



# Speaking up for better care

Healthwatch Wakefield annual report 2025–2026



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# A message from our Chair



Dear Wakefield District Residents,

I am addressing this introduction to all the residents of our District because, in essence, this is your report.

As you will see from the following pages, the purpose of Healthwatch Wakefield is to capture your experiences, both good and bad of local health and social care services. To pull these together into various reports, and then to present them to those who provide services on our collective behalf.

This report is full of examples of how this process has worked in practice to the benefit of all of us. Whether it is taking up the cudgel of those many families who are striving to get a diagnosis for their children, for those who have had a stroke and whose pre and after care service may not have been as good as it could have been, or for the dozens of local residents who have been helped by our advocates to navigate the increasing complexities of the NHS complaints system, improvements have resulted.

Only by your willingness to fully participate in our numerous engagement events, surveys, discussion groups, panels, and email and telephone messages to members of our dedicated team, is all this possible. So, on behalf of all our trustees I want to express my thanks and my gratitude to all of you.

I do need to share with you the context within which we have operated during the past 12 months.

On almost the exact date on which our last Annual Report was published, the Government decided to abolish local Healthwatch throughout England, and transfer responsibility for capturing the views of local residents to the NHS and to local authorities. In the view of all local Healthwatch, this represents a retrograde step by removing the vital ingredients of both impartiality and independence.

The fight goes on to seek to change the Government's views on this but, as things stand, our next Annual Report in 2027 will be our last.

So, for our team to continue to deliver such excellent services when, to be frank, they do not know whether they will have a job next year, is even more commendable, and, on behalf of all of you, I want to give them my most sincere thanks.

So please read and digest this report, and keep up your level of engagement with us whenever we seek your views, so that we can make our last year count as much as this one did.

**Roger Grasby, Chair of Healthwatch Wakefield**



# About us

## The voice of local people: speaking up for better care

Every day, people across Wakefield District share their experiences of health and social care with us.

Sometimes they tell us about excellent care that has made a real difference to their lives. Sometimes they tell us about the challenges they have faced, from long waits and communication problems to difficulties accessing the support they need.

At Healthwatch Wakefield, we believe every experience matters.

Over the past year, we have listened to hundreds of local people in community centres, support groups, libraries, at events, meetings, and online; and supported many more. We have spoken with carers, parents, young people, older people, people living with disabilities, and others whose voices are too often unheard.

These conversations have helped us identify what is working well, where people are struggling, and what needs to change.

Our role is not just to listen. We make sure that what people tell us reaches those responsible for planning and delivering services. We work with health and care providers, commissioners, voluntary organisations, and decision-makers to turn experiences into action and improvements.

This report highlights the difference local people's voices have made during 2025-2026. It shows how feedback has influenced services, supported individuals and groups, informed decision-making, and helped improve health and care across Wakefield District.

Thank you to everyone who shared their experiences with us this year. Your voice is helping to make health and care better for everyone.

# Our year in numbers

In 2025–2026 we supported thousands of people to have their say, share their experiences, and get information about their care.

We currently employ **10** staff, eight of who are part time, and our work is supported by **39** volunteers including seven who are our trustees.

## Reaching out

Not including our panels and partnerships for adult social care, maternity and neonatal, and mental health, **1,249** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

We attended **119** community engagement activities including meetings and events.

We held **22** panel meetings.

**204** people were supported through the NHS complaints process by our Independent NHS Complaints Advocates.

We have **4,420** followers across our social media channels.

Over **21,200** people visited our website for advice and information.

## Championing your voice

We published **7** reports about the improvements people would like to see in areas like maternity and stroke services along with our quarterly impact reports. Our most popular report was **'What families with ADHD and autism need to thrive'**, highlighting struggles in accessing support, assessments, and follow up care.

## Statutory funding

We are funded by the Government through Public Health Department at Wakefield Council. In 2025–2026 we received **£306,177**.

# Overview

Throughout 2025–2026 we listened to hundreds of local people and used their experiences to influence positive change.

## We listened

More than 1,200 experiences of health and care services were shared with us throughout the year.

Engagement across dozens of community groups, events, forums, and neighbourhoods throughout Wakefield District.

Ongoing conversations through our Mental Health Community Panel, Adult Social Care Citizen Panel, and Maternity and Neonatal Voices Partnership.

