

Health and the Cost-of-Living Crisis

The impact of the rising cost of living on access to healthcare and health and wellbeing



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Executive Summary

In response to the ongoing cost-of-living crisis, Healthwatch Hammersmith and Fulham (H&F) conducted engagement work to investigate and better understand the experiences of H&F residents. There was a particular focus on the impact on access to healthcare services and appointments, as well as on physical and mental health and wellbeing.

We conducted a survey, which ran from 23 August 2023 – 19 November 2023, and received 238 responses.

Our findings reveal that **one in two residents in H&F have struggled to access health services or attend appointments in the last 12 months or will do so in the future.** There is a concern that the rising cost of living is deepening inequalities in our borough and will create a two-tier system between those that can afford vital healthcare and those that cannot.

The most difficult to access services were dentists and opticians due to cost of checkups and treatment. This finding confirms local Healthwatch intelligence of access to dentistry in H&F. These services, along with pharmacists and hospital outpatient appointments, are key areas to explore improving barriers of access in the future due to other cost challenges raised; the cost of prescriptions, over the counter medication and travel.

Nearly one in two respondents told us their mental health had worsened in the last 12 months due to the stress and worry of affording rent and increased bills. Combined with this, many respondents were also seeing family or friends less often and participating less in social activities that would usually benefit wellbeing. This finding highlights how the cost-of-living crisis demonstrates in real-time how wider determinants are impacting on local people's health and wellbeing. This echoes concerns raised by mental health charities.

One in three respondents said their physical health had been negatively affected by the cost-of-living crisis - more than half of these respondents have an existing long-term health condition. Rising costs have resulted in many people changing their living and care arrangements such as not affording equipment that helps with their health and mobility and/or stopping a special diet or other arrangement recommended for a health condition. This is concerning as it could mean that more residents are experiencing difficulties with managing long term health conditions or disabilities at home, which could create additional strain on health and social care services in the future.

Executive Summary

A large number of residents have also already made or anticipate making lifestyle changes: more than half have cut down spending on food and necessary heating or electricity, and two fifths have reduced how much they spend on toiletries for personal hygiene. One third told us they are using food banks, while one in ten said they have been using warm hubs.

Finally, results from our survey indicate that knowing where and how to get **cost of living information**, **support and advice has been varied**. While many people have sought help from various places, predominantly from friends and family, the Job Centre, LBHF's one-off cost of living payments, LBHF's Cost of Living team and the H&F Food Bank, **around one in five respondents have not received support because they don't know what is available to them.**

Our findings also evidence that the cost-of-living crisis is further exacerbating health inequalities among certain groups, with ethnic minority groups, women, those with long-term health conditions, on means-tested benefits, those that identify as being in a more financially uncomfortable situation and living in areas of higher deprivation - the north and centre of the borough - being affected the most in most areas of our survey.

The findings of this project further support the issues being raised nationally and locally at Health and wellbeing meetings and highlight the importance of the recommendations raised by our national champion, Healthwatch England. Many of our recommendations involve calling on partners to provide support and more targeted information and signposting advice with health costs and mental health support, as well as eligibility for financial and other support.

"Health is health, although it's expensive."

Woman, 55 - 64, Black/Black British

"I couldn't dream of going to the dentist because of how expensive it is."

Man, 55 - 64, White British

Disclaimer

Our key findings are based on experiences residents most frequently shared with us, and tangible actions that we recommend can be taken.

If, after reading this report, partners would like to receive more detailed information about other aspects of this survey, Healthwatch H&F would be happy to provide where possible.

Statement from LBHF...

Councillor Rebecca Harvey/Ben Coleman

Introduction

About Healthwatch Hammersmith and Fulham

Healthwatch Hammersmith and Fulham (H&F) is the local health and social care champion. We use local people's feedback to better understand the challenges facing the NHS and other care providers and we make sure people's experiences improve health and care for everyone – locally and nationally. We can also help people to get the information and advice they need to make the right decisions for them and to get the support they deserve.

Project background

Healthwatch England's <u>national cost of living survey</u> found that people have been avoiding vital healthcare such as dental care and GP appointments and over-the-counter medication due to rising costs of food, electricity and gas. Others have been struggling to heat their homes and afford healthy food.

Combined with the ongoing issues with access to GPs and dentistry in H&F and the rise in queries about cost-of-living support that Healthwatch H&F received in the past year, we wanted to take a closer look at how the rising cost of living may have further impacted local people's access to health services across the borough and the effect this has had on their health and wellbeing.

Aims of the project

- To identify how the cost-of-living crisis is impacting H&F residents' access to health and care services
- To explore how the cost-of-living crisis is affecting the physical and mental health and wellbeing of H&F residents
- To identify where support is needed most across demographic groups in the borough
- To provide LBHF, NHS North West London (NWL), and VCSE groups and other partners with qualitative and quantitative data to inform their priorities and how they can better support H&F residents during the ongoing cost-of-living crisis.

Value added

Through this important engagement work, we added to the growing body of population health and health inequalities data, sharing insights with the LBHF Council, NHS NWL and the VCSE sector to help improve the health and wellbeing of H&F residents.

During the project, we also liaised with partners and are pleased to have input into the final version of LBHF's 2023 Cost of Living support booklet, ensuring that information about help with health costs, such as the NHS Low Income Scheme and HRT Prescription Prepayment Certificate, and where to go for mental health support, was included. We also attended various LBHF cost-of-living meetings and advised the Cost-of-Living Crisis Steering Group on which health services across the borough the support booklet would be best distributed.

Health and the Cost-of-Living Crisis in Hammersmith and Fulham

Introduction

Acknowledgements

As the local health and social care champion, Healthwatch H&F is poised to collaborate with local partners to implement recommendations to improves access to health and care services, and to help ensure that financial difficulties are not a barrier to healthcare.

Healthwatch H&F would like to thank all of our local partners, including the London Borough of Hammersmith and Fulham (LBHF) Council, the Hammersmith and Fulham Health and Care Partnership (HFHCP), NHS North West London (NWL) Communications and Engagement team, and the Voluntary, Community and Social Enterprise (VCSE) groups that helped to distribute our survey online and allowed us access to their venues or community events to engage with local residents.

Specific thanks to The Creighton Centre who deployed their volunteers to engage with some of their house-bound clients on our behalf, for which we are most grateful.

We extend our much-needed gratitude to our hard-working team of volunteers that helped with data collection, going out into the local community and speaking to residents, and helping with data analysis.

Most importantly, we would like to express our deep-felt gratitude to all the residents of H&F that took the time to engage with us during a particularly stressful time. We hope this report gives justice to all those that shared their stories with us.

Methodology

Co-production

We co-produced a survey with local partners and residents, which was conducted between 23 August 2023 and 19 November 2023. Questions were largely inspired by Healthwatch England's cost of living surveys to ensure that we had similar questions in order to make viable comparisons between national and local data.

We extended our initial deadline for data collection from 31 October to 19 November, to increase our feedback from young people.

Reaching digitally excluded groups

90% of responses were collected in-person by visiting various sites including H&F food banks, Citizens Advice drop-in sessions, libraries, a welcome hub, and various VCSE spaces and community events. 10% of responses were collected online, having been distributed via our various communications channels including our website, email newsletter, and social media. Our partners, including LBHF, HFHCP, NHS NWL, and VCSE groups, also helped to circulate the surveys across their communications channels.

The Creighton Centre also deployed their volunteers to engage with some of their house-bound clients on our behalf, for which we are most grateful.

Accessibility

We also produced an easy-read version of our survey to engage with residents with learning disabilities, visual impairments or where English is not their first language. This was mostly used in engagement visits to sites such as Action on Disability and Age UK.









Methodology



The majority of our responses came from:

- 25-34 year olds
- Women
- White British
- College Park and Old Oak, Shepherds Bush and White City wards
- People with a long-term health condition
- People who are financially 'not very comfortable' or 'not at all comfortable'
- People on means-tested benefits

We also heard from:

- 7 homeless/in temporary accommodation
- 3 asylum seekers, 1 refugee

[See full demographics in Appendix 21]

Limitations

Our survey captures the experiences of a sample of H&F residents. Despite our continuous efforts to engage with a diverse range of people, particularly in areas of higher deprivation, we heard from some communities more than others. We also recognise that more could be done to engage with people where English is not their first language – or to provide information in a way they everyone can understand and will be working closely with communities from different ethnic backgrounds to improve our engagement in future projects.

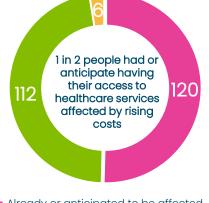
As such, we do not attempt to claim the information gathered is representative of all who live and/or use health and care services in H&F.



Key finding 1: 1 in 3 people have not been able to go to the dentist in the last 12 months because they can't afford it

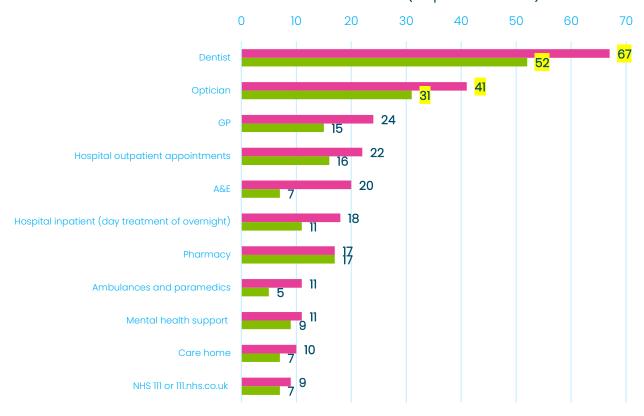
The cost-of-living crisis has created additional financial barriers to accessing healthcare services. 1 in 2 people (n.120) had and/or anticipate having their access to healthcare services to be affected by rising costs in the last 12 months or in the next six months.

Dentists were the most difficult health service to access in the last 12 months and most anticipated to be unable to go to in the next six months. I in 3 people (n. 67) told us they were unable to go to the dentist in the last 12 months. This is higher than the recent national figures by Healthwatch England which found that 1 in 5 people have avoided going to the dentist because they can't afford it.



- Already or anticipated to be affected
- Not affected/anticipated to be affected
- Not provided

In the last 12 months, which NHS and social care services have you not been able to use/go to due to the rising cost of living? And/or do you expect that you won't be able to use these services in the next six months? (Response count: 232)



■ In the last 12 months, I have been unable to go to/use this service

In the next 6 months, it is likely that I will be unable to use/go to this service

Health and the Cost-of-Living Crisis in Hammersmith and Fulham

Main reasons for not being able to go to the dentist in the last 12 months

Cost of check-ups or treatment (40%)

Travel costs to appointment (18%)



The main reason for not being able to go to the dentist is because of not being able to afford the **cost of check-ups or treatment**. Many shared that they are not entitled to free NHS treatment, and private treatment is too expensive for them.

"Dentist = in terms of cost of treatment, NHS doesn't cover this." "I needed the dentist urgently - situation is getting worse. What I want to do will cost thousands."

Woman, 65+, Black/Black British

"Would like to go to a private dentist but it's so expensive. Have been to NHS dentist but waiting for treatment. Still need to complete root canal. Applying for NHS low income - but still waiting to be approved."

wording to be approved."

"No voucher scheme for people in pension age."

Woman, 65+, Black/Black British

18-24, Man, Asian/Asian British, Wormholt ward

The other reason is not being able to afford the **cost to travel to appointments** – with some children missing out on their dentist appointments (even if it is free for them) because it is costly to travel to the appointment.

"Child has terrible teeth. Missed a couple of appointments and can be kicked off list for missing another appointment. To go to and from appointments, it can be difficult to go to them so sometimes I can't go to the appointments."

25-34, Woman, Black/Black British, means-tested and disability benefits, College Park and Old Oak "Travel can be a pain to get to because I go to a dentist in Acton."

> 35-54, Man, White British, meanstested benefits, Shepherds Bush ward

Many have been **prioritising other essentials such as food over dental treatment**. Some told us that they resort to getting dental treatment abroad because it is usually cheaper.

"To save money. I think not as essential compared with food and vegetable."

25-34, Woman, Asian/Asian British, stay at home parent, College Park and Old Oak ward

"I don't have a dentist here, whenever I go back home to the Philippines I will go to the dentist. It is a lot cheaper in the Philippines."

> 65+, Woman, means-tested benefits and retirement pension, College Park and Old Oak ward

Health and the Cost-of-Living Crisis in Hammersmith and Fulham



Who is most affected?

We conducted some further analysis by looking into which groups found it most difficult to go to the dentist in the last 12 months, and outline who most anticipates not being able to go to in the next six months.

North and centre of the borough

Residents in the north and centre of the borough were most unable to go to the dentist than the rest of the borough in the last 12 months and most expect to be unable to go in the next six months. The most affected wards of the last 12 months include College Park and Old Oak, Shepherds Bush, White City and Fulham Reach accounting for 55%, while College Park and Old Oak, White City and Hammersmith Broadway account for 33% in the next six months. This may be related to the fact that more people in these parts of the borough consider themselves to be financially uncomfortable and experienced their financial situation worsen in the last 12 months than others.



Means-tested benefits and wages/salary

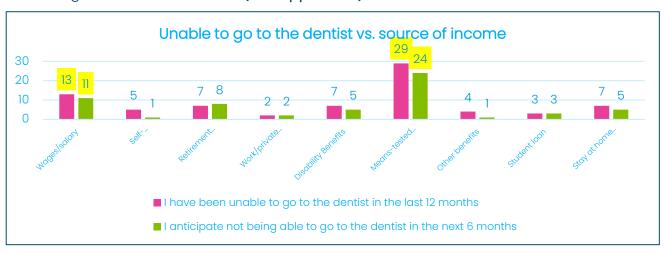
2 in 5 (43%) people not being able to go to the dentist were on meanstested benefits, followed by nearly 1 in 5 (19%) that were on wages/salary. Both groups most anticipate not being able to go in the next six months. Also, of all 29 people on means-tested benefits that couldn't afford dental care, none had told us that they receive support from the NHS Low Income Scheme, which suggests that some people that might be eligible with help with health costs may not be receiving it.

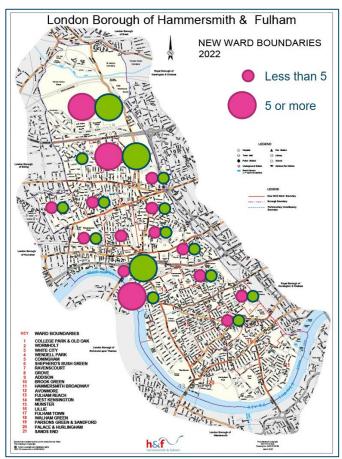


Ethnic minorities

Ethnic minorities (n.41) were more than twice more likely to say that their access to dental care was affected than their white counterparts (n.18) in the last 12 months and anticipated to be slightly more in the next six months, with Black/Black British and Asian/Asian British respondents being most unable to go to the dentist in the last 12 months than any other ethnic group.

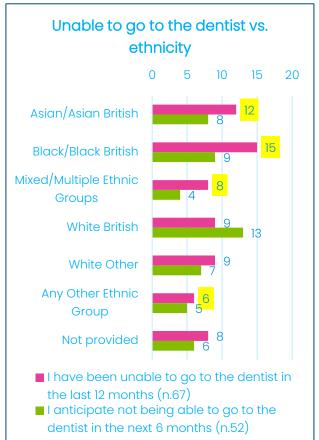
Other affected groups include women, those with long-term health conditions, and those aged 25-34 and over 55. (see appendix x).







