healthwatch Redbridge

Making People's Experiences Count

Listening to communities. Influencing decisions. Improving care.

ANNUAL REPORT 2025-2026

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A message from our Chair

As I reflect on the year, it is evident that health and care continues to operate in a period of significant change. The shift towards neighbourhood health, more integrated models of care and a sustained focus on health inequalities represents an important person-centred direction of travel.

However, the true test of change lies not in policy ambition, but in what people encounter when they seek care and support. Throughout the year, Healthwatch Redbridge has continued to raise the voices of residents and diverse communities across our borough, particularly those whose perspectives are not always visible in strategic and system-wide discussions. We have heard examples of good practice and responsive care, but these are alongside persistent barriers relating to access, communication and inclusion.

Some of the accounts captured in this report make for uncomfortable reading. People have faced difficulties in navigating services, of not being heard, of discrimination, and of occasions when the adjustments, clarity and respect they were entitled to expect were simply not there. These experiences and stories matter because they reveal the distance that still exists between policy intent and everyday reality.

If health equity is to move from aspiration to lived reality, our findings in this annual report highlight a simple and important truth: equity cannot be assumed. It must be realised and evidenced in how people are treated and in the consistency of the care they receive. Too often, what is designed at organisational level is not always reflected on the ground. This is not a question of ambition, but of delivery.

Independent insight has an essential role to play because our work does not exist in isolation from the wider changes taking place across health and care. The stories, concerns and insights shared with us at Healthwatch Redbridge are shaped by a complex landscape of reform, financial pressures, demographic change and evolving models of care. Equally, they have the power to influence how services are planned, delivered and improved.

Healthwatch exists to ensure that what local people tell us carries influence. By bringing those perspectives into conversations with commissioners, providers and partners, we help ensure that decisions are informed not only by strategy and performance, but by the realities of people's lives. Our role is not simply to document concerns, but to help drive improvement and hold a mirror to where services are not yet delivering what they intend. Across several areas of our work this year, these insights have informed discussions, highlighted risks and strengthened understanding of barriers that may otherwise remain hidden from view.

Looking ahead, the pace of change is unlikely to slow. New models of care, digital access and neighbourhood-based approaches will only succeed if they work for everyone, tailored to age, background and circumstance. Listening alone is not enough. People need to see that their voices lead to understanding, influence and change.

The future of Healthwatch is fragile and uncertain, but at Healthwatch Redbridge our work continues at pace and we remain steadfast and determined in our mission. We will continue to ensure that those voices remain central to how services are shaped, challenged and improved, particularly where inequalities in access, experience or outcomes persist.

My deep thanks go to our staff, volunteers, trustees and partners for their continued commitment, and above all to the residents and communities of Redbridge who have shared their stories with us. Their voices continue to be at the heart of everything we do.

Gita Mallya

ABOUT US

healthwatch Redbridge

Healthwatch Redbridge is your local health and social care champion. We make sure NHS and social care leaders, stakeholders and decision-makers hear your voice, and we use your feedback and experience to influence change and improve care. We also help you find reliable, trustworthy information and advice to support your health and wellbeing.

We work independently as a trusted critical friend, and we partner with the NHS, the local authority and community organisations to shape better, fairer services.

In line with our commitment to the Accessible Information Standard, this report has been designed to be clear, readable and accessible to as many people as possible.

OUR VISION

To bring closer the day when everyone gets the care they need

OUR MISSION

To make sure that people's experiences help make health and care better.

OUR VALUES

EQUITY	COLLABORATION	IMPACT	INDEPENDENCE	TRUTH
We're compassionate and inclusive, building strong connections and empowering our communities.	We build relationships and work with partners to amplify our influence.	We're ambitious about change, and accountable to those we serve.	We are a purposeful, critical friend to decision-makers, driven by the public.	We work with integrity and honesty, and speak truth to power.

Redbridge is home to over 310,000 residents, with population growth of more than 11% over the past decade. The borough is also one of London's most diverse boroughs, with around 65% of residents from global majority communities, and over 1,200 people currently receiving asylum support while awaiting a decision on their claim.

Factors such as this, highlight wider health inequalities across the borough, where barriers such as language, awareness and confidence in the system can affect access to care.

