

Quarterly Report: October – December 2022

Headlines

Heard from **581** people about their views and experiences



Shared findings of the Chance to Choose Project



Published our report on the experiences of older people in care homes



Did a mini project on the Cost of living crisis and access to healthcare



Finished work on the collaboration agreement setting out how Healthwatch in South Yorkshire will work together



Published the first of this year's #SpeakUp Reports (from Sheffield ME and Fibromyalgia Group)



1. Introduction

This quarter we have continued to focus on, and make good progress against, our priorities.

We published our report on **Older People's experiences in Care Homes**, which is being used by the council to help inform their current work in this area, which includes the development of a monitoring toolkit to check different aspects of quality and provision in homes. We've also been working with Age UK Sheffield to look at the experiences of older people from racially minoritised communities and their experiences of accessing care and support.

Our **Long Covid** work continues to be led by the active and diverse steering group. Our interviews with people living with Long Covid are being shared with the Long Covid Board – these stories are providing rich insight into people's experiences of living with the condition, as well as their experiences of accessing support and where improvements could be made. Our project lead (Natasha Munoz) has continued to develop connections with community groups, with a particular focus on those currently underserved by Long Covid support. This project is a different way of working for us; Natasha is employed across both Healthwatch and VAS, and is working to deliver a project which focuses both on individual experiences, and experiences and service provision in the voluntary sector (the two aspects of the project are separately funded). While this brings some challenge to ensure that we are clear about our Healthwatch role within the project, it has also brought significant benefits in terms of us being able to link together these different aspects of the work to develop better Long Covid support in the city.

Our work on **Maternity services has continued**, with staff visiting more groups and carrying out interviews with women about their experiences. This work will be concluded next quarter.

We are pleased that during this quarter we reached agreement on our **Collaboration Agreement**, which sets out how the four Healthwatch in South Yorkshire will work together in the context of the new Integrated Care System.

We also had a medical student (Mina Clarke) on placement with us for 4 weeks in November / December. Mina did a small project on the **Cost of living crisis**, and the impact on people's access to healthcare – we will be sharing a briefing on the findings with decision makers in Sheffield.

Finally, in December, we began planning the work which will help inform our Healthwatch priorities for 23-25. This will be an important focus for us in the last quarter of the year – it's important that the priorities we set are shaped by what is important to people across the city.

2. Enquiries, Information and Advice

Members of the public can tell us about their experiences of health and social care services in the Sheffield region so that we can then share their views and opinions with decision makers. We also offer specific information and advice about their care. Giving information about health and social care services is one of our statutory duties.

Enquiries we receive may include finding out about 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. We help people to find the right information as well as signposting them to further support if needed. Sometimes we can help people with their question immediately, whilst other situations may be more complex and may involve supporting the individual for a longer period of time.

We have continued to work closely with different organisations to help develop beneficial information for their service users. This quarter, with the help of an amazing volunteer from New Beginnings, we have produced a pharmacy information leaflet for service users at ISRAAC. The leaflet is targeted to central Sheffield and includes NHS and Non- NHS services on offer with a particular focus on blood pressure and diabetes testing services.

Between October and December 2022, we received **106** pieces of individual feedback relating to people's experiences of health and social care services. Prominent themes have continued, relating to persistent struggles when trying to contact surgeries via phone and difficulties accessing GP appointments. We still continue to hear from those without an NHS dentist. Many have told us they have not seen a dentist since before the Covid 19 pandemic and were trying to obtain routine check-ups. We also heard from those experiencing significant pain but were unable to seek the help and support they needed.

Concerns were shared related to Sheffield Teaching Hospitals, feedback included long waiting times in A&E and long waits for X-rays and test results. We heard from patients who had their planned operations delayed or cancelled leaving some experiencing significant pain as a result. Lack of accessible information was another key theme, patients informed us they had received information which was not accommodating their individual needs.

Finally, we received feedback related to community pharmacies including issues with repeat prescriptions, errors with medications prescribed, medication being out of stock and unexpected delays.