■ I anticipate not being able to go to the dentist in the next 6 months



(Left) Unable to go to the dentist vs. location

Recommendations

- The 30 dental services in the borough should be proactive in explaining to patients about their eligible healthcare discounts like the NHS Low Income Scheme for those on means-tested benefits, and ensuring that information is accessible for individuals where English is a second language. Also consider implementing instalment plans for dental treatments for patients that cannot afford upfront costs, if they do not offer this already.
- 2. LBHF, NHS NWL, The Job Centre, Citizens Advice, and other VCSE organisations should widely promote information and advice on help with health costs for those on means-tested benefits or low income, ensuring that information is accessible for individuals where English is a second language.
- 3. LBHF, NHS NWL and VCSE organisations should also widely promote the Dental Choices national directory to support and signpost residents with finding a dental practice closer to home, to reduce or prevent travel costs from being an additional financial barrier to accessing dental care, particularly for residents in the north and centre of the borough.
- 4. Public health partners should continue to liaise with community oral health promotion teams to continue to promote good oral hygiene with a preventative approach, such as through supervised brushing and providing hygiene packs for children and families. The new family hubs would be an opportunity to expand this outreach and engagement, particularly targeting residents in the north and centre of the borough where there are higher levels of deprivation.
- 5. The 30 dental services in the borough should regularly update their status on whether they are accepting new NHS patients on the Dental Choices national directory, widely promote availability of appointments to new patients and prioritise slots to people most in need.
- 6. The 30 dental services, NHS NWL, LBHF and VCSE sector should widely promote resources such as CLCH NHS Trust Oral Health Promotion team's list, as well as the NHS website and app that lists the local General Dental Practices that are currently accepting new NHS patients, for residents that are eligible for NHS dental treatment, as outlined in the new NHS Dental Recovery Plan.



Key finding 2: Nearly 1 in 5 people were unable to go to the optician in the last 12 months because they couldn't afford it

Main reasons for not being able to go to the optician in the last 12 months

Cost of check-ups or treatment (39%)

Travel costs to appointment (17%)

Nearly 1 in 5 people (18% or n.41) told us they were unable to go to the optician in the last 12 months, making it the second most difficult health service to afford access to.

Most people reported that they needed to see the optician to get new glasses but can't afford to pay for them outright and/or they don't receive financial assistance with the cost.

Some people try to self-remedy by buying cheaper reading glasses, or some don't buy any at all despite needing them due to deteriorating eyesight. This highlights the effect financial limitations also have on people needing eye care.

"Needed to change glasses but haven't been able to afford it and don't receive benefits."

65+, Woman, Black/Black British, retirement pension, West Kensington ward

"[Try to] buy cheaper reading glasses - selfremedy."

55-64, Woman, Asian/Asian British, wages/salary, Shepherds Bush ward

"Cost of new glasses - would be £100. Thought it was ridiculous. I'm not ready to pay out on a new pair of glasses."

65+, Woman, Mixed/Multiple Ethnic Groups



Who is most affected?

We also conducted some further analysis by looking into which groups of people found it most difficult to go to the optician in the last 12 months, and outline who most anticipates not being able to go to in the next 6 months.

North and centre of the borough

Residents in the north and centre of the borough were also most unable to go to the optician than the rest of the borough in the last 12 months and most expect to be unable to go in the next six months. The most affected wards of the last 12 months include College Park and Old Oak, White City, Shepherds Bush and Fulham Reach, accounting for 59%, while all three except Fulham Reach account for 42% in the next six months. This is most likely related to higher deprivation in these parts of the borough.



Means-tested benefits and wages/salary

Nearly 2 in 5 (39%) people not being able to go to the opticians were on means-tested benefits, followed by one quarter (27%) that were on wages/salary. Both groups also most anticipate not being able to go in the next six months. This highlights that even working people are also finding it difficult to afford eye care and treatment.

We also noted that of the 16 people on means-tested benefits unable to go to the opticians because of the cost, none had received support from the NHS Low Income Scheme, which further suggests that some people that might be eligible with help with health costs may not be receiving it.

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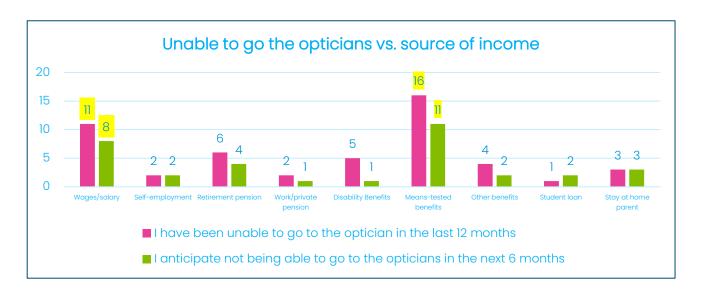


Minority ethnic groups

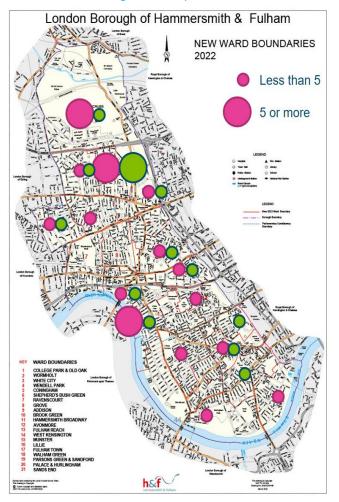
People of the Black, Asian and Minority Ethnic (BAME) community were less likely to visit the optician in the last 12 months, making up 76% of those unable to, compared with 20% that were White British or White Other, with Black/Black British and Asian/Asian British being most affected in the last 12 months and next six months. Regardless of ethnicity, the main reason was the cost of check-ups and treatment.

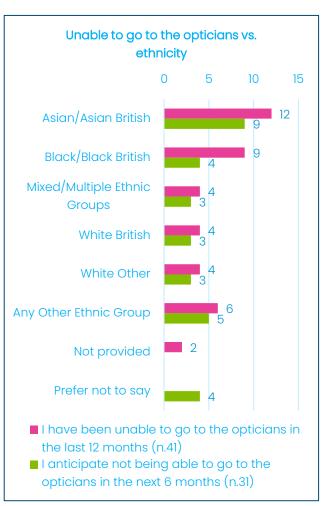
Long term health conditions

More than half of respondents (56%) unable to afford going to the optician in the last 12 months have a long term health condition. This group also accounts for nearly half (48%) of those anticipating not being able to go to an optician in the next six months. This is of great concern as it adds to or can be a result of other long term health conditions.

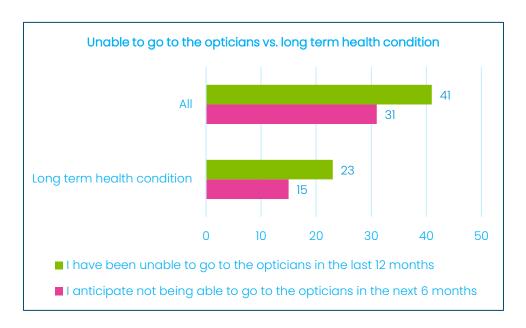


(Below) Unable to go to the optician vs. location





- ■I have been unable to go to the dentist in the last 12 months
- I anticipate not being able to go to the dentist in the next 6 months



Recommendations

- 1. NHS opticians and companies providing eye tests on behalf of NHS should be proactive in advertising and advising patients about whether they are entitled to a free or discounted NHS eye test or optical voucher to reduce the cost of glasses or contact lenses for individuals that might be eligible, such as people on means-tested benefits, residents aged 60+ and/or diagnosed with diabetes or glaucoma. Ensure that information is accessible for individuals where English may be a second first language.
- 2. NHS opticians and companies providing eye tests on behalf of NHS should also consider implementing instalment plans for patients that cannot afford upfront costs for new glasses or lenses, if they do not offer this already.
- 3. Employers should encourage employees to claim free eye tests, especially if most of their work requires screen use.

Key finding 3: 1 in 3 people's physical health declined in the last 12 months

34% (n.78) of respondents' physical health declined in the last 12 months.



Healthier foods are more expensive to afford

According to the free text comments, the main reason for the decline in physical health is that it is becoming increasingly more difficult to afford healthier foods. As a result, many people resort to buying cheaper but unhealthier foods. I in 10 people told us they have cut down on how much they spend on food due to high food prices (see appendix X). Some people, particularly parents, told us about skipping some meals in the day entirely and losing weight as a result.

"Only eating one meal a day - prioritise making sure my children have three square meals so sometimes I don't. Lost lots of weight."

Woman, 25-34, Black/Black British

"With the price of food the way it is, we often end up buying less healthy foods because it's cheaper."

Difficulty managing existing long term health conditions

More than half (54%) of the respondents whose physical health declined were living with a long term health condition. There was a particular concern among residents living with long term health conditions who were finding it more difficult to manage conditions such as diabetes, high blood sugar level, or food intolerances/dietary requirements during the cost of living crisis. This is because alternative food products or specific medication needed to manage theirs or their child's long term health condition tend to be more expensive to afford.

Nearly 1 in 5 (n.26) people told us that they had to stop a special diet (or other arrangement) needed for a health condition (see appendix X). In some cases, people explained that not being able to afford a healthy diet has actually resulted in long term health conditions presenting earlier in life.



Nearly 1 in 5 residents have stopped a special diet (or other arrangement) needed for a health condition they have in the last 12 months

"I have IBS and type 2 diabetes, and can't afford medications and special food to treat this, I'm always worried that I will get worse and have no money. People with none-life threatening conditions cannot carry on their special diet due to the cost of gluten free or free from food, feeling unwell all the time but no choice, special dietary needs are too expensive."

Woman, 25-34, Any other White background, disability, meanstested benefits, Shepherds Bush "One daughter has allergies/dietary requirements - I have to buy specific foods but it depends on availability e.g. often go to Sainsbury's because they have wheat-free, dairy free bread but sometimes if I can't find it and can't go to whole foods because it's expensive, I have to give my daughter white bread and her allergies flare up. But if I can't afford it, they can't have what they need. Daughter has rickets."

Woman, 25-34, Black/Black British, means-tested benefits, Palace and Hurlingham

"I can't afford to buy things like eggs, nuts - as a diabetic, you need a low carb diet with things like eggs. Going to community places like Foodcycle, they offer a lot of carbs like rice, pasta."

> Woman, 55-64, Mixed/Multiple Ethnic Groups, West Kensington

"I'm now on Sertraline, started in March and I'm overweight as I can't afford a healthy diet, which has now lead me to having high blood pressure and joint pain in my early 30s."

> Woman, 25-34, Black/Black British, long term health condition, carer, wages/salary, Hammersmith Broadway

Not bought equipment for health and mobility

21% of respondents (n. 28) also told us that they could not afford to buy equipment that they needed for their health and mobility, such as walking aids or a blood pressure monitor.

"Almost half of our money goes towards the paid carer Accessible technology at home: instead of using the enhanced packages, which is very expensive, because the external packages are now £600. So just use windows. The mobile phone version is £200 and you have to keep paying more for updates, so because of cost of living, I cannot be paying out for it."

"Need a wheelchair - at the moment, I'm in financial trouble. I lost a lot of money, feeling suicidal. Fighting for my life - if I don't, I will ruin my life. Husband recently had a third stroke and has gone into a care home - we have no money. Depending on my son for help. A lot of change to adjust to. Really difficult."

55-64, Man, White British, disability, long term health condition, Hammersmith Broadway

65+, Woman, Asian, long term, White City

"I have high blood and my blood monitor is broken. I can't afford to buy a new one. I wanted to buy my son ear defenders because he doesn't want loud noise but I cant afford to buy one."

"Couldn't afford an electric mobility chair if I needed it - years ago they were affordable. (I know someone that rents out their chair)."

Woman, 25 - 34 years, Asian

Woman , 65+,, White, disability

Reduced or stopped support from private health services

19% of respondents (n. 26) also told us that they could not afford to pay for private health services such as chiropody or physiotherapy that they either used to go to, or would like to go to for various reasons but cannot afford to.

"I did pay for private healthcare in the past but not now. I would try physiotherapy if I had money." "I also previously tried a few sessions of chiropractic, but with each session being around £70-80, it was unfeasible for me to continue going regularly. I haven't been in the past year, even though I get quite uncomfortable neck, back and shoulder aches and pains."

Living conditions

Several people also told us that living conditions, such as increased mould and damp have affected physical health, especially for those with long term health conditions such as asthma. Yet, due to the difficult choice between eating vs heating, it has been difficult to manage this.

"I have mould, damp and fungus which is affecting my health. The whole block has the same issue in West Kensington."

Woman, 55-64, White Other

"We live in Aspen Gardens and suffer from damp. We go out and try to walk to keep warm or layer up to cut down on electricity. Housing people advised us to put the heating on more to avoid mould and damp, but who's going to pay for that?"

Man, 55-64, White British

"Council flats have a lot of problems that are not being addressed like mould and condensation. I have asthma and I feel like it makes it worse. And being at work, sometimes we delay calling them because we're at work.

I have to keep on top of cleaning."

Woman, 55-64, White: British

"Grateful for [support] but it's not enough.
Change ceiling of housing allowance - I
think it's directly related to good physical
health - if housing is not good, it affects
health."

25-34, Prefer not to say

Yet, some people are taking up healthier habits, such as walking or cycling more, which may have contributed to better or unchanged physical health.

Of the 50% of people whose physical health remained the same, and the 13% that got better, many mentioned that they are now walking or cycling more to avoid additional transport costs, while some expressed an interest or already are participating in more low-cost or free fitness activities.

"I used to pay for a gym membership but had to give that up at the start of the year and substituted it with other more affordable or free fitness classes and walking much more than before."

Woman, 25-34, Mixed/Multiple Ethnic Group

"Physical - used to take transport but walking more. Would love to do more fitness activities."

Woman, 25-34, Black/Black British



Who is most affected?

We also conducted some further analysis by looking into where physical declined most in which groups.

North of the borough

Physical health declined most among residents in the north of the borough, with College Park and Old Oak, Shepherds Bush and White City wards accounting for the biggest decline in physical health than elsewhere at 32%.

Long term living conditions

More than half of respondents (54%) whose physical health declined had long-term health conditions.

Means-tested benefits

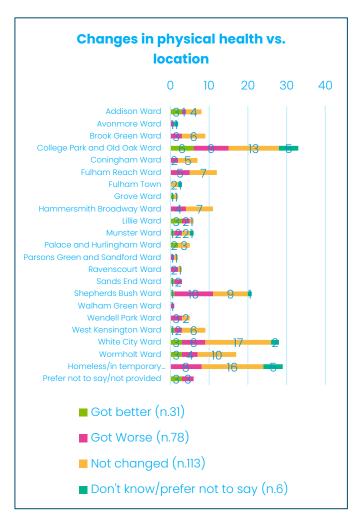
More than half of those (54%) were on means-tested benefits.

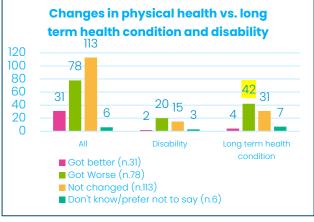
Women

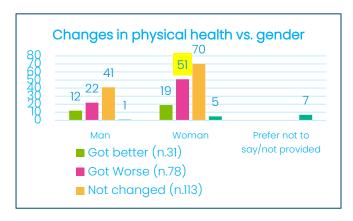
One in three (34%) women's physical health declined in the last 12 months – there were double the amount of women to men who's physical health declined.

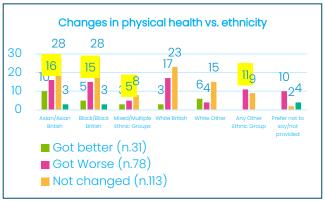
Minority ethnic groups

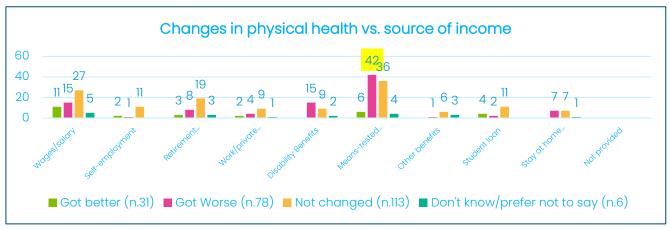
60% were of Black, Asian and Minority Ethnic (BAME) backgrounds.