A YEAR OF REACH AND IMPACT

HOW WE'VE MADE A DIFFERENCE

We supported 1920 people to have their say and find information about their care.
We employ 6 staff, and 18 volunteers support our work.

Reaching out:

1320 people shared their experiences of health and social care with us - helping us raise awareness of what's working, highlight what isn't, and push for better services.

18,000 people came to us online for quality advice and information on things like finding a GP or NHS dentist, making a complaint, or getting welfare support.

Influence and Impact

We published eight reports about the improvements people would like to see in areas like:

- Accessible information
- Care of the Elderly
- Women's Health
- NHS Digital Services

Championing unheard voices:

We make sure the experiences of seldom-heard communities reach the people who plan and run services. This year we brought local voices to board and stakeholder partnership meetings across Redbridge and North East London, including the Health and Wellbeing Board, the Place Based Partnership Board and our Integrated Care System, so resident insight shaped real decisions.

OUR DIGITAL REACH

Over the past year, we've created more ways for people to connect with us online.

Helping people make informed decisions and get information

Between 1 April 2025 and 31 March 2026, 18,000 separate people visited our website, and it was visited almost 90,000 times in total. People come to us online to learn about our insights, understand changes to services, and share their views.

Enhancing channels for conversation and direct communication

Social media helps us involve more people in conversations about health and social care. On Facebook we reached 91,000 accounts, and we expanded our presence by joining Instagram, BlueSky and LinkedIn, sharing healthcare rights, local stories and our insights.

Keeping local people in the loop

We published 8 e-newsletters, opened 1,044 times. Our newsletters and our thriving Community Network keep local people and partner organisations informed of service changes, invite them to take part in surveys, and share local events.

A Year of Making a Difference

SPRING

We joined Healthwatch England's GP Choice Project, interviewing residents about their GP experiences. →
Local GP experiences fed into Healthwatch England's national GP Choice project.

Our menopause workshops reached 137 women in Redbridge, busting myths and helping them recognise symptoms and ask their GP for better support. →
137 women left better equipped to spot symptoms and seek the right care.

SUMMER

Our Mental Health First Aid training ran throughout the year, with 64 learners completing courses. →
64 new Mental Health First Aiders now supporting colleagues across north east London.

The Disability Festival outreach connected us with 307 people, including young people, disabled residents, people with mental health needs and the LGBTQI+ community. →
More residents now aware of their right to accessible information and communication support.

AUTUMN

Our Care of the Elderly project reached 352 older residents, working through community organisations and in-person events so people felt supported to share their experiences. →
Insights now shaping ward improvements and discharge pathways at Whipps Cross.

Through the Rough Sleepers Network, we gave 21 rough sleepers winter essentials: hats, socks, gloves and torches. →
21 rough sleepers supported through the coldest months.

WINTER

We supported families to share their experiences with the Independent National Maternity and Neonatal Investigation. →
Families' voices fed directly into the national investigation into maternity and neonatal care.

We launched a new AIS Champions course following the updated Accessible Information Standard, delivering the first to staff at St Francis Hospice. →
First AIS Champions trained to embed the new standard, starting at St Francis Hospice.

TURNING INSIGHT INTO INFLUENCE

We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care. This year our work delved even deeper into health inequalities and equity of access to frontline services. **Here are some examples of our work in Redbridge this year:**

Using Safe Surgeries in Redbridge

The Safe Surgeries initiative, led by Doctors of the World, aims to remove the barriers to GP care faced by people in vulnerable circumstances, including migrants, refugees and people without documents.

We reviewed GP registration across all 41 practices in Redbridge to understand the barriers facing these groups and residents with limited English. Using a website audit and mystery-shopper calls, we found inconsistent and sometimes incorrect information, unclear ID requirements, limited interpreter support, low awareness of Safe Surgeries principles, and, in some cases, prejudice and discrimination from staff.

These are serious findings for a borough as diverse as Redbridge. The gap between what practices publish and what residents are actually told creates barriers to care that should not exist. Our findings point to the need for standardised training, clearer communication and a stronger focus on equity across the borough.

We will be raising our findings with relevant bodies over the coming months, including the North East London Integrated Care Board Health Inequalities team and the Redbridge Health and Wellbeing Board.

"You should learn English, you are in an English country."