## We supported

People received information, advice, and signposting to help them access services and understand their rights.

People were supported through our NHS Complaints Advocacy Service when things had gone wrong.

Carers, disabled people, young people, and those facing barriers to care were helped to access support and services.

## We influenced

Local experiences were shared at strategic meetings across the health and care system.

Feedback informed discussions at the NHS Quality Intelligence Group and other partnership forums.

People's experiences helped identify priorities for improvement and highlight areas of good practice.

## We made a difference

Local voices helped shape discussions about ADHD and Autism assessments, maternity services, mental health, primary care, hospital services, stroke services, and community support.

Advocacy support helped remove barriers to accessing care and led to service learning.

Feedback contributed to improvements in hospital discharge, communication, reasonable adjustments, and digital inclusion.

Young people influenced improvements to CAMHS referral processes.

# Listening to you

**Services can't improve if they don't know what's wrong.**

**Your experiences shine a light on issues that may otherwise go unnoticed.**

**This year, we've listened to people from across the district.**

**People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.**



# What you told us

## Here are the main themes we heard over the year.

### Access to care

Access to health and care services remained one of the most common concerns raised by local people.

People told us about difficulties obtaining GP appointments, long waiting times following referrals, delays in receiving test results, and uncertainty about what would happen next in their care journey.

Many people felt they had to chase services themselves, often at times when they were already feeling vulnerable or unwell.

While there were many examples of excellent care, people wanted services that were easier to access, easier to navigate and more responsive to their individual needs.

### Being heard and treated with dignity

Throughout the year, people consistently told us that communication and compassion matter.

When staff took time to listen, explain what was happening and involve people in decisions, experiences were overwhelmingly positive.

However, we also heard examples of people feeling dismissed, judged or not taken seriously. For some, this affected their confidence in seeking help and their trust in services.

People wanted to feel respected, understood and treated as individuals.

### Mental health support

Mental health continued to be a significant theme.

People spoke about challenges accessing timely support, uncertainty about pathways into services and difficulties navigating different parts of the system.

At the same time, we heard powerful examples of the positive difference that compassionate professionals and community support can make.

### Joined-up care

Many experiences highlighted the importance of services working together.

People often told us about repeated assessments, lost referrals, poor communication between organisations and confusion about who was responsible for their care.

Where services communicated effectively and worked together, people felt safer, more confident and better supported.

## Digital inclusion

As health services increasingly use digital systems, experiences were mixed.

Many people welcomed the convenience of online consultations, appointment systems and digital communication. However, others experienced significant barriers.

Older people, people with disabilities, people without access to technology and those with limited digital confidence often felt excluded from services that increasingly relied on online access.

People told us they wanted choice, flexibility and support to use digital services rather than being expected to use them as the only route into care.

Digital inclusion is a priority for us in 2026–2027.

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These themes have informed our work throughout the year and continue to shape the conversations we have with health and care leaders across Wakefield District.

### **Behind every piece of feedback is a person**

Some wanted to share a positive experience. Others wanted help when things had gone wrong. Many simply wanted to know that someone would listen.

Together, these experiences have helped improve services, influence decisions, and make sure that the voice of local people remains at the heart of health and social care across Wakefield District.

**Thank you to everyone who shared their experiences with us this year.**

**Find out more over the next pages.**

# Strengthening support for neurodivergent children and families

**We wanted to explore the experiences of local families with children who are waiting for a diagnosis or have been diagnosed with ADHD and/or Autism.**

Our focus was understanding how these experiences can affect families, what could help to improve their experience, and what gaps and barriers there are to accessing these services.

## What did we do

- We spoke with families about their journey before, during, and after diagnosis.
- We gathered their perspectives on the accessibility, quality, and relevance of available support services.
- We identified common gaps, barriers, and challenges faced by families and highlight examples of services, interventions, or approaches that worked well.

We conducted five interviews with families who have children with ADHD and/or Autism and live in Wakefield District. Some parents told us they were unsure what to expect after making a referral, while others felt well supported by individual professionals or schools.

Post-diagnosis support was described as inconsistent, with several families relying on their own research or community organisations for guidance. Experiences in schools also varied. Some families found staff understanding and helpful, especially where neurodiversity training had taken place. Others felt behaviours were misunderstood before diagnosis.