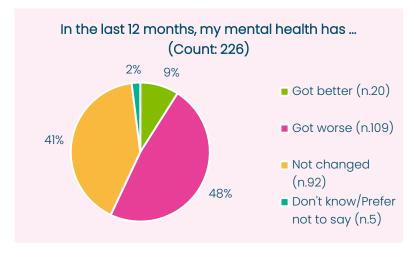


Recommendations

- LBHF and VCSE organisations should continue to widely promote free and low-cost sports, exercise, social activities and offer other public health initiatives such as cooking cheaper, nutritious meals to get people exercising and eating healthy on a low budget, particularly targeting women, ethnic minorities and those on a low income.
- 2. LBHF, Citizens Advice and other VCSE organisations should continue to signpost residents finding it difficult to afford healthy food and supplies to services such as the H&F Foodbank, Dad's House, The Upper Room, Nourish Hub, Rose Voucher as well as free sharing apps such as Olio or Too Good to Go, particularly targeting women, ethnic minorities and those on a low income.
- 3. Community pharmacies, local GP services, NHS NWL, LBHF and VCSE organisations should promote local services, such as community pharmacies that can provide services such as free blood pressure checks for residents unable to afford health and mobility equipment at home, such as a blood pressure monitor.
- 4. LBHF, VCSE and other partners should continue to identify and assist residents with a long term health condition that may be eligible for applying for Personal Independent Payments (PIP) to help with the extra costs of living with a long term condition.
- 5. LBHF should continue to review and address the living conditions of residents in council housing that have numerous reports of mould and damp, including continuing to could offer signposting information and advice sessions about help towards energy bills and how to make homes more energy efficient.

Key finding 4: Nearly 1 in 2 people's mental health declined in the last 12 months

48% (n.109) of respondents' mental health declined in the last 12 months.



The mental stress of the rising cost of living

The overwhelming majority of people (n.77) told us that their mental health worsened because they have been struggling with the 'stress', 'pressure' and 'worry' about not being able to afford rising energy bills, rent and food and generally making ends meet. These stressors are either adding to existing or creating new mental health conditions like anxiety or depression.

"Under a lot of pressure. Depression has got worse, paying extra for rent. All my money is going towards rent to keep flat, but now I don't know. During winter... careful with spending. Rent is killing me, doing everything to keep roof over my head."

Woman, 25-34, Black/Black British

"I cried last Christmas when I realised I could not afford to put my central heating on while my daughter and grandchildren were staying. I did not put my heating on for the entire winter. Even with the vouchers received from government I still couldn't afford gas heating as the vouchers just about covered the electricity."

Woman, 55-64, White British

"Depression, anxiety - never been that kind of person before - prescribed antidepressants."

"Stress, lack of sleep, always thinking even though there's nothing you can change. It's worst as a mum, can't even afford to take kids to things like the funfair."

Woman, 55-64, Black/Black British

Woman, 25-34, Arab

afford anxiety anxious bills can't careful caused cost costs depression diet difficult eating electricity expensive extra family feel flat food health healthy high i'm impact it's life living lost lot making medication mental mentally mind money pay paying people physical pressure prices problems rising sleep spending stay stress stressed stressful thinking walking weight what's winter Work working Worry worrying Worse

The social cost of living

Social isolation and loneliness, as has been well-evidenced, is a key contributing factor that leads to poor mental health. There has been a correlation between local people's inability to see friends or family as often, or afford to take part in social or other extra leisure activities, and a decline in their mental health in the last 12 months.

Of the 109 people whose mental health declined in the last 12 months:

- Nearly three quarters (n.77) had cut down or stopped spending on entertainment or social activities (e.g. going out with friends, streaming services, etc.)
- Half (n.55) had visited family or friends less often

"I only go out once a week to go to the food bank and the rest of the week I stay at home. I barely watch TV because I can't afford a TV licence."

"Everything is interrelated. Imbalance in hormones e.g. when missing out on (social) things = adds to stress and worry."

Woman, 55-64, Black/Black British

Man, 25-34, Avonmore Ward

Perception of long NHS waiting lists and not knowing where to go for mental health support

Some people (n. 11) told us that they were finding it difficult to access mental health support in the last 12 months or (n.9) in next six months.

When we followed up with some respondents, we mainly found that this is because of not being able to afford private mental health support, experiencing long waiting lists for NHS mental health support, or otherwise not knowing where to go to for mental health support.

"The problem is you don't know where to go for help. For example, I explained, I went to the GP, I asked them if I want a help, where do I go for help. They gave me a number, but it's not always so easy. Finances is a big problem – I don't have money to go private. Even if I have money, I don't know where to go. It is not easy and now I am battling two problems. Battling with rent, I don't have the time to spend on where to go, mentally so tired to chase everything. I live alone. I don't go out very often, the only contact I have is with the phone. Sometimes you are so down and you don't know what to do."

"I have been on a few sessions with a private psychologist but because of the high price which was £150 for a 50 minute session, I decided to stop going. But still think that there should be a way how people can access mental health specialists easily for a more affordable price. Because privately is easily accessible but it's too expensive, and with the NHS it is for free but it's months of waiting until you get approval for a session."

Woman, 55-64, Asian/Asian British

"To go private is just so expensive. Also trying Back on Track has a long waiting list."

Woman, 25-64, White Other

Woman, 25-34, White Other, wages, Ravenscourt ward

The link between deteriorating physical and mental health

Several people also highlighted that there are interrelated factors between how their declining physical health has impacted on their mental health and vice versa, such as having to work more which impacts on their energy levels and/or financial stress impacting on their physical health.

"Physically it has affected me because I have to work extra shifts, sometimes finishing really late at night at work and starting really early the next day. This situation is leaving me with a lack of sleep, which affects my energy levels. I feel weak. This way, it affects my physical health as well as my mental health."

"With the cost of living continuing to rise, I wouldn't be surprised if more people's health - mental and physical - continued to get worse. Things like denying yourself of things that would normally bring you joy, or being able to travel or do fun things with family and friends - doing all of that less is depressing."

25-34, Woman, White Other

Woman, 25-34, Mixed/Multiple Ethnic Group

"Credit card debts = lots of stress. And this can be connected to physical health."

Man, 25-34, Asian/Asian British



Who is most affected?

We also conducted some further analysis by looking into where mental health declined most in which groups.

North of the borough

While the effects on mental health were fairly evenly spread across the borough, it is those living in the north of the borough, namely College Park and Old Oak, Shepherds Bush and White City wards accounting for 33%, as well as those considered homeless or living in temporary accommodation where mental health declined most.

Long term living conditions

Nearly half of respondents (48%) whose mental health declined had a long-term health condition.

Means-tested benefits

Nearly half of those (49%) are on means-tested benefits, which further evidences how poorer financial circumstances can adversely impact on mental health.

Women

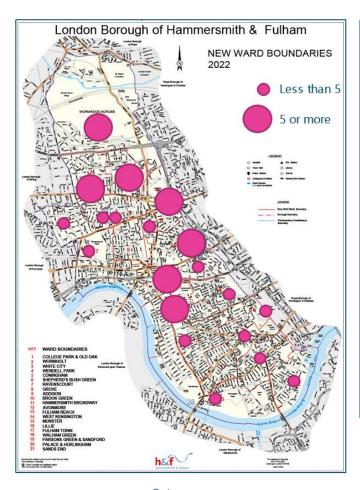
Two thirds (67%) were women – there was more than double the amount of women to men who's mental health declined.

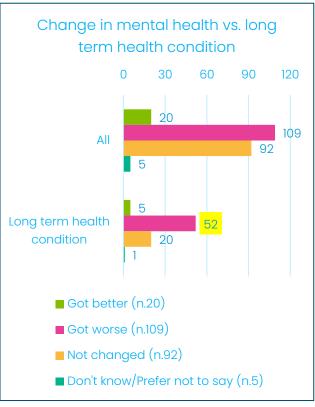
Minority ethnic groups

62% were of Black, Asian and Minority Ethnic (BAME) backgrounds.

Residents finding it difficult to seek mental health support predominantly included:

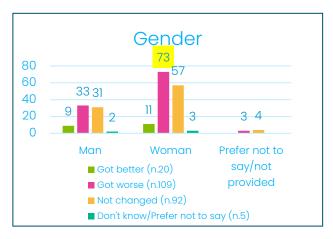
- 25-34 year olds
- · Ethnic minorities, followed by White British and any other White Background
- Women (n.9); men (n.6)
- 1/3 with a long term health condition or disability
- Carers (n.5)
- On means-tested benefits, disability benefits and wages/salary
- Financially uncomfortable
- · North of the borough.

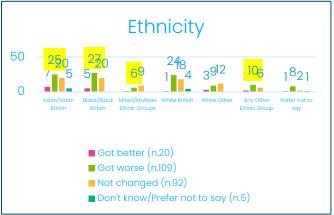


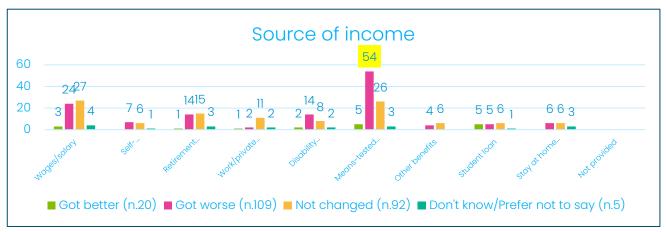


■ Got worse

(Above) Change in mental health vs location







Recommendations

- 1. LBHF and organisations in the VCSE and advice sector should continue to promote and signpost financial advice in areas most affected by the cost of living crisis, such as in the north of the borough and to ethnic minorities and those on means-tested benefits, to reduce or prevent financial worries from creating further stress that impacts on the borough's mental health. Always ensure that information is accessible for individuals where English may be a second language.
- 2. West London NHS Trust to better promote the availability of H&F Talking Therapies, and the ability for patients to self-refer into the service.
- 3. West London NHS Trust, NHS NWL, LBHF, partners and all organisations in the VCSE sector to better promote the mental health services and support that are available in the borough, surrounding areas and online, including the West London Mental Health Directory.
- 4. LBHF, VCSE organisations and other partners should continue to promote any free or low-cost social and wellbeing activities that residents can attend to improve and prevent social isolation and loneliness and maintain wellbeing, targeting residents in the north of the borough, ethnic minorities, women and those living with a longterm health condition.

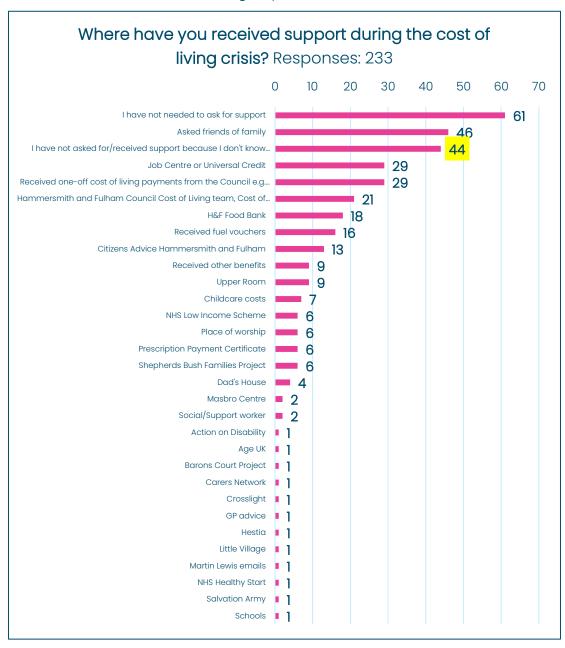


Key finding 5: Cost of living information, support and advice still hasn't reached everyone who needs it

Knowing where to go to and how to get support during the rising cost of living has been varied.

While many people have sought help from various places, predominantly from friends and family, the Job Centre, LBHF's one-off cost of living payments, LBHF's Cost of Living team and the H&F Food Bank, around 1 in 5 people (19%) haven't asked for or received support because they don't know what is available.

This tells us that, despite partners' best efforts to ensure that vital cost of living information, support and advice is widely spread, a more targeted approach to sharing this information with under-reached groups most in need is needed.





Who hasn't asked for or received support because they don't know what is available?

We conducted some further analysis by looking into which groups were most frequently told us they didn't ask for or receive support because they don't know what is available.

North of the borough

Most residents that didn't know what cost of living support is available to them live in the north of the borough, particularly College Park and Old Oak and White City wards, making up nearly a third (30%).

Long term living conditions

Two fifths of respondents (43%) that didn't know what cost of living support is available to them have a long-term health condition. This is particularly important because it might indicate that those experiencing more difficulties with managing long term health conditions during the rising cost of living such as people that told us necessary heating or special diets were increasingly more expensive to afford, might be unaware of what support towards supplies or essentials they may be eligible for.

Means-tested benefits

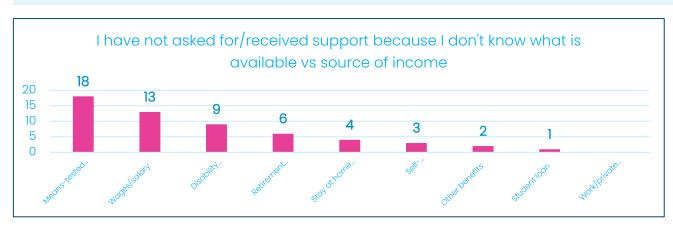
Two fifths (40%) were on means-tested benefits. This was followed by those on wages/salary that accounted for nearly a third (30%).

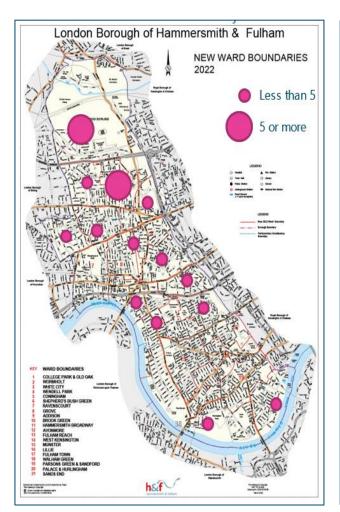
Ethnic minorities

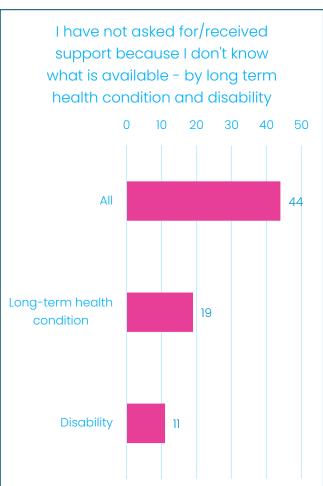
The majority of respondents (66%) were from an ethnic minority background, with Black/Black British respondents being the least supported than any other ethnic group.

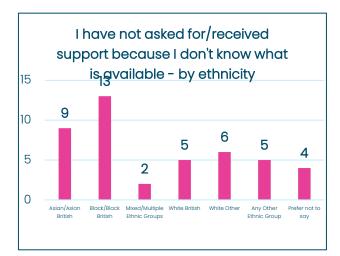
People aged 55 and over and 25-34 year olds

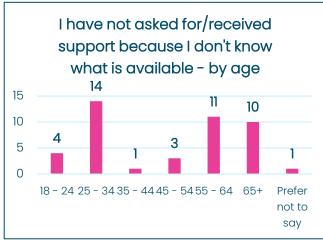
People aged 55 and over accounted for nearly half (48%) of those unaware of what support is available to them, while 25-34 year olds accounted for a third (32%).





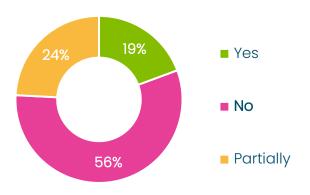






When residents did receive cost of living support, it has been helpful for some, but to an extent.

