

# Change Grow Live Substance Misuse Service User Feedback Report

June 2023





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## Introduction and Background

Healthwatch North and West Northamptonshire were asked by Change Grow Live, a substance support and solution organisation, to engage with service users and gather a better understanding of their experiences. Change Grow Live or CGL is an organisation that aspires and is committed to delivering services that make a real difference to people's lives and the communities they serve. Their services focus on rehabilitation and support for those individuals who are struggling with substance dependency. CGL's services include programmes such as Substance to Solution, Drug and Alcohol Service, and a Resettlement Service.

CGL originated in 1977 under a different name of SARO, the service originally was aimed at the support and rehabilitation of offenders in the community, however, it was through their years of service provision that they noticed that the service users were majorly affected by substance misuse, this often directly playing a role in the cycle of reoffending and in some cases homelessness<sup>1</sup>. Over the past ten years, the service has evolved to encompass more than crime reduction, and in 2016 the service merged into Change Grow Live, which offers a wide variety of resources and support for those in need within the community. This encompasses support such as harm reduction advice, a tailored recovery plan created to support the needs of the service user, group meetings, one on one support with a key worker, and counselling when needed.

At the beginning of November 2022 commissioners in Northamptonshire received an anonymous complaint that included allegations that have since been investigated by commissioners and via the CGL central support teams. The investigation conducted by the commissioners found that most of the allegations were unsubstantiated. Valuable learning was identified through this process. This independent project was then commissioned by CGL to gather additional independent feedback about the experiences of service users to ensure that the continuous learning approach at CGL carries on.

It has also been a great opportunity for Healthwatch North and West Northamptonshire to hear the voices of those that seek the support of CGL and

<sup>1</sup> <https://www.changegrowlive.org/substance-to-solution-northamptonshire/northampton>



to use the findings and make recommendations to inform future service planning and provision to meet the needs of some of the most vulnerable people in Northamptonshire.

CGL currently has just under 2,000 service users in Northamptonshire, so their impact on the lives of service users and their families is great.

Our engagement with service users was conducted through 2 focus groups and gathering qualitative and quantitative data through surveys.

## Background and Purpose

Healthwatch aims to conduct regular evaluations of selected healthcare services within the community. Conducting these reviews helps us to directly support and give valuable feedback to services that have been identified as needing focus. Our investigations result in making recommendations for how service providers can continue providing effective and satisfactory care. HWNW's aim with this Substance Misuse Service Project with CGL is largely influenced by some of the current trends and rates of adults, and the need to better understand how CGL is supporting substance misuse in the community. We feel it is impactful to highlight the current data which demonstrates which groups are at risk for substance misuse, the current trends of misuse that are seen in the community, and the impacts substance misuse has on these communities. These serve as valuable comparison points when we look at our own findings from this project.

## Current Groups at Risk for Substance Misuse

According to North and West Northamptonshire Council's 2022 Combating Drug Partnership's Needs Assessment and Recommendations, the age group most at risk for substance misuse are young adults, with the highest rates of drug consumption of any age group. 1 in 5 adults aged 16–24 reported drug use in 2022, with these high rates of substance misuse there have been increased pressures on emergency services and hospital admissions. The individuals most at risk for alcohol misuse, it was found to be men aged between 55 and 64.

However certain categories of adults are at risk no matter the age of the individual. The adults who are at risk of problematic substance misuse (both alcohol and drug-related) are found to be those who are:



- Of White British Ethnicity
- Suffering from Mental Health issues
- Experiencing or have experienced sexual abuse or exploitation
- Without fixed accommodation / homeless
- In the LGBTQ+ community
- Commercial sex workers
- Within the Criminal Justice System
- Without employment and who are not pursuing any education or further training
- Involved in risky behaviours such as smoking, gambling, and risky sexual behaviour.

According to the Mental Health Organisation, many substance users turn to drugs because they may have a mental health diagnosis and use a drug to help cope with the symptoms, they experience<sup>2</sup>. Regular use of substances can affect a user's mental health and for some, this can cause long-term effects and therefore can lead to serious mental health conditions. The mixing of drugs and alcohol can be dangerous and can leave lasting harm to the body and the mind.

### Current Trends of Substance Misuse

In Public Health England's 2019–2020 Substance Misuse report it was identified that in England, 74,618 people were in treatment at specialist alcohol misuse services, and in total there were 104,880 adults in treatment for alcohol (some with other substance use issues)<sup>2</sup>. It was found that of the individuals who started substance treatment, 65% of these said alcohol use was their only problem substance- showing that 35% had additional substance issues. These rates show a decline from previous years, which indicates that individuals are decreasing their dependence on substances and the use of treatment programmes and support has been successfully received.

