

Quarterly Report: January-March 2020

Headlines

One of our reports was referred to in a parliamentary debate



We heard from 610 people



381 people told us what they thought Healthwatch should be focussing on next



We signed a community partnership alliance with the City of Sanctuary Sheffield



12 Community organisations were awarded a Speakup Grant



We've secured agreement to continue our role in supporting engagement work across the ACP for the next 3 years



1. Introduction

At the start of this quarter we began a piece of work to hear from people their views on our next strategy. Our previous strategy ran to 2020; we needed to refresh and review how we were working, and set our areas of focus for the next two years. A key part of that process was to hear from groups and individuals in the city about what they thought the critical issues in health and social care are currently, and also their views on the way Healthwatch should work. We did this by going out and about to public places, as well as visiting targeted groups and promoting our survey online. Our capacity to do this work was helped by two students who joined us on placements from their university courses – together they booked in visits and travelled around Sheffield to speak to people. By the start of March we had heard from over 300 people and there was a full schedule of engagement work planned for the rest of the month.

Then very suddenly, it became evident that the full schedule of planned work would not be happening. Keeping a close eye on the government advice, we initially continued to go out to places and carry on the engagement as best we could - but even before we had to make the decision to stop, we found groups were not meeting, and public venues were emptying out as concerns around coronavirus grew. We had to make the decision to cancel our Health and Wellbeing forum which was due to take place on 23rd March given that the attendees would have included a significant number of older people with dementia and their carers, and rapidly it became apparent that almost all of our 'business as usual' work would need to be put on hold.

By the end of March the implementation of the government's lockdown mean that the Circle building was closed, and the team were all working from home. With our planned work almost entirely suspended we faced the challenge of working out how best we could function at this time. There was a need to carefully consider what would happen to the work that had been in progress – for example, what should we do with the 300+ surveys we had gathered about our work? How should we proceed with the reports for the Enter and Views which had taken place that quarter? And critically, how could we usefully and effectively carry out our role in the Covid-19 crisis situation?

This report covers the January-March period; as this is being written a good way into April, it's fair to say our role and our sense of how we work now is still evolving. We certainly don't have all the answers, but we have made some progress on finding our way and section 12 of this report summarises our approach going forward over the coming weeks.

2. Enquiries & signposting

One of the services we offer at Healthwatch Sheffield is the provision of information and advice to members of the public. We do this through a number of means, including newsletters, events, and social media. We also provide individual advice through our enquiries line – over the phone, by email, by text, or face to face.

We listen to people's experiences of local services, help them to navigate the health and social care system, and support them to understand the options that are available to them.

Between January and March 2020, we provided in-depth information and advice to 46 people. By the end of March as lockdown began and the team moved to home working, we ensured that the phonenumber was diverted and answered every day. The emerging picture was that we were beginning to receive queries relating to how people could access services, the majority of

which had significantly altered their way of working in a short period of time. What would normally be routine information queries for us to answer (eg how can I access a dentist? How can I get to my hospital appointment?) became challenging and complex to deal with. Sat alongside the changes to services, we found that a number of our normal routes into raising issues and asking questions were no longer there – routine meetings were cancelled, and staff members we normally communicate with had been redeployed into other roles. Perhaps because things were changing so rapidly, there was an absence of detailed, publically available information on how services were working. This meant that this aspect of our service delivery became substantially more time consuming than it normally is.

The advice we give often includes signposting people to further sources of information or support; the range of organisations we signpost to provides an insight into the breadth of topics people contact us about. You can see these below - larger font sizes show which organisations were signposted to more frequently. Where people were signposted to their own service provider, this is because they have been given more information about their rights, their treatment options, or who they need to speak to within the service to resolve their issue.



Case Study: Your rights at reassessment

A member of the public phoned us when they were due for a Personal Independence Payment (PIP) reassessment. Their doctor had shared some confidential information with the Department for Work and Pensions (DWP) that he was worried would affect his entitlement.

We helped the caller to break down all of his concerns into things he could take action on. This included what information his doctor was entitled to share with the DWP and how he could make a complaint if this was inappropriate. We also discussed his rights during the assessment, especially relating to having someone there to support him, and the regulations he would need to follow in order to record the session.

After the conversation, the caller told us he felt much more confident moving forward and ensuring that he had a fair assessment.

Case Study: Navigating the changing healthcare landscape

Unsurprisingly, in March our team began to receive enquiries relating to the coronavirus outbreak. Many of these were focused on how to access routine health services given that many organisations were transitioning to remote working or urgent appointments only.

