

# Quarterly Report

## April – June 2025

Heard from **414** people about their views and experiences of health and care



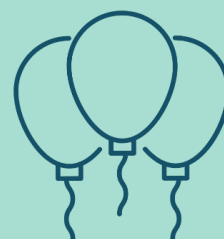
Held stakeholder events in **Wybourn and Richmond Park**, to help shape our project connecting local people to health information



Helped **183** people with enquiries about health and social care services



Awarded **Speak Up grants** to 6 organisations for projects to hear the views of children and young people



Marked **National Patient Participation** week by sharing blogs written by local people who are actively involved in supporting patient participation at the GP Surgeries



Had significant news about government's plans for the future of **public and patient voice**



# 1. Introduction

It's been a quarter of significant news and events for Healthwatch Sheffield.

In May our much loved and respected Chair, Judy Robinson, died suddenly; as our Chair for over 6 years, Judy made a huge contribution to supporting and shaping our work. She will be much missed.

In early May, we interviewed and recruited 7 new members to our Strategic Advisory Group (SAG) – we were pleased to have so much interest in this role and are looking forward to welcoming our new SAG members to the team.



At the end of June, we were given news about the government's proposals to close Healthwatch England and local Healthwatch. The National Review into Patient Safety (Dash review) and the NHS 10 Year plan recommended that the function of local Healthwatch should be taken in house by Local Authorities (with respect to Social Care) and the NHS Integrated Care Boards (with respect to Health). We have shared our concerns about the loss of an independent voice organisation – this will be the first time since 1974 that there has been no independent public voice organisation working to support improvement in the NHS.

We know these changes will take time to implement and require a change in legislation – for now, we are carrying on with our work, alongside considering our local response to these proposals. This quarter we have been active in Richmond Park and Wybourn, working with Great Places Housing Group on the project they funded to enable us to run health information activities for local residents. We also awarded 6 Speak Up Grants to local organisations for projects that will involve and hear from children and young people, about their experiences of health and care.

Next quarter, we will continue to develop our local response to the proposals for the future of public and patient voice, as well as establishing how best to focus our own work in the next 12 months, in light of this news.

## 2. Enquiries, Information and Advice



- Giving information about health and social care services is one of our statutory duties.
- People can get in touch with our [information service](#) by email, phone, and at our weekly in-person drop in. We also give information when we are out and about at community events.
- We can help with things such as people's rights to treatment, what services may be available to them, or how to raise a concern about a negative experience they have had.
- People who come to us for information also share feedback with us which helps shape the rest of our work.

183

contacts with our  
information and  
advice officer

504

visitors to our  
website looked at the  
information pages

6

new information  
articles added to  
the website

### Examples of what we've heard through our Information Service this quarter

**Social prescribing:** We've heard there's a need for more awareness of Social Prescribing Teams and Community Support Workers. These teams offer a wide range of support – from help with housing and connecting to social activities, to finding support at home – but many people aren't fully aware of what's available.

**Dementia care:** Concerns were raised about the long waits to access dementia treatments. There were also calls for wider access to Admiral Nurses as many people feel they miss out on the valuable support they provide.

**Covid boosters** – Some people have found it difficult to access Covid booster vaccines if housebound suggesting a need for clearer information about how to do this.

## Where have we signposted people this quarter?



### Case Study

#### Accessible Information Request

\*Simon got in touch with us because he was concerned about not receiving his new medication. Nearly two months earlier, a hospital consultant had recommended a new prescription and said they would write to his GP to request the change. Despite Simon following up twice, his GP practice told him they hadn't received the letter.

With Simon's consent, we contacted the GP practice- they had tried chasing the hospital without success. We then raised the issue with the hospital's Patient Advice and Liaison Service (PALS), who contacted the relevant clinical team.

A week later, Simon still hadn't received any updates, so we followed up again. This time, PALS were able to find a copy of the letter which was dated two weeks earlier and confirmed it had been sent to Simon's GP two days ago. We contacted the GP practice to make them aware and later that day, Simon let us know he had finally been able to collect his new medication.

\*Name has been changed

### 3. Website

This quarter we had **3,949 visitors** to our website, totalling **6,996 page views**.