Has the support you have received about the rising cost of living met your needs? Have there been any gaps in the support available? Count: 124

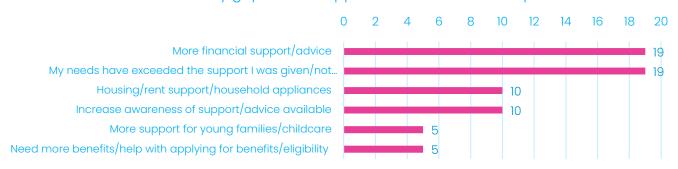


- One in five respondents (19%) told us that the support they received for the rising cost of living met their needs.
- More than half of all respondents (56%) told us that the support they received for the rising cost of living did not meet their needs.
- Nearly one quarter (24%) told us that the support they received for the rising cost of living partially met their needs

In the free text comments, residents outlined the main gaps in the support available to them, including needing more financial support/advice, that their needs exceeded the support they received and needing more housing/rent support.

Some suggested a general increase in awareness of support/advice available, more support for young families and childcare, and more help with applying for benefits or knowing what support they are eligible for.

Have there been any gaps in the support available? Please explain below:



Other gaps/suggestions included more government support, VCSE support, medication support, mental health support and promoting public health initiatives.

"Definitely not - ended up with huge debts. Interest free loans or grants then I wouldn't be going to a credit card company. Cost of living grants. Because of the carers allowance I was receiving, I couldn't get the council tax discount."

Man, 45-54, Asian/Asian British

"It can't meet my need because they only give me £350 but my electricity cost is £450 so is too small for me and not enough."

Man, 55-64, Any other Ethnic Group

Recommendations

- 1. LBHF, NHS North West London, and the VCSE and advice sector need to better advertise and provide cost of living support and information, particularly financial advice and help with eligibility, in areas with lower awareness of support available to them. Consider providing more cost of living information booklets and organise pop-up information stalls in venues like GP surgeries, community centres, shopping centres, libraries, VCSE spaces, food banks and places of worship in the north of the borough, targeting individuals where English may not be their first language.
- 2. LBHF, NHS North West London, and the VCSE and advice sector can reach residents from the under-reached age groups with cost of living support and information via a hybrid approach: the over 55 age category, by working with relevant VCSE groups such as Age UK H&F, Creighton Centre and Fulham Good Neighbours, and 25-34 year olds via various online communications channels.

Appendix

```
pharmacy
                  healthcare
        experience Developing Patient understanding treatment
     funding Improvements care Getting hospital
   health
      online Community focus framework
   Roadmap Public Reaching-out mate PCN Digital Teamwork improvement plan Innovative ideas GP improve
                                              maternity
priorities
                ealthwatch optician current
         mmersmith & Fulham
                         Partnering projects Empowering
strategy involved
                reviewing blanning
                           Project delivery
                         Support
                                    appointments
         Media medical
                           consultations administration
   Volunteer Training
                           social quality
              networking
                        awareness communication
     integration
                 Engagement NHS
```

Other observations and considerations

Here, we outline some other notable insights that respondents shared with us in this study:

Observation: Young people told us that travel was the main issue for them when it comes to accessing their GP, whereas for people aged 55 and over, it was the associated costs of booking appointments.

Consideration: Local GP services and NHS NWL to continue to promote online consultations to younger populations, while clearly explaining to older populations about the ring-back service that more GP services in H&F are now offering.

Observation: Aside from dentists and opticians, residents also anticipate it being difficult to access pharmacies due to the cost of prescriptions and over the counter medication, and hospitals due to the cost of travel in the next six months.

Consideration: Improve promotion of help with paying for prescription costs for people that might be eligible.

Consideration: Hospital trusts, where possible, to enable people aged 60 and over to take full advantage of their free travel benefits by organising hospital appointments after 9am.

Observation: Nearly 1 in 3 carers we spoke to have been unable to go the dentist or optician in the last 12 months because of the cost of checkups and treatment and travel to appointments.

Consideration: NHS NWL should consider allowing carers to be eligible for free or discounted dental care; opticians should consider allowing carers to be eligible for free eye tests and vouchers, and LBHF should consider providing freedom passes for carers to help with travel costs to appointments.

Observation: More than half of carers' mental health declined in the last 12 months, while 1 in 3 carers' physical health declined.

Consideration: LBHF, West London NHS Trust and the VCSE sector should more widely promote free or low cost exercise classes for carers as well as wellbeing initiatives, such as activities offered by Carers Network and the West London Wellbeing and Recovery College.

Other observations and considerations

Observation: Several parents told us about the gaps in support for families with children and young people living with autism or other special educational needs (SEN), particularly families living in the north of the borough.

Consideration: LBHF to continue to engage with families living in the north of the borough with children and young people with SEN, to identify where support is needed most.

Observation: Some respondents expressed concern about the social impact of the cost of living crisis, including witnessing more theft in shops.

Consideration: LBHF to continue to deploy law enforcement teams across the borough to ensure the safety of all residents and reduce crime rates.

Observation: More people reported walking or cycling more to cut down on transport costs.

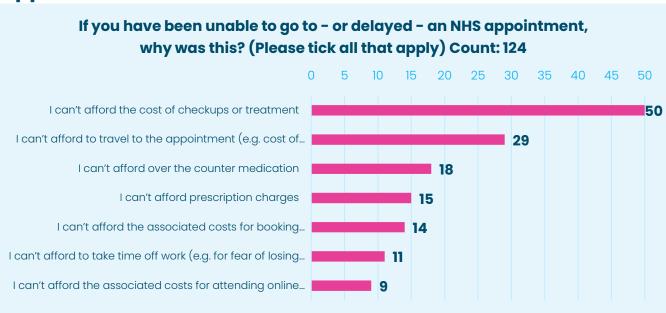
Consideration: To celebrate some of the potentially positive outcomes on people's health and encourage people to walk more where possible.

Appendix 1

In the last 12 months, which NHS and social care services have you not been able to use/go to due to the rising cost of living? And/or do you expect that you won't be able to use these services in the next six months? (Individual response count: 232)

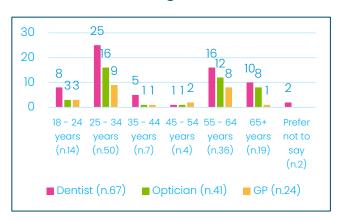
Health and care service	In the last 12 months, I have been unable to go to/use this service	In the next 6 months, it is likely that I will be unable to use/go to this service	I have not stopped or been unable to go to this service
GP (n.212)	24	15	173
Dentist (n.224)	67	52	105
Pharmacy (n.162)	17	17	128
Optician (n.184)	41	31	112
Hospital inpatient (day treatment of overnight) (n.128)	18	11	99
Hospital outpatient appointments (n.153)	22	16	115
A&E (n.120)	20	7	93
Ambulances and paramedics (n.84)	11	5	68
Care home (n.53)	10	7	36
Mental health support (n.83)	11	9	63
NHS 111 or 111.nhs.co.uk (n.91)	9	7	75

Appendix 2

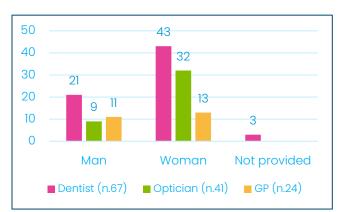


Unable to go to dentist, opticians and GP in the last 12 months – demographic comparisons

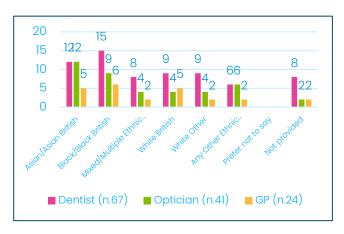
Age



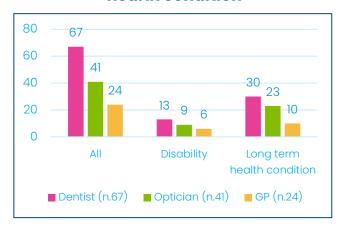
Gender



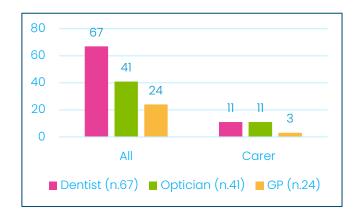
Ethnicity



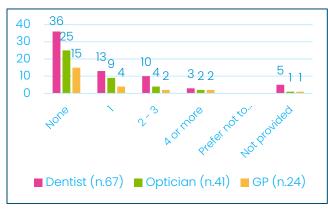
Disability and long term health condition



Carer

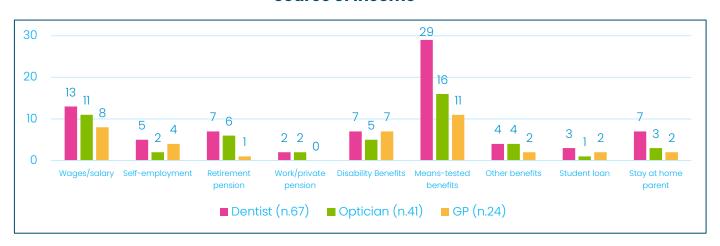


Dependent children



Unable to go to dentist, opticians and GP in the last 12 months – demographic comparisons

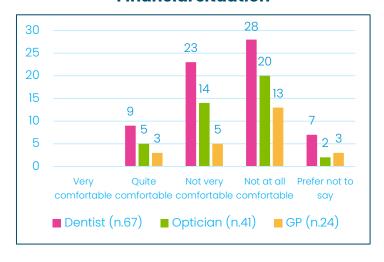
Source of income



Location

10 20 30 College Park and Old Oak Wormholt White City Wendell Park Conningham Shepherds Bush Ravenscourt Grove Addison **Brook Green** Hammersmith Broadway **Avonmore** Fulham Reach West Kensington Munster Lillie Fulham Town Walham Green Parsons Green and.. Palace and Hurlingham Sands End Homeless/Temporary... 2 Out of borough Prefer not to say ■ Dentist (n.67) ■ Optician (n.41) ■ GP (n.24)

Financial situation



GP access – travel and digital exclusion

While the majority of respondents have not had their access to GPs affected in the last 12 months, 1 in 10 people (n. 24) have, with 15 saying that they anticipate not being able to go in the next six months.

The main reasons people shared with us for their access to GPs being unaffected by the rising cost of living in the free text comments include **living a short distance to** their GP and receiving **free treatment or prescriptions**. As well as this, many stated that finances did not seem to directly impact their access to GPs; instead, they cited other non-finance related reasons such as the ease of booking appointments over the telephone or not being able to see their doctor in person [see our Patient Experience reports for more recent, detailed experiences].

Since the response rate for this service was small and the majority of respondents told us that they have not had issues visiting their GP, we have not produced full demographic comparisons for this service.

However, it is worth highlighting that some residents have struggled to access their GP during the cost-of-living crisis. This is partly because of the **cost of travel**, affecting mainly younger people and carers, and partly because of the **associated cost of booking appointments**, such as the cost of phone calls, internet access, or having no hardware/equipment (phone, laptop, tablet), which has mainly affected people aged 55 and over, on means-tested benefits and living in the north of the borough.



1 in 3 people told us that in the last 12 months, they have cancelled or changed their broadband or mobile phone contract to a cheaper deal, with 1 in 5 anticipating doing this in the next six months. The majority of people doing this are aged 55 and over, on means-tested benefits and considered financially uncomfortable. [See more in Appendix 19]

"Caring for husband with disability.

Difficult to go to GP and hospital because have to arrange travel. It was okay before COVID but now it's more delayed."

55-64, Woman, Black/Black British, Carer, White City ward "I want to make an appointment with PATCHS but I have limited access to internet and no laptop. I just use phone's internet and an old iPad that doesn't really work anymore. I cannot have internet 24/7. I have to pay every time I use it. EE –limited internet on my phone."

Woman, 55-64, Asian/Asian British, Means-tested benefits, disability, Brook Green ward

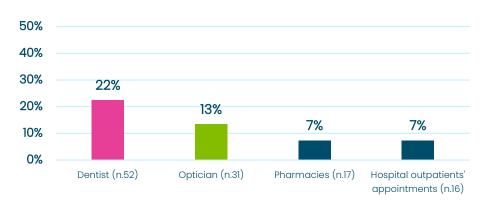


What to expect in the next 6 months

It is likely that there will be ongoing issues with being able to afford to go to the dentist and opticians, with 22% and 13% of people anticipating being unable to go to these services respectively.

Yet, our quantitative data and free text comments also reveal other concerns that extend to accessing pharmacies (7%) and hospital outpatients appointments (7%), which we deemed important to highlight, as they may have knock-on effects for people being able to manage their health at home.

In the next 6 months, it is likely that I will be unable to use/go to this service. Responses: 232



Almost 1 in 4 respondents (23%) said they can't afford to travel to appointments, mostly affecting people with young children, carers and older people needing to get to hospital appointments, especially where they may have to travel outside of the borough, have to rely on taxis and/or if older people cannot make use of their free travel passes if their appointments or travelling time takes place before 9am.

Meanwhile, 15% of respondents told us they can't afford over the counter medication - the majority of which have a long term health condition - and 12% said they can't afford prescription charges.

What people told us about travel costs to hospital appointments

"Also missed some appointments at Chelsea and Westminster or other hospitals (GOSH) - difficult for paying for £13 parking plus congestion charge."

Woman, 25-34, Black/Black British, means-tested, long term health condition, College Park & Old Oak

"Sometimes going to appointments at Charing Cross, Hammersmith or Westminster, it can be costly to go to these appointments because it can be far. Getting to appointments for 4 year old son who has speech/language issues and is active sometimes outside of borough can be tricky."

Man, 55-64, Black/Black British, Means-tested benefits, Shepherds Bush

"Hospital is in St Hellier - sometimes have appointments before 9am so even though I have a freedom pass, I have to pay, can't use before 9am. It's very expensive."

Woman, 65+, Black/Black British, Means-tested benefits, White City

"Sometimes I need a health professional to see my son but you can't get a GP appointment for 2-3 weeks. I can't wait that long so I take them to A&E but the closest one is St Mary's (Charing cross is still far from me) so I have to get an Uber, which costs £12. That's expensive, especially if it's both ways."

Woman, 25-34, Black/Black British, Means-tested benefits, stay at home parent, College Park & Old Oak

"Because of my back pain, it sometimes requires me to travel to the hospital appointment, but then I cannot afford the fare. If I'm not feeling well, I need to call a cab - that can be very expensive."

Man, 55-64, Black/Black British, disability, long term health condition, Means-tested benefits, Fulham Reach

What people told us about the cost of over the counter medication and prescriptions

"I have to buy medication for my son that gets it on prescription and it's £9 each time and expensive."

Woman, 55-64, White Other, Means-tested benefits/wage, White City

"Children's medicines are getting expensive too. If I need to get over the counter medication to calm him down, or cream for his dry skin, and it's a lot, £10 is a lot.."

Woman, 25-34, Black/Black British, Means-tested benefits, stay at home parent, College Park & Old Oak

"Prescription charges = in future, this could be a concern."

Woman, 25-34, Black/Black British, wages, White City

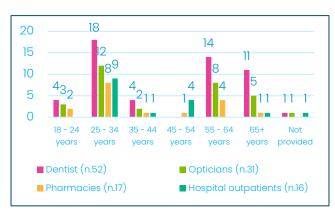
"Sometimes if I'm in need of paracetamol it can be expensive, so I have to concentrate on essentials like food and utility bills. I'm using contact lenses but recently broke my glasses and again, I have to prioritise essentials. I've had to cancel some hospital appointments because I can't travel to the appointment. I already take some time off to see to my son's appointments, so when it comes to my own, I have to be cautious."

