Blackmun, HWCB CEO, explained how to register for the HWCB newsletter to obtain information about the scanner.

### David Fisher, Engagement Lead, Bedfordshire, Luton & Milton Keynes, Xyla Health and Wellbeing

David talked about Xyla, the largest provider of the 'NHS Healthier You Programme', a Diabetes Prevention Programme. He went on to explain about the HBAIC test which is a prediabetes test of blood sugar levels in the blood and is a warning that lifestyle changes are required.

David explained what the NHS Diabetes Prevention Programme is, the different phases of the programme including options to take part and the eligibility and exclusion criteria. Anyone aged 18 or over

and registered with a GP with HBAC1 levels of between 42-47 are eligible to register on the programme. The programme is offered either face to face, via telephone or online.



David gave advice on how to motivate yourself for weight loss and then information about food portion sizes i.e. the 'healthy plate' consisting of half a plate of vegetables, quarter of a plate of protein and a quarter of a plate of carbohydrates. He also explained that the average weight loss for people on the programme was 6kg and a change in HBAC1 levels of four.

Advice was also given about keeping active and David stated that chair-based exercises are offered during the programme. Rewards are offered e.g. vouchers to incentivise people to change their lifestyle.

Details on how to join were provided; contact David for more information here: david.fisher@xylaservices.com. More information can be found here: https://preventing-diabetes.co.uk/know-your-risk

Questions were asked by the audience following David's presentation, a selection of which is detailed below:

Question: "How successful is the course in the shorter and the longer term?"

Answer: ''If HBAC1 levels are higher than without the course 20% of people will have a change in blood sugar levels. People that register on the course have a 47% improvement blood sugar level change. Very successful.''

Question: "How many people complete the course?"

Answer: ''50%.''

Question: "If you have cholesterol and you go for a blood test and the doctor says it's fine (blood) is it ok to still take the tablets?"

Answer: "Sure, this is a preventive course. I'm not telling you to stop taking medication. Those who complete the programme have a 47% improvement in lifestyle. Make those lifestyle changes."

Question: "If my blood test results are normal, do I carry on taking medication (for cholesterol)?"

Answer: "I would get off the statins as soon as possible but you would need to speak to your GP and make lifestyle changes. If you have normal results you have to continue to take the medication."

One man, already on the course, had a query about digital information and asked about having more information in paper format for older people. (referring specifically to not having a mobile phone and not being able to take photos of the screen). David replied, "Contact Xyla and tell them that please."

Diana Blackmun thanked the audience for their questions and reiterated that if they had any additional enquiries, they could contact HWCB direct.





## Feedback

#### **Attendee Feedback**

Of the 23 evaluation forms that were completed by visitors:

- ♦ 57% thought the event was 'excellent' and 35% thought it was 'good', 8% did not respond.
- 91% of people who attended said they listened to the presentations; others visited stall holders.
- 19 people were able to visit the majority of the information stands.
- 92% of people found the information they wanted, comments included, "it was very good, indeed".

When asked if there were any other organisations they would like to see attending that were not present, the following suggestions were made: "Dunstable Citizens Advice, Dunstable FC, cardiac and diabetes", however Dunstable Citizens Advice, Dunstable Football Club and diabetes organisations were present.

Overall, the event was very well received and enjoyed by all attendees and exhibitors.

Comments made about the event included, "good", "excellent, very informative", "Excellent – more events please", "Lots of useful information."

Other comments included, "More parking spaces needed for event" and "If I had realised there was a timed talk, I would have arrived in time to have attended from the start."





### Demographics

Of those who attended the event and completed the feedback form, demographic information was captured as follows:

- **Gender:** As this was a men's health event, the majority of people who attended the event were male. One lady attended as a Carer of a male family member and two people did not respond to the question.
- ◆ Age: Just over a quarter of attendees (26%) were between the ages of 61 70 and a further 43% were between the ages of 70 80. 13% were aged 80+ and 8% were aged between 51-50, 8% were aged under 50.
- Ethnicity: 61% of the people who attended were white British and the remainder were either, Indian, Asian Indian, White Irish, mixed Black/White Caribbean and Black Caribbean.

#### **Exhibitors Feedback**

Exhibitors were also asked for their feedback about the event. Of the nine evaluation forms completed by exhibitors:

- 55% said the event was 'excellent'
- 45% said the event was 'good'
- ♦ 100% of organisations felt that the event 'met their expectations'.
- ♦ Only **one** organisation rated the event as 'adequate'.

Comments from stall holders included the following:



Rebecca Pandolfino, British Liver Trust:

'I would just like to say I thought
yesterday was absolutely brilliant, well
done for such a great event!!!! I look
forward to working with you in the future.'

#### **BRCC**:

'Felt like I had a valuable input and managed to help lots of people.'

Morelife: 'Very helpful organisers – good selection of services.'



All organisations said they would like to be invited to attend future HWCB events.