Most popular pages:



[News: Judy Robinson](#)  
[Launching the next round of Speak Up grants](#)

Report with the most views:



What have we been hearing about? [What have we been hearing? February – March 2025](#)

#### Sharing local perspectives though blogs

The first week of June was National Patient Participation Week (or Patient Participation Group awareness week). To mark this, and reflect on the work we've been doing to support Patient Participation Groups (PPGs) in the Porter Valley Primary Care Network, we ran a short series of guest blogs on our website. The purpose of these was to provide different perspectives on setting up or getting involved with PPGs, and the value they can bring to primary care:

- [Andrew's blog: How we formed our PPG](#)
- [Ian's blog: Patient engagement – power to the people](#)
- [Pam's blog: Connection, contribution & community at my local PPG](#)

This quarter we also shared two guest blogs with a health focus, written by members of the public and reflecting on their own experiences:

- [Navigating menopause support](#)
- [Prostate cancer – the earlier it's found, the easier to treat!](#)



#### Information and advice

This quarter we continued adding useful information about health and care to our website. We shared 6 new or updated advice articles:

- [How do I choose the right care home?](#)
- [Your right to an NHS dentist](#)
- [Someone I love has died – where can I find support?](#)
- [How are NHS patient records managed?](#)

- [Help with health costs in Sheffield](#) (updated to reflect new treatment prices in the new financial year)
- [What can I do while waiting for an ADHD assessment?](#)

504 people viewed the information and advice section of the website this quarter (this is 13% of the total visitors to our site).

You can find all of our information and advice articles [on our website](#).

## 4. Children and Young people

### Speak Up

This year we were pleased to launch a new round of our Speak Up microgrants programme. These grants are awarded to voluntary/community sector groups, who use the funding and our support to carry out their own engagement work and help the people they work with to speak up about health and social care. It is one of the ways we reach out to more communities across Sheffield.

**This year we decided to focus the grants programme, inviting applications for projects working with children and young people aged 0 – 19.**

Applications were open between 9<sup>th</sup> May and 23<sup>rd</sup> June 2025. We received applications from 14 organisations.

Our grants panel – made up of staff and volunteers – met on 23<sup>rd</sup> June. They agreed to award grants to the following organisations and projects:

#### Learn Sheffield

Working with secondary schools to raise awareness of Melanoma, through information sessions delivered in 2 Sheffield schools.

#### Sheffield Young Carers

Working with young carers and young people impacted by familial substance use, to better understand experiences of being a carer, and produce an information resource that will help to address a priority issue for young carers.

#### MASKK

Engaging with primary school and pre-school aged children and parents to explore experiences of the health and care system, with a focus on SEND support.

#### Element society

Speaking with 14 – 19 year olds to find out about experiences of health and care services, including discussions around accessing care independently. Young people may choose to focus on a particular type of care/support.



## **Sharrow Community Forum**

Working creatively to hear from 8 –16 year olds around SEND support

### **Helping Hands**

Exploring parents and carers experiences around SEND support for their children, whilst providing information to facilitate access to advice and support.

We are looking forward to beginning work with these groups over the summer – the timing of the funding is designed to allow activities and events to run throughout the summer holidays, and the September term.

## **Outreach with children and young people**

We attended a youth session organised by Saalik youth organisation – one of our community partners. The event was part of an ongoing open sports day programme aimed at secondary and upper primary students from the local area.

We shared information about Healthwatch in both English and Arabic.

# **5. Community Partnerships**

## **Visiting our Community Partners**

We regularly connect with our Community Partners to listen to what they're hearing, and involve them in our work. This quarter we visited two of our partners:

### **Burton Street Foundation**

This visit was coordinated to deepen our understanding of the organisation's work supporting people with learning disabilities, and to explore potential opportunities for partnership and collaboration.

### **ISRAAC**

We attended their Community Job Fair – an event to connect local residents, (particularly young people from minority backgrounds) with employment and training opportunities. We shared Healthwatch promotional materials during the visit and discussed future opportunities for collaboration.

## 6. Projects, Involvement and Engagement

### Out and about at community groups and events

Connecting with other organisations at their events is an important part of our outreach work. By doing this, we are able to hear about the experiences of the people that they support as well as raising awareness of Healthwatch Sheffield, including our information and advice offer.

This quarter, events we have participated in include:

**The Lord Mayor's event focused on Invisible Disabilities.** We took part in this event aimed at providing an insightful experience into the lives of individuals living with invisible disabilities such as autism, Crohn's disease, visual impairments, and others. The event sought to foster greater understanding, sharing of lived experiences, and discussing effective ways to support and empower those affected by these conditions.