A response from a GP surgery during our Mystery Shopper activity for this report

Using the NHS App

The NHS App is set to become the main way people access NHS services by 2028. We surveyed 152 Redbridge residents to find out how ready people are for that shift. Awareness was high, but many, especially older residents and those less confident with technology, struggled with confusing design, registration problems, a lack of devices and worries about data security. Many preferred phone or face-to-face contact.

We recommend keeping non-digital options, improving accessibility, offering in-person training, providing guidance in more languages, and building trust by being clearer about how data is used.

Whipps Cross Maternity: Care at night

After our night-time visits to the Whipps Cross Hospital maternity wards in 2024, the Trust acted on several of our recommendations, including:

- Reduced reliance on agency staff
- Increased permanent staffing to five midwives per shift
- Extended clerical cover
- Strengthened escalation routes
- Introduced Safety Champion Walks and comfort rounds
- Improved access to interpreters
- Invested in 15 CTG machines (which monitor a baby's heart rate and the mother's contractions)

Our 2026 revisit shows encouraging progress in many of these areas. Continued focus is still needed on responsiveness, communication, newborn observations and aspects of basic care.

> ***"We would like to express our sincere thanks to Healthwatch Redbridge...*** *Their independent insight and thoughtful recommendations have been instrumental in helping us identify meaningful areas for improvement, embed positive changes in practice, and secure dedicated funding to develop focused staff training."*

Shahida Trayling,
Director of Nursing and Governance,
Whipps Cross Hospital, Barts Health NHS Trust

WORKING TOGETHER FOR CHANGE

When local Healthwatch organisations work together across our region and the country, local voices carry further. Together we spot shared challenges, learn from what works, and build stronger evidence to improve services regionally and nationally.

Using insight to drive change
In North East London, this runs through the Community Insights Programme with our Integrated Care Board (ICB). It now captures the experiences of 193,448 local people (up from 163,340) and 655,165 issues, concerns and examples of good practice (up from 540,000). The eight Healthwatch organisations have produced 1,040 reports and 396 dashboards on GP and hospital services alone (up from 822 and 317), powerful evidence to spot trends and shape better services.

Improving access to GP services
With Healthwatch partners across North East London, we reviewed how easy it is to register with a GP without formal ID. We looked at how many local practices had signed up to the Safe Surgeries commitment (created by Doctors of the World) and where registration was hardest. The work showed clearly where services can be more inclusive and accessible.

Amplifying maternity voices
We continue to lead work on fairer maternity care across North East London. This year, with Healthwatch colleagues, we helped bereaved families be heard through the National Maternity and Neonatal Investigation.

Improving access through the NHS App
With Healthwatch organisations across the country, we contributed to a review of the NHS App, showing how digital tools can open up access, and where they leave some people behind. The findings will guide future work on digital inclusion.

LISTENING TO YOUR EXPERIENCE

Bringing women's voices into the room with the clinicians who run screening

Building on our extensive women's health work in Redbridge, we were invited to share our findings across North East London, working with the primary care nursing team at NHS North East London Integrated Care Board on cervical screening. We built the session around what women had actually told us, covering screening, the barriers to access, and local women's health pathways, and it drew strong engagement and practical discussion among the nurses best placed to act on it.

"Rafat [Kiani, Research and Engagement Coordinator] planned and delivered a Women's Health webinar for NEL primary care nurses that was warmly received, sharing evidence-based guidance and drawing specific thanks from attendees. A real pleasure to work with."

Dr Mary Clarke CBE - Head of Primary Care Nursing - NEL ICB - Part of the North East London Health and Care Partnership

"By coming to places like our mosque, they create a respectful space where women can speak openly, and we're proud our feedback helps improve services for families across Redbridge."

Albert Road Mosque Women's Group

OUR WORK IN ACTION

What follows is a sample of the work we led this year. Behind each project are the voices of people the system rarely hears, and findings that demand a response. Our job doesn't end with the evidence: we carry it into the boards, partnerships and frontline teams that can change things, and we hold them to it.

CHAMPIONING WOMEN'S VOICES, INFLUENCING CHANGE

We ran a three-phase Women's Health Project to understand and tackle the inequalities women face in accessing healthcare across the borough. It focused on three areas where women told us services were not working for them: cervical screening, breast screening, and menopause and perimenopause care.