Community organisations and groups such as Family Hubs, KidsAware, and the Parent Carer Forum were praised for providing practical advice and peer support. But these services could be promoted more and information shared more widely to provide people with this valuable information. For this reason, we created an information booklet to help with this.

One of the things we discovered by raising the concerns in these case studies is that our local system is 'needs' led. This means that people don't have to get a diagnosis, or wait for one, to access support. This is a strength, but local people need to know about this. Our report recommended clearer information for families, more consistent pathways across health and education, and ongoing training for professionals.

Lewis Smith-Connell, our Chief Officer said:

"There is a need to create consistent and clear information on the support available and the referral processes for families, GPs, schools, and community services. This information needs to be accessible for all, including those who are digitally excluded. There is a need to:

- strengthen needs led support and signposting,
- build on and continue to recognise parents and carers as essential partners in the child's journey,
- embed targeted, ongoing training on neurodiversity for professionals; and to canvas nationally for training to be universal in both education and social care training and education.

The purpose of a system is what it does, and families need more than assessments. They need a system that helps them stand tall, navigate the journey, and support their children to flourish.”

Our report shows the strength of families and the need for clearer, fairer, and more supportive pathways. A diagnosis is only one step; lasting change comes from better communication, consistent processes, and inclusive support that helps children and families thrive.

## Looking for support?

We created a free guide which brings together trusted organisations, local services, practical tools, and activities available across Wakefield District – all in one place.

Whether you’re just starting out or looking for ongoing support, we’re here to help you find the right help at the right time.

- ✓ Local and national support organisations
- ✓ Family Hubs and community groups
- ✓ Practical tools and wellbeing resources
- ✓ Things to do for children and young people
- ✓ Contact information you can trust

You can find the guide here alongside our report:

<https://www.healthwatchwakefield.co.uk/report/2026-02-04/what-families-adhd-and-autism-need-thrive>

If you need this report in a different format, please contact us.

# Shaping better stroke support together

**We were hearing an increased amount of feedback relating to stroke, so we looked more closely at people's experiences to identify whether common themes were emerging.**

People told us what they valued but concerns were also raised which prompted us to undertake a snapshot review.

## What did we do

The snapshot reflects experiences shared directly with Healthwatch Wakefield. It doesn't show how common issues are across all services, but it highlights where people have experienced problems or recognised good practice.

People told us they valued high quality GP care, fast and effective hospital treatment, and strong rehabilitation and community support. However, concerns were also raised about long waits, poor communication and gaps in post discharge support.

Based on this feedback, we recommended improvements to A&E stroke pathways, access to early rehabilitation, post discharge support, and stroke awareness in primary care.

We shared these findings with local partners and stroke has now been identified as a priority area within Hospital HealthPathways, with a named clinical lead in place.

## What difference did this make?

To support people affected by stroke, we produced a new stroke signposting and support guide.

We will continue to listen to people's experiences and use their feedback to influence improvements to stroke services.

Find the report and signposting information here:

<https://www.healthwatchwakefield.co.uk/report/2026-01-22/snapshot-report-stroke-services>

If you need this report in a different format, please contact us.

# Improving hospital discharge

**Over recent years, local people repeatedly told us about difficulties when leaving hospital.**

Experiences highlighted concerns about communication, understanding discharge plans, arranging support at home and accessing information about what would happen next.

## What did we do

In response, Healthwatch Wakefield had undertaken a focused review of hospital discharge experiences. The findings and recommendations were shared with system leaders and service providers.

Throughout 2025-2026 we continued to monitor progress and ensure that people's experiences remained central to improvement work.

Encouragingly, feedback shows that positive changes are being made. More people reported feeling prepared for discharge, understanding their care plans, and receiving the support they needed when returning home.

This work demonstrates the value of sustained engagement. By listening carefully to local experiences and sharing them with decision-makers, we helped ensure that hospital discharge remained a priority for improvement across the system.

## What difference did this make?

- Improved understanding of discharge plans.
- Better communication with patients and families.
- Increased confidence in support available after leaving hospital.
- Ongoing commitment to improving discharge experiences across the district.

We continue to monitor hospital discharge and look for any new or repeated themes.