A couple of organisations suggested that improvements could include, having talks and stands in the same room and one room for all stands, so that people were directed to the same room with a **'better flow of people'** so the room did not become over-crowded.

The numbers of visitors to each stand were given as:

Luton & Dunstable Prostate Support Group	50
Xyla	10
Bedfordshire Rurual Communities Charity (BRCC)	35- 40
iCash	12
Disability Resource Centre	8
Morelife	9
British Liver Trust	20+
Recovery College	15
Dunstable Town Walking Football	20

Many organisations advertised the event through their networks and closed groups on Facebook, internal communications and on social media.

Stallholders felt the event provided a good opportunity to speak to a wide audience. Other aspects that worked well were free visitor parking, easy access, ample table space, the position of the stand and lighting, and a good number of visitors.

"Lots of information to take away for our service users – lots of chats with people who were interested in our courses."

Most stallholders indicated there was nothing that 'did not go well', however one organisation felt, as there were two sets of stalls, this layout confused visitors and there was a shorter time given between each presentation and people being able to visit the stalls. A few comments were also made about the noise levels and a couple of comments were made about the lack of parking, which we recognised could be challenging on busy days.

"parking was busy but expected at that time of day and we got a visitor's day pass."

All organisations except one said they had enough room around their stand and the positioning of the stand was suitable for their requirements.





## Conclusion

HWCB were very pleased to be able to facilitate and host the Men's Health Awareness event for residents of Central Bedfordshire in partnership with Chiltern Hills PCN.

It was clear from comments made during the presentation, by both visitors and speakers, that men feel underserved, in comparison to women, particularly regarding the lack of screening for certain health conditions. It was also very clear that the majority of attendees found the event very helpful and informative, but more importantly, that they were given the opportunity to talk directly to healthcare professionals.

Being able to listen to presenters and ask questions was a highlight for many with the added bonus of learning more about how to help prevent several health conditions. It was also useful for healthcare colleagues to be able to speak directly with men about preventative measures they can take to avoid diabetes, as well as prostate and liver disease.

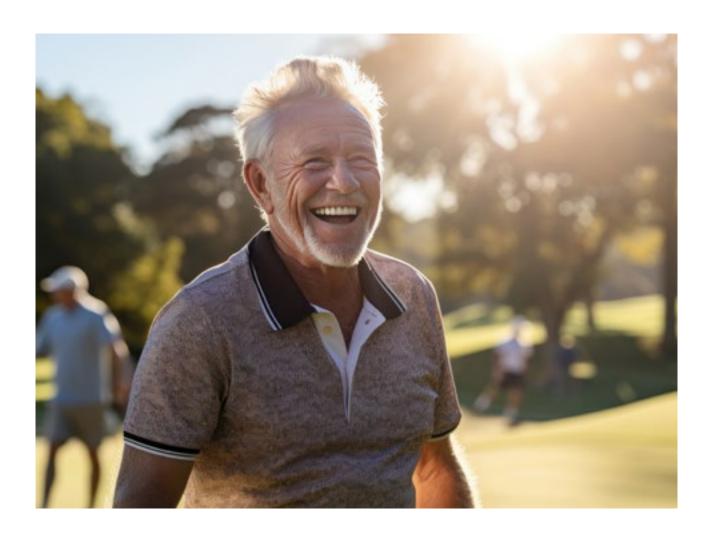


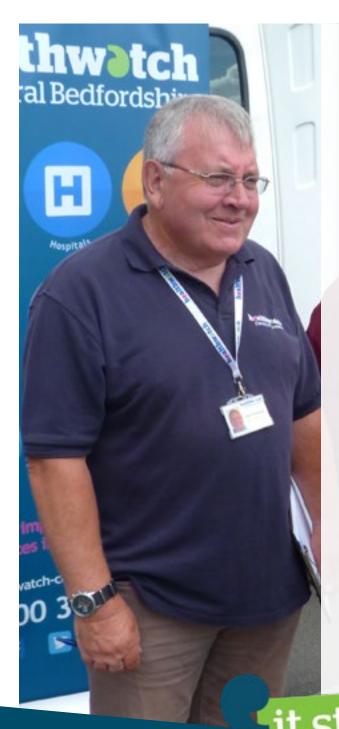


## **Thank You**

We would like to extend a huge thank you to our partner organisation Chiltern Hills PCN for their support in facilitating and hosting this event, as well as the speakers and organisations that attended on the day.

Many thanks also to HWCB staff and volunteers who provided invaluable support before, during and after the event.





# Are you passionate about Health and Social Care?

Volunteers are at the heart of everything we do, from talking to people about their experiences of local health and social care services and helping at our community outreach events.

Volunteering is flexible, so you can talk to us about how much time you want to give.

it starts with

T. 0300 303 8554

www.healthwatch-centralbedfordshire.org.uk

E: info@healthwatch-centralbedfordshire.org.uk

healthwatch
Central Bedfordshire

## About Healthwatch Central Bedfordshire

Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.





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