We spoke with women from ethnic minority communities, disabled women, carers, and women with additional access or communication needs. We met them in trusted community spaces, GP settings and outreach events, using interviews, surveys and conversations so women could speak openly about sensitive and often hidden experiences.

A three-phase Women's Health Project to understand and address inequalities in women's access to healthcare across the borough

Across the three reports, **321 women shared their experiences**. On paper, the numbers taking up screening sometimes looked reasonable, but women's own accounts told a different story. They described real and recurring barriers: venues and rooms that were difficult to get into, little flexibility over appointment times, and too little information in other languages or in easy-read formats. Many also struggled to get clear information about their own health, met care that overlooked past trauma, and, particularly around menopause, found the support from clinicians patchy and inconsistent. Most concerning, some women were dismissed or sent away when they raised real worries, and left doubting themselves.

"I was told I was too young for menopause and sent away. No one explained what was happening to my body, and I started to doubt myself."

Menopause & Perimenopause participant

"There should have been more help given to people with disabilities. I was treated as an individual who had no additional needs. It doesn't take long to read my medical record to understand that."

Wheelchair user, Cervical Screening

THE IMPACT:

- **In the screening room:** our findings shaped a cervical screening session for North East London's primary care nurses, who committed to practical changes including longer appointments, trauma-informed care and clearer communication.
- **On the national agenda:** Healthwatch England drew on our cervical screening recommendations in its national work on prevention and early diagnosis.
- **In local strategy:** we shared our engagement approach with the Redbridge Sexual Health Strategy Group, shaping how local services reach under-represented women.
- **In research:** Queen Mary University of London is using our findings in a systematic review on pain during breast screening.
- **On the record:** we surfaced the experiences of disabled women and women from ethnic minority communities who are routinely missing from screening data — gaps that include care overlooking past trauma, environments that are hard to access, and poor menopause support.

This gives us a strong evidence base to keep pushing for change, and to monitor whether women's experiences actually improve over time.

IMPROVING THE HOSPITAL-TO-HOME JOURNEY FOR OLDER PEOPLE

A project designed to understand older people's experiences across the hospital-to-home pathway in Redbridge

Our Care of the Elderly project set out to understand older people's experiences along the hospital-to-home pathway in Redbridge through ward visits at Whipps Cross Hospital, community engagement, and follow-up conversations after discharge. It shows how care feels at each stage, and where gaps in coordination, communication and support hit older residents hardest.

WARD VISITS

We spoke with 28 patients and carers on the Care of the Elderly wards at Whipps Cross Hospital. They often praised staff kindness and ward cleanliness, but raised real concerns about hydration support, call bell access, communication with families and discharge planning.

COMMUNITY ENGAGEMENT

50 older residents told us their experience of hospital care and discharge is often inconsistent. Many described staff as caring, but reported problems with basic care, communication, ward noise, and uncertainty about what would happen after leaving hospital.

DISCHARGE FOLLOW-UP

We followed up with a sample of patients after discharge, and found examples of compassionate care alongside discharge delays, poor communication, fragmented coordination and inadequate follow-up.

These problems are rarely down to a single service. They come from how well services work together. We're calling for earlier, clearer discharge planning, better communication with patients and families, stronger coordination between hospital and community teams, and more personalised support after discharge.

THE IMPACT

- **Pathway change:** the Academic Centre for Healthy Ageing committed to building our findings into its work on hospital discharge pathways (system-level learning that reaches beyond a single ward).
- **Ward action at Whipps Cross:** after we raised two safeguarding concerns, the Trust introduced reflective staff discussions, training and comfort rounds, and reinforced regular nutrition and hydration reviews.
- **Getting patients moving:** Whipps Cross piloted End Pyjama Paralysis (getting patients up, dressed and active to aid recovery) on one ward, with plans to extend it to the other Care of the Elderly wards.

STANDING WITH FAMILIES WHEN CARE GOES WRONG

Supporting families who experienced adverse outcomes in maternity and neonatal care within North East London

The Maternity and Neonatal Independent Senior Advocate (MNISA) role was a national NHS pilot, introduced as part of the response to the Ockenden review of maternity care and running in several parts of England between 2023 and 2026. **We were proud to be the only Healthwatch chosen to host and manage the pilot, and our work fed directly into Baroness Amos's national investigation into maternity and neonatal care.**

The role made sure families' voices were heard, listened to and acted upon after an adverse outcome, such as the death or serious injury of a baby or mother during NHS care. Independent of the hospital where the outcome happened, the North East London MNISA gave families practical and emotional support, helped them navigate complex systems, and turned their experiences into learning and system-wide change.