# Hearing from everyone

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- involving women newly arrived in the UK in developing maternity and neonatal services
- involving young people in the redesign of mental health service information



# Newcomer women help develop local maternity services

## Our local Maternity and Neonatal Voices Partnership organised a 15 Steps visit to maternity areas at Pinderfields Hospital.

For their visit this year, they focused on the experiences of newcomer women, recently arrived in the UK, who might also speak English as an additional language. It was a valuable and satisfying visit, strengthening collaboration between staff and the communities they serve. We'd like to thank One Ummah Community, Happy MOMents, the Maternity Befrienders, and all the maternity staff who contributed to the visit.

Stacey Harrower, Chair, Maternity and Neonatal Voices Partnership for Wakefield District said:

"We worked with these women, many of whom are new to the UK and navigating maternity care with limited English.

They shared both positive experiences and deeply personal challenges but also how they sometimes felt unseen in mainstream services.

Their voices have often been missing from this kind of work, so inviting them to take part in a 15 Steps visit at Pinderfields was a turning point.

Their feedback was honest, brave, and highlighted how care can be more culturally sensitive and inclusive. Working with the group in this way, rather than a digital survey or a feedback form, meant that we were able to create a personal relationship, with trust and respect; and make sure their voices have been heard."

In October, the Maternity and Neonatal Voices Partnership Leads for Wakefield District and Kirklees presented their report to some of the Matrons and Managers at Mid Yorkshire Teaching NHS Trust. They discussed the feedback with staff who attended and presented 11 recommendations for improvements.

You can find the report here:

<https://www.healthwatchwakefield.co.uk/report/2025-12-11/walking-their-shoes-through-maternity-services>

If you need this report in a different format, please contact us.

You can find out more about the work of the local Maternity and Neonatal Voices Partnership here:

<https://healthwatchkirkleesandcalderdale.com/maternity-voices-partnership/>

# Young people shape local mental health services

**Young people are experts in their own experiences and deserve to have opportunities to influence the services designed for them.**

This year, Wakefield CAMHS – Child and Adolescent Mental Health Services – worked with Healthwatch Wakefield and our young volunteers to review and improve a new referral form and related service information.

Young people provided practical feedback about the language used, how sensitive questions were asked, confidentiality information, and how the process could feel more supportive and inclusive. Their recommendations helped strengthen the final referral process and contributed to wider service improvements. This work made sure that young people's voices were embedded in decisions that directly affect their access to mental health support.

## What difference did this make?

- Young people directly influenced a key access point into CAMHS.
- Referral information became clearer and more accessible.
- Service updates reflected the experiences and priorities of young people.
- Young volunteers helped to create a more inclusive process for future service users.



# Information and advice

**This year people continued to reach out to us for advice, support or help finding services. These conversations help us to understand where, and how, your care can be made better.**

**This year, we've helped people by:**

- providing up to date information people can trust
- helping people access the services they need
- supporting people to look after their health
- signposting people to additional support services



## Signposting for carers

We attended a Stroke Support Group at Create Café and were able to signpost one of the couples to Memory Action Group for support on living with dementia. We also signposted them to the accessible cycling scheme at Thornes Park, as they were looking for an affordable way to exercise safely.

A woman who had recently given up working full time to be her mum's carer didn't know what was available to her as a Carer. We signposted her to Carers Wakefield and District and their support groups, as well as the My Time grant, which is a support scheme that enables carers to apply for up to £100 per year to get a break from caring.

We also spoke to a woman who was a carer for her husband, who is living with dementia. She shared how lonely and hard it was for her. She had not had a carer's assessment and had not heard about Attendance Allowance. We signposted her to the Adult Social Care Team who can also refer them to the Aids and Adaptations Team.



**“We have never received such a genuinely positive response as we did following your visit.”**

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## Advice for people on stroke services and support

To support people affected by stroke, we produced a new stroke signposting and support guide, which is available on our website. Our Research and Engagement Officers have been taking the report and signposting guide out with them to community engagement events and panel meetings, where we have heard positive feedback from local people.



**“This is a great report, my husband had a stroke and I look after him now. The signposting guide is so helpful, thank you.”**

Find the guide here: <https://www.healthwatchwakefield.co.uk/report/2026-01-22/snapshot-report-stroke-services>

If you need this guide in a different format, please contact us.