Woman, 35-44, Black/Black British, Carer, long-term health condition, means-tested benefits,

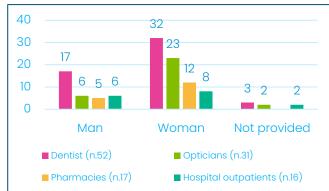
Access to healthcare in the next 6 months-

demographic comparisons

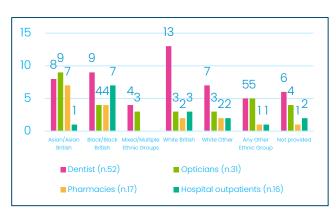
Age



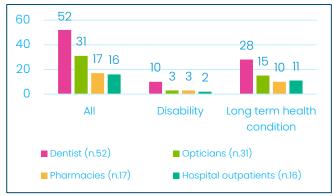
Gender



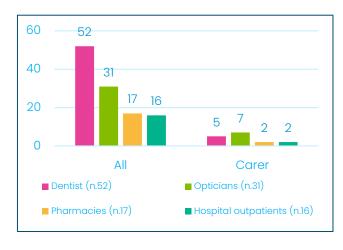
Ethnicity



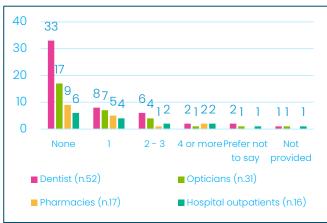
Disability and long term health condition



Carer

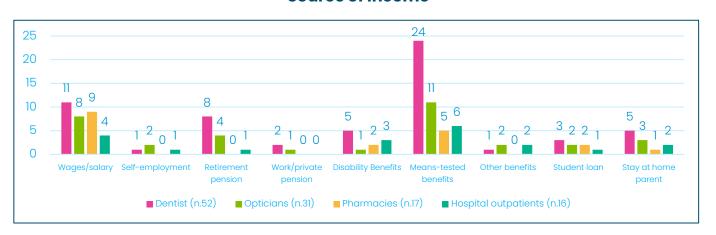


Number of dependent children



Access to healthcare in the next 6 monthsdemographic comparisons

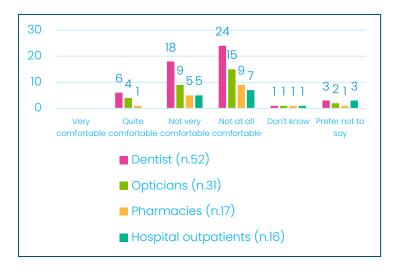
Source of income



Location

10 15 20 College Park and Old... Wormholt White City Wendell Park Conningham Shepherds Bush Ravenscourt Grove Addison Brook Green Hammersmith... Avonmore Fulham Reach West Kensington Munster Lillie Fulham Town Walham Green IIII Parsons Green and... Palace and Hurlingham Sands End Homeless/Temporary... Out of borough Prefer not to say ■ Dentist (n.52) Opticians (n.31) ■ Pharmacies (n.17) ■ Hospital outpatients (n.16)

Financial situation



In the last 12 months, have you made any of the following changes to your health and social care due to the rising cost of living? And/or do you expect to make these changes in the next six months? (Individual response count: 136)

_				
Health and care service	In the last 12 months, I have been unable to go to/use this service	In the next 6 months, it is likely that I will be unable to use/go to this service	I have not stopped or been unable to go to this service	
Changed, reduced or stopped support from paid for carers (e.g. people coming into my home to help me with preparing meals or washing and dressing)	8	9	33	
Delayed or unable to move into a care home or assisted living accommodation	4	8	31	
Reduced using medical equipment at home because of the running costs (e.g. home oxygen, dialysis machine)	9	9	40	
Not bought equipment that helps with my health or mobility (e.g. walking aid, blood pressure machine)	28	16	54	
Reduced or stopped support from private health services that I pay for (e.g. physiotherapy or counselling)	26	15	42	
Stopped a special diet needed for a condition that I have	26	15	48	

In the last 12 months...

One fifth of respondents have not bought equipment that helps with their health or mobility (e.g. walking aid, blood pressure machine)

Decreases to one in 10

Nearly one fifth of respondents have reduced or stopped support from private health services that they pay for (e.g. physiotherapy or counselling)

Decreases to one in 10

Nearly one fifth of respondents have stopped a special diet (or other arrangement) needed for a health condition they have

Decreases to one in 10

7% of res pondents have reduced using medical equipment at home because of the running costs (e.g. home oxygen, dialysis machine)

Remains at 7%

In the next 6 months...

6% of res pondents have changed, reduced or stopped support from paid for carers (e.g. people coming into their home to help them/a family member with preparing meals or washing and dressing) Increases to 7%

3% of res pondents have delayed or been unable to move into a care home or assisted living accommodation

Increases to 6%

The main changes local people have made to their health and social care arrangements include **not buying equipment that helps with their health or mobility (21%)**, reducing or stopping support from private health services that they pay for (19%), and stopping a special diet (or other arrangement) needed for a health condition they have (19%).

This is of a particular concern for residents that require certain arrangements to manage disabilities or long term health conditions at home, thus potentially creating even more adverse effects on their health. Not being able to afford to buy equipment that helps with health and mobility or maintain a special diet is of huge concern because there is a risk of further strain on NHS services if existing conditions worsen due to not being able to manage.



1 in 5 residents have not bought equipment that helps with their health or mobility in the last 12 months

In several cases, residents needed to buy new equipment to help with their own health or mobility or that of a family member's, such as a blood pressure monitor, wheelchair or walking aid, or accessible software for vision impairments but could not afford the cost of these.

"Almost half of our money goes towards the paid carer Accessible technology at home: instead of using the enhanced packages, which is very expensive, because the external packages are now £600. So just use windows. The mobile phone version is £200 and you have to keep paying more for updates, so because of cost of living, I cannot be paying out for it."

"I have high blood and my blood monitor is broken. I can't afford to buy a new one. I wanted to buy my son ear defenders because he doesn't want loud noise but I cant afford to buy one."

Woman, 25 - 34 years, Asian/Asian British

Man, 55-64, White British, disability, long term health condition, Hammersmith Broadway ward

"Need a wheelchair - at the moment, I'm in financial trouble. I lost a lot of money, feeling suicidal. Fighting for my life - if I don't, I will ruin my life. Husband recently had a third stroke and has gone into a care home - we have no money. Depending on my son for help. A lot of change to adjust to. Really difficult."

Woman, 65+, Asian/Asian British, long term health condition, White City ward

"Bought a walker online but it didn't arrive, can't afford to pay for another. Used to pay for chiropody."

Woman, 65+, mixed ethnicities, state pension, Palace and Hurlingham ward

Some residents told us about still paying for equipment that helps with their health and mobility because it is a necessity/non-negotiable but that it is a huge financial strain given the other costs they have.

"Renting a scooter. £100 a month, making it difficult to manage because it's coming out of my benefits."

"Stats machine - oxygen and heart rate. I have to keep it on all night. I know it's an additional cost but I have to."

Woman, 55-64, Asian/Asian British, long term, Shepherds Bush ward Woman, 55-64, Black/Black British, long term, White City ward

"I use a hospital bed because I can't lie down straight but it costs a lot of money to use and sometimes I have to ask neighbours to help top up electricity"

> Woman, 55-64, Asian/Asian British, long term, Shepherds Bush ward



Who is most affected?



Long term health conditions and disability

The majority (64%) of the respondents unable to buy new equipment in the last 12 months have a long-term health condition. Half of those anticipating not being able to buy equipment in the next 6 months have a disability.



North and centre of the borough

Wards across the north and centre tend to be most unable to buy equipment in the last 12 months and anticipate it to be the case in the next six months, namely College Park and Old Oak, Fulham Reach, Shepherds Bush and White City.



Means-tested benefits

Respondents on means-tested benefits found it the most difficult to buy equipment that would help with their health and mobility in the last 12 months and anticipate not being able to in the next six months. Respondents on disability benefits also experienced difficulty in the last 12 months.



Ethnicity

Asian/Asian British were slightly more likely to have not bought equipment in the last 12 months, but White British most anticipate not being able to in the next six months.



Nearly 1 in 5 residents have stopped a special diet (or other arrangement) needed for a health condition they have



Who is most affected?

Long term health conditions and disability

The majority of respondents to make this change in the last 12 months (76%) and anticipate doing so in the next six months (80%) have a long-term health condition.



Means-tested benefits and financially uncomfortable

Unsurprisingly, the majority of respondents that stopped a special diet in the last 12 months and anticipate doing so in the next six months are on means-tested benefits and consider themselves in an uncomfortable financial position.



Minority ethnic groups

Black/Black British respondents are twice more likely to make this change in the next six months than White British.

North and centre of the borough

Wards across the north and centre tend to be most likely to stop a special diet in the last 12 months and anticipate it to be the case in the next six months, namely College Park and Old Oak, Shepherds Bush and White City.

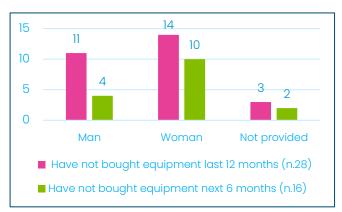
Not bought equipment that helps with health and mobility in the last 12 months and the next six months

- demographic comparisons

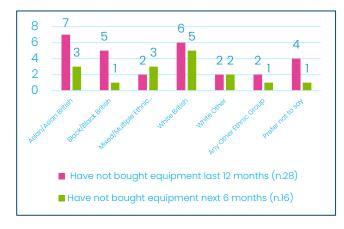
Age



Gender



Ethnicity



Disability and long term health condition



Carer



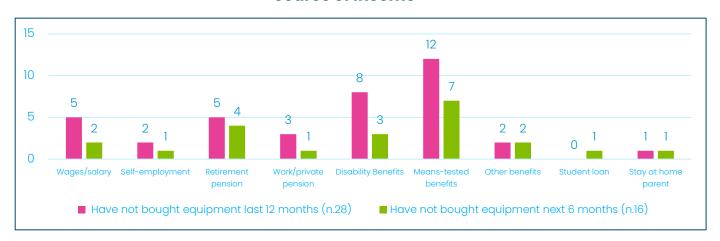
Dependent children



Not bought equipment that helps with health and mobility in the last 12 months and the next six months

- demographic comparisons

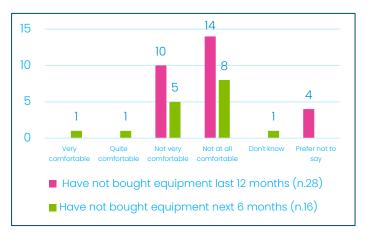
Source of income



Location

4 6 College Park and Old Oak Wormholt White City Wendell Park Conningham Shepherds Bush Ravenscourt Grove Addison **Brook Green** Hammersmith Broadway Avonmore Fulham Reach West Kensington Munster Lillie Fulham Town Walham Green Parsons Green and.. Palace and Hurlingham Sands End Homeless/Temporary... Out of borough Prefer not to say ■ Have not bought equipment last 12 months (n.28) ■ Have not bought equipment next 6 months (n.16)

Financial situation



Stopped a special diet in the last 12 months and the next six months - demographic comparisons





Gender



Ethnicity



Disability and long term health condition



Carer



Dependent children



Stopped a special diet in the last 12 months and the next six months - demographic comparisons

Source of income



Location

6 8 10 College Park and Old Oak Wormholt White City Wendell Park Conningham Shepherds Bush Ravenscourt Grove Addison **Brook Green** Hammersmith Broadway Avonmore Fulham Reach West Kensington Munster Lillie Fulham Town Walham Green Parsons Green and... Palace and Hurlingham Sands End Homeless/Temporary... Out of borough Prefer not to say ■ Stopped a special diet last 12 months (n.26) ■ Stopped a special diet next 6 months (n.15)

Financial situation



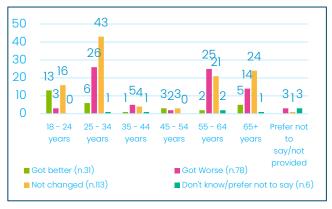
Thinking about your health in the last 12 months, how has your physical and mental health been? (When we talk about mental health we mean low mood, stress, anxiety and inability to concentrate as well as more severe mental health problems.) Count: 230

	Got a lot worse	Got a bit worse	Not changed	Got a bit better	Got a lot better	Don't know/prefer not to say
My physical health has	44	34	113	19	12	6
My mental health has	51	58	92	12	8	5

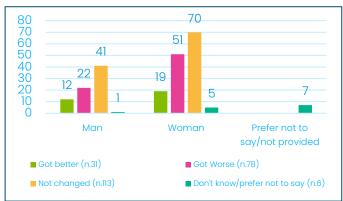
Appendix 11

Change in physical health – demographic comparisons





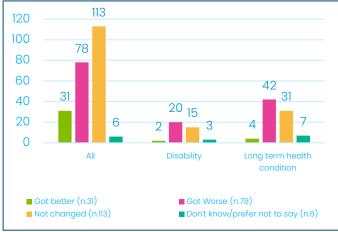
Gender



Ethnicity

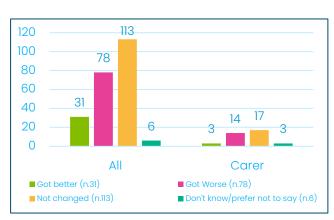
Disability and long term health condition



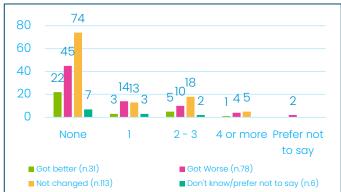


Change in physical health – demographic comparisons

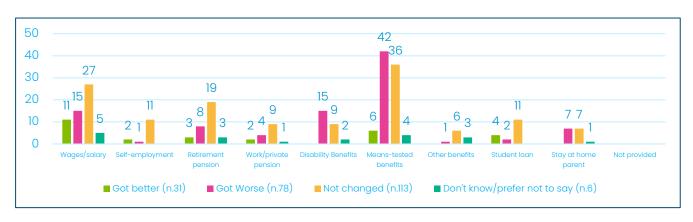
Carer



Dependent children

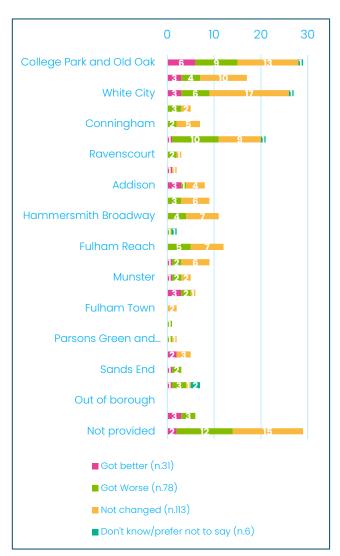


Source of income

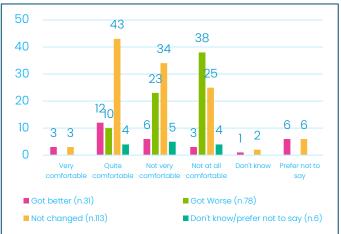


Change in physical health - demographic comparisons

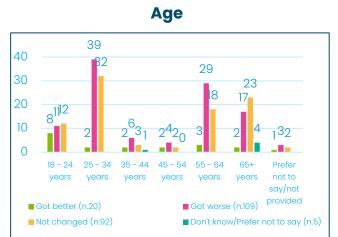
Location

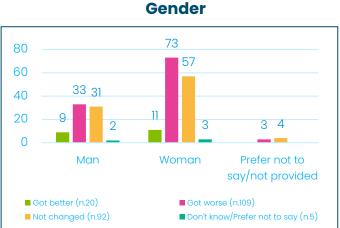


Financial situation

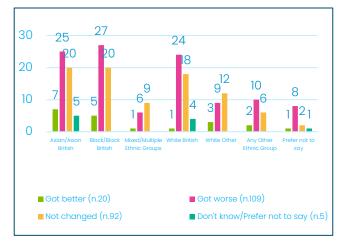


Change in mental health – demographic comparisons

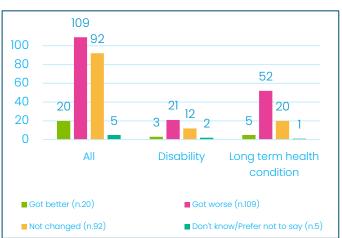




Ethnicity



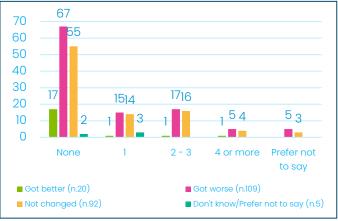
Disability and long term health condition