An independent evaluation ran from October 2024 to June 2025. Families overwhelmingly valued the role, describing it as central to feeling heard and supported through distressing investigations and reviews. Its independence was key to building trust.

"You've honestly made this most difficult journey that much more bearable. You have really enabled me to process a lot of what has happened and helped me to move forward."

MNISA bereaved family, March 2026

"I believe the role you occupy is absolutely vital."

NHS Clinical Governance Lead, March 2026

THE IMPACT:

- **For families**: families who had felt dismissed were finally heard and supported through grief. We helped with past language barriers and confusing governance processes, and connected them to specialist mental health support and their local MP.
- **Into the national picture:** we supported families to contribute to Baroness Amos's National Call for Evidence, feeding Redbridge experiences directly into the national investigation into maternity and neonatal care.
- **System and clinical change:** in response to family feedback, Trusts strengthened governance and bereavement support and added clinical staff, and senior teams changed how they handle accountability and medical review when things go wrong.
- **Changing practice:** our MNISA was invited to train obstetric and midwifery teams on trauma-informed communication, and local coroner services now involve families before issuing press releases, so they are not blindsided.

CHAMPIONING THE RIGHT TO BE UNDERSTOOD

Accessible Information Standards

For over ten years we have championed people's right to receive information in a format they understand, and to get the communication support they need. That long experience has made us a trusted local voice on the Accessible Information Standard (AIS).

WHAT WE DID

- Helped shape the revised national AIS, working with Healthwatch England and NHS England so people's real experiences fed into the new standard.
- Joined the Redbridge Place Based Partnership AIS steering group and supported an audit of GP practice compliance.
- Turned the audit findings into our Know Your Rights campaign and workshops for people with communication support needs.
- Created accessible documents people can take to GP and hospital appointments to explain their communication needs.

Championing patients' and service users' right to receive the information and support they need

WHO WE SUPPORTED

- Ran Know Your Rights workshops, including sessions for parents of young adults through Redbridge Forum, and reached more people about their AIS rights at the Redbridge Disability Festival.
- Used participant feedback to keep improving the workshops and materials, and updated the Redbridge Place Based Partnership Board on what we learned.

BUILDING WORKFORCE CAPABILITY

After the revised standard was published, we created an AIS Champions course to help organisations put it into practice. We delivered our first course in March 2026 to staff at St Francis Hospice, and we are in discussions with Barking, Havering and Redbridge University Hospitals Trust (BHRUT) and Barts Health.

THE IMPACT

- **Shaped the national standard:** our evidence and people's experiences fed into the revised Accessible Information Standard — work nationally recognised by Healthwatch England and NHS England.
- **Built capability across the system:** the new AIS Champions course gives organisations a structured way to embed the standard, starting with St Francis Hospice and now in discussion with BHRUT and Barts Health.
- **Kept it on the local agenda:** we held accessible communication on the Redbridge Place Based Partnership Board's improvement agenda, and helped residents and families understand their rights and challenge poor practice when adjustments aren't provided.

Despite the new standard, the local picture is still inconsistent: too many people still don't get information in a way they can understand.

Accessible documents created for patients and carers with communication support needs as used in our Know Your Rights Workshops

OUR YEAR IN OUTCOMES

In 2025–26, Healthwatch Redbridge turned engagement into action, securing individual support, influencing frontline practice, shaping Trust-wide strategies, and contributing to national learning, while ensuring seldom-heard voices were central to change.