# Support and advocacy

**Our Independent NHS Complaints Advocates work one to one with people, giving them the advice and support they need to make complaints.**

**Ann contacted Healthwatch after being given a leaflet by another resident in their assisted living facility.**

"I have always received home visits owing to my multiple complex health conditions, including severe COPD and spinal stenosis, which affect my mobility.

I received support from the Independent NHS Complaints Advocacy service to make a complaint following my experience with my GP Practice in August 2025.

I cut my finger badly in August and could not get any help at my GP in Ossett to stop the bleeding. I had no choice but to get a taxi to the Walk-In Centre at Dewsbury Hospital. This was extremely difficult for me, as even with my walker my legs are very painful, and I struggle with my breathing owing to severe COPD. My spinal stenosis was exacerbated by having to go to the Walk-In Centre and I continued to suffer after returning home. The advice given to me was to see my GP in four days to have the wound redressed.



Ann, in her garden

I phoned the surgery when I arrived home from Dewsbury, explained what had happened and requested a home visit for the four-day mark as advised. The receptionist told me that because I had been able to go to the Walk-In Centre, I couldn't have any more home visits. I tried to explain that I hadn't had a choice and how difficult it had been for me.

On the day the dressing was due to be changed, I had to get a taxi to the Surgery. Again, my legs were very painful, and it exacerbated my spinal stenosis. I struggled with my breathing because of the effort too. The Nurse I saw was very empathetic and caring, and offered to call on her way home from work, in another four days, to redress the wound. Which she kindly did.

For the next dressings of the wound, I had to get a taxi and then my son was able to take me. On both occasions I struggled with the pain in my legs, my breathing, and the resulting exacerbation of the spinal stenosis. I had an appointment to see a GP about my foot and mentioned the wound which needed re-dressing. The GP told me that they were far too busy to do home visits and that I had already been told there would be no more home visits. I specifically asked the GP why they had been giving me home visits for the last 18 months; he couldn't answer me.

This conversation with the GP made me feel terrible and when I got home, I cried.

It is upsetting enough to realise that your health is getting worse but frightening to think that I may no longer be able to get medical help at home from my GP's and nurses in future when I need it.

Following my formal complaint with the help of my Advocate, the response from the Practice acknowledged each of my concerns. They offered apologies, explanations regarding my concerns, and answered my questions."



"I was concerned about others who might not have anyone to help them speak up. I'm pleased with the changes made by the Practice, which will help make sure other patients feel listened to, supported, and treated with compassion".

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### Following Ann's complaint

The Practice acknowledged Ann's concerns and apologised for the distress caused. They recognised that her individual circumstances, health conditions, and mobility needs had not been fully considered when decisions about home visits were made. And that communication could have been clearer and more compassionate. The Practice have reassured her since, that home visits have not been permanently withdrawn, and would continue to be assessed based on her individual needs. A note was added to her medical record highlighting her mobility limitations, and the Practice committed to considering both her physical and emotional wellbeing in future. As a result of the complaint, staff received additional guidance on handling home visit requests sensitively, improving communication with patients, and making sure decisions are made based on a full understanding of each person's circumstances.

# Supporting access through advocacy

## Sometimes a single experience can highlight a wider issue within a service.

One of our Independent NHS Complaints Advocates supported a wheelchair user who had been unable to access the Patient Transport Service. They had waited many months for a clinic appointment but couldn't attend because transport support had been refused unexpectedly, despite being eligible for many years. Public transport was not a viable option for a few reasons and the wheelchair taxi service would not agree to pick up in Wakefield. Because they missed their appointment they were put on a waiting list again. Following advocacy support, the case was reviewed. It was identified that the eligibility criteria had not been applied correctly, and opportunities to provide additional support had been missed. As a result of the complaint, the individual received an apology and was reassured that access to the Patient Transport Service had been reinstated for future health appointments. The provider also reviewed its processes and provided additional staff training.

## What changed

- A barrier preventing access to care was removed.
- The individual received the support they needed.
- Staff received additional training.
- Service learning was used to improve future decision-making.



"I want to say thank you for your hard work and diligence. Thanks so much for your help. I would not have had this outcome without your good work. I hope you are able to help many more well done, you are a star."