Case Study 1

Barriers to getting care - GPs

*Rima is 80yrs old, blind and has multiple health conditions. She had been trying to contact her GP surgery for some time, phoning as soon as it opened at 8.30am each morning to try and obtain an appointment. On the occasions when she did get through, Rima was told all of the appointments were taken and stated she wasn't able to book in advance. Rima expressed her concerns to the receptionist, stating she needed to see a GP. Staff told her to come down to the practice as soon as it opened instead to try and obtain an appointment but this method was not accessible for Rima, she had mobility issues and was unsteady on her feet. Rima wanted to make a complaint to the practice manager but was informed the only method to do this was via email. Rima did not use email, she wanted to do so via phone, she felt helpless and said she was unsure of what to do. We contacted the surgery and explained the situation, the practice manager agreed to contact Rima through her preferred contact method via phone to discuss her complaint verbally and help her obtain a GP appointment.

Case Study 2

Blood tests

*Carl is eligible for home blood tests, however, one hospital department insisted he must come in to have a blood test undertaken. He tried to see if he could have a consultation by phone instead concluding on full bloods recently taken, but staff stated this was not possible. When Carl's relative tried to explain the situation on the phone staff did not understand the request and was told they 'must come in'. Carl and his relative made the journey, for what they believed would be a consultation plus blood sampling. However, it was only the blood sample that was carried out, they were told a consultation was to follow at an indeterminate date - by phone. The journey to the hospital and back took 3.5 hours in total. Carl stated after the journey he felt exhausted and experienced significant impacts to his health for some days afterwards as a result. Carl and his relative did want to emphasise that all of the hospital staff and ambulance crew they encountered were kind and effective and they experienced no wait time when the blood sample was undertaken. After informing PALS of the feedback anonymously we have now passed their response onto Carl and his relative.

**Names have been changed*

Where have we signposted people this quarter?



3. Website / Gathering Feedback

Between October and December [our website](#) had **1683** visitors – about the same as last quarter – and **4763** page views.

Our most popular page is still the '[Contact us](#)' page, where people can submit their queries online or find out how to get in touch via our information and advice line.

Our most frequently read report was '[What matters to us: Older people's experiences of living in a care home](#)'.

4. CQC / Sharing intelligence

CQC: This quarter we have not shared any intelligence with the CQC

Healthwatch England: Every quarter, the themes and key issues from enquires and feedback are routinely shared with Healthwatch England via our CRM system, and

also by sharing with them our monthly roundup. In addition to this we have regular regional network meetings, attended by representatives from Healthwatch England to give us a chance to hear about their work and feedback on issues and themes that we are seeing.

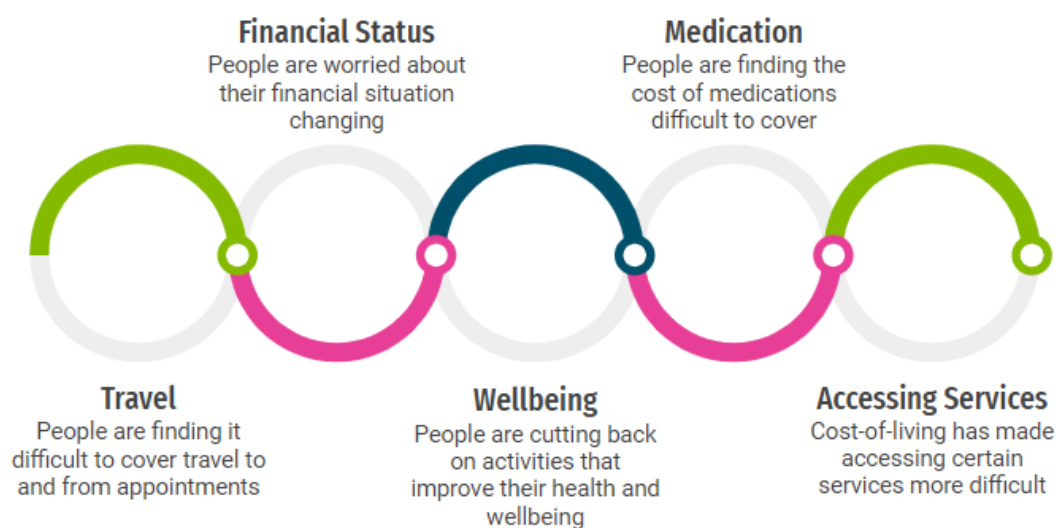
What have we been hearing?: This quarter we have shared three roundup reports with statutory partners, commissioners and service providers to highlight the issues that people are talking to us about. These are picked up in different ways, and have become a regular item for discussion at the Health and Wellbeing Board.