Project / Activity	Key Outcomes & Impact
Care of the Elderly – Sensory-Impaired Focus Groups	Surfaced barriers for blind and deaf patients; evidence fed into our reports and into referrals to support services.
Care of the Elderly – System Influence via ACHA	The Academic Centre for Healthy Ageing (ACHA) committed to building our findings into its work on discharge pathways.
5-Year Patient Experience Strategy - Barking, Havering and Redbridge University Hospitals Trust (BHRUT)	Our patient insight helped embed co-production, communication and equity in the Trust's strategy.
Women's Health – Nursing Practice Influence	Our webinar for NEL nurses led to practice changes, including longer appointments, trauma-informed care and better communication.
Women's Health – Strategic Leadership & Knowledge Sharing	We shared our community engagement approach with sexual health colleagues, shaping how they reach under-represented women.
Women's Health – Research & System Learning	Our findings now inform Queen Mary University of London research on screening pain and equity.
Equality, Inclusion & Health Inequalities	We kept the voices of asylum seekers, disabled women, refugees and carers central to local strategy and service improvement.
Stakeholder & Governance Influence	Our insight informed safeguarding boards, partnership boards and equality programmes.
Mental Health First Aid Training	We trained 64 new Mental Health First Aiders across north east London, all gaining a recognised qualification.
Accessible Information Standards	Our nationally recognised work informed the revised national standard; we launched a new AIS Champions course, starting with St Francis Hospice.

CONNECTING COMMUNITIES

INFORMATION AND SIGNPOSTING

Whether it's making a complaint, finding an NHS dentist or getting urgent healthcare, you can count on us. This year, 106 people reached out for advice, support or help finding services.

We helped people by:

- Advising local people regarding the different complaint's routes available
- Providing information on how to find an NHS dentist
- Referring to maternity advocacy services
- Signposting to NHS 111 for urgent healthcare

Healthwatch Redbridge operates on a modest budget, and we know our work is only fully realised through the tireless commitment of our dedicated volunteers. Our volunteers are diverse in background and life experience, bringing unique perspectives and a deep knowledge of our local communities.

We want to give a special thank you to our wonderful volunteers, whose dedication, skills and commitment were vital in helping us listen to communities. Volunteers contributed across many projects, supporting ward visits to the Care of the Elderly wards at Whipps Cross, leading community engagement on NHS App accessibility, and carrying out mystery shopper exercises and desktop research for our Safe Surgeries project.

Their empathy, communication skills and insight helped reach people who might otherwise go unheard. Without them, we could not have completed this work.

SHOWCASING VOLUNTEER IMPACT

At the heart of what we do...

"As a public health student, I had often heard the term 'equity', but volunteering with Healthwatch Redbridge helped me truly understand it. Even the best services mean little if people do not feel safe, welcomed, or aware of them. This experience has strengthened my sense of responsibility, and brought me closer to the difference I want to make."

Sushma, volunteer

"I was asked to conduct surveys on the Care of the Elderly wards at Whipps Cross. We were warmly welcomed by very friendly staff, and I had the privilege of speaking to two patients about their time on the ward. I enjoy speaking to patients; it takes me back to my own experience of working on the wards."

Margaret, volunteer

Collecting patients' feedback is a meaningful and responsible role. During my recent visit to Whipps Cross Hospital, speaking with inpatients helped me better understand the importance of their views. My role is to provide a safe, supportive environment, grounded in empathy and respect, where patients feel confident to share honest experiences. Valuing patients' voices is essential to improving health and social care.

Roxana, volunteer

SIGNPOSTING & SUPPORT

Supporting people to understand how health & care services work is key to what we do. When residents come to us unsure of their rights, or unable to get the help they need, we step in with clear, independent advice. **Here are two examples from this year.**

Restoring Independence at Home

Ms D, who mainly uses a wheelchair, came to us after repeated attempts to get help at home. She had not been referred for the specialist assessment she needed, and mould in her wet room meant she could not wash safely. Rather than being pointed to the right NHS service, her GP had told her to seek charity funding.

We explained she should have been referred to the local wheelchair service, and raised the wet room with Redbridge Community Health and Social Care Services. Both are now being acted on, helping Ms D regain her independence and dignity.

Securing a Safer Hospital Discharge

The daughter of an older patient contacted us when her relative, whose mobility had been badly affected by an injury, was due to be discharged. The patient no longer needed acute treatment but still needed support to get home safely, yet discharge was said to be imminent, with no home assessment and no support arranged. The family had also been wrongly told that the six-week Discharge to Assess (D2A) support no longer existed.

We explained the family's rights, including their right to be involved in planning, and confirmed that short-term D2A support was still available. We also advised them to request a home assessment from occupational therapy or physiotherapy. Better informed, the family challenged the wrong information and a safer discharge plan was agreed.

