

## Quarterly Report: April – June 20

### Headlines

We heard from 711 people about their views and experiences



We published our annual report, looking back on our highlights from 2019-20



We established our regular Covid roundups to share intelligence with stakeholders



We set up a survey to find out about people's experiences of service changes during Covid



Adapted the use of our Speak Up Grants to help us reach more people with our Covid survey



We moved some of our regular engagement activity online



## 1. Introduction

This quarter has seen a complete change to our ways of working, as well as a complete change to the landscape we are working in. In our last quarterly report we described how Covid had resulted in a need for us to spend more time in providing advice and information – some of our team roles were also disrupted as the team had to pick up tasks not normally allocated to them. For example our Community Outreach Lead whose engagement work was largely cancelled, dedicated time to updating the website, and sharing key information on social media. We also supported the wider team in Voluntary Action Sheffield (VAS) as they stepped up to help co-ordinate the crisis response in the voluntary sector – our team helped with phone answering and queries to VAS, as well as providing some direct hands on volunteering support to local community hubs.

By the end of June we were focussing more pro-actively on what we needed to do, and were able to start turning our attention back to ‘regular’ work. As part of this, we developed our Covid-19 survey to help us understand how the pandemic, and how changes to services had impacted on people. We also picked up again on paused work, such as the Carers’ access to GPs, and the analysis and write up of our engagement at the start of the year.

## 2. Enquiries & signposting

Part of our role as a local Healthwatch is providing information and advice to the people of Sheffield. We can let people know about their rights when accessing care, the types of services that might be available to them, and much more.

This role has felt increasingly important as the COVID-19 pandemic has developed. The amount of people getting in touch for information has increased, and the type of support they need is changing. From April – June 2020 we gave information and advice to 47 people who phoned, emailed, or texted us about an issue related to their care or their general wellbeing. Dealing with many of these enquiries took substantially longer than in normal circumstances, as information about rapid service changes was often hard to track down.

The graphic below shows where we signposted people to this quarter. This provides a snapshot of people’s changing needs; rather than advising people how they can make a complaint, liaise with a service, or otherwise improve their experience of care, most of our conversations have focussed on accessing support in the first place, whether this is medical care, help with daily living, or emotional support.

The local community hubs (voluntary organisations across different areas of the city who have been leading the COVID-19 volunteer response in their community) have become hugely important in terms of getting food, medication, and emotional support to people. We have also been supporting people to access help for their mental health when lockdown and isolation are becoming too much for them. This includes letting people know about statutory services like

Single Point of Access and IAPT, but also searching for peer support groups through the Sheffield Mental Health Guide, and encouraging people to reach out to services like The Samaritans when they feel truly overwhelmed.



#### Case study: Looking out for each other

We were phoned by someone who lives a long way from Sheffield. She had been thinking about an old colleague of hers of who was very isolated – he didn't have family or a very big social network, didn't have internet access at home, and didn't use a telephone. She wanted to find out if he was okay but had no way of reaching him.

The one thing she did know was his address, so we made a referral to his local COVID-19 community hub. We talked about his circumstances and they agreed to send a volunteer round to knock on his door and find out how he was doing. It turned out he had been struggling, with no one to help him shop, and no way to talk to anyone. The hub assigned a volunteer to help him moving forward, ensuring he had food, medication, and someone to chat to.

### 3. CQC / Sharing intelligence

- **CQC:** we shared 7 pieces of feedback about 7 services with the CQC
- **CCG:** we shared 28 pieces of feedback about 21 services with the CCG following specific queries relating to primary care
- **Covid Summary reports:** we produced and shared 5 reports setting out issues people were raising during covid. These were shared widely with statutory services and stakeholders in the city.
- **Parliamentary Select committee:** we submitted evidence to inform the HW England submission to the Select Committee looking at Mental Health, Maternity and Cancer services during Covid.
- **Mental health services:** we have provided intelligence to statutory partners to inform work currently being done around mental health services. This included the Mental Health Primary Care Transformation project, Crisis Care Transformation, and the review of the Community Mental Health Teams.
- **Dentistry:** We contributed intelligence to a regional Healthwatch briefing on dentistry during Covid, which was submitted as evidence to a Parliamentary Select Committee.