The event highlighted the need for increased awareness and support for individuals with invisible disabilities and the importance of inclusive public spaces and accessible services to improve their lives



#### **SODIT Women & LGBTQIA+ Well-Being Festival.**

An inspiring event on dedicated to celebrating wellness, mental health, self-care, and community. The festival featured a diverse range of informative stalls and interactive workshops, with strong representation from Sheffield-based mental health and well-being charities.

Participants had the opportunity to engage in a variety of holistic sessions, including

restorative chair yoga, gong baths, green nature therapy and other wellness and self-care activities. A key highlight was a live panel discussion with a couple of Sheffield's leading Lived Experience Practitioners, who openly shared their personal journeys with mental health challenges and the strategies they've used to overcome them.



The event offered valuable insight and connections, reinforcing our ongoing commitment to inclusive well-being initiatives and community mental health support.

**Sheffield Voices Event (The Big Voice).** The theme of the event was 'Speaking up and Different types of Advocacy', aimed at exploring the various forms of advocacy and the importance in empowering people with learning disabilities.

There was a mixture of inclusive activities around Advocacy, the different types of advocacies, which included self-advocacy, community advocacy, independent advocacy, citizen advocacy, statutory advocacy, peer advocacy and lots more, and how to start your own self-advocacy journey.

There was also a play by the Big Voice Drama group and lots of productive discussions around advocacy and why it is important to advocate both for yourself and for others.



**Sheffield Showcase Network Learning Event.** This brought together Primary Care Networks (PCNs), community partners, and voluntary sector organisations to share service innovations, learning, and explore development opportunities. The event focused on Neighbourhood Working and included multiple workshops, presentations, and collaborative discussions.

**30 Years Journey of MAAN Somali Mental Health** celebration event, marking three decades of MAAN's dedicated service supporting the Somali and wider ethnically diverse communities in Sheffield with culturally sensitive mental health care.

The gathering brought together a wide range of stakeholders including local authorities, NHS professionals, academics, community organizations, and frontline mental health support workers. It was a valuable opportunity to connect with service users, community leaders, and professionals to reflect on MAAN's longstanding impact and to hear stories of lived experience, resilience, and collaboration.

Healthwatch Sheffield's attendance underscored our commitment to amplifying voices from underrepresented groups and ensuring culturally appropriate services remain central to mental health care development across Sheffield. We look forward to continued collaboration with MAAN in the future.

## Digital access to GP Services

We've previously shared feedback about the difficulties people have using digital platforms for making GP appointments. This quarter we spoke to asylum seekers and refugees about this issue and heard about:

- **Awareness gaps:** people are not clear how to access or use the systems
- **Digital exclusion:** many asylum seekers lack access to phones or emails
- **Low preference for digital platforms:** Most prefer 'in person support' from workers who can help them navigate and get the care they need
- **Language barriers**
- **Limited access routes:** reflecting what we hear more widely, people told us that while other ways of accessing appointments might be available, phoning or walking in to the surgery often resulted in being re-directed to the digital platform as the staff have a strong preference for this.

We are continuing to work with primary care providers to highlight concerns and barriers.



### A Neighbourhood Focus on Health and Care – Wybourn and Richmond Park estate

Our project in Wybourn and the Richmond Park estate is supported by funding from Great Places Housing Group. We aim to run activities and events to help provide information and advice about health and care, and hear from local residents about their experience of health and care services.

We have been working with people and organisations in the areas to make sure what we do fits with the needs of the community.

In April we had stakeholder meetings in both areas to speak with residents and local organisations, and find out what they thought was needed locally.

In **Richmond Park**, through a combination of conversations and surveys, we have spoken with over 60 residents and over 13 local organisations so far. This includes local care homes, primary schools, churches, food banks, and voluntary sector organisations.



We've learned about the gaps and challenges people face, including lack of localised support and wellbeing activities, increased loneliness and isolation, mental health problems as well as a lack of things to do and very limited access to services for children and young people.

We asked people what activities they think residents might want to see in the area and at our events and what information or advice would be helpful for them. Suggestions included coffee mornings, digital skills sessions, employment support, toddler groups, mental health support, health checks, benefits advice, and more.



In **Wybourn**, we've spoken with residents and people from local organisations who described limited activities and services for older people, as well as barriers in accessing activities for children and teenagers.

We asked what activities residents might want in the area. Suggestions included specific men's and women's groups, exercise groups like walking, chair aerobics and pram push groups, healthy eating and cooking.



In response to what people have told us, we have and will continue to provide tailored information and advice on health and social care options, as well as guidance on the existing community support that they can access.

