

Quarterly Report: October - December 2021

Headlines

<p>We heard from 658 people about their views and experiences</p> 	<p>Took part in an event to launch the report on Homecare and the African Caribbean community</p> 
<p>Published 7 #Speakup reports</p> 	<p>Joined with other Healthwatch in South Yorkshire to give our views on the new Integrated Care Board</p> 
<p>Held a focus group on Intermediate Care Beds</p> 	<p>Had 2184 visits to our website</p> 

1. Introduction

We shared previously that the team had started returning to more face to face engagement; the arrival of Omicron meant that once again we had to cancel face to face plans and return to home working. Despite this barrier, we have still heard from 658 people about their experiences of Health and Social care this quarter.

Much of this has come from the wealth of rich insight shared through our #SpeakUp micro-grants scheme – this quarter 7 reports were published in partnership with community organisations. 345 individuals took part in projects which covered a broad range of topics, including the experiences of children and adults with autism and learning disabilities. We also took part in an event organised by SACMHA, where they shared their #SpeakUp report on the African Caribbean Community and access to Homecare; this event brought together a diverse group of people, including people using homecare, homecare commissioners, and senior leaders in services. Bringing people together like this can be a powerful way to drive change; sharing and talking about experiences together is often more impactful than a written report alone, and it's something we will seek to do more of in the coming year.

The provision of information and advice has been a significant priority this quarter; as well as handling regular enquiries and supporting national campaigns around NHS dentistry and GP registration, we have been considering how we can develop our information offer over the coming year to support local people to access the right care. This has included the development of a new job role and exploring new ways of reaching people.

We have also spent considerable time over the past few months focussing on the new health and care structures and our role within them. To give an overview of the work we've been doing in this area, there is a new section in this report called 'Local Decision Making'. We continue to balance the need to be linked to new structures in South Yorkshire, with our commitments to local activity – but in work at all levels we will champion the views and experiences of Sheffield people and raise the issues that matter to them.

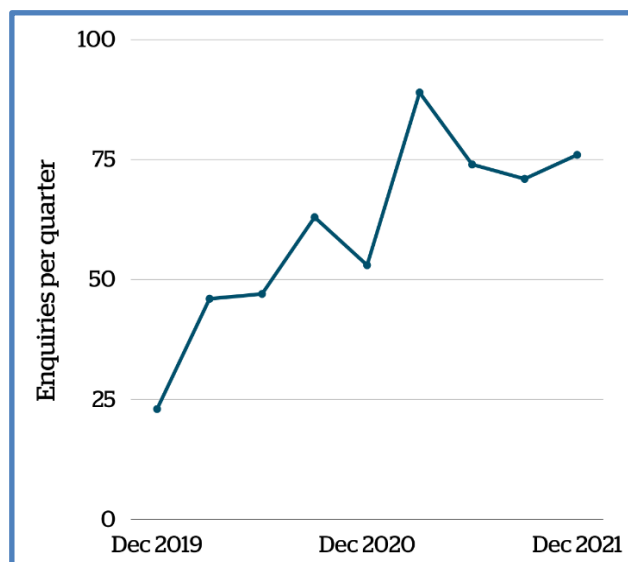
2. Enquiries, Information and Advice

Members of the public can tell us about their experiences with health and social care services so that we can share their views and opinions with decision makers. However, they can also contact us when they need specific information and advice about their care. Giving information about health and social care services is one of our statutory duties.

Enquiries could include finding out about people's rights to treatment, what services might be available to them, or how to raise a concern about a negative experience they've had. We help people to find the right information as well as signposting them to further support. Sometimes we can help people with their question immediately, while other situations are more complex, and may involve supporting an individual over a longer period of time.

Between October and December 2021, we responded to **76 enquiries** by phone, text and email.

Over the course of the Covid-19 pandemic, we have seen a big increase in the number of calls we get from people needing our help. This number is continuing to rise. The graph to the right shows the number of enquiries we've received each quarter for the last two years - enquiries have tripled from December 2019 to December 2021.



This significant rise means that we have had to re-think how we provide this service; in the past, enquiries have come through our administrator who (depending on the complexity of the enquiry) has either dealt with the query or passed it on to other members of the team to respond.

