Setting our priorities for 2022–23

We held a public meeting on Wednesday 19th January 2022, to start the conversation about what the next year should hold.

Our staff team and Strategic Advisory Group came together with members of the public and representatives of health, care, and voluntary sector groups across Sheffield.

We wanted to share the work we've done over the last year, and gather thoughts on two main questions:

- What areas of health and social care should Healthwatch Sheffield focus on in 2022?
- How can Healthwatch work with you and others to support you to have a say in how health and care services are run?

It was an interactive session held online, with British Sign Language (BSL) interpreters to help make our conversation accessible to more people.

21 people came to share their views.



Our work in 2021

We shared a short film which gave an overview of our work from 2021. Highlights include:

- Funding voluntary groups to engage with their communities through our #SpeakUp grants;
- Building ongoing relationships with local groups, supporting them to amplify their own voices and have their say;
- Creating a BSL vlog to share information more accessibly;
- Holding an event to speak with the parents of children with Special Educational Needs and Disabilities in Burngreave;
- Growing our community partnership scheme;
- Responding to higher than ever numbers of enquiries, and raising key issues to local and national decision-makers;
- Distributing nearly 1000 GP access cards, helping reduce the barriers for those who don't have proof of ID or address;
- Carrying out focused work on a huge range of topics such as Deaf people's access to services, services for Recessive Genetic Conditions, and Maternity Services;
- Building new routes to raise local issues as new health and care structures develop in South Yorkshire and beyond.



Great film summary

Diversified

Looking ahead

What greas of health and social care should Healthwatch Sheffield focus on in 2022?

We split into smaller groups for focussed discussion. Participants shared a huge range of health and social care issues, based on their own experiences, or the experiences of people they care for or work with. We have broadly organised them into themes:

Mental health services

- Need more tailored mental health services for Deaf people, disabled people, and people with autism;
- Deaf people have to fight for funding for them to access mental health services like Sign Health;
- Accessing support is difficult, referrals and waiting lists are long;
- Negative impact of not having a regular worker, especially in a crisis.

Autism and ADHD

- The diagnostic process does not work well, there are gaps;
- Patients and carers don't get the right information at the right time;
- Support both pre- and postdiagnosis needs to improve.

Primary care services

- Primary care services have changed a lot during Covid – we need more patient feedback about the changes;
- Barriers to accessing primary care, especially GP services - getting through to a receptionist is very difficult, let alone making and attending an appointment;
- More timely access to medication.

Long Covid

- Lots of different plans/initiatives which have been hard to track.
 Support people to find the right treatment path;
- Need for longer term support for people with long covid as we move through the pandemic.

Children and young people

 Support when leaving school and entering adult services and the adult world. For young people who have learning and/or physical disabilities, or are neuro diverse, this brings challenges in lots of areas e.g. education, health, employment, and getting the right support to live independently.

Involvement

- Involvement should be part of designing services, with people's views taken into account to improve the quality of provision;
- Rise in disability discrimination, and assuming what disabled people want or need without actually consulting them.



Helping people to understand information and quidance

- New health and social care partnerships are unclear to the general public, support people to understand the changes;
- Sharing information about changes to treatment or clinical guidance so people know what to expect from their care, e.g. new NICE guidelines for treating ME & Chronic Fatigue.

Pushing for accountability

- Highlight issues of poor service quality and follow up where the accountability lies, e.g. when contractors delivering services for the local Council are found to need improvement;
- Publicise follow ups when Healthwatch has raised issues – have actions been taken by services?

Other priorities

- A backlog in Adult Social Care, with long waiting times;
- No priority given to cancer sufferers when accessing services;
- Access to wellbeing services takes too long and is limited in scope;
- Advocacy for those with challenges to fast-track to appropriate services;
- Pre-emptive contacting of vulnerable people or groups;
- Charging for prescriptions and medication deliveries;
- Carry on with maternity work;
- Appointment letters not always being appropriate;
- Experiences of Dementia patients on hospital wards;
- Implementation of the Accessible Information Standard;
- Ensuring Sheffield is well represented in new regional health and care structures.

Working together

How can Healthwatch work with you and others to support you to have a say in how health and care services are run?

We want to make sure we're speaking with as many people as possible to gather a wide range of views and experiences; this means working with individuals, groups, and organisations in the ways that work best for them. We wanted to hear people's thoughts about this – what works, what doesn't, and what new ways of working should we adopt?

Face to face works best - people wanted to see us out and about again, and for health services to increase face to face care;

Be visible in locations that service users access – plan engagement in a variety of locations to speak to different people – schools, deaf clubs, schools, dementia cafes, outpatient waiting rooms, supported living accommodation;

Surveys are good in moderation – surveys can work well, especially when they're targeted in the right way, but we should be careful about over-using surveys. Some communities have survey fatigue, feeling that they've already engaged with surveys and no action has been taken – so they don't want to do more;

A range of approaches is needed – depending on the project, we might need to use quick polls, in-depth interviews, or something in between. People suggested creative technology solutions like Jamboard, improving ways to share feedback by text, using social media platforms like TikTok and Snapchat, as well as other forms of media like videos and podcasts;

What works for one person may not work for another – linked to needing a range of approaches, we need to consider individual needs and preferences. Online approaches don't work for everyone. Some people need information in an Easy Read format, and there are language barriers to consider;

Engage with carers and others related to a person's care – carers are a valuable source of information about a huge range of health and care services; they are not always linked with organisations, though, and may not recognise themselves as carers. Personal Assistants, interpreters and voluntary/community workers can also share helpful information about the services they see – including gaps in provision;

Ongoing relationships are important – building trust is vital, and ongoing relationships with groups will help us to build confidence and enable people to share their experiences openly and feel supported in speaking up. And it's not just about gathering people's views – we should also use these relationships to share timely information about health and care services;

Support groups to support their communities – the #SpeakUp grant scheme is a good way to support groups to amplify the voices of the people they work with and already know well. We could also introduce different community groups to each other, to encourage co-working in a broader sense and increase people's capacity;

Involvement should be meaningful – we need to lead by doing: making sure our engagement is meaningful, and pushing local decision-makers to ensure their services are truly co-designed and input is not just tokenistic. For example, supporting Adult Social Care to better involve people in co-designing services. Timing is key – identify routes and opportunities that will allow people's experiences to really influence change;

Change should be tangible – we should publish the outcomes of our work more widely, to showcase the difference that people's voices have made, and hold services accountable when they don't make changes. We should also work on a smaller level – helping individuals to identify and influence practical changes in their day-to-day health and care services.

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What next?

This is a starting point for planning our work in 2022–23.

Over the next few months we will be reaching out to more people and asking them what we should be working on over the next year. We will select priorities based on people's views as well as identifying our best opportunities to make an impact and influence change.

If you would like to share your own thoughts, get in touch:

Tel: 0114 253 6688 Text: 0741 524 9657 Email: info@healthwatchsheffield.co.uk

How do you feel about our discussion today?

Productive Accessible Encompassing Engaging Heard Diverse Good First steps Varied Making sure Sheffield is heard Packed Rich discussion Brilliant Thoughtful **Invigorating** Positive Involving Giving direction Right up there SY-wise Unsure it was long enough Helpful Varied experiences Partnerships needed!

Informative