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# Turning complaints into change

## Complaints can improve oversight and responsiveness for all patients.

This woman made a complaint to Sandal Castle Medical Centre as she had requested an appointment but instead received a prescription for a medication that she had already tried. She complained in August and was told she would receive a response in 28 days; however, she didn't receive anything. She complained again in November and again didn't receive a response. With support from one of our NHS Complaints Advocates, the complaint was escalated to the surgery.

## What changed

As a result of the complaint, the surgery introduced a new system for managing complaints. A Duty Manager now responds to concerns on the same day they are received, and a complaints tracker has been implemented to ensure issues are logged, monitored and reviewed weekly.

# Our volunteers

**Our fantastic volunteers have given their time and energy to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.**

**This year, our volunteers have:**

- visited communities to promote our work
- collected experiences and supported their communities to share their views
- carried out visits to local services to help them improve
- worked with mental health services for children and young people
- taken part in our panels and partnerships



## At the heart of what we do

Our volunteers promote opportunities for you to be involved with Healthwatch along with visiting services, and speaking to people about their health and care needs and experiences. And, not least, volunteers steer our charity as trustees, keeping it on track, doing what it's supposed to do. Local people also volunteer as part of our panels for mental health and adult social care.

### Community Mental Health Panel

Throughout this year, the Community Mental Health Panel provided a vital platform for people with lived experience to influence the design and delivery of mental health services across Wakefield District. Our Panel members contributed feedback on service developments, care planning, discharge communications, the MY Health Passport, recovery services, and a new mental health pathways website. Members also represented the voice of service users at regional events, collaborative networks, and service improvement projects. Alongside shaping services, the panel fostered peer support, creativity, and community engagement, with members sharing poetry, artwork, and lived experience to raise awareness of mental health.

Looking ahead, panel members will continue co-producing a mental health art installation with partners across Wakefield District, with the exhibition scheduled to launch at Wakefield One in October 2026. The project will provide a creative platform for people with lived experience to raise awareness of mental health and share their stories with the wider community.

### Adult Social Care Citizen Panel

Our Adult Social Care Citizen Panel continues to provide a valuable platform for people to influence local services and decision-making. This year, our panel members shared their experiences and insights directly with commissioners and service leaders, helping to improve understanding of issues including care quality, safeguarding, carers support, service access, and transitions between services.

Feedback from panel members led to ongoing discussions about the monitoring and quality of care services, while suggestions for improvements to digital health tools were shared with NHS partners and considered as part of future service developments.

Panel members also reviewed and provided feedback on a range of resources and initiatives, including a Waiting Well leaflet, a care home poster on safeguarding, carers assessments, the Carers Strategy, Adult Social Care 'Front Door' services, neighbourhood health plans, and support for young people transitioning into adult services. Their insights helped organisations such as Wakefield Council, the Adult Safeguarding Board, Young Lives Consortium, and Adult Social Care teams make sure services and information better meet people's needs.

Through outreach across the district, we welcomed new members to our Panel, creating a stronger and more diverse group. Our Panel members have also grown in confidence, sharing their experiences, supporting one another, and helping shape improvements across health and social care.

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## Be part of the change.

If you've felt inspired by this, contact us and find out how you can volunteer and make a difference.

# Working together

## A network of local Healthwatch

### Informing the Integrated Care Board

Throughout the year, we worked across West Yorkshire with neighbouring Healthwatch and West Yorkshire Voice. We gathered feedback and shared it with the Integrated Care Board (ICB), highlighting key issues and making recommendations. These insights are helping shape funding for mental health services, support for children and young people, and efforts to reduce health inequalities.

### Non-Emergency Patient Transport Services

National changes to non-emergency patient transport eligibility in April 2025 left some people unable to access transport to hospital appointments. We gathered feedback from 35 people, and eight received support from their local Healthwatch to appeal decisions, helping them get transport to their appointments.

### Supported self-management of health

Working with West Yorkshire Voice, we spoke to 155 people about managing their own health. We identified barriers such as access to information, cost, time, and transport, as well as the support people need to build confidence and practical skills. These findings are helping shape developing neighbourhood health services.

### People's voices in neighbourhood health across West Yorkshire

Neighbourhood health aims to provide care closer to home, support people to stay well, and reduce avoidable hospital visits. We worked with the West Yorkshire ICB to secure funding and ensure local people's views are reflected in the planning and development of neighbourhood health services.