We now recognise that this needs more dedicated staff time, and we have appointed an Information and Advice Officer who will be starting with us in February. This role will be focussed on enquiries, but also on developing information resources which we can pro-actively share via our website and other means.

Where have we signposted people this quarter?



Case Study

#fixNHSdentistry

We have reported previously that access to NHS dentistry has been a particular issue for many people who have contacted us throughout the pandemic. This quarter was no different - 22 out of the 76 enquiries we received were from people who couldn't access dental care. Here are just some examples:

Kiera* called all the dentists in Sheffield who said they were accepting new NHS patients online, but found this didn't actually mean she could get an appointment – they offered to put her on a waiting list which would be two years long or more.

David* needs to see a dentist, but all the ones he calls say they can only offer him private treatment. He told us he is currently unemployed and doesn't have the money.

Esi* needs her wisdom teeth removing as they are causing constant pain. However, the dentists she called said this wasn't serious enough to require "urgent" care and she will have to manage with pain medication.

Unfortunately, we are limited in the advice that we can give to people who come to us with these enquiries; we know that very few dentists in Sheffield are accepting new NHS patients currently which means that people will have to go on long waiting lists, or wait until their problem worsens and they can access 'urgent treatment'.

These stories are typical of what we've been hearing for many months now. Locally, we've been raising this issue through our monthly briefings, in meetings and committees across the city, and communicating directly with Yorkshire & Humber commissioners.

However, it is becoming increasingly clear to us that national action is needed in order to help people access care. This issue isn't specific to Sheffield; the current provision of NHS dentistry is simply not working. Other Healthwatch across England are reporting similar concerns, and calls about dentistry now make up 25% of enquiries nationally. The [latest report](#) from Healthwatch England brings together these examples from across the network and to build a picture nationally – it includes examples from Sheffield, showing how even a small bit of feedback given to us can have influence at national level.

Healthwatch England is working with the British Dental Association and calling on NHS England and central government to make crucial changes to the way dentistry is provided; we are supporting them in this campaign. Local voices and stories like those above are central to this effort, providing evidence for much-needed change.

British Sign Language (BSL) Vlog

As part of our commitment to providing information in a range of formats to improve accessibility, we have continued working with the Deaf Advice Team at Citizens Advice Sheffield to produce a regular [vlog](#) in BSL, covering a wide range of topics. The vlog is shared on our website, as well as the Facebook page of the Deaf Advice Team.

This quarter we boosted the Facebook posts to reach more people; in December **1117** people engaged with the vlog post.

GP Access Cards

We have continued to act as a hub for GP Access Registration Cards this quarter. The cards help people to overcome the barrier of being wrongly refused GP registration because they don't have proof of ID, address or immigration status. More cards were ordered by City of Sanctuary and Sheffield City Council's Community Covid bus, we also shared cards with Sheffield Foyer.

In October we delivered a presentation in collaboration with Sheffield CCG at a Locality North GP Practice Managers meeting to raise awareness of the guidance around registering homeless patients who may not have ID, and discussed what practices see as the challenges around this.



3. Website / Gathering Feedback

This quarter we had **2184** visitors to our website (an increase of 17% on last quarter) and **6966** page views (an increase of 24% on last quarter).

The most commonly visited page (after the home page) was our 'work with us' page; we have been recruiting this quarter and have been advertising our new roles widely. This will have contributed to the increased website traffic. Our most viewed report this quarter was our 'What have we been hearing?' briefing from September, where we highlighted local people's concerns, including accessing a dentist, getting a GP appointment, and the accessibility of GP practices.

4. CQC / Sharing intelligence

- **CQC:** This quarter we have shared **4** pieces of feedback about **2** services with the CQC ahead of routine inspections.
- **Maternity Services:** We linked with the Maternity Voices Partnership and the Sheffield Maternity Co-operative to pull together feedback about maternity services, which we sent to the CQC when they re-visited Jessops. Feedback from around **60 people** helped us share insights into a wide number of areas; we also shared this feedback with services directly.
- **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 two 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 Health and Wellbeing Board, and also at the CCG Quality Assurance Committee.