One man called us to say he had a hospital appointment which was still going ahead, but he had no way to get there. He was classed as vulnerable due to his health condition, so he did not want to take public transport, and the hospital was not able to provide him with transport.

We put him in touch with Sheffield City Council but they were unable to help him with his specific need. However, we were able to find the Mutual Aid group that had been set up in his area. We helped him to reach out to them, and a volunteer was able to transport him to the hospital for his appointment.

3. CQC

During this quarter we shared 9 pieces of feedback about 4 GP providers with the CQC.

4. Young and Student Healthwatch

In this quarter one of our Young Healthwatch volunteers spent 6 weeks with us on placement as part of his undergraduate course. He worked widely on the engagement activities we were doing to inform our next strategy, including visits to colleges and university sites to collect the views of young people. The intention was that after the end of the placement, he would continue to build on this experience and along with other young Healthwatch volunteers, start regularly going out and about to listen to individuals and groups of young people. This was a planned change from the previous approach to Young Healthwatch which focussed more on organising events and meetings for people to attend – with variable success.

We also continued to work on our carer's access to GPs surgeries project, which included hearing from Young Carer's about their experiences.

Along with the rest of our work, by the end of March we recognised that we would need to completely re-think this whole area of work over the coming months.

5. Engagement

Engagement this quarter was almost entirely focused on gathering views to inform the next strategy. We will be writing a separate report that summarises who we spoke to, and what we heard.



Using voice for influence

We will not be able to use this information in the way that we had originally intended; with so much uncertainty surrounding the coming months, we clearly cannot develop a work plan based on what we heard in January to March this year. However the pandemic situation is unlikely to have eased the concerns that people shared during this time, just created additional need and complexity in those areas which were highlighted. With this in mind, we hope to use what was gathered to feed into the discussions already beginning in services around 'what next?' as we move into the next phase of the pandemic response.

Carers' Access to GPs

In our last report we described starting a focussed piece of work on the carers' access to primary care. We wanted to explore the barriers carers might encounter, and shine a light on good practice where surgeries had successfully found ways to provide better support to carers. In this quarter, together with our partners (Sheffield Carers Centre, Parent Carer Forum, Young Carers) we continued this work. By the end of March 134 carers had completed our survey, and we had gathered a range of stories and case studies to sit alongside these. We had also begun a desk based exercise looking at information on GP websites relating to carers.

Our intended next step was to use the information we had to identify some GP surgeries who might be interested in working with us as case studies so that we could share examples of different approaches, using the NHS England Quality Indicators a framework to identify good practice.

As the coronavirus situation unfolded it became clear that we would not be able to link into GP surgeries in this way currently. Additionally, we know that the views and experiences we had gathered relate to a different time and situation to the one we now find ourselves in; the experience of accessing GP services has changed dramatically for all of us over the last few weeks. Whether or not we can use what we have gathered partly depends on the longevity of those changes, and we are still considering what we do with this piece of work now.

Health and Wellbeing Forum

Our Quarter 4 forum 'Let's Talk about Dementia' was planned for 23rd March; the event was oversubscribed with 60 people booked on and a waiting list for tickets. The day had been planned with a different format to our usual forums in order to make it accessible to people with dementia and their carers. Unfortunately it was cancelled due to the Covid-19 situation, but for reference the description of that event was:

Let's Talk About Dementia

Healthwatch Sheffield and Sheffield Dementia Action Alliance are collaborating to host the next Health & Wellbeing Forum: 'Let's talk about Dementia'. Our Health & Wellbeing Forums are an opportunity for people across all sectors, as well as members of the public, to come together to discuss a pressing issue in health and social care.

The event will focus on the journey taken by many people when they are diagnosed with Dementia, and we will be hearing from organisations involved at all stages of this journey. This includes accessing initial advice and information, navigating how to stay independent, the support offered by adult social care, and accessing social activities like lunch clubs and cafes.

We will also be talking about Sheffield's Dementia Strategy - what has been done since the strategy consultation? how do you think this is going? what else would you like to see?

To make the day as accessible as possible to people living with Dementia we will publish a timetable closer to the time. This will outline when each speaker will be presenting as well as when the information stalls will be staffed, so that people can drop in and out of the event if this feels more comfortable for them. There will also be a quiet space and an opportunity to give feedback.

Services available for people with Dementia are growing ever more important with an ageing population; join us to learn and share knowledge about existing opportunities as well as share your ideas for improvements.