We collated and presented insights from people with Learning Disabilities at a **Mental Health, Learning Disabilities, Dementia and Autism, Board** workshop to inform discussions around what the next set of strategic planning priorities should be in this area.

Hewitt Review: Based on our local experiences, we made a submission to the Hewitt Review of Integrated Care Systems.

5. Young and Student Healthwatch

During November and December we had a medical student on placement with our team. She worked collaboratively with a student on placement at Healthwatch Barnsley, to do a project focussed on the impact of the cost of living crisis on access to healthcare. Although this was not focussed exclusively on young people, the students used their connections with their peers to hear from university students about their experiences and concerns. In Sheffield, our student also did outreach to a range of voluntary groups to hear the perspectives of different communities. In the next quarter, we will share a public briefing of the findings – the initial findings have already been shared with research staff at Healthwatch England to inform work they are doing nationally on this issue. They are summarised in the diagram below.



6. Community Partnerships

The Community Partnership programme is a way for us to connect with voluntary sector organisations, working together to raise the voices of the people they support. We now have 12 [community partners](#), who help link us to a range of communities.

We produce regular newsletters for our community partners, but there is no fixed approach for the way the partnership works; we work flexibly to find ways that we can support each other in helping people have their say about health and social care services in Sheffield.

This quarter, we spent more time following up on the issues previously raised by people we've spoken to at the **City of Sanctuary** –we continue to hear about issues which are impacting on refugees and asylum seekers accessing healthcare and are raising these in the appropriate places. For example, we will be meeting with staff in primary care to talk about ways in which access might be improved.

7. #SpeakUp Grants

2022–23 projects

This year, five organisations received #SpeakUp funding:

- [Sheffield ME & Fibromyalgia Group](#): This project involves asking the group's network of members about their experiences of care related to ME/Fibromyalgia, in order to gain further understanding of the barriers people face.
- [Sheffield Foyer](#): A project with young residents of the Foyer to talk about sexual health – this focusses on understanding experiences and barriers to accessing sexual health services, as well as providing information on sexual health.
- [United Women's Affiliation](#): Working with women who do not have English as a first language, this project aims to understand their experiences of accessing health services and providing information on health and wellbeing.
- [Sheffcare](#): A project focussing on talking to care home residents and their families about their experiences with COVID-19 lockdowns and visiting restrictions.
- [Champion in Achieving Better Health in Sheffield \(CABS\)](#): This project involves speaking with South Asian taxi drivers to hear about their health needs and what the barriers are for them to access and achieve better health outcomes.

The work has now been concluded, and we are working with the groups to share their findings with people in health and social care services.

In December we published the [first report](#) from this year's round of grants, which came from the **Sheffield ME & Fibromyalgia Group**. The group held a launch event for the report findings, which led to a series of further stakeholder workshops, bringing together a range of people from health and social care services. In these sessions, people worked together to develop actions to address the issues in the report.

The other reports will be published next quarter.

8. Projects, Involvement and Engagement

Maternity Outreach Project

We held our final Mother and Baby session in partnership with the Sheffield Maternity Co-operative (SMC) and Firvale Community Hub, as well as talking to mum's at several other groups across the city, including Sharrow Family Centre baby group, Darnall family centre baby group and Wybourn children's centre baby group. We carried out 3 phone interviews and gathered feedback from women during our group visits to enrich our understanding of women's experiences of maternity care.

We met with Maternity Voices Partnership (MVP) and the engagement team from Sheffield Teaching Hospitals again this quarter, to help avoid duplication and work more collaboratively to hear the voices of new mums.