Next quarter, we will be running a community event on the Richmond Park estate, to give people the opportunity to learn about and connect with health services. We will also be spending more time in Wybourn to work with groups there.

## 7. Reports

### What have we been hearing?

This quarter we published two of our regular intelligence briefings:

- [Insights from Feb – March 2025](#)
- [Insights from April – May 2025](#)

These briefings shared key insights on topics like dementia care, access to the Diabetes Prevention Programme, and NHS patient record sharing.

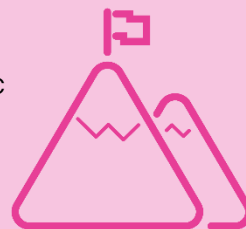
#### Impact

People shared feedback with us that hospital staff hadn't introduced themselves, or were hard to identify. We shared this with Sheffield Teaching Hospitals, who issued reminders for staff to wear their 'Hello my name is...' badges, but also launched a survey to find out what style of badge would make it easiest for patients and members of the public to understand who they were speaking to in hospital.



#### Impact

In April we gave evidence in a private roundtable with some members of the parliamentary health select committee on the topic of end-of-life and palliative care. We were able to share [experiences and findings](#) from people in Sheffield, to help shape the committee's understanding of what needs to improve.



## 9. Quality Accounts

Every year, NHS Trusts produce a Quality Account. These documents report on the quality of service offered by the Trust, and reflect on progress and improvements they have made to the care they deliver.

We are invited to submit a stakeholder response to the Quality Accounts, which is then included in the published documents. We use this response to reflect on the priority objectives the organisation sets, and how they describe involving patients, families, and the public in their work. Our response reflects on the feedback we have received over the previous year, and public perspectives from our volunteers.

This quarter we received and responded to all five of the Quality Accounts for our local area:

- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- St Luke's Hospice
- Yorkshire Ambulance Service (we wrote a joint response on behalf of Healthwatch in Barnsley, Doncaster, Rotherham and Sheffield)

We expect the final documents to be published in the coming quarter.

## 10. Health & Care Public Forum (Sheffield)



This quarter our regular Health and Care Public Forum met 2 times. This forum is a public and patient forum which we run on behalf of Sheffield Health and Care Partnership to help inform their work.

In **May**, the Forum commented on plans to develop a care suite in Sheffield. The care suite apartments aim to enable older people to live in their own homes for longer, even if their care needs increase significantly. They highlighted key points to consider in the design of the care suite model, and some of their questions were included in the FAQs that will be shared publicly.

There was an update on the changing NHS landscape and the work of Healthwatch Sheffield at the meeting in **June**. A forum member shared an experience involving contrasting experiences of primary and secondary care, which provoked a group discussion around related issues. Then to mark Carers Week 2025 the Forum talked about around the challenges that unpaid carers face and what would help improve things for them.



## 11. Local decision making and the Healthwatch role

Last quarter we shared that the government had announced significant changes for the structure of the NHS, which would impact on the way that we do our work. This included that:

- NHS England would be abolished
- Integrated Care Boards (ICBs) would be required to cut their running costs by 50% – this follows the process that they have just been through to reduce their running costs by 30%. The new round of cost savings would need to be completed by the end of December 2025.

At the end of the quarter, we were given some news about the NHS 10 Year Plan ahead of its publication, particularly in relation to the future of Healthwatch England local Healthwatch. In relation to the Healthwatch role it says:

- The work of local Healthwatch bodies relating to healthcare will be brought together with ICB and provider engagement functions (chapter 5).
- Individual provider boards will be asked to ensure they have robust mechanisms in place to collect and use patient feedback, ensuring it is actively fed back to individual clinicians and clinical teams. This will be the norm across the NHS by 2026.
- Local authorities will take up local Healthwatch social care functions

Over the coming months, we will work locally to understand the impact of this on public and patient voice in Sheffield, and work with our partners on a local response.

**We will continue to advocate for the importance of involving people in decision making, wherever those decisions are made.**

## 12. Supporting services to involve people

### **Working with other local Healthwatch to improve impact**

We hosted our second online meeting for the local Healthwatch network to discuss improving the quality of formal responses to local Healthwatch reports.

This was a follow-up meeting to discuss the impact and learning from any changes implemented since our last meeting. We heard about bringing local stakeholders in at different points in the project process, using impact trackers, and more. This learning has been shared with the wider Healthwatch network to inform discussions in their own teams.