Using voice for influence

Following our December forum 'The Big Squeeze' we identified an action around financial contributions to Social Care. Together with Citizens' Advice Sheffield, Sheffield Carers' Centre and Disability Sheffield we wrote a joint letter to SCC asking it to reviews its current policy around financial contributions. Specifically, we asked it to review the use of the Minimum Income Guarantee (MIG) in the calculation of contributions. MIG has been frozen (nationally) since 2016; its continued use in the formula means that each year, people in receipt of social care are left with less and less money in real terms. Local authorities have discretion to apply a more generous allowance (and some have), but Sheffield has not done so.

The response acknowledged the need to look at the issue, and we have been invited to be part of the options appraisal process which is now taking place.

6. Reports

We didn't publish any new reports in this quarter. Updates in relation to previous reports:

Homecare Report

We took some time to revisit the progress from our Home Care report which had been published in January 2019; a year on and we wanted to take stock of what had come from this. Although we haven't done a focussed piece of work to explore whether that report is still representative of people's experience, anecdotally the kinds of things we hear about homecare remain broadly the same. However, feedback from commissioners of homecare indicate that there is a recognition of the issues, and a strong desire to bring about change.

Significantly, we have been invited to be part of a project group looking at how the council can explore and move forward a radically different way of commissioning homecare which is outcome focussed and not driven by a 'time and task' model. Whilst the detail is yet to be worked out, broadly, this concept aligns very much with the overall 'ask' in our report which focussed on the need to be able to offer a person centred model of care. Time and task does not lend itself to person focussed provision; the care delivered is dictated by a list of what the carer should be delivering within a allocated timeframe, and doesn't flex from day to day in line with someone's needs. Our focus now will be on promoting and supporting the involvement of people who use homecare on the development of this model as their views and experiences will be an essential part of shaping it.

Health and Wellbeing Engagement Work Report

This work was well received at the Health and Wellbeing Board in January.

Experiences of health and care in Sheffield Trans community

We were really pleased to hear that Olivia Blake MP referenced this report in a parliamentary debate around lesbian, bisexual and trans Women's Health Inequalities.

Continuing Healthcare

CHC has been one of our priorities over the last 2 years. During that time we did a brief report on the experiences of people living at Woodland View and Birch Avenue, enhanced dementia care. Most of the people living in this provision are funded by CHC, and some concerns had been raised around the way assessments and reviews were being carried out.

In December we attended a follow up meeting with the CCG and family members who had previously raised concerns. One of the requests made by the families, was that there was a means by which they could have future meetings have discussion with the professionals involved. From this, we worked with a manager at the CCG, and a family member, to draw up a proposal for a new Service Improvement Forum that would give them this opportunity. This received official sign off in March, and although the original format may need revising, we hope that this forum can still be established over the next few months.

SpeakUp Grants

We assessed applications for round 3 of our SpeakUp Grants programme which aims to support grass roots and community organisations in having a say. We awarded twelve grants to the following groups:

Bright Box
The Burngreave Messenger
City of Sanctuary
Disability Sheffield
Flower Estate Family Action
Reach South Sheffield
Project 6 - Sheffield Alcohol Support Service
Sheffield Chinese Community Centre
Sheffield Voices
Stocksbridge Community Leisure Centre
Thalassaemia South Yorkshire
Pitsmoor Adventure Playground

The timetable for this work meant that the activity should be taking place from April through to June this year. As we awarded the grants, the Covid-19 crisis was unfolding; this created a need to speak with the recipients about how they might respond and adapt their plans accordingly. Most chose to delay their plans to later in the year, but two organisations (Disability Sheffield and Chinese Community Centre) decided to use their grant immediately to stay in touch with the people they support, and hear from them about the experiences they were having during Covid-19. It would not be useful or timely to publish these findings in a report later this year, so we are sharing this information as it comes in. A short report summarising what we have heard from the Chinese Community Centre is now available on website in the SpeakUp Grant section.

7. Listening Hubs

What is a Listening Hub?

We are working to set up Listening Hubs in local communities, where people can regularly connect with peers to share their experiences of health and social care services. We are looking for volunteers who can facilitate this, and link back in to Healthwatch with the information they gather. This section describes the work that our Community Outreach Officer Sarah has been doing to develop these.

The Men's group at SOAR and its development at the Social Cafe

In the last report we described the work that was done with the Men's group at SOAR. Sarah worked with this group regularly over a period of weeks; at the conclusion of that regular contact, 2 men stayed engaged with Healthwatch Sheffield. The others became involved in other community projects with SOAR and Sheffield Mind. The two men who stayed linked with us decided a good place to run the group would be at the existing Social Café which is well attended by both men and women. The social café runs fortnightly and is a collaboration with SOAR and Sheffield Mind.