Understanding the experiences of older people from Black, Asian and minoritized ethnic groups

Some of our work to date has indicated a lack of representation of people from black and minority ethnic groups in accessing older people's services. We are currently working with Age UK Sheffield and a number of community groups, to better understand the barriers that they may experience. This quarter we have been speaking with community organisations to develop focus groups and engagement activities with people from Black, Asian and minoritized ethnic groups. These conversations have been fruitful and we have planned two events for the new year that will work directly with members of a lunch group at Sadacca and a group of SE Asian women at Roshni. The project workers at each organisation have been instrumental in developing the question guide.

Chance to Choose

Last quarter we described the work we were doing in partnership with Disability Sheffield to hear the views of adults with learning disabilities, and help inform work on the city's new Working Age Framework.

This framework will include a range of services including Supported Living, day opportunities and respite care. We have used a range of approaches to involve people in different ways including:

- Creative activities (drama, art, creative writing, puppet making) to involve people to have their say in different ways – these have been run in a variety of settings, with a range of groups
- Bigger events taking place focussed on a particular theme, where council staff come together with people with learning disabilities to talk about how services are now, and how they could be in the future
- An accessible survey
- Events focussed on involving and hearing from carers





Using Voice for Influence



This quarter we heard from the Commissioners of the Learning Disability Working Age Framework, who told us they had used information from the Chance to Choose project, to shape the way they wrote the tender for services. This means that future respite care, supported living and day opportunities will be influenced by the views of the people we spoke to.

Long Covid

The long covid project now has a diverse and engaged steering group who have been meeting fortnightly to develop the focus of the project. In October we conducted a Theory of Change workshop which gave our work direction and identified a number of workstreams, most of which have now been started. We have been talking with underserved communities and aim to develop a small grants

scheme to develop culturally appropriate information and support services. We have also undertaken consultation to develop a network where the voluntary and statutory sectors can connect and support service provision for people with long covid living in Sheffield.

The project worker has been attending a number of meetings and forums to promote the project and speak to people currently working with long covid, these include staff meetings at the Long Covid hub and groups such as the Community Contact Tracers.

In addition, the project has been interviewing people with long covid and presenting their stories to the Long Covid Programme Board. To date, the project has interviewed 4 people.

Quality Accounts

In May we responded to local NHS Trust's 2021-22 Quality Accounts. A team of staff and volunteers commented on the accessibility of these reports, each organisation's priorities for the year ahead, progress against last year's priorities, and the opportunities for patient and public involvement in their work.

Last quarter, Sheffield Health and Social Care NHS Foundation Trust and St Luke's Hospice both published their reports. This quarter, two more of the organisations we responded to have published theirs, and they are available to view online:

- [Yorkshire Ambulance Service NHS Foundation Trust](#)
- [Sheffield Children's NHS Foundation Trust](#)

9. Reports

What have we been hearing?

This quarter we shared three of our monthly intelligence briefings – from [September](#), [October](#) and [November](#). These briefings highlight key themes from our enquiries and other intelligence sources, and are shared with local decision-makers and service providers so they can hear quick, on-the-ground feedback from Sheffield residents.

Many of the themes are ongoing – including difficulties accessing NHS dentistry, and getting a GP appointment. We highlighted elements of hospital care that people felt could be improved – communications and accessible information, patient transport, and surgery delays. We also shared emerging themes around care homes, pharmacies, and Covid-19 boosters and flu jabs.

Care homes

In November we published a new report '[What matters to us: Older people's experiences of living in care homes](#)'. This was based on visits we made to care homes across Sheffield in the summer, speaking with 16 residents and 5 relatives of residents. They shared in depth experiences about the process of moving into a care home, and their experiences since.

People told us about the importance of having choice and control (in moving into the care home, and in aspects of everyday living), the value of personal connections, whether their care home enables them to take part in meaningful activities that support their individuality, and their access to healthcare services.

We made formal recommendations based on our findings which can be read on page 17 of the report. In December we received responses from South Yorkshire Integrated Care Board (ICB) and Sheffield City Council, outlining a comprehensive action plan in response to the findings. The responses of both bodies can be read on the [reports page](#).