Carer

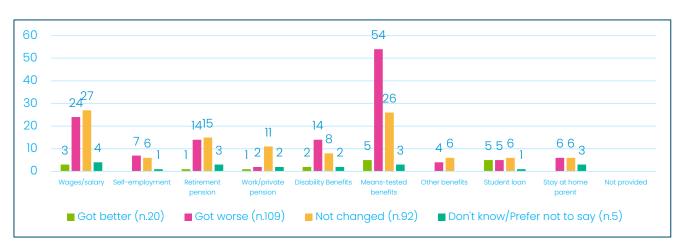


Dependent children



Change in mental health – demographic comparisons

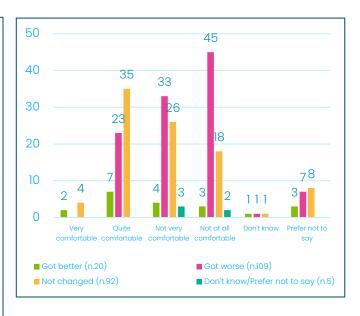
Source of income

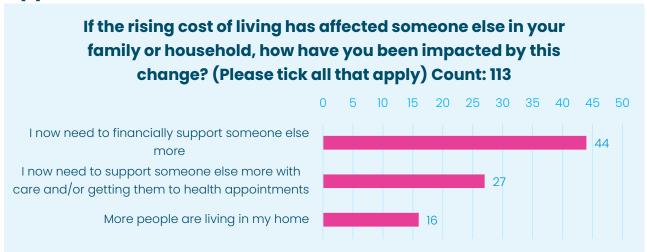


Location

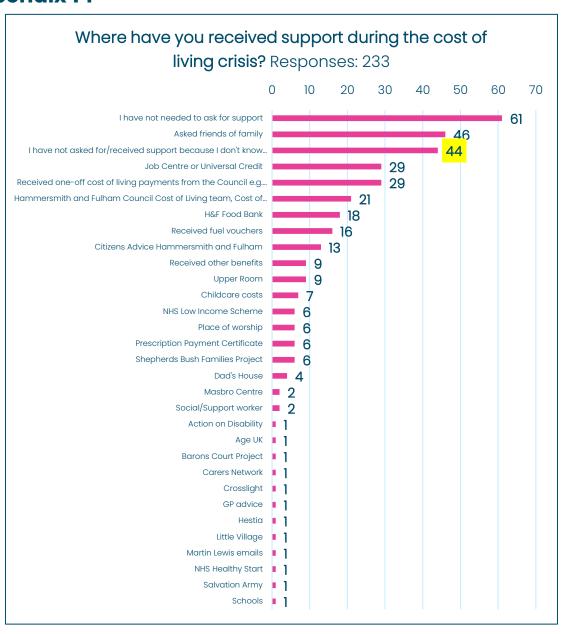
20 30 10 College Park and Old Oak White City Conningham Ravenscourt Addison Hammersmith Broadway Fulham Reach Munster Fulham Town Parsons Green and... Sands End Out of borough Not provided ■ Got better (n.20) Got worse (n.109) ■ Not changed (n.92) ■ Don't know/Prefer not to say (n.5)

Financial situation





Appendix 14



Thinking about the last 12 months, have you made any of the following changes to save money because of the rising cost of living? And/or do you expect to make any of these changes in the next six months? (Please tick all statements that apply to you). Count: 233

		., ., ., .,	
	In the last 12 months, I have already made this change	In the next 6 months, it is likely that I will do this	I have not stopped or been unable to go to this service
I am cutting down on necessary heating or electricity	127	94	57
I am using a local warm hub	23	43	43
I am reducing how much I spend on food	145	80	54
I am using a food bank	80	63	35
I am reducing how much I spend on toiletries for personal hygiene	98	60	89
I am walking and/or cycling more to cut down on transportation costs	98	57	51
I am visiting family or friends less often	90	52	75
I am cutting down on or stopping spending on fitness and health activities (e.g. gym membership)	82	31	56
I am cutting down or stopping spending on entertainment or social activities (e.g. going out with friends, streaming services, etc.)	139	69	45
I am cancelling or changing my broadband or mobile phone contract	75	47	89

In the last 12 months...

More than half have reduced how much they spend on food

Decreases to one third

More than half have cut down on necessary heating or electricity

Decreases to two fifths

Two fifths have reduced how much they spend on toiletries for personal hygiene

Decreases to one quarter

Two fifths are walking and/or cycling more to cut down on transportation costs

Decreases to one quarter

Two fifths are visiting family or friends less often

Decreases to one fifth

One third have used a food bank

Decreases to one quarter

One third have cut down on or stopped spending on fitness and health activities (e.g. gym membership) Decreases to one in 10

One third have cancelled or changed their broadband or mobile phone contract

Decreases to one fifth

One in ten have used a local warm hub

Increases to nearly one fifth

In the next 6 months...

Many people have also been making changes in their lifestyle and at home to save money because of the rising cost of living.

The main changes people have been making include reducing how much they spend on food, necessary heating and or electricity, and toiletries for personal hygiene. Other changes include having to use a food bank, cutting down or stopping spending on paid-for fitness and health activities, and cancelling or changing their broadband or mobile phone contract.

Reducing spending on food

- 145 people told us that they have cut down on how much they spend on food in the last 12 months.
- 80 told us that they anticipate having to cut down on how much they spend on food in the next six months.

The majority of respondents that cut down on how much they spend on food in the last 12 months and anticipate making this change in the next six months include under 35s and 55+, women, Asian/Asian British and Black/Black British, respondents with no dependent children, are on means-tested benefits, are less financially comfortable and living in the north of the borough, namely College Park and Old Oak, Shepherds Bush and White City wards.

Women were nearly twice as likely to cut down on food expenditure than men in the last 12 months.

Around 1/3 of those that made this change in the last 12 months and nearly half that anticipate this change in the next six months have a long-term health condition.

"Am stressed all the time even. I am pregnant and I feel humiliated getting food from food bank."

"I'm someone that's used to working, I used to shop at M&S and now coming to the food bank."

Woman, 25-34, Arab

Man, 35 - 44 years, Black/Black British

Reducing spending on necessary heating or electricity

- 127 people told us that they have reduced spending on necessary heating or electricity in the last 12 months.
- 94 told us that they anticipate having to reduced spending on necessary heating or electricity in the next six months.

The majority of respondents that reduced spending on necessary heating or electricity in the last 12 months and anticipate making this change in the next six months include women, Asian/Asian British and Black/Black British, respondents with no dependent children, are on means-tested benefits and wages/salary, are less financially comfortable and living in the north of the borough, namely College Park and Old Oak, Shepherds Bush and White City wards. 42% have a long term health condition and nearly half in the next six months.

People aged 55+ were most likely to reduce their spending on necessary heating or electricity, while under 35s most anticipate making this change in the next six months. Around one fifth of those in the last 12 months have a disability and are a carer.

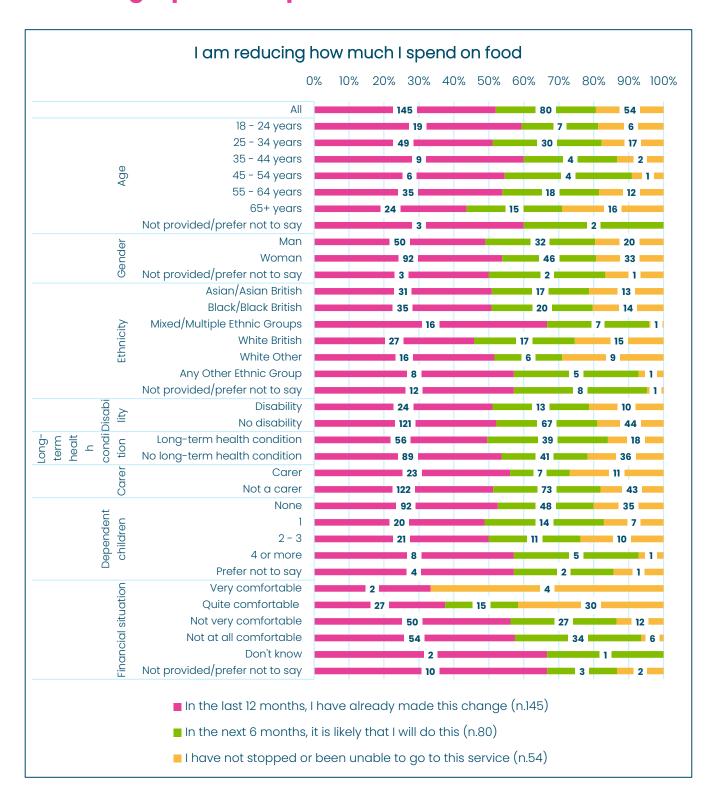
"I'm doing little things. I have my evening meal earlier, so I can sit in the dark. I'd much rather sit there wrapped in a blanket and put radiator on a couple of times a day in morning and evening, not during the day, it really depends."

60

"I cried last Christmas when I realised I could not afford to put my central heating on while my daughter and grandchildren were staying. I did not put my heating on for the entire winter. Even with the vouchers received from government I still couldn't afford gas heating as the vouchers just about covered the electricity."

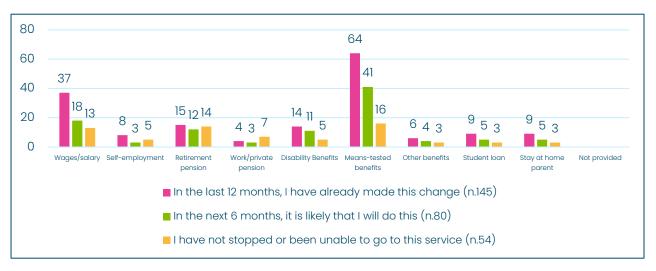
Man, 55-64, White British Woman, 55-64, White: British

I am reducing how much I spend on food – demographic comparisons

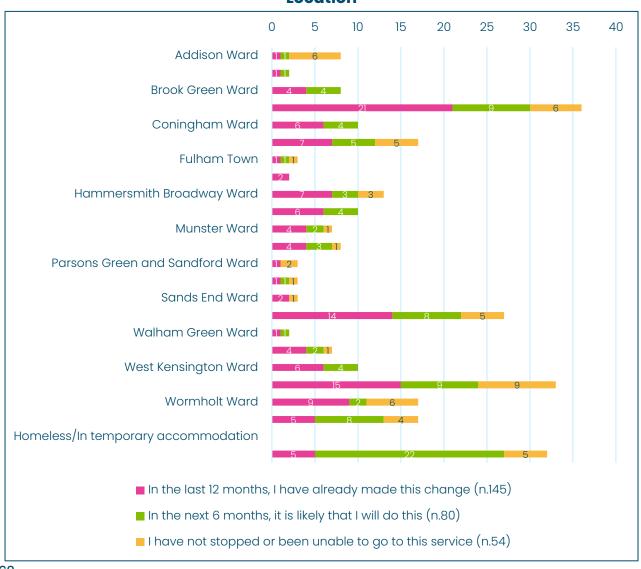


I am reducing how much I spend on food – demographic comparisons

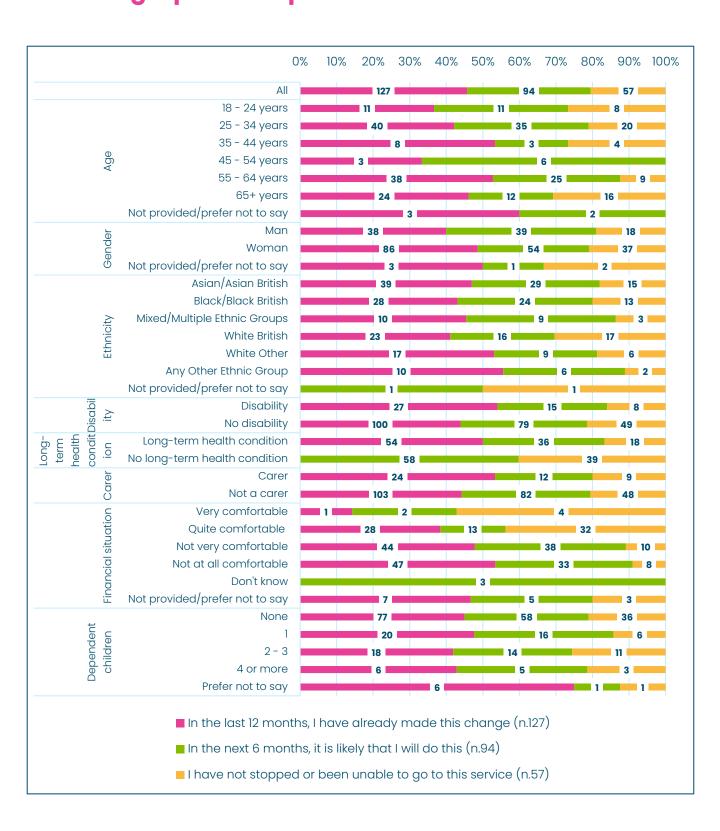
Source of income



Location



I am cutting down on necessary heating or electricity – demographic comparisons

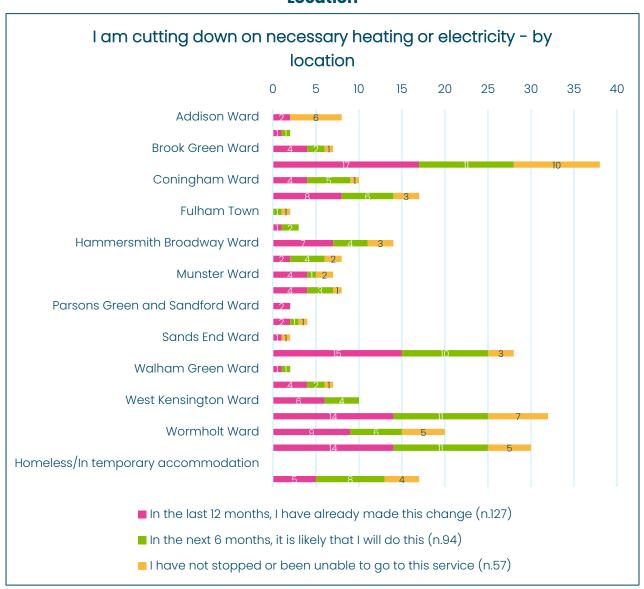


I am cutting down on necessary heating or electricitydemographic comparisons

Source of income



Location



Reducing spending on toiletries for personal hygiene

- 98 people told us that they have reduced spending on toiletries in the last 12 months.
- 60 told us that they anticipate having to reduced spending on toiletries in the next six months.

The majority of respondents that cut down on how much they spend on toiletries in the last 12 months and anticipate making this change in the next six months include under 35s and 55+, women, Asian/Asian British and Black/Black British, have a long term health conditions, have no dependent children, are on means-tested benefits and wages/salary, are less financially comfortable and living in the north of the borough, namely College Park and Old Oak, Shepherds Bush, White City and Wormholt wards, as well as Fulham Reach.

Women were more than twice more likely to cut down on toiletries expenditure than men in the last 12 months.

Around one fifth of those that made this change in the last 12 months have a disability and are a carer.

"I need vitamins and iron tablets - especially as a woman and when I have my monthly period - but on the asylum support we receive from the Home office (£9 a week), it is difficult to afford this. Need sanitary products like pads but cannot always afford this - get them from food bank."

Woman, 18-24, Asian/Asian British: Any other Asian/Asian British background "Toiletries - go for cheaper options. Sometimes just use water instead of toilet rolls."