#### *Using voice for influence*

In the priorities survey that we did at the start of the year, travel came out as a major theme. One of the team attended the Sheffield Teaching Hospitals sustainable travel committee meeting and gave a roundup of what we had heard, relating to public transport, pedestrian and parking issues. After the meeting we were contacted and asked for a summary of the issues, which were used in a report setting out proposed changes at the hospitals.

### 4. Young and Student Healthwatch

This has been on pause during this quarter.

### 5. Engagement

#### **Carers' Access to GPs**

Update on this piece of engagement - 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. The last quarterly report set out that we were considering how to use this work - Covid had thrown off track the original plan. This work is now being written up into a report to be published.

#### **Covid survey**

We launched a survey seeking to understand people's experiences of Covid – the impact on their physical and mental health, and also their experiences of Covid related service changes in Health and Social Care. To help us reach people who may not have access to the survey online, we asked

groups who had been awarded a SpeakUp grant to make phonecalls to people they work with, and do the survey with them over the phone. We also distributed paper copies of the survey via foodbanks, and got around 25 surveys back via this route.



### *Using voice for influence*

We shared some of our raw data coming back from the survey even before the survey was closed – this is not something we would normally do without analysing it ourselves first, but for the information to have maximum impact it needed to be shared in a timely way. We sent feedback from over 400 respondents to be used in the Rapid Health Impact Assessments being done in the city to better understand the impact of Covid.

## Reports

### **Covid Summary reports**

We published 5 Covid summary reports during this quarter, which can be read [here](#) - these reports are snapshot summary of intelligence we were hearing in relation to Covid. They were shared with stakeholders on a regular basis.



### *Using voice for influence*

Our Covid summary reports were widely used and cited – particularly in Clinical Commissioning Group (CCG) meetings and documents. They formed a substantial part of the CCG equality issues log set up to track the impact of Covid on groups with protected characteristics.

### **Chinese Community Centre #SpeakUp Grant**

Normally our Speak Up grants are published later in the year as part of an overall report. Covid has changed how we have worked with groups to use the grants which had been awarded just as lockdown started – most of the original plans could not be carried out. The Chinese Community Centre chose to do phone surveys relating to experiences and concerns around Covid – the results were written up and shared as standalone briefing which can be read [here](#). The report includes recommendations for the local council and NHS Trusts to consider, and especially focuses on tailoring Covid information and advice more appropriately to Sheffield's diverse communities in order to support them to keep well.

## Annual Report

We published our annual report which can be read [here](#)

Our highlights from 2019-20 include:

- We were supported by 30 volunteers – between them they gave over 1000 hours of their time to help us hear from local people
- 2915 people shared their health and social care story with us
- Our Speak Up grants supported 11 community groups and charities to do engagement work in their communities
- Our 'Stories of Health' photography exhibition helped us to celebrate people who use their own experiences of health to make care better for others

## Beyond the PHE report and the impact of COVID-19 on People of Colour

We published four interviews with local people, who discussed their own thoughts and experiences regarding the disproportionate impact of COVID-19 on People of Colour, and the reports from Public Health England addressing this disparity. It can be read [here](#). The interviews discuss health as well as touching on employment, education and more. The people we spoke to also highlight the gaps they see in the Public Health England report and what Sheffield could do to address the issues.

## 6. 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.

This work has changed significantly during this quarter, with the groups at SOAR and Burton Street being unable to meet - the original format for these groups is no longer possible. Sarah has invested a significant chunk of time developing her online engagement skills during this quarter, and in the next quarter will be working on using these to reconnect with community groups. The group which has most successfully engaged with this approach during this quarter is Sheffield Voices.

### Sheffield Voices

Sarah has been regularly joining the online meeting of Sheffield voices – a self-advocacy group for adults with a learning disability and/or autism who meet twice a week for 1 hour. Connections had already been made with this group, who had expressed interest in becoming involved with our Enter and View work – Covid has changed this focus slightly, although the group are still working towards the idea of virtual visits to care homes.

The group has shared with us a wide range of experiences and views relating to health and care which have formed part of our Covid intelligence; hearing from them each week means this information is not just a brief snapshot, but a picture built up over time as the pandemic situation has changed. The sessions have also built a stronger relationship between Healthwatch and the group, who will be a 'Listening Hub' and work with us more in the future.