Speak Up

In December we published the [first report](#) from this year's round of #SpeakUp grants. **Sheffield ME & Fibromyalgia Group** heard from 154 people, via surveys and focus groups, about their experiences of living with these long-term conditions, and the support they have received. They found people faced a strenuous battle, from diagnosis through to support.

The charity made several recommendations based on people's experiences, and work has already begun to address these. After an event in October where preliminary findings were shared, a small working group has started meeting to discuss the report and act on its suggestions, with representatives from the charity, local GPs, the ME Clinic, Long Covid Hub, local councillors and more attending.

We will be publishing more of the #SpeakUp grant reports next quarter.

GP Website report

We had planned to publish our report on GP websites this quarter, but this was slightly delayed by the decision to write letters to each practice with individualised observations and recommendations about their website. Adding in this additional stage to the process, means the report will now be published in January but we hope that the additional detail of information will help practices when considering what improvements they could make to their site.

10. Health & Care Public Forum (Sheffield)

This quarter we worked with the Sheffield Health and Care Partnership (HCP) to make a film about the Health and Care Public Forum, so that the public and professionals have a better understanding of what the forum does and the value it brings. The film will be made available next quarter.

The forum members finished the framework they have been developing to guide their thinking when commenting on documents and discussing projects with speakers at their meetings. They tried out using the [‘What We Do and How We Do It’](#) guide before approving the final draft.

During meetings, the following topics work areas were discussed:

- **Sheffield Ageing Well programme** – Members commented on work to date; they were positive about the principles of the programme and the ‘What Matters to You’ approach and highlighted the importance of coproduction and personalised, well-coordinated care.
- **Pharmacy transformation** – The group were updated on changes made to the Patient Guide to Professionals document based on their feedback, and discussed how and where it could be shared with people. They also learnt how they had influenced the medications in the community process map.
- **Long Covid** – The group discussed what a good information campaign looks like, stressing the need to address issues around inclusivity, and they shared what need to be in place to enable members of the public to feel comfortable, and work effectively alongside professionals within a Long Covid network.
- **Leading Sheffield** – Members heard about plans for the upcoming leadership development initiative Leading Sheffield, and how they could be involved. Four forum members have committed to helping the challenge groups think about how they involve people in shaping their work.

11. Local decision making

The Health and Care Bill is new legislation which has made changes to the way the NHS is organised – on 1st July new **Integrated Care Boards (ICBs)** were set up across the country in each sub-region. These boards will work with partnerships of local organisations such as voluntary sector organisations and local authorities, as part of an **Integrated Care System (ICS)**. Sheffield will be part of the **South Yorkshire ICS**.

This is important to the work of Healthwatch because our role is to influence and improve the way services are run. In the new system, some decisions about Sheffield services will be made at a South Yorkshire level – this means we need to have routes to influence decisions in this new structure.

During this quarter we have:

- Continued to work with other South Yorkshire Healthwatch to promote the importance of public involvement and citizen voice in the new structure.
- Completed work on our South Yorkshire Healthwatch Collaboration Agreement, which sets out our approach to working together as local Healthwatch in South Yorkshire.
- Planned an away day event to bring together staff and volunteers (including board members) from the four different areas. This will take place in January.
- Worked locally to contribute to conversations about the connections between Sheffield 'Place' and the South Yorkshire arrangements
- Started meeting regularly with Engagement and Involvement leaders at the ICB, to ensure that our work at Healthwatch is connected to work taking place at a South Yorkshire level

In the new structure, Healthwatch has a non-voting place on the ICB where we will have the opportunity to bring insight from our work, and constructive challenge to the system in our role as a critical friend. As an interim measure, the Healthwatch Sheffield Chief Officer has taken this place while we develop a longer term plan to ensure we can be fully effective in our work with the board.

Locally, our Chair has been attending the **Health and Care Partnership Board** meetings, and has been active in contributing to discussion around the future of how services will work together as Sheffield Place. This also links to the role that we have currently facilitating the Health and Care Public Forum, giving people and patients an opportunity to directly hear about and comment on locally developed plans (see section above).