### Impacts of Substance Misuse on the Northamptonshire Community

In Northamptonshire an estimated 7,000 adults are dependent on alcohol. According to Public Health England's 2019–2020 report on Parental substance misuse rates, approximately 52% of substance misusers are parents, and while some may not be living with their children, or their children may be of the age where they no longer live with their parents. Statistics show that approximately 14 of every 1,000 children in Northamptonshire live with a parent who has alcohol

<sup>2</sup><https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/drugs-and-mental-health>



dependency and 2 in every 1,000 children live with a parent who has an opiate dependency. These statistics reflect that drug and alcohol dependency affects the lives of children and impacts the experiences of families, which is why it is so important that services like CGL continue to support individuals and that more substance abusers are made aware of services such as CGL.

## Methods

The methods used to assess the services and feedback from the service users were a blend of qualitative and quantitative data collection. We used a survey and two in-person focus groups with 24 service users. The focus groups were valuable because they allowed us to connect with a group of individuals on a personal level, allowing for reflection and group discussion. Individuals were able to provide their opinions in a safe and confidential environment supported by their peers.

From the qualitative feedback, key themes have been identified to best represent the voices of CGL service users, and from those themes, impactful statements are included to evidence their views.

From a reflective perspective, we can then make recommendations and suggest improvements to the service from the service users' voices.

## Survey Development

A 16-question mixed methods survey was developed to gather the individual opinions and experiences of the individuals completing the survey. Quantitative data such as demographics were collected along with details about the user's experiences and personal journeys of substance misuse. The demographic information is crucial data to gather as it gives valuable insight into the ages, genders, and ethnicities of the individuals that are experiencing struggles with and seeking help for substance misuse. Qualitative data was gathered regarding the user's experience such as prior knowledge of the service, experience with the service, future independence from the service, barriers they may have experienced, and any recommendations they had to improve the service.



## Key Findings

Our key findings from the survey were insightful as they helped us to understand the demographics of individuals utilising the service. Hearing the opinions and voices of those using the Change Grow Live service has helped highlight the elements that are both successful and those which may require some improvement.

We found that the majority of those using the service are males of White British ethnicity, with the majority of those being within the age range of 35 and 54. The majority of service users either had a declared mental or physical disability or long-term condition, which likely has been a determining factor in their reasons for becoming reliant on substances, as this is often a coping mechanism. With over half of the service users experiencing health barriers, it is recommended to ensure links are made between primary care providers and outpatient services so that those with a disability or long-term health condition are provided with information about support for substances at appointments, or that leaflets are provided in clinics about support services. This supports the link we found that of those who heard about CGL, only 10% had found out about the service through a healthcare provider, which was far less than expected.

The majority of those accessing the CGL services reside in Wellingborough, Kettering, and the central Northamptonshire areas. These areas would benefit from being targeted when distributing information about the service and when looking to advertise the support services offered. With 10% of service users having no fixed accommodation, this is expected as they are a group known to be at high risk for substance misuse, therefore we recommend targeting homeless shelters and services with information about substance misuse support.

Regarding substances we found the most used substance to be alcohol, this is reflective of the current data available about substances most frequently used within Northamptonshire. The other most frequently used substances were found to be heroin and crack, we found the correlation between the use of heroin and crack as well as alcohol to be linked with those who were without fixed accommodation, so the support offered to those individuals who are homeless is recommended to be aimed at harm reduction and supporting with a plan of substance withdrawal support.



We found that more can be done regarding outreach and the sharing of information regarding the service. The majority of individuals did not have any prior knowledge or expectations of the service before entering CGL for support and care. If more individuals know about the service before engaging, they will likely engage sooner. With the average user's length of substance misuse being 13.5 years, there is a need for engaging with substance misusers sooner. North and West Northamptonshire Council reported that the individuals currently misusing substances the most are those between 16 and 24. If those young individuals are not provided with the exposure and made aware of both the dangers of the addiction cycle, as well as what services are available to help stop their substance misuse, then we can predict that if they continue to use for the average of 13.5 years, that they will fall into our identified category of the 35-44-year-olds who now are accessing treatment. Early interventions can break the trends we see in those who need support currently.

The experience of those accessing CGL services was overall filled with positive experiences and feedback, and our findings are representative that the service is impactful and plays an active role in changing lives and supporting individuals as they break the bonds of their addictions and misuse. We found the majority of the individuals were satisfied with the service. Service users expressed the praises of their experiences with CGL, emphasising that they felt they could be open and honest about their struggles, appreciated that they were met without judgement from the key workers, felt supported, and they felt listened to and understood. This reflects that the current approach being used with service users is successful. Some of the negative feedback comments were surrounding the opening hours and the desire to have CGL operating hours extended to accommodate the needs of those accessing the service, individuals also expressed frustrations when their key workers were changed too frequently. For this, we recommend the consideration of extended hours and out-of-hours support such as a support call or text line, dedicated to those within the substance misuse support services. We recommend that, if possible, when a service user is assigned to a support/keyworker, the consideration of the service user and the key worker's schedule of availability be a factor, as this may be a reason why support workers are changed more frequently.