There is an awareness that Covid has meant there are barriers to accessing this group, such as no wifi, no smart phone or laptop, and the cost of data that Zoom uses. Some members have been given a smart phone to join - others are able to join but do not have a support worker to help, this means they are often left on mute and unable to participate. How to engage with people who are digitally excluded is an ongoing challenge for us to address.

## 7. Sheffield Accountable Care Partnership

We continue our focussed commissioned piece of work to support engagement across the Accountable Care Partnership (ACP) in Sheffield.

Some of the planned work (for example the longitudinal case studies / interviews) have had to be paused due to Covid, but during this quarter the Improving Accountable Care (IAC) forum continued to meet each month. This meant significant time had to be invested in supporting members to become confident in joining the group on zoom – for those without access to zoom, a phonecall after the meeting was used to feedback from the discussion and gather their views.

## 8. Enter and View

No further action on Enter and View during this quarter, due to Covid – however, we are currently exploring different ways to do virtual visits. We are taking learning from other Healthwatch who have started some of this work.



### *Using voice for influence*

Following concerns we raised in relation to care homes, we worked with Adult Social Care managers to develop plans for the local authority to do virtual visits to homes, and increase contact between social workers and care home residents.

## 9. Prominent or emerging themes

Current themes are captured in our Covid Summary round ups referenced earlier in the report. Amongst other areas of concern, they include:

- Difficulties accessing urgent dental care
- Concerns and confusion about Covid guidelines, especially relating to shielding and face coverings

- Concerns for people who might be less able to understand guidelines, such as people with dementia or learning disabilities
- Reductions in social care packages and associated queries about funding
- Continuing Healthcare (CHC) assessments
- The impact of lockdown on people’s mental health

You can read the round ups [here](#)

## 10. Healthwatch Team

We have recruited a new Administrator to our team, Joanna Sansom.

Our Policy and Evidence Co-ordinator has been on long term sick leave during this quarter, to balance this we have used external consultants for some work.

There have been no other staff changes this quarter.

## 11. Coming up – What next for Healthwatch Sheffield?





Using what we heard at the start of the year, and our intelligence through Covid we have identified our areas of focus for the rest of 20/21.

### Healthwatch Sheffield priorities 2020-21

**Health inequalities in Sheffield**

This will be the lens through which we will view all our work.

Promoting voice, engagement and experience as central to understanding and addressing health inequalities. This will include how Sheffield helps its residents to stay well and prevent health conditions, and the impact of wider determinants of health.

<p><b>Covid-19 service changes</b> (Health and Social Care)</p> <p>Explore how service changes during Covid-19 have impacted on people, particularly drawing out themes which impact on equality of access such as communication issues.</p> <p>Using what we hear to influence/inform service re-design</p> 	<p><b>Mental health</b></p> <p>Explore and understand people's journey across the health and care system when they are experiencing mental illness. Focus on the whole journey, not one part of the system.</p> <p>Promote voice and engagement as a key part of SHSC Trust improvement plans and other service developments</p> 	<p><b>Adult social care</b></p> <p>Investigate people's experiences in care homes during lockdown and beyond, with a particular focus on people with learning disabilities. Take a snapshot view of homecare post covid, to link in with the Homecare Action plan.</p> <p>Support voice and engagement in local authority plans to improve and develop these services</p> 	<p><b>Recessive genetic conditions</b></p> <p>Work in partnership with Fir Vale Hub to do focussed engagement work, exploring people's access to support for recessive genetic conditions.</p> <p>Explore how to improve access to services, and uptake of available support</p> 
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**Amplifying the voice of Sheffield citizens in decision making which affects them, through neighbourhood, city, regional and national structures**

Sheffield Accountable Care Partnership : Integrated Care System (ICS) : National bodies via Healthwatch England



## Work next quarter

We will publish our report on Carers' Access to GPs

We will publish a report with the results of our Covid Survey

We will launch our new website, and build up our use of Care Opinion as a means to getting feedback

We will be working with Flourish to do a piece of work describing people's experiences of getting support for their mental health

In partnership with staff from Fir Vale Hub, we will start work on a piece of work looking at support and access to services for Recessive Genetic Conditions

We will publish 'Listening to You' a report setting out what people told us about what they would like to see Healthwatch Sheffield to focus on