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

During this quarter we have worked in partnership with services to help them plan and deliver engagement and involvement work / activities, including:

Integrated Care System

- In partnership with the other local Healthwatch, we held two online discussion groups for people in Sheffield and other areas in South Yorkshire to find out what mattered to them about their health and wellbeing. The sessions enabled people to find out about the Integrated Care System (ICS) and to discuss what the priorities should be for improving the health and care of people in South Yorkshire. This was for the development of the **ICS Strategy**.

- We helped plan and deliver a workshop which how **Voluntary Sector Organisations** can share insights and experiences of the people they support, in order to influence changes and improvements in how health services are delivered.

Mental Health Services

- We contributed to the **Primary Care Mental Health** Engagement planning meetings, to inform a series of workshops that gave people the opportunity to influence the primary care mental health transformation programme.
- We facilitated at the second of three mental health sessions in partnership with SHSC and Sheffield Flourish, who are running the snakes and ladders engagement sessions to give people with experience of using mental health services a chance to have their say in how **Recovery services** should be delivered to meet people's needs in the future.

Primary Care Hubs

See volunteering highlights below for the way in which we supported the consultation around the new GP Hubs.

Long Covid Board

The Long Covid Board wanted to involve someone with lived experience as a member of the board. We worked with them to think through what would be needed to get this in place, and then supported them with the recruitment of a person who wanted to take up this role.

13. Volunteers

This quarter, volunteers contributed at least **183** hours of their time. They supported many different aspects of our work, including administrative support, attending meetings and committees on our behalf, engaging with members of the public at events, and steering our work via our Strategic Advisory Group.

Strategic Advisory Group

Our Strategic Advisory Group (SAG) are a group of volunteers who help to oversee and steer our work. This quarter they met three times, and discussed a variety of strategic and operational topics including pharmacies, winter pressures, the Chance to Choose project, and working together with the other local Healthwatch in South Yorkshire.

This quarter two SAG members stepped down – Beth Kyte and Asma Rabeha

Volunteering highlights

In October, a group of staff and volunteers spent the day out and about in Burngreave, helping people to have their say on the proposals to [move GP practices into new health hubs](#). The Integrated Care Board (ICB) were running this consultation, but hadn't heard from as many people in Burngreave as they had from the other areas that might be impacted, so we wanted to make sure more people were getting involved. We visited Pye Bank School, Burngreave Surgery, Sheffield Medical Centre, Tesco and Burngreave Library to speak with people who live in the area. The feedback we received varied: some stated they would really welcome a new practice with new facilities, whilst others mentioned concerns mainly relating to travel distance and public transport availability.

In December, we hosted a volunteer Christmas lunch at our office in The Circle – celebrating the work that volunteers have done over the year. Around 10 volunteers joined our staff team to socialise over a meal, and reflect on 2022.

14. Healthwatch Team

This quarter we had no changes to the Healthwatch team, although we welcomed **Mina Clarke** on a 4 week placement with us, as part of her medical training.

15. Coming up – What next for Healthwatch Sheffield?

We will publish our report on GP websites

We bring together staff and volunteers for a South Yorkshire Healthwatch Away Day

We will publish the remaining the #SpeakUp reports and share them with people who make decisions about health and care services in Sheffield

We talk to people about what areas of health and social care they would like to see Healthwatch Sheffield focus on for the next 2 years

Using Voice for Influence



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:

- Health and Wellbeing Board
- Lived Experience and Co-production Assurance Group (Sheffield Health and Social Care Trust)
- Integrated Care Board
- Learning Disability Partnership Board
- Sheffield place Strategic Patient Involvement, Experience and Equality Committee
- Sheffield Mental Health, Learning Disability, Dementia and Autism Delivery Board
- Mental Health Crisis Care Board
- Black, Asian and Minority Ethnic Public Health Group
- Health Scrutiny Sub-Committee – Sheffield City Council
- Area Prescribing Committee
- Community Mental Health Team Review
- Community Covid Hubs meetings
- Health and Care Strategy meeting – voluntary sector
- Sheffield Health and Care Partnership Board
- Addressing Health Inequalities – Children’s Hospital
- South Yorkshire Local Dental Network
- Sheffield Teaching Hospitals Quality Report Steering Group
- Patient Engagement and Experience Committee – Sheffield Teaching Hospitals
- Long Covid Board