We explored possible barriers to those accessing support as well as what individuals would need to feel confident leaving the service. The common



barriers that we identified for those who may have yet to engage with the service were analysed and the most common reasons were quantified, we identified that the major reasons were due to stigma, fear, denial, and judgement. This was insightful and helped us understand the thoughts and emotions felt by those who are experiencing substance misuse. Ways we can positively use these findings will be to recommend that the exposure and advertisement of the service be done in a way that combats the reasons people are not engaging with support services. We suggest ideas such as creating a campaign that is targeted at breaking the stigma of substance misuse, which can be done by sharing the stories and experiences of those who have used the service and been successful in recovery, sharing the statistics of current substance misuse and emphasising that individuals are not isolated in their experiences.

Service users shared their opinions of what they would need to feel confident and ready to leave the service, and we found the main theme to be that they needed to know that CGL's door would always be "open". Knowing that CGL will be there to support anyone who needs it and who has left is crucial, and we suggest that this be ensured by the service. We recommend setting up a hotline for those who have left the service to be able to use it if they feel they need someone to talk to or someone to help encourage them to stay on track. The desire to stay in contact with their keyworker was something frequently mentioned, and this is likely due to the bond built through the course of their support and the fear that without that support, they may use a substance again. This reflects the success and effectiveness of the support being provided through the service and being delivered from the key workers. If it is possible to have regular check-ins with previous service users and their past key workers, this will make individuals feel cared for and supported even after their need for CGL's services.



## Recommendations

Based on the feedback we received we recommend the following.

Making changes to CGL marketing and awareness campaigns of the services...

- Ensure that primary care services such as GPs and Hospitals are provided with additional materials about CGL and provided with information about which demographics are currently at risk for substance misuse. This information should be reflective of the type of support available.
- The materials created should be made in a way that is aimed at breaking the stigma and shame that is felt by substance users when they consider engaging with substance misuse support services.
- That marketing and awareness materials be tailored to different demographics including those who are white British and between 34-54, those who are without fixed accommodation, and those who are between the ages of 16-24. The information and delivery of these should vary based on each demographic.
- That more be done to target the geographic areas of Northamptonshire where the majority of service users are located.
- That the consideration of extending hours of support services and the addition of helplines and chat lines with their keyworker be implemented.

## Change Grow Live Response

Change Grow Live (CGL) Northamptonshire welcomes these recommendations, and they resonate with the current plans and focus for the service.

As a service, we are currently working to strengthen working relationships with both GPs and local hospitals. We are working with the Integrated Care Boards to offer training to GPs, with the aim of providing a better understanding of CGL and promote the support that the service can offer. We are working in a similar way with local hospitals, with work going on in delivering drug and alcohol training and raising awareness across hospital staff.

We have an ongoing marketing strategy to support our approach in engaging more people who need treatment and support. We are exploring ways to understand how the service can be more accessible. Our aim is to reach diverse groups of people who may



not be able to access support easily, as well as groups of people who need support but are not currently in service. We have found that we are able to make progress and support some individuals by linking with Rough Sleepers and Housing Teams. We want to extend this approach to engage other groups that are underrepresented in our services, such as woman, and those from minority groups or communities.

It is key for the service to ensure that we continue to reduce stigma and remove barriers for people trying to access support. We want people to feel encouraged, engaged, respected, and to be treated with dignity. We want people to experience straightforward access for support.

We are exploring additional ways to promote the support the service can provide. We are reaching out to different places within the Northamptonshire community, such as supermarkets, foodbanks, pharmacies, and other local services, to reach as many people as possible in organic ways.

We regularly received feedback from people use our services, giving their thoughts on their own experiences as well as candid and powerful stories of their own recovery. We use these stories in recovery events that are delivered our teams in the community. We are committed to continue these events to bring people together, sharing their stories and inspiring others to access support. These events help to break down stigma and are great opportunities to focus on celebrating people's journeys. We are working with our commissioners to share these stories more widely, to highlight real-life experiences and inform other healthcare professionals on how we support people misusing drugs and alcohol.

As a service, we work with local external agencies to gain a good understanding of the individual needs of different communities across the county and how we can offer support in different ways. This approach is led by staff members in each locality, to ensure that there is effective engagement within each part of the county.

We are now reviewing how we provide additional support, exploring extended opening hours, accessibility via our digital offer, using technology to provide alternative ways for people to access support.