### About West Yorkshire Voice

West Yorkshire Voice is a network of individuals, groups, organisations, and community networks that helps influence health and care decisions across the region. Coordinated by Healthwatch between 2022 and 2026, the network grew to nearly 700 members and brought people's voices and experiences to many areas of health and care.

Colin Hurst, Insight, Involvement and Consultation Lead at the West Yorkshire ICB, said: "All of the different elements of West Yorkshire Voice have informed decisions about health and care support time and time again... giving a voice to people who are often not able to tell their story."

Healthwatch established the network, which has now been handed over to the West Yorkshire ICB to continue involving local people in their decision-making.

To find out more or join, visit [www.wypartnership.co.uk/get-involved/west-yorkshire-voice](http://www.wypartnership.co.uk/get-involved/west-yorkshire-voice)

# Finance and priorities

## Our income and expenditure

Income		Expenditure	
Annual grant from Government	£306,177	Expenditure on pay	£331,416
Additional income	£91,587	Non-pay expenditure	£63,455
Integrated Care System (ICS)	£51,834	Office and management fee	£46,197
<b>Total income</b>	<b>£449,598</b>	<b>Total Expenditure</b>	<b>£441,067</b>

## Additional income is broken down into

- £32,000 received from Wakefield Council for the Adult Social Care Citizen Panel.
- £55,161 received from the Mental Health Alliance for the Community Mental Health Panel.
- £4,426 bank interest received.

## Integrated Care System (ICS) funding

We receive funding from our Integrated Care System for the following:

Purpose of ICS funding	Amount
NHS England through the ICS for the Maternity Voices Partnership	£27,712
NHS England through the ICS for the Neonatal Voices Partnership	£19,122
West Yorkshire Healthwatch work	£5,000

## Priorities

Over the next year, we will keep reaching out to every part of our district, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

## Three of our priorities for the next year are:

- Collecting the voices of professional care workers.
- Tackling health inequalities created by digital exclusion.
- Reviewing the impact of changes to the eligibility criteria for Patient Transport Services.

# Statutory statements

Healthwatch Wakefield is a Registered Company No. 09907848 and Charity No. 1166797 Registered in England and Wales.

Our Registered Address is Healthwatch Wakefield, The Plex, 15 Margaret Street, Wakefield, WF1 2DQ

Healthwatch Wakefield uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Board consists of seven members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

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

Throughout 2025-2026, the Board met nine times and made decisions on matters such as approving the extension of our Adult Social Care Citizen Panel and Mental health Community Panel.

We make sure there is wider public involvement in deciding our work priorities.

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

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

During 2025-2026, we have been available by phone and email, offered a web form on our website, through social media, and attended meetings of community groups and forums. We also provide SignLive to communicate with local people who use British Sign Language (BSL).

We make sure that this annual report is made available to as many members of the public and partner organisations as possible, and we will publish it on our website. Print copies are available on request.

## **Responses to recommendations**

We had 0 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

## **Taking people's experiences to decision makers**

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

For example, in our local authority area, we have taken information to our Health and Wellbeing Board, the Safeguarding Adults Board, and directly to commissioners and directors, for example, service directors for ADHD and Autism.

We have also taken insight and experiences to decision-makers in Wakefield District Health and Care Partnership. For example, the People Panel, Neighbourhood Health Leadership Group, and to the Nursing and Quality Director in relation to the Maternity and Neonatal Voices Partnership. We also share our data with Healthwatch England to help address health and care issues at a national level.

## Healthwatch representatives

Healthwatch Wakefield is represented on the Wakefield Health and Wellbeing Board by our Chief Officer, Lewis Smith-Connell, with our Chair, Roger Grasby, as Deputy.

During 2025-2026, our representative has effectively carried out this role by engaging in discussions and voting on service design and development; presenting reports on the future of patient voice; lobbying for public meetings and involvement; supporting the development of the People Panel into the Community Panel and the design of the Engagement and Involvement Advisory Board at Integrated Care Board level.

Healthwatch Wakefield is represented on Wakefield District Integrated Care Partnerships and West Yorkshire Integrated Care Board by our Chief Officer, with our Chair as Deputy. Our chief Officer also had a place on the System Oversight and Assurance Board of the Integrated Care Board.

## Enter and view

We did not use our statutory Enter and view powers over 2025-2026.





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