Sarah visited the group in January and has since returned to a number of sessions to build trust with the people attending. The majority of engagement is with men (there is approximately a 70% ratio of men attending) who have poor mental health linked to a variety of factors such as misuse of alcohol, late diagnose of autism, depression and anxiety from social, physical or emotional circumstances (unsupportive family, substance misuse, stroke and other health complications).

At each session, after general conversation, Sarah would introduce a semi-structured discussion relating to health, wellbeing and social care, involving one of the volunteers in facilitating the discussion. This is with a view to them being able to lead facilitation and discussion in the future.

From these discussions posters were produced to capture what was said, which were really well received by the group and are now on display at the venue. The are included at the end of this report.

Introduction to Community Development and Health Event

This event was produced in collaboration with Healthwatch Sheffield and Sheffield City Council. It is planned to run 4 of these events a year. The events are (not exclusively) to bring people together who have attended, are attending or want to attend the ICDH course. However individuals attending ESOL classes and SAVTE conversation classes were present at the January event.

28 people attended and were mainly women, from Arabic speaking countries but also English and Urdu speakers were present. The session involved information sharing of upcoming opportunities such as volunteering and community projects.

The agenda was to network, discuss what the collective viewed as important in health, wellbeing and social care and what was good practice, could be improved and how they could influence and make a difference. The day was run as a celebration event.

We gained 4 volunteers from the event and insight into the priorities for this demographic living in Sheffield.

Burton Street Foundation / Adults with Learning Disabilities

Last quarter we described involvement with groups of adults with learning disabilities at Burton Street, and at Disability Sheffield's self-advocacy group, Sheffield Voices.

What we said we hoped to do (taken from last quarterly report)

Burton Street

Some of the group have potential to become Healthwatch Sheffield volunteers but a lot of support is needed. A series of development sessions is needed to build skills and understanding.

Sheffield Voices

A session is booked for January to visit the Sheffield Voices Group and talk about Enter and View; we hope to involve the group as key partners in this work.

What has happened this quarter?

Burton Street

A meeting with staff at Burton Street took place in February. After talking through our plans for involving people with learning disabilities in the Enter and View process, it was decided that to help the group understand the process it would be helpful for us to undertake an Enter and View at Burton Street. This would enable them to see how the process worked in an environment that was familiar to them – it was agreed to do this visit in April. Taking it in incremental stages, the next step would be to give them the training and support that they would need to be part of a team going to do Enter and View visits elsewhere.

Sheffield Voices

We visited the Sheffield Voices group in January to talk about Enter and View, and see if they would be interested in being involved. There was good discussion about their experiences of day activities, and some of the group were interested in hearing more about Enter and View.

Further steps to develop this work

This quarter Nik Bakalov (Engagement Officer) has taken the lead in moving forward the plans for the Enter and View. He has met with people within Sheffield (in the council and voluntary sector) to better understand the context and what other related activity is currently taking place. He has also spoken with 3 other Healthwatch who have done similar work and has been able to gather training materials developed by them which we intend to adapt and use.

Nik also attended the Learning Disability Day Activity Provider Forum at SCC, and from that was offered a slot at next meeting to talk to day service providers about our work.

Unfortunately all of this activity is now on hold, although we may be able to use some of the current time to adapt and develop the training materials ready to move it forward as soon as we are able to.

8. Sheffield Accountable Care Partnership

We continue our focussed commissioned piece of work to support engagement across the Accountable Care Partnership (ACP) in Sheffield. Continued funding for this work has now been agreed for 2020-23.

ACP work in the quarter included:

- Facilitating three meetings of the Improving Accountable Care (IAC) forum
- Delivery of interview skills training for volunteers. This was to build a team of volunteers who would be able to continue previous work on speaking to people about their experience of hospital discharge – this work aims to gain understanding of people's experience as they move across different parts of the health and social care system.
- Analysing and writing up the results of a survey done by staff at Ben's centre (this relates to the strand of the ACP work which seeks to develop better ways of hearing from lesser heard voices).

9. Enter and View

We did 3 Enter and View visits to in this quarter. Linked to our focus on primary care, we decided to do a series of visits to GPs. One significant area of focus in primary care currently is the development of Primary Care Networks (PCNs) and for this reason we chose to visit GPs within a one network in the centre of Sheffield. We had planned 4 visits, but unfortunately were only able to undertake 3 of these before the coronavirus situation meant that it was no longer appropriate for us to be doing this work (risks to staff and volunteers, additional burden on health services).