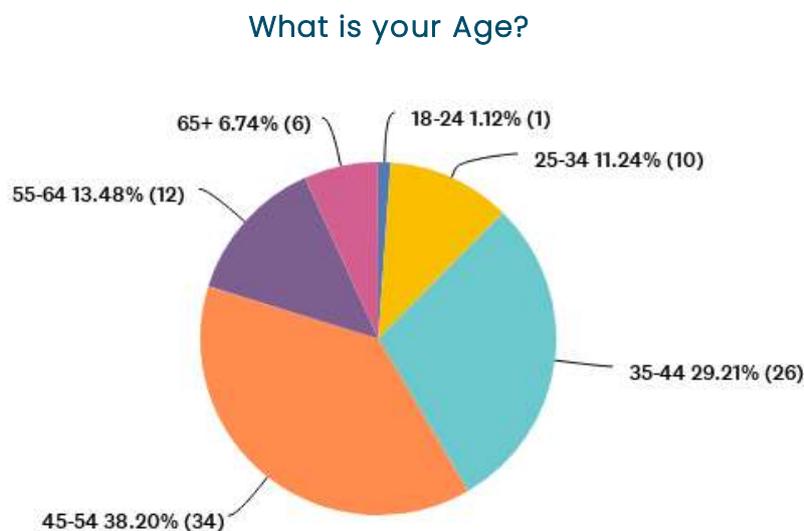


## Key Data and Results

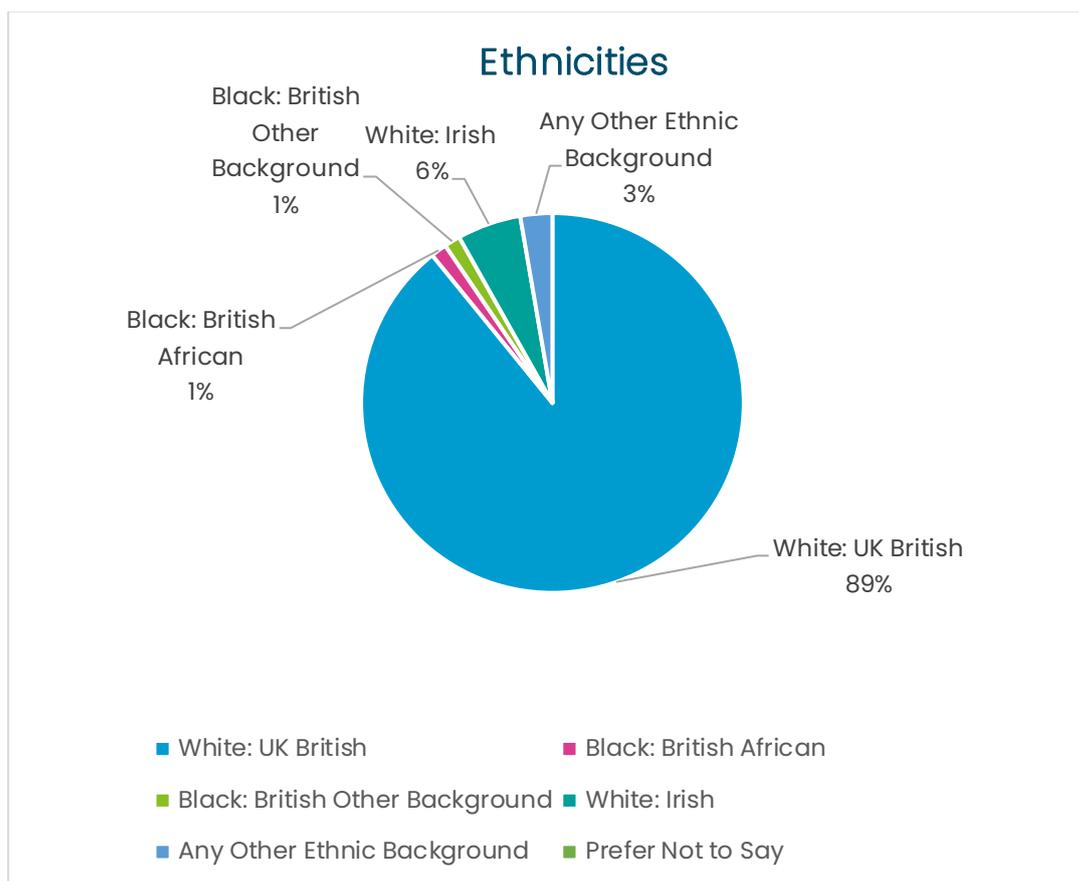
Through the Substance Misuse Service Project with Change Grow Live, Healthwatch North and West Northamptonshire were able to gather data from 94 CGL service users. These service users shared their demographics, personal experiences and their substance struggles with us so that we could analyse trends seen within those seeking treatment in Northamptonshire and better understand the CGL service.

### Demographics of the service

#### Age & Gender



We gathered age demographics to allow us to better understand which ages accessed the service. Out of the 94 participants, 5 opted not to disclose their gender- for those who did we found that 75% identified as male and 24% identified as female. It was found that the majority of individuals accessing the service were between the ages of 45-54, with 85% of those within the age category being males. The next largest category was those aged 35-44, with 73% of those within that age category being male. The age group represented the least, was those aged 18-24, with only one individual being within that age group.