HEARING FROM ALL COMMUNITIES

Community outreach and engagement (April 2025 – March 2026)

Between April 2025 and March 2026, **we engaged with over 1,300 residents through an inclusive programme of community outreach across the borough.** We met people in community and faith settings, libraries, parks, hospitals, civic venues and borough-wide events: familiar, trusted and accessible spaces.

Our work combined information and signposting with focused engagement on priority areas such as Care of the Elderly, women's health, NHS App accessibility and disability inclusion. We reached older people, refugees, carers, young people, the LGBTQI+ community and people with sensory impairments.

Activities ranged from large community events and health festivals to smaller group sessions for more in-depth conversations with people more likely to experience health inequalities.

We also used online surveys, interviews and digital engagement, which widened our reach, especially for women's health and equalities work, and brought in people who might not attend community events. Hospital-based engagement and patient panels captured direct patient experience.

Overall, the programme strengthened relationships with community partners, raised awareness of local services, and made sure diverse resident experiences directly informed our projects, reports and recommendations. It shows our continued commitment to inclusive, community-led engagement and to amplifying the voices of those least often heard.

Healthwatch Redbridge runs a thriving Community Network, now in its fourth year. The Network brings together 48 community, voluntary, health and care organisations from across the borough, with new groups joining us all the time. It exists to share information and resources, reach communities whose voices are too often unheard, and bring local partners together to improve health and care across Redbridge.

HEALTHWATCH REDBRIDGE COMMUNITY NETWORK

Each year, the Network comes together for our Community Network Fair.

Healthwatch Redbridge Community Network Fair

Our Community Network Fair is an annual event that brings local people together with community, voluntary, health and care organisations in one accessible space. Residents can find out about local services, get practical health and wellbeing support, and speak directly to organisations offering advice and help. We held this year's Fair at Redbridge Town Hall in November 2025.

*"The **energy, diversity,** and **collaboration** on display made it a truly impactful event."*

From a feedback form

What impact did this have?

Residents accessed support from over 20 community organisations, got winter vaccinations, joined chair-based exercise and received hands-on help with the NHS App. Local organisations strengthened collaboration, reached new audiences, shared resources and built relationships. The Fair showed the value of community-based engagement in tackling health inequalities: by meeting people where they are, in a space that felt inclusive and trusted, we helped connect people to local services.

SMALL RESOURCES, BIG IMPACT.

We recognise the expertise and trust that our grassroots organisations hold in their communities. With that in mind, we established the **Community Cash Fund** to help small community and voluntary sector organisations contribute to our work and improve local health and wellbeing. Through grants of up to £2,000, the fund supports projects that help us hear from communities, tackle barriers to care and strengthen local support.

This year, the fund supported the following projects:

Empowering Independence: Digital Skills for Residents with Sensory Loss

Sensory Specialists Ltd delivered six months of tailored digital training for residents with sight or hearing loss, through workshops and home visits.

IMPACT: the feedback was overwhelming. Participants built confidence using accessible technology to manage appointments, order prescriptions, read post and stay connected. One participant described reading their own mail and using maps independently as a regained life skill; for Deaf participants, demonstration-led learning removed long-standing barriers. We are using their recommendations to push for better digital inclusion, so that as services move online no one in Redbridge is left behind.

Supporting Hidden Carers in Migrant Communities - **RCSS Report Findings**

Redbridge Carers Support Service (RCSS) reached unpaid carers in migrant, refugee and asylum-seeking communities through its Migrant Community Breakfast Club — a safe, welcoming space where hidden carers could build trust and get help with language, housing, benefits and emotional wellbeing.

IMPACT: culturally aware, relationship-based support reached carers who often stay invisible to services. We are using this learning to support calls for more inclusive services in Redbridge.

Listening to seldom-heard voices: **The Togetherness Café in Redbridge**

Blossom Group ran a 10-week Togetherness Café for residents from South Asian, African and Afro-Caribbean communities. It was a culturally competent space to connect, share experiences and get practical help with GP registration, digital access and understanding health information.

IMPACT: trusted, community-based support helped people who are often seldom heard feel more confident with health services, and gave us valuable insight into barriers around mental health, digital access and respectful care.