5. Young and Student Healthwatch

This quarter was quieter than normal in terms of listening to young people and this is likely due to the start of a new academic year. In December we were approached by Endeavour School to deliver sessions which support their young people to become Young Ambassadors. Our Community Outreach Lead met with youth workers to discuss how Healthwatch could begin a dialogue on health and use this to identify a project for the young people to carry forward. We will begin the sessions in the next quarter - they will be delivered in an interactive way, using a Community Organiser model of working.

6. Community Partnerships

The Community Partnership programme is 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 range of communities. We do 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. Below are two examples of how we have worked with Community Partners this quarter.

Access to GPs for Disabled People

Following a session with Sheffield Voices, our Community Outreach Lead was approached by one of the group who was having difficulty with seeing their GP after changes at the practice. With

permission, we wrote a letter to the practice manager outlining the changes and the impact of these on the patient. The practice manager responded both in writing and reached out to the patient – they listened to the concerns and made changes where possible. Although not all of the patient’s concerns were met, there was a dialogue opened between them to work together to make the service accessible again. This had impact at an individual level for the person who approached us, but as part of a wider discussion, we also shared this with the CCG who have been looking at access in primary care. We have since had more feedback from the group about similar issues, and will continue to be pro-active in sharing this insight as part of the ongoing discussion in the city about current challenges in primary care.

Wellbeing in the Muslim Community

Community Partners Thalassaemia South Yorkshire (TSY) were concerned about the increase in poor mental health and wanted to explore how the 5 ways to wellbeing could translate into Islamic values. They wanted to work with their group to make a short film about this subject, as well as one aimed to help people make informed decisions about vaccines. We linked TSY with the independent arts organisation SYArts, and met together to plan some work; the group planned 3 facilitated art sessions focusing on Islamic values and the 5 ways to wellbeing. During this time they would be invited to talk about their experiences on camera and the filming would be led by the group. The sessions were due to start this January but the Omicron variant has paused this for the time being.

This project has value to the Thalassaemia group as they have spent very little time in person since the start of the pandemic and limited time meeting on Zoom, so they are keen to do something more tangible.

7. Engagement

Intermediate care focus group

We held a small focus group online to inform the Intermediate Care beds tender evaluation. Attendees’ comments during the session were used to create ‘model answers’ to mark bidders’ answers about involving people in their care. The outcome of the contract tender should be made public in February 2022.

Interviews with British Pakistani women who had used maternity services

At the start of the financial year, the CQC commissioned us to do some interviews as part of their work to better understand how people from different communities experience care. They were also looking to explore what barriers people may have when it came to sharing their experiences or raising a concern - for example by making a formal complaint or talking to organisations such as the CQC or Healthwatch. Last quarter we described the work that we did with adults with learning disabilities, who live in residential care. This quarter, we worked with an interviewer to hear from British Pakistani women who had accessed maternity care.

5 women were interviewed – negative themes included the impact of Covid restrictions and Covid related service changes, staff shortages, lack of care for basic needs in inpatient settings. Positive

feedback focussed on excellent and compassionate care from individuals, particularly during birth (as opposed to during pregnancy, or after birth). We included a question about whether the women felt they had been treated differently due to their ethnicity; this drew out additional feedback and comments – some of the women felt strongly that this was the case and described to us the ways in which this impacted on them; for example not being given the same time and information as white women on the ward.

Using Voice for Influence



In July, we submitted comments on the **National Institute for Health and Care Excellence (NICE) guidance on inducing labour**, as an updated draft was out for consultation. In November the new guidance was published. We had shared concerns around the early induction of women from ethnic minority backgrounds, along with other stakeholders, and consequently this recommendation was omitted. Changes were also made in response to some of our other comments, for example an additional recommendation was added to the ‘information and decision-making’ section to clarify that it is a woman’s decision whether to be induced or not and that this must be respected.

8. Reports

What have we been hearing?

We produced monthly insight round ups for [October](#) and [November](#). These reports summarise issues we are hearing about through enquiries and other routes; top themes continue to be access to GPs and to NHS dentists. We didn’t produce a report in December due to the Christmas break, but will include insight from December in our January report.

SpeakUp

We know that local voluntary groups have strong relationships within their communities. The #SpeakUp grants are a way to help community groups give a greater voice to the people they support, and encourage people to speak up about their experiences of health and social care. The #SpeakUp grants are micro-grants (£500-£1000), and as well as money, we offer ongoing support to help groups with planning, delivering, and writing up their work. The work includes a range of approaches – for example surveys, focus groups, or creative activities where people can use art and other ways to share their experiences and views.