## Ethnicities

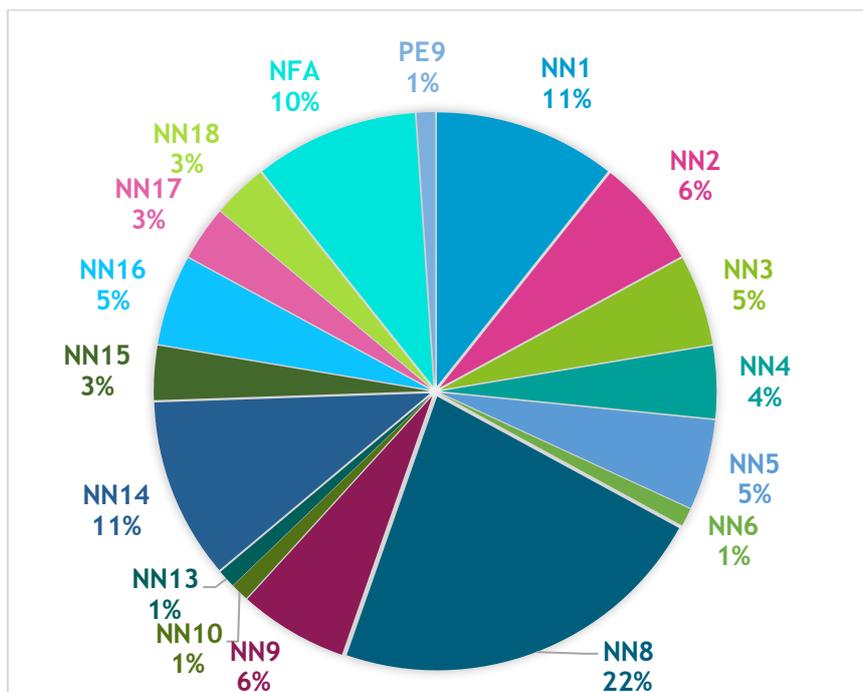
The majority of the ethnicities accessing treatment and support through CGL were found to be White UK British, as represented in the pie chart above. A small portion of the service users was also; White Irish, British Black African, British Black (other backgrounds) and other ethnicities. These results confirm the previous data reported by the local authority, detailing that those who are within the White British ethnic group are those who are most at risk for substance misuse, and therefore most likely to access and need support from CGL’s service.

## Disability or Long-Term Conditions

CGL service users were asked if they considered themselves to have a disability or long-term health condition, of those who chose to respond, 36% said yes to having a disability and 36% said yes to having a long-term health condition. 31% did not have a disability or long-term health condition, and 7% preferred not to say.



## Location of Residence



We asked participants to provide the beginning of their postcodes to ensure we were getting a mix of participants from across the county.

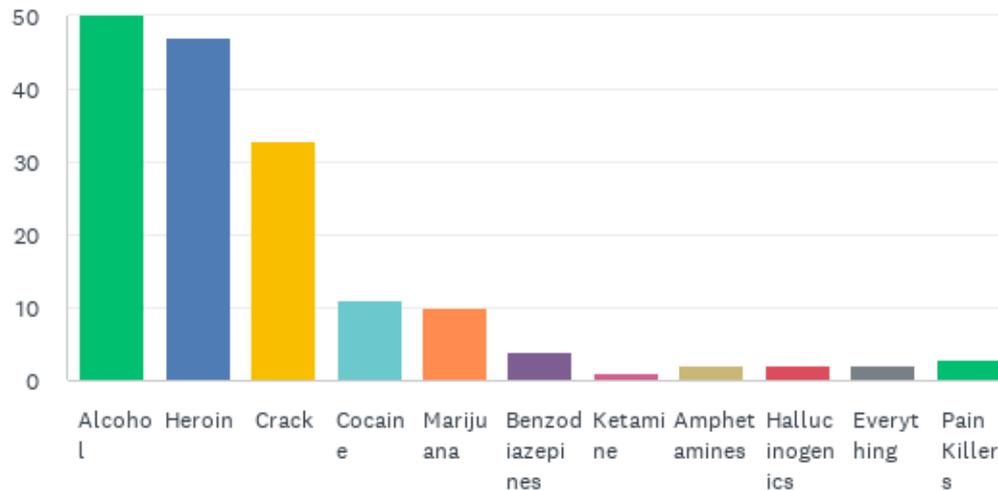
The majority of those responding were within the Wellingborough area of Northamptonshire. The other areas were Kettering and Central Northampton. Many of the service users are also without fixed accommodation (NFA), which is frequently a correlation between those who are experiencing substance misuse issues.

## Type of substance/s being used before accessing the service?

We asked service users to provide us with which substances they were using before accessing the services provided at CGL, we found that the most common substance that was being used was alcohol, followed by heroin and crack cocaine. Because of the highly addictive nature of these three substances in particular, individuals experiencing addictions typically need increased support, and those using heroin and crack often need the additional services of drug detox and medication-assisted treatments.