Woman, 25-34, Black/Black British

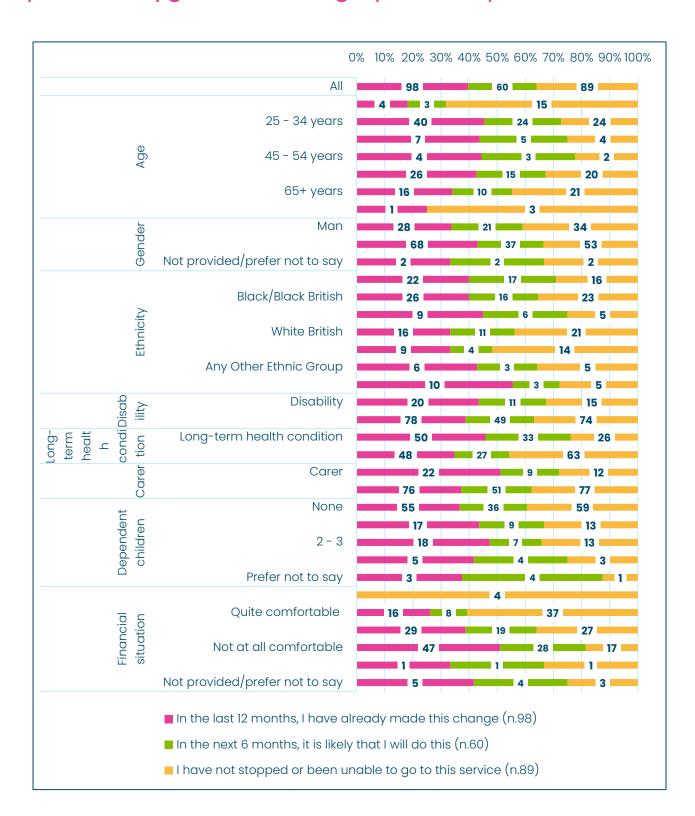
Cancelling or changing my broadband or mobile phone contract

- \circ 75 people told us that they have cancelled or changed their broadband or mobile phone contract in the last 12 months.
- 47 told us that they anticipate having to cancel or change their broadband or mobile phone contract in the next six months.

The majority of respondents that have cancelled or changed their broadband or mobile phone contract in the last 12 months and anticipate making this change in the next six months include under 35s and 55+, women, Asian/Asian British and Black/Black British, respondents with one or no dependent children, are on means-tested benefits and wages/salary, are less financially comfortable and living in the north and centre of the borough, namely College Park and Old Oak, Hammersmith Broadway, Shepherds Bush and White City wards.

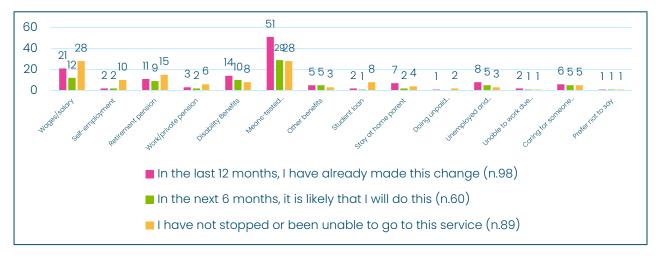
Just under half that have made this change in the last 12 months and anticipate making this change in the next six months have a long term health condition.

I am reducing how much I spend on toiletries for personal hygiene – demographic comparisons

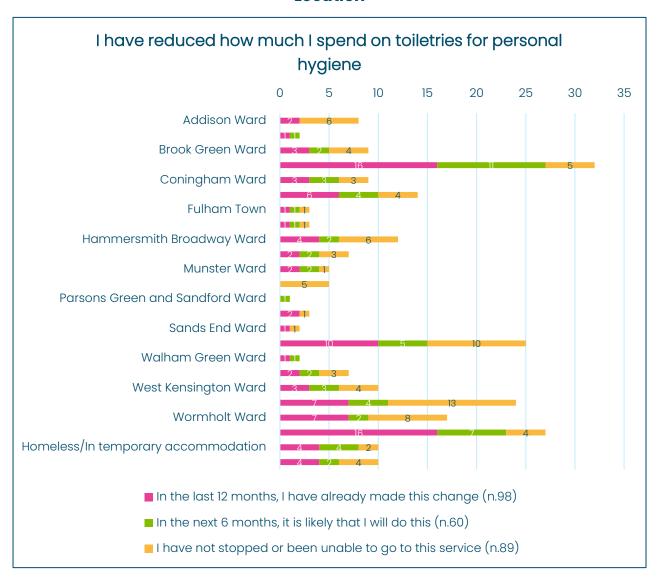


I am reducing how much I spend on toiletries for personal hygiene – demographic comparisons

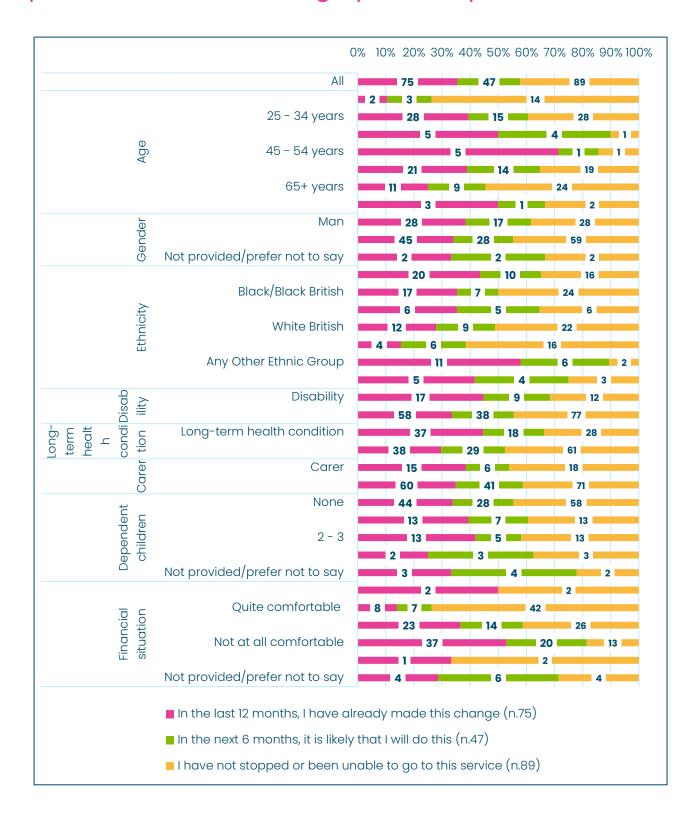
Source of income



Location



I am cancelling or changing my broadband or mobile phone contract – demographic comparisons

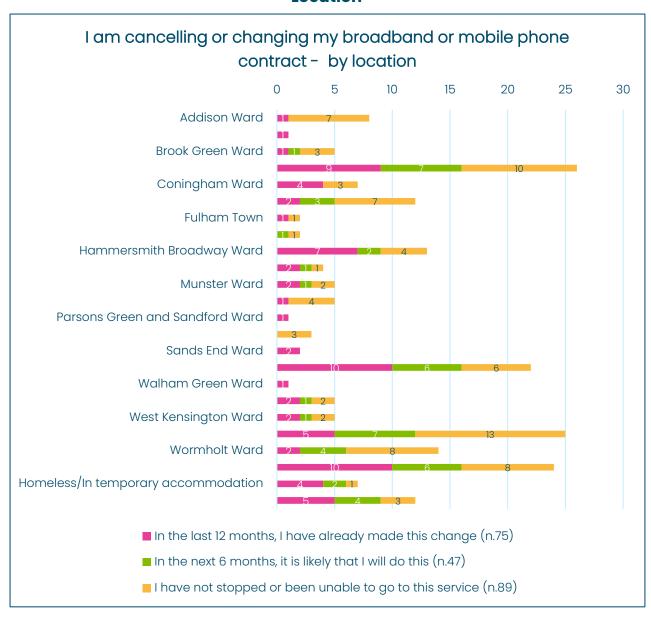


I am cancelling or changing my broadband or mobile phone contract – demographic comparisons

Source of income



Location



Using food banks

- 80 people told us that they have used a food bank in the last 12 months.
- 63 told us that they would likely use a food bank in the next six months.

The majority of respondents that have used a food bank in the last 12 months and anticipate needing to go to a food bank in the next six months include under 35s and 55+, women, Asian/Asian British and Black/Black British, those with a long term health condition, have one or no dependent children, are on means-tested benefits, are less financially comfortable and live in the north of the borough, namely College Park and Old Oak, Shepherds Bush, and White City wards.

Women were more than twice more likely to have gone to a food bank in the last 12 months than men.

"Am stressed all the time even. I am pregnant and I feel humiliated getting food from food bank."

"I'm someone that's used to working, I used to shop at M&S and now coming to the food bank."

Woman, 25-34, Arab

Man, 35 - 44 years, Black/Black British

Using warm/welcome hubs

- One in 10 people (23) told us that they have used a warm hub in the last 12 months.
- 1 in 5 people (43) told us that they would likely use a warm hub in the next six months.

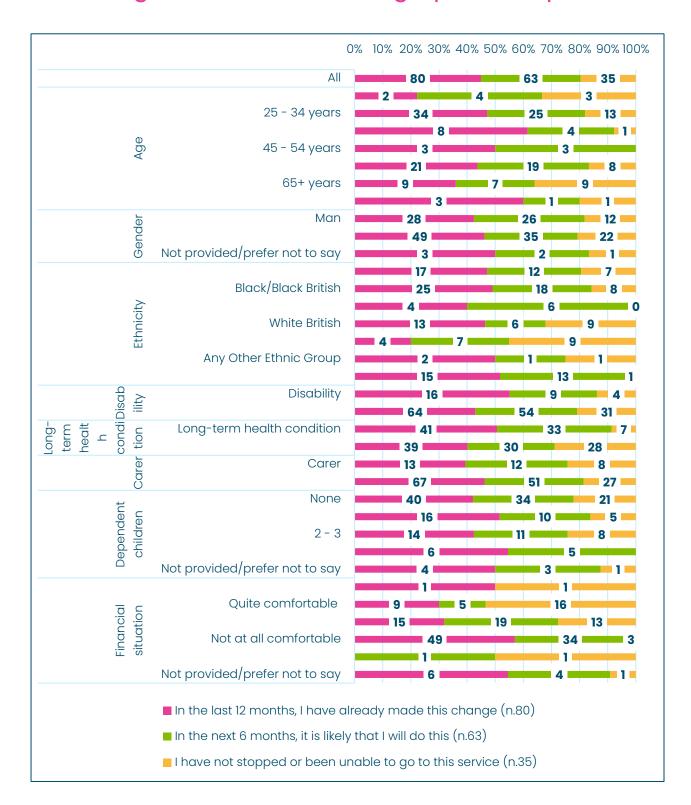
The majority of respondents that used a warm/welcome hub in the last 12 months and anticipate needing to go to a warm/welcome hub in the next six months include under 35s, women, Asian/Asian British and White British, respondents with no dependent children, are on means-tested benefits, are less financially comfortable and living in the north of the borough, namely College Park and Old Oak ward.

Of those that also anticipate needing to go to a warm/welcome hub in the next six months include Black/Black British, one quarter have a disability and half have a long term health condition, plus those living in Shepherds Bush and White City wards.

Common reasons for not using warm hubs is because of lack of awareness, for not wanting to travel to and from the hubs in the cold and a strong sense of pride/dignity.

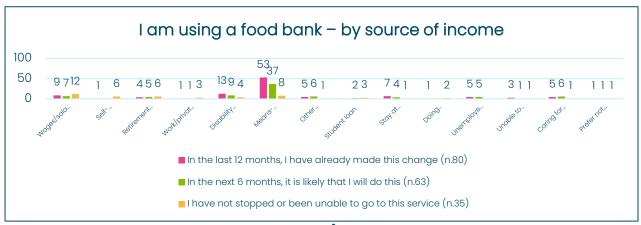
"Warm hub - not sure - I've heard about it in Uxbridge more than H&F but I'm interested to see a list of them. Could be a sense of community - to sit at home and put heating on, it would cost more." "Vaguely heard of the warm hubs before but I don't think I would go to one because it feels undignified and the thought of leaving my home to go out into the cold and sit in the space for an hour or so and then back into the cold and a cold house is really not appealing."

I am using a food bank-demographic comparisons

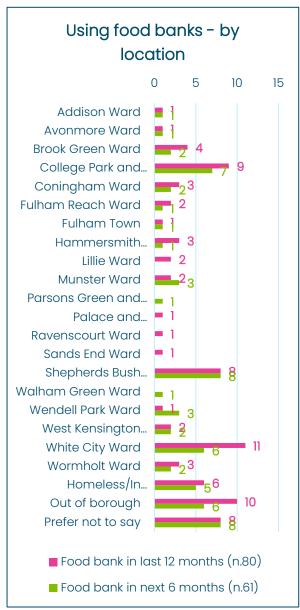


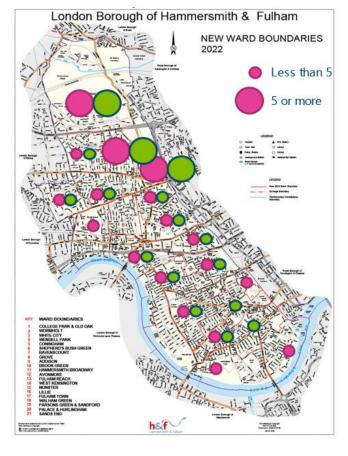
I am using a food bank – demographic comparisons

Source of income

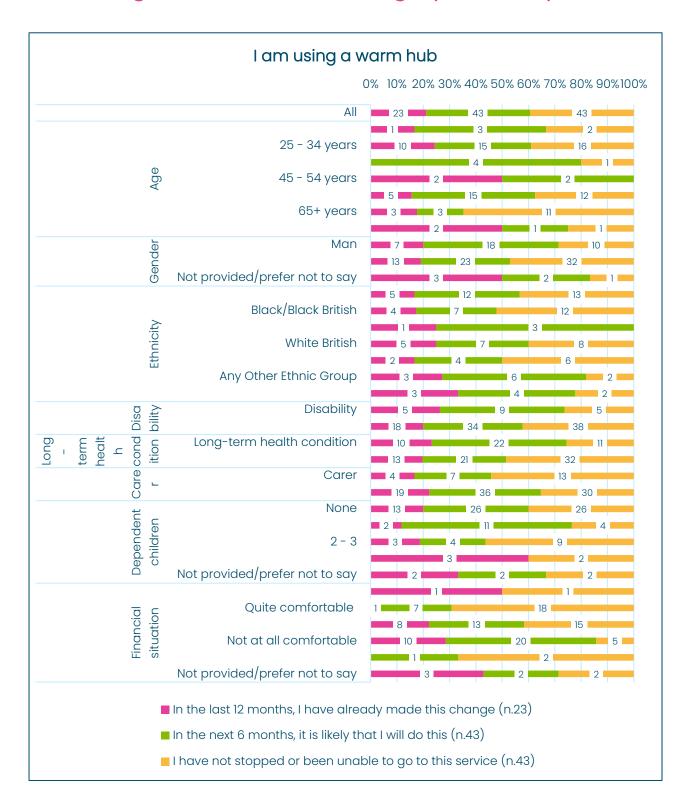


Location



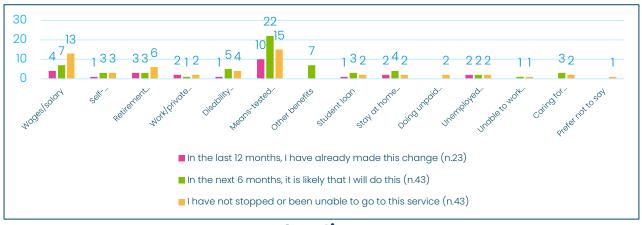


I am using a warm hub-demographic comparisons



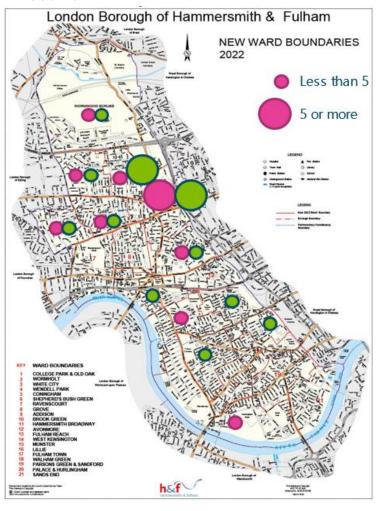
I am using a warm hub – demographic comparisons