FINANCE AND RESOURCES

To enable us to carry out our vital, independent work in service of all residents and communities in Redbridge, we receive resources from our local authority, the London Borough of Redbridge, under the Health and Social Care Act 2012. Despite increasing costs, this grant has remained at the same fixed amount for several years.

OUR INCOME AND EXPENDITURE

Income		Expenditure	
Annual grant from Government	£116,400	**Staffing costs**	£214,793
Surplus HWR income from 2024-25	£7,623	**Operational costs**	£12,177
Additional income	£137,539	**Office and management fees**	£34,592
Total income	£261,562	**Total expenditure**	£261,562

Note: This report does not include audited accounts for the year as these will be presented at our next AGM.

Additional income is broken down by:

- £100,000 from NHS NEL to support the NHS England Maternity and Neonatal Independent Senior Advocacy pilot project.
- £16,700 from Redbridge Place Based Partnership Board (RPBPB) for Health Inequalities projects which include the Redbridge Community Cash Fund and Mental Health First Aid training.
- A further £350 received from Healthwatch Waltham Forest to support a patient engagement event.

INTEGRATED CARE SYSTEM (ICS) FUNDING:

Healthwatch Redbridge, along with other local Healthwatch across NEL, received funding (shown below) from our Integrated Care System (ICS) to support collaborative work at this level, including:

Purpose of ICS funding	Amount
Supporting attendance for Lead Officer at ICS regional meetings.	£5,000

OUR FOCUS FOR THE YEAR AHEAD

Next year will not be business as usual. With the forthcoming Health Bill set to bring significant change, we will focus on ensuring people's experiences continue to shape decisions, particularly where voices risk being overlooked. We will proactively protect independent patient and public voice, using what we hear to influence local priorities, strengthen accountability and press for services that respond to community need.

Our top three priorities for the next year are:

1. Understanding how hospital discharge processes affect care homes across Redbridge

2. Working with young people with lived experience moving from children to adult services

3. Protecting, strengthening and embedding independent voice across Redbridge

STATUTORY STATEMENTS

Healthwatch Redbridge uses the Healthwatch Trademark when undertaking our statutory activities as covered by the license agreement.

The way we work

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

Our Board of six voluntary trustees provides direction, oversight and scrutiny, making sure our priorities reflect the concerns of our diverse local community. The Board met monthly throughout 2025/26, agreeing our new strategic business plan and risk register. We also encourage the wider public to help shape our priorities through our engagement and outreach work.

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

We gather people's experiences in as many ways as possible. During 2025/26 we were available by phone and email, through a web form on our website and via social media, and we attended community group and forum meetings.

We share this report as widely as we can: it is published on our website and sent to our statutory partners and Community Network members to feature in their own newsletters and websites.

Responses to recommendations

All providers we contacted responded appropriately to our requests for information or recommendations. Nothing required escalation to the Healthwatch England Committee, and no further reviews or investigations were needed.

Communicating People's Experiences to Decision-Makers

We make sure local decision-makers hear what people tell us.

Locally, we share insight with the Redbridge Health Scrutiny Sub-Group, the Place Based Partnership Board and the Health and Wellbeing Board, and we are building links with the new Neighbourhood Teams. We also work with NHS Trusts, patient engagement panels, community groups and voluntary organisations.

Across our Integrated Care System, NHS North East London, we share insight with system decision-makers and work with the other local Healthwatch through a Community Insights System group. Our data also goes to Healthwatch England to inform health and care issues nationally.

Healthwatch Representatives

Our Chief Executive, Cathy Turland, represents us on the Redbridge Health and Wellbeing Board. This year she has continued to raise health inequalities, including insights from our Women's Health Project on the barriers disabled women and women from global majority communities face in accessing some services. Cathy also sits on the North East London Integrated Care Partnership Board, the Redbridge Integrated Care Board, the local Quality Surveillance Group and the Redbridge Safeguarding Adults Board.

Our Chair, Gita Malhotra, represents us on the Redbridge Health Overview and Scrutiny Sub-Group.

Enter and View

We used our formal Enter and View powers once last year to carry out a follow-up visit to Beech Frailty Unit at King George Hospital in May 2025. The announced visit took place to review the recommendations identified from a previous visit conducted in July 2024.

Healthwatch Redbridge

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