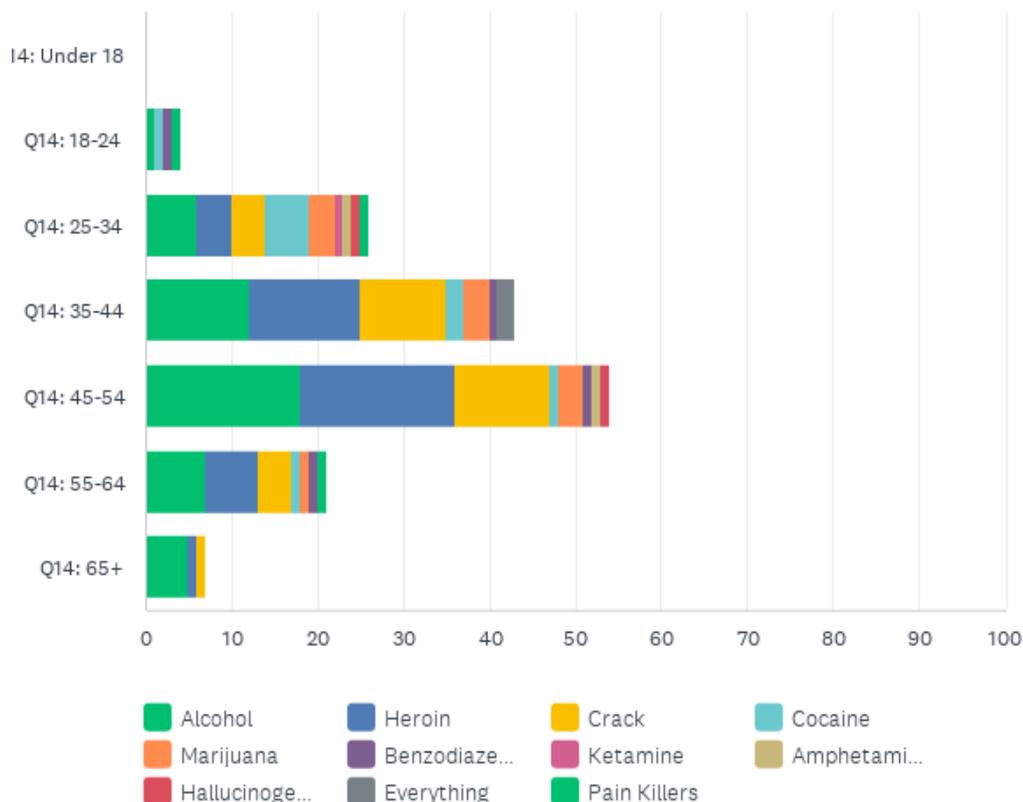
## Type of substance/s being used prior to accessing the service?



We also asked service users about the length of time that they had been using a substance/s before accessing the service, and the average was 13.5 years. This reflects the extent of the service users' time suffering from an addiction. The shortest amount of time reported for a service user before accessing the service was 6 months, and the longest amount of time reported was 35 years.



## Type of substance/s being used prior to accessing the service?



We cross-referenced service users’ ages with the drugs that they were using, and we found that those between 45-54 were the users with the highest reported substance misuse, with alcohol and heroin found to be what the most commonly used. To identify the substances being used by those with no fixed accommodation, we cross-examined the data and found that the main substances used by those with NFA were alcohol, crack, and heroin. Over half used alcohol, over a third used crack and two-thirds used heroin, frequently in combination with each other.

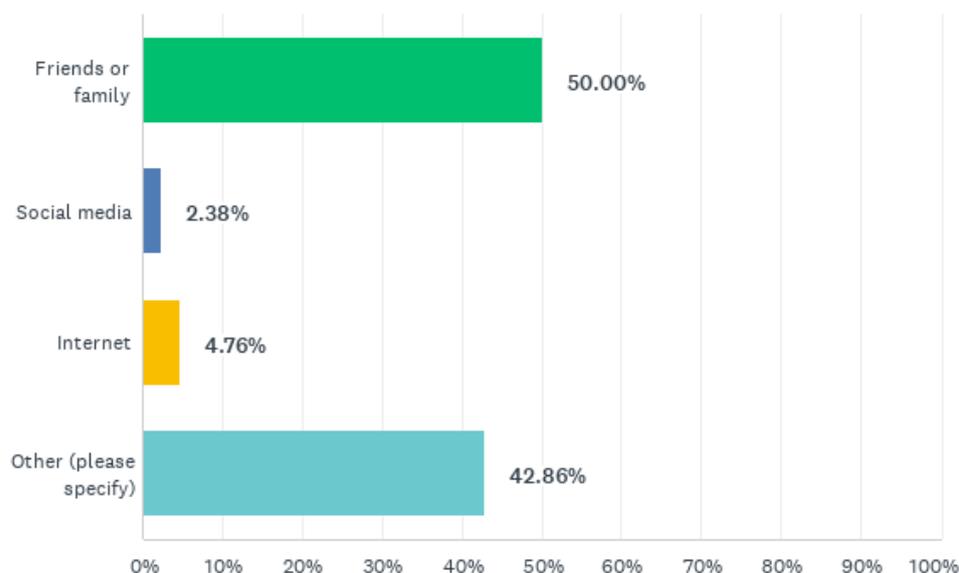
### Prior Knowledge of the Service

It was important to gather an understanding of the service user’s prior knowledge of the CGL service, as it helps reflect on whether they knew what type of support they would be getting, and it helps to reflect on the success of the information advertised for CGL. Approximately 62% of the individuals who responded said they knew nothing about the service with statements such as “I didn’t know anything” and “I wasn’t aware of the support available”. 14% of service users knew very little about the services offered with statements such as “very