Source of income



Using warm hubs - by location 5 10 Addison Ward **Avonmore Ward** Brook Green... College Park... Coningham Ward Fulham Reach... Fulham Town **Grove Ward** Hammersmith... Lillie Ward Munster Ward Palace and... Parsons Green... Ravenscourt... Sands End Ward Shepherds Bush... Walham Green... Wendell Park... 2 West Kensington... White City Ward Wormholt Ward Homeless/In... Out of borough Prefer not to say Local warm hub last 12 months (n.23) Local warm hub next 6 months (n.43)

Location



Demographics

Gender	Percentage (%)	No of Reviews
Man(including trans man)	34%	82
Woman (including trans woman	62%	148
Non- binary	0%	0
Other	0%	0
Prefer not to say	1%	2
Not provided	3%	6
Total	100%	238

Ethnicity	Percentage (%)	No of Reviews
White British	20%	47
White Irish	3%	6
Gypsy or Irish Traveler	0%	0
Roma	0%	1
White Other	9%	22
Black British		
Black African	14%	33
Black Caribbean	7%	17
Black Other	1%	2
Asian British		
Bangladeshi	3%	7
Chinese	7%	16
Indian	4%	9
Pakistani	0%	1
Asian Other	9%	22
Mixed (Asian and White)	1%	3
Mixed (African and White)	2%	4
Mixed (Caribbean and White)	2%	4
Mixed Other	3%	7
Arab	6%	15
Other	2%	5
Prefer not to say	5%	11
Not provided	3%	6
Total	100%	238

Age	Percentage (%)	No of Reviews
Under 18	0%	1
18-24	13%	32
25-34	33%	78
35-44	5%	12
45-54	3%	8
55-64	23%	54
65-74	19%	46
Prefer not to say	0%	1
Not provided	3%	6
Total	100%	238

Disability, long-term condition and unpaid carer	Percentage (%)	No of Reviews
Disability	17%	40
Long-term condition	35%	84
Unpaid carer	16%	37
None of the above	40%	95
Prefer not to say	3%	3
Not known	0%	0
Not provided	6%	15
Total	100%	238

Number of dependent children	Percentage (%)	No of Reviews
None	62%	148
1	14%	33
2-3	15%	35
4 or more	4%	10
Prefer not to say	1%	2
Not provided	4%	10
Total	100%	238

Demographics

Besides you, what other adults (18 or over) live in your home?	Percentage (%)	No of Reviews
I'm the only adult (18 or over)	38%	90
My partner only	18%	44
I live with other adults who are not related to me and are not my partner (co-tenants, friends)	11%	25
I live with other members of my family (parents, siblings, other relatives)	21%	51
I live with my partner and other adults	3%	6
Other	3%	7
Prefer not to say	2%	5
Not provided	4%	10
Total	100%	238

Religion	Percentage (%)	No of Reviews
Buddhist	2%	4
Christian	41%	98
Hindu	1%	2
Jewish	0%	1
Muslim	18%	42
Sikh	1%	2
Spiritualism	2%	5
No religion	20%	47
Other religion	4%	10
Prefer not to say	6%	15
Not provided	5%	12
Total	100%	238

Area of the borough	Percentage (%)	No of Reviews
Addison Ward	3%	8
Avonmore Ward	1%	2
Brook Green Ward	4%	9
College Park and Old Oak Ward	14%	33
Conningham Ward	3%	7
Fulham Reach Ward	5%	12
Fulham Town Ward	1%	3
Grove Ward	1%	2
Hammersmith Broadway Ward	5%	11
Lillie Ward	3%	6
Munster Ward	3%	6
Palace and Hurlingham Ward	2%	5
Parsons Green and Sandford Ward	1%	2
Ravenscourt Ward	1%	3
Sands End Ward	1%	3
Shepherds Bush Ward	9%	21
Walham Green Ward	0%	1
Wendell Park Ward	2%	5
West Kensington Ward	4%	9
White City Ward	12%	28
Wormholt Ward	7%	17
Out of borough	10%	23
Homeless/Temporary accommodation	3%	7
Prefer not to say	4%	9
Not Provided	3%	6
Total	100%	238

Demographics

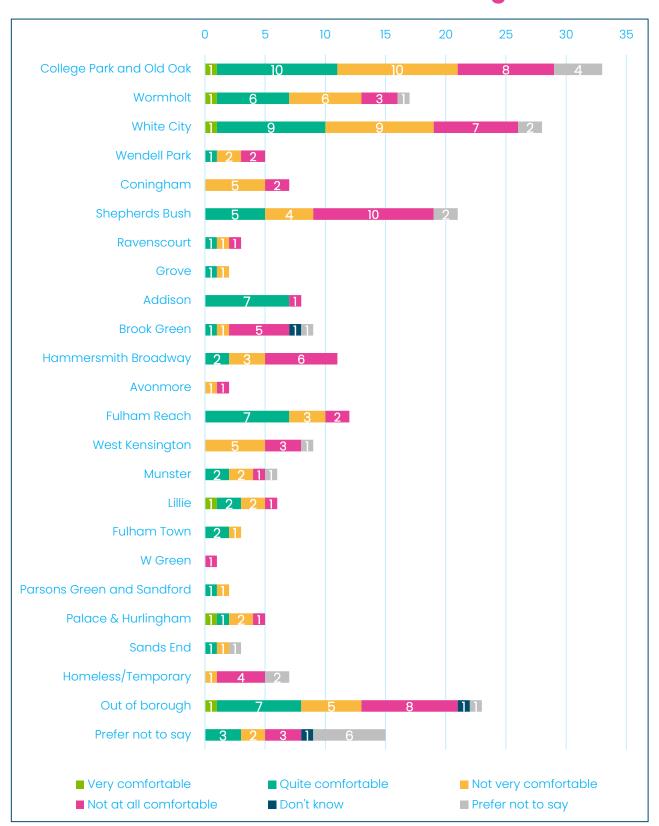
Source of income	Percentage (%)	No of Reviews
Wages/salary	24%	58
Income from self- employment	6%	14
State retirement pension	14%	33
Work/private pension	7%	16
Disability benefits	11%	26
Means-tested benefits	37%	88
Other benefits	4%	10
Student loan	7%	17
Stay at home parent	6%	15
Doing unpaid work/volunteering	1%	3
Unemployed and looking for work	5%	11
Unable to work due to health issues or a disability	2%	4
Caring for someone with long term health conditions or a disability	5%	11
Prefer not to say	2%	5
Not provided	4%	10

Sexual Orientation	Percentage (%)	No of Reviews
Asexual	1%	3
Bisexual	4%	9
Gay Man	1%	2
Heterosexual/ Straight	83%	198
Lesbian / Gay woman	0%	0
Pansexual	0%	0
Prefer not to say	5%	12
Other	1%	3
Not provided	5%	11
Total	100%	238

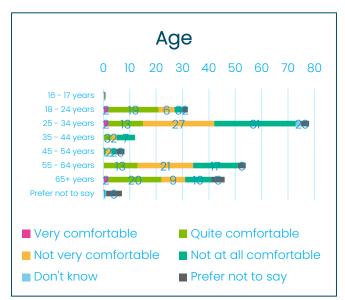
Current financial situation	Percentage (%)	No of Reviews
Very comfortable	3%	6
Quite comfortable	29%	69
Not very comfortable	29%	68
Not at all comfortable	29%	70
Prefer not to say	5%	12
Not known	1%	3
Not provided	4%	10
Total	100%	238

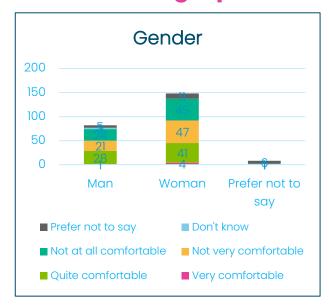
Change in financial situation in last 12 months	Percentage (%)	No of Reviews
Got a lot better	3%	7
Got a little better	8%	19
Not changed	34%	82
Got a little worse	25%	59
Got a lot worse	21%	50
Prefer not to say	2%	5
Not known	3%	7
Not provided	4%	9
Total	100%	238

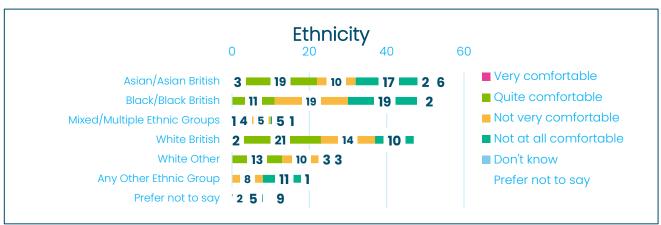
Current financial situation in the borough



Financial situation across different demographics

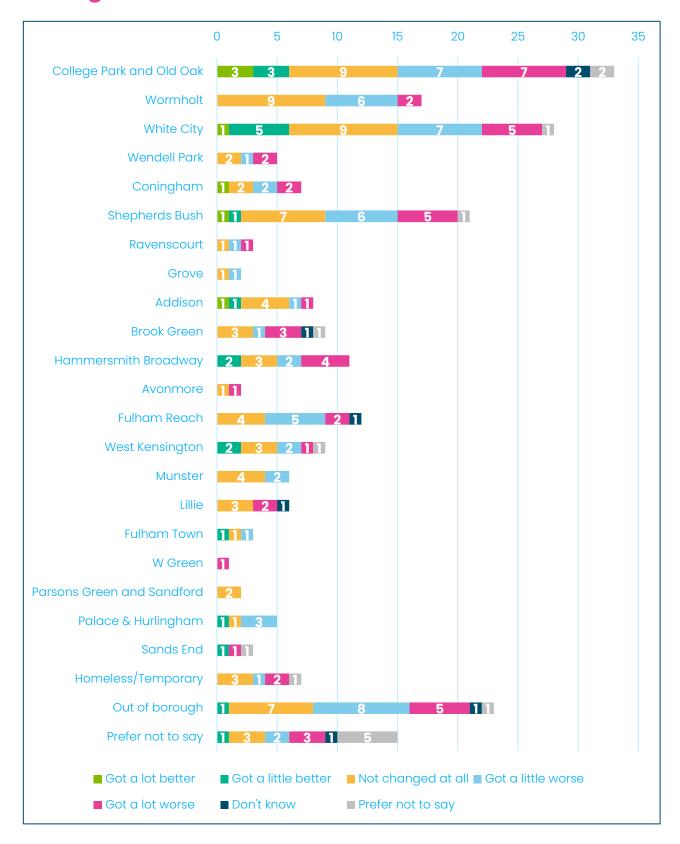




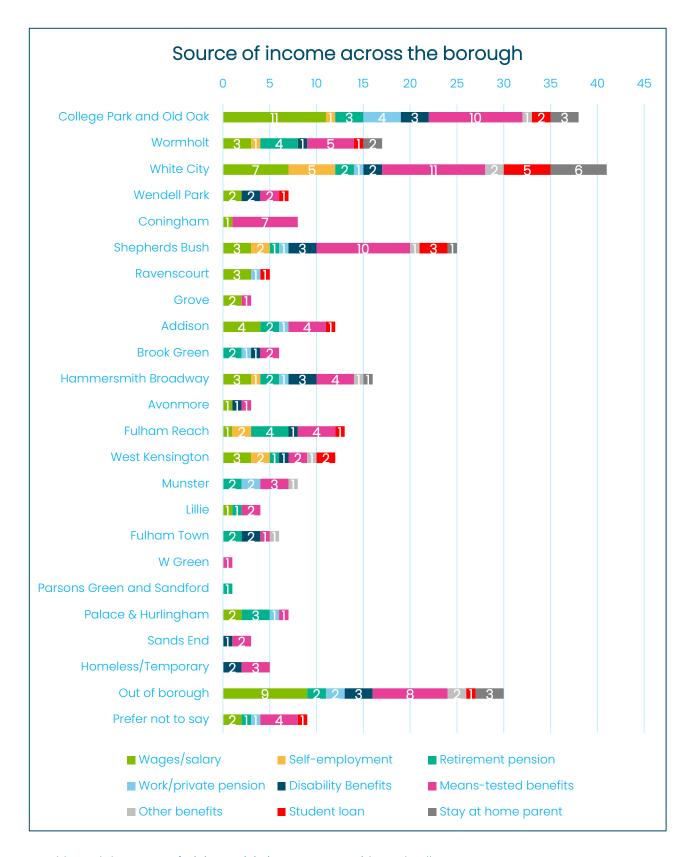


Current financial situation	Disability, long term health condition and carers			Number of dependent children			
	Disability	Long term health condition	Carer	No dependent children	1	2-3	4 or more
Very comfortable	2		1	4	1		1
Quite comfortable	7	22	9	54	7	7	1
Not very comfortable	8	22	15	41	9	12	4
Not at all comfortable	20	35	11	38	13	15	3
Don't know	1	1		2	1		
Prefer not to say	2	4	1	9	2	1	1

How the financial situation in the borough changed in the last 12 months



Source of income across the borough



Cost of living support

If you need information, support or advice during the cost of living crisis, here are some of the organisations that can help. If you would like more detailed advice or signposting, please visit Healthwatch Hammersmith and Fulham's <u>website</u> or call us on 0203 886 0386.

Help with health costs:

Queries about Prescription Prepayment Certificates (PPCs) – 0300 330 1341

Prescription services helpline - 0300 330 1349

NHS Low Income Scheme. Helpline - 0300 330 1343

HRT Prescription Scheme

Dental services helpline - 0300 330 1348

Queries about medical exemption certificates – 0300 330 1341 Queries about tax credit exemption certificates – 0300 330 1347 Call 0300 330 1343 for all other queries

General health:

Your GP surgery - practitioners such as Social Prescribers can help you to access support.

General cost of living support:

H&F Council<u>'s Cost-of-Living crisis team</u> for help on paying bills, childcare costs and other advice on support and services. Free phone number: 0800 917 6994. The line is open 8am to 6pm, Monday to Friday or visit 145 King Street in Hammersmith, between 9am and 5pm, Monday to Friday.

H&F Council's Cost-of-Living support booklet, available in 100 languages

Citizens' Advice H&F - for <u>general debt help</u>. Call 0808 278 7832 (Freephone number) Mon-Fri 10am-4pm or go to their weekly drop-in sessions.

H&F Law Centre - for <u>legal advice</u>. 020 3880 1727 or visit Hammersmith & Fulham Law Centre, 1st floor, Hammersmith Library, Shepherds Bush Road, London W6 7AT from 10am-1pm / 2pm - 5pm Monday - Friday

Mental health support

Mental health support providers:

CALM

Call 0800 58 58 58 Open 5pm-midnight 365 days a year

ChildLine

Call 0800 1111 Open 7.30am to 3.30am everyday

The Listening Place

020 3906 7676 9.00am – 9.00pm 7 days a week

Mind Hammersmith, Fulham, Ealing and Hounslow

Call 0208 571 7454

Shout

Text 85258 Open 24/7

Samaritans

Call 116 123
Text 07725 90 90 90
Email jo@samaritans.org
Open 24/7

Papyrus (for people under 35)

Call 0800 068 4141 Email pat@papyrus-uk.org Open 9am – midnight everyday

healthwetch

Hammersmith

and Fulham

If your life is at risk right now:

If you are having suicidal thoughts, are thinking of self harming or if you have already self harmed you need urgent medical help. Please:

- Call 999
- Go straight to A&E, if you can
- For adults living in Hammersmith, Fulham, Ealing or Hounslow, call the 24/7 Mental Health Single Point of Access on Freephone:

0800 328 4444

Your GP can also be contacted by phone if you need immediate help.
Outside of surgery hours you can call NHS Direct for more guidance on **NHS 111.**The service is open 24 hours a day, 7 days a week.

healthwitch
Hammersmith

Source: Hammersmith, Fulham, Ealing and Hounslow Mind

healthwatch Hammersmith and Fulham

Healthwatch Hammersmith & Fulham 141-143 King Street Hammersmith W6 9JG

www.healthwatchhf.co.uk

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