Draft reports are now written, but there is a strong possibility we won't be able to publish these, or at least that there will be a considerable delay. The next stage would normally be to send draft to the provider for comment; we do not want to burden the surgeries with that request currently, but we can't publish without offering that opportunity.

10. Prominent or emerging themes

It feels no longer relevant to highlight what we heard in January to early March as 'prominent or emerging themes' in the way that we would normally do so here. Too many things have changed in such a short time. From the start of April we have been sending weekly 'what we've heard updates' to Healthwatch England via a rolling online survey to capture views from the network. We have shared some of this locally with people as the issues have come up, but from W/C 20th April we have started producing a weekly 'what we've heard' bulletin to share with our partners in the city. A copy is enclosed with this report.

11. Healthwatch Team

We have had some staffing changes this quarter

Sarah Fowler (our Community Outreach Lead) is now working full time and her role includes Young Healthwatch while Rosie Priestnall-Birkett (Engagement Officer) is on maternity leave.

Nikola Bakalov – has joined us on a 12 month contract as an Engagement Officer. Nikola has a background in psychological and policy research. He has also worked in different roles in the health and social care sector.

Mark Smith - Volunteer and Engagement Co-ordinator has left us to move into another role.

Holly Robson - our Administrator was successful in her application for the role of Operational Support Officer, a new role in the team.

Our recruitment process to find a new administrator had to be put on hold following lockdown, meaning this role continues to be covered by the team; Holly has technically moved into her new role but has kept a number of her previous duties which will eventually be passed to an administrator.

12. Coming up – What next for Healthwatch Sheffield?

If we were still working to our pre-covid-19 work plan, we would just be at the point of producing a refreshed strategy and setting down our areas of focus for the next 2 years. Clearly, we are not in a position to do that, there are too many unknowns; instead we are having to work flexibly and responsively in the ever changing situation we find ourselves in.

Healthwatch England has sent out guidance on what our priorities should be at the current time and outlined below is a brief summary of our plans within the framework that they have set.

High Priority

Information and advice

It is essential at this time to be able to point people to reliable sources of information and provide them with up to date advice about accessing services.

Our enquiry line continues to operate each day; we are answering queries by phone and email. We are also supporting information and access to the wider voluntary sector response by taking calls to the main Voluntary Action Sheffield number, which is currently on divert to the Healthwatch Team.

Digital information – we have created a Covid-19 page on the website which takes significant time to maintain given the volume of information. In the first instance we focussed on gathering good information developed elsewhere by reliable sources. We are now moving into the next phase which is to work with providers in the city on Sheffield specific information, including 'Helpsheets' on specific topics. The first of these was patient transport, and we are currently working on a dentist one. The topics are driven by the calls and questions that we are getting from the public.

We have also expanded our use of social media to share information, and over the coming months will look at ways to use this more effectively to boost engagement and reach more people.

It remains a concern to us that there are many people without access to phone and internet. We are reviewing what action we can take around this for example speaking to voluntary sector partners and SCC about options for mailouts and leaflet drops.

Medium Priority

Gathering views, making recommendations, sharing intelligence with CQC and Healthwatch England

The process of providing information to the public, gives us a route to gathering information and intelligence about how services are working. We also continue to hear a significant amount of intelligence from our volunteers, and individuals who regularly share with Healthwatch.

Our challenge over the coming weeks is to consider how we can move beyond this to reach more people and understand their experience at this time. We are currently looking at different forms of engagement to help us with this – this includes talking with groups we have previously worked with and joining some of their virtual meetings, and considering how we can more creatively use social media to connect with people we haven't spoken to before. Being mindful that this will only reach people who are digitally connected, we also need to make sure that we hear from our community partners, many of whom have contact with lesser heard groups that we can't reach at the current time.

We will share our 'weekly roundup' of what we have heard with Healthwatch England, and statutory partners in the city. We also have routes to raising issues through the different command structures, and will continue to do this with specific queries where it seems appropriate. Additionally, we have been actively making the case for some of the city's key meetings to be re-convened and will continue to raise this – having forums for democratic involvement of the public, and a route to explore and scrutinise how services are working continues to be vitally important.

Lowest Priority

Public involvement in commissioning

Commissioning is unlikely to be taking place at this time, we have however been active in seeking assurance that specific commissioning plans are on hold and will continue to monitor this. If we become aware of commissioning processes that are going ahead, we will be working with partners to identify how public views and experiences can still be a part of the process at this time.

Annual Report

We have a duty to complete our annual report by the end of June.

Monitoring of Services

We are unable to carry out Enter and View at this time, but we continue to gather views via the Feedback Centre relating to specific services.