little” and “a friend told me I could get a prescription”. This is representative that more can be done to promote the benefits and types of support and services offered when they are advertising and promoting the service to the public. The other 24% of service users did know what type of support they could expect to receive, stating things such as “receiving 1-on-1 counselling” and “accessing support workers when needed”.

### How did you hear about the support that Change Grow Live provides?

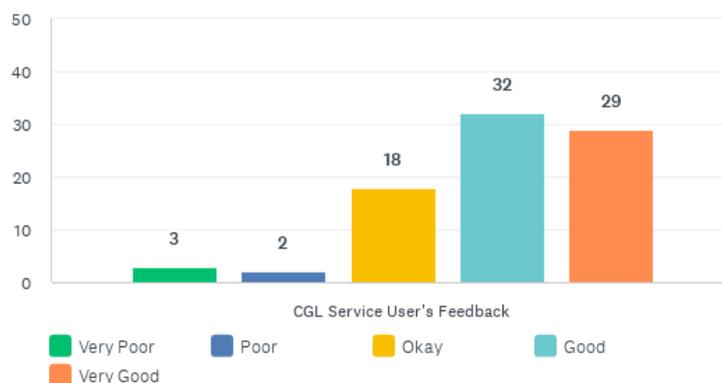


We asked CGL service users how they heard about the support provided by CGL. We found that half of the individuals found out about the service through family and friends. The other half of service users predominantly found out about the service through services such as S2S (Substance to Solution which is a service provided through CGL), probation and social workers, homeless shelters, GPs, and word of mouth. We found that 10% found out about CGL through a healthcare provider. This shows that most of the signposting that occurs for the CGL services comes from discussions between members of the community and friends and family. This also indicates that the service could be doing more to advertise its services across Northamptonshire, and the data we gathered from which areas of Northampton CGL users reside in, is useful in helping guide where the promotion of the service could be targeted.



## Experience with the service

Thinking back to when you first started using the service, how would you describe your experience?



We asked about how service users would describe their experience when they first started using the services. We found that 73% of individuals had a positive experience, 21% of the CGL service users found their experience to be neutral, and 6% of the CGL service users had a negative experience. We then asked service users about their current engagement with the CGL services, and there was a slight increase in positive experiences, with 75% of CGL service users reporting a positive experience, 15% reporting a neutral experience, and 6% of service users reporting a negative experience.

With the question about their current experience with the service, participants were able to leave comments about their experience rating. These were analysed and themes were selected from the responses. The feedback from the focus groups was added to this analysis and from this, common themes were identified. Common positive themes were found to be that people felt they could be open and honest about their struggles and were met without judgement from the key workers, they felt supported, they felt listened to and importantly they felt understood. Some of the negative feedback comments were surrounding the opening hours and the desire to have CGL operating hours extended to accommodate the needs of those accessing the service, particularly if they were working. Individuals also expressed frustrations when their key workers were changed too frequently.

Some example statements from the service users that reported positive experiences are as follows:



- “I love my keyworker; I can be open and honest without fear of judgement”
- “My support worker takes the time to listen to all that I say and encourages me not to talk down, I really enjoy and appreciate her help”
- “I feel supported, and I have got clean”
- “It helps to have people who know what it is like”

Some example statements from the service users that reported neutral and negative experiences are as follows:

- “They keep changing my workers, and I hate re-explaining myself”
- “Give us people we can trust and not new people”
- “The service is very good. The thing I would change is having longer opening hours.”

## Future independence from the service

CGL service users were asked what they feel is necessary for those looking to leave the service. The respondents answered this with a free text box. The data has been analysed and key themes were selected to represent the feedback.

We found that service users feel that what is needed for people to leave the service is ongoing support, regular contact to ensure they are staying on track, the service portraying the “open door” policy to allow users the ability to come back to the service if they need it, and the ability for continued communication with their support worker.