## 13. Volunteers and Placements

This quarter our volunteers were very busy. They gave up over 227 hours of their time to support our work in different ways – including as part of our Health & Care Public Forum (Sheffield), our Strategic Advisory Group, and representing us at boards and committees across the city.

Key contributions from volunteers this quarter included:

- Supporting our projects in Richmond Park and Wybourn by attending events and carrying out research (see more in section 6)
- Reviewing and responding to the Quality Accounts from local NHS Trusts (see more in section 9)

### Volunteer recruitment

We attended the VAS Volunteering Fair on 18<sup>th</sup> June. Amongst our other volunteering roles, we were specifically looking to recruit to our two new roles – communications volunteers, and feedback volunteers:

- **Communications volunteers** will help to support our work by designing posters and flyers, using social media, and otherwise getting the word out about how we can support local people, and how they can have their say about health and social care services.
- The **feedback volunteer** role was developed at the beginning of the year as part of a student placement project. These volunteers will go into health and social care settings like hospitals and care homes, and speak with people using those services directly about their experiences.

We had a good amount of interest in these roles, however following the news of the government's plans to close Healthwatch, we have paused recruitment and let the people we spoke to know that we won't be actively inducting new volunteers at this time. That may change as conversations about local plans develop.

### Volunteers Week

We were pleased to celebrate Volunteers Week (2<sup>nd</sup> – 8<sup>th</sup> June) by hosting a Volunteers Lunch at the Central United Reform Church. This was a joint event bringing together staff and volunteers from across VAS (Voluntary Action Sheffield) – the Healthwatch Sheffield team, the New Beginnings team, and the Volunteer Centre team. We played games and quizzes, ate lunch together, and celebrated the work that volunteers do in the city throughout the year.



## 14. Healthwatch Team

There have been no changes to our Healthwatch staff team this quarter, but our Strategic Advisory Group has seen significant changes.

In May our Chair, [Judy Robinson](#) sadly passed away. This is a huge loss to Healthwatch Sheffield, and she is greatly missed. Next quarter we will be working with our host organisation VAS to identify next steps for Chair arrangements, particularly in light of the news about the future of local Healthwatch.

Prior to losing Judy, she helped us recruit 7 new members of our **Strategic Advisory Group (SAG)**;

- Charlotte Killeya
- Eric Watts
- Shirley Kirkland
- Harry Frost
- Mehriye Ahude Bicer
- Brendan Warner-Southwell
- Liz Kieran

We recognise that joining an organisation which has just been given news of probable closure is strange timing, but we are pleased to welcome our new members who have all shown a commitment to supporting our work through this difficult period.

## 15. Coming up next

We will work with our Speak Up Grant recipients to help their work have impact

We host our community health day in Richmond Park Estate

We will host our Community Voices Event, bringing our partners together to celebrate the way that they help

We will work with our Strategic Advisory Group, and our partners to work out next steps for Healthwatch in light of the news of the government's plan for closure

## Using Voice for Influence

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As well as sharing our intelligence in our written round ups, staff and volunteers regularly raise feedback and share experiences in the meetings they attend. Taking part in meetings helps us stay informed about developments in services, and enables us to promote the importance of listening to, and involving people, in shaping those developments. This quarter, we have attended the following meetings, boards and committees:

- Sheffield Health and Wellbeing Board
- Lived Experience and Co-production Assurance Group (Sheffield Health and Social Care Trust)
- Integrated Care Board (NHS South Yorkshire)
- Quality, Patient Involvement and Experience Committee (NHS South Yorkshire)
- Health Scrutiny Sub-Committee – Sheffield City Council
- Area Prescribing Group
- Primary Care Commissioning
- Integrated Medicines' Optimisation Committee (IMOC)
- VAS weekly network meetings
- Sheffield Health and Care Partnership Board
- South Yorkshire Local Dental Network
- Sheffield Teaching Hospitals Quality Objective Steering Group
- Patient Engagement and Experience Committee – Sheffield Teaching Hospitals
- Adult Partnerships Board
- Older Adults Transformation Project Board (Mental Health)
- Sexual Health Network
- Same Day Urgent Care Steering Group

**Representatives from other Healthwatch in South Yorkshire also attend a range of meetings on behalf of our region, giving us an opportunity to feed into other areas of work including:**

- South Yorkshire Integrated Care Partnership
- South Yorkshire Mental Health/Crisis care meetings
- South Yorkshire System Quality Group