Key statements from CGL service users were:

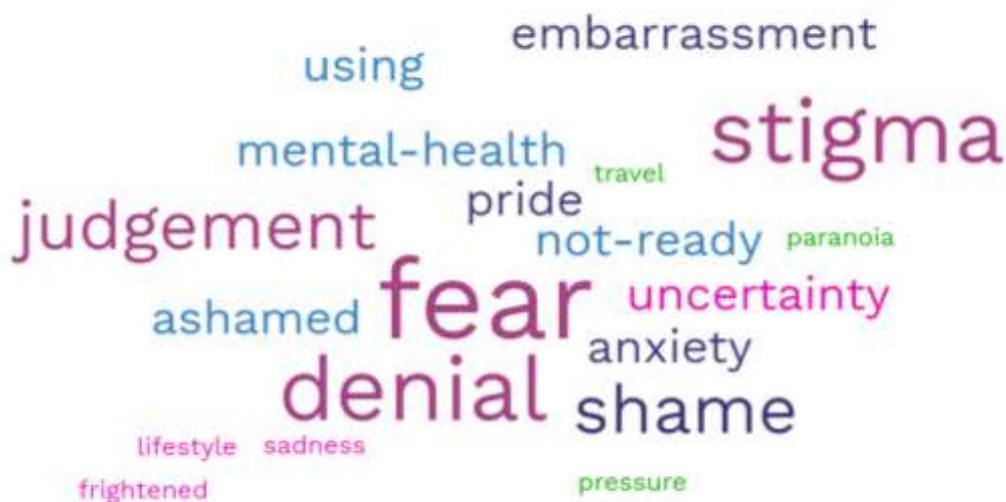
- “The ability to phone someone if you are having problems”
- “I feel that people should be able to use the service after recovery”
- “Continued encouragement and engagement to support changes”
- “The confidence of knowing that they have changed”
- “Aftercare and support groups”
- “A strong attitude to keep clean and positive”

We found from this feedback that it is necessary for CGL to ensure that service users can always return for further support and treatment if they find themselves struggling after leaving the service. This point is important to make, and measures should be put in place that allow for regular check-ins to ensure that those who have left their support programme are still feeling confident and able to handle their independence from substances.



## Barriers

To understand why some service users, wait an average of 13.5 years before reaching out for support and services to break the chain of substance misuse, we asked CGL service users what they thought stopped people from accessing substance misuse support. When service users were asked what they felt stopped people from engaging with support, CGL service users answered in a free text box. The results were analysed for common themes and represented on the word cloud below.



The barriers we found were the fear of accessing the service, the fear of not being ready to access the support and the fear and uncertainty of change. Many feared the change or unwillingness to change, and after many had been misusing substances for over a decade, this would be a big change in their day-to-day life. Many felt that a barrier to accessing support was also denial, as it is difficult to accept that you may need help and many were actively using and not ready to think of a life of sobriety, unsure how to deal with the impact it may have on their mental health. Many worried about the stigma they felt surrounding accessing substance misuse resources, and this correlates with the judgement some feared they may face from peers and the community. Some felt pride may get in the way of accessing support, and not feeling as though they wanted to admit that they needed help.



## Recommendations from the Service Users

Within the survey CGL service users were given the option to feedback on anything they felt that CGL could improve on. 44% of the participants chose to provide feedback. The feedback we received was a mix of positive and constructive feedback. We also discussed this topic in the focus groups and the feedback gathered from the sessions has been included in the analysis of the feedback.

### Positives

- “I am very happy with the service; I need to get to the coffee mornings and start to be proud of myself”
- “They help me when I can’t help myself, I relapsed and they were not judgemental, thank you”
- “I think they should keep up the job that they do”
- “This is a brilliant service that really helps people not just with addiction but also helps you grow as a person and helps you understand yourself as a person”

### Recommendations and Constructive Feedback

- “I think if people find it hard to discuss their issues, they should be able to write it down so that support workers know the whole picture”
- “I want a consistent recovery worker, without it being changed”
- “Not to be so intrusive and to be flexible with appointments”
- “Maybe to try and reduce the stigma”
- “To be open on a Saturday or Sunday when you need it most”
- “More information is given to GPs, hospitals, and mental health services”
- “More evening and weekend sessions to keep us occupied”
- “Opening hours are not good if you are working”
- “Make it more accessible for people living outside the area”

We found the feedback was a mix of responses, for those who chose to respond with recommendations and constructive feedback, a theme of the statements was a need for more hours, both extended and on the weekend to support those who need support during those times. Another theme we detected was ensuring that those who are assigned a recovery/support worker can stay consistent and keep that same individual throughout their treatment, if possible.



## Acknowledgements

We would like to say a special thank you to all the service users that spoke to us and/or completed surveys for their time and views, we could not have done this without you.

Thanks also go to Change Grow Live for their partnership and all the support they provided to make this project a success.

We would like to acknowledge the Healthwatch North and West Northamptonshire staff who worked on the project and helped to engage with service users through the focus groups and collated all the surveys.



## About North and West Northamptonshire Healthwatch

Healthwatch North and West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and well-being and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision-makers and make the case for improved services where we find there is a need for improvement.
- We strive to be a strong and powerful voice for local people and to influence how services are planned, organised, and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using many ways to discover views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch North and West Northamptonshire and the people whom we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)





## About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch North and West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing on strategy and operations
- Agreeing on policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be the first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at [www.connectedtogether.co.uk](http://www.connectedtogether.co.uk)





## Contact Us

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If you require this report in an alternative format, please contact us at the address above.

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