The aim is to improve health and social care services by making recommendations based on people’s real experiences. To find out more about the grants programme, and what has been achieved in previous years, visit our Speak Up page [here](#).

We have continued to publish #SpeakUp project reports this quarter, as and when each group we awarded grants to completed their engagement work. We published three last quarter, and have now released an additional seven:

- [Autism Hope](#) – Speaking to parents of children with autism about their experiences of getting a diagnosis and subsequent support for their families
- [Asperger’s Children and Carers Together \(ACCT\)](#) – Speaking to parent-carers about getting support in school and elsewhere for their children
- [Luv2MeetU](#) – Speaking to adults with a learning disability about their current knowledge of accessing health and care systems, and how they’d like to be supported to be more independent
- [JCI Sheffield](#) – Exploring the experiences of young adults managing their own mental health and wellbeing
- [Burngreave Messenger](#) – Sharing information about health and wellbeing, including Covid-19, vaccination, and peer support
- [Sheffield Voices](#) – Speaking to members of this self-advocacy group about lockdown, and the importance of disabled people’s voices being present in decision-making
- [Burton Street Foundation](#) – Talking to the parents and carers of adults with a learning disability about Annual Health Checks and Hospital Passports, and how services can make better use of these resources

As we publish each report, we are sending them to the commissioners of relevant services in an advisory capacity. We will be asking them for a formal response to the recommendations once we have published them all.

Initial responses to the reports have been positive – commissioners have already responded informally to some of the briefings expressing their interest in the findings, and local news outlets have covered some of the findings online.

Experience of Homecare in the African Caribbean Community

We shared previously that SACMHA Health & Social Care had used a #SpeakUp grant to undertake a piece of work on the experiences of people from the African Caribbean Community using homecare. Following the publication of the [report](#) last August, an event took place in October. This was an open day at SADACCA, which was an opportunity for people to come together and hear more about SACMHA’s work. This included a focussed section and discussion on the Homecare report. A wide range of people attended the event, from people who had used SACMHA’s services, commissioners of health and social care services, and senior leaders from statutory organisations in the city.



The event brought decision makers together with people using homecare services, to reflect on and explore the issues raised in the report and explore ways in which the services could be improved.

9. Sheffield Health and Care Partnership (HCP)

This quarter, the Sheffield Accountable Care Partnership (ACP) changed its name to the Sheffield Health and Care Partnership (HCP).

We continue our commissioned piece of work to support their public and patient involvement – as part of this we run the Improving Accountable Care (IAC) forum, which takes place every month. The IAC forum is a group of volunteers who draw upon their own experiences and in some cases those of the people they care for, to scrutinise delivery and commissioning and suggest ways to make local people’s health and experiences better. The experiences and views of members of the group help shape and add value to the development and delivery of the work of the HCP. Members have begun to discuss a new name for the group to reflect the changed name of the partnership.

14 people attended the meeting in October, 9 attended in November and 6 joined us in December, with contributions being made by other members outside of the meetings too.

Topics discussed this quarter include:

- The **Health and Care Bill** and what this could mean locally
- **Sheffield Children and Young People’s Neurodevelopment Programme**
- The role of the **Voluntary Community Sector** within Sheffield’s health and care system
- Promoting **equality and engagement** with black, Asian and minority ethnic communities
- The development of a public-facing **HCP Director’s Report**
- An update on the **Adult Social Care Strategy**

10. Local decision making

The Health and Care Bill is new legislation which will make changes to the way the NHS is organised – these changes are due to take place from July this year. New **Integrated Care Boards (ICBs)** will be 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 been asked for our comments on the draft constitution for the ICB; we’ve made comments about the membership of the board, and about the importance

of the board involving and hearing from citizens in its work. We've also been meeting regularly with our colleagues from Healthwatch in Doncaster, Rotherham and Barnsley to develop ways of working together.

Alongside the development of the new ICS there are changes happening in Sheffield too. Local Area Committees and the introduction of the Committee Structure in the council, are both ways in which local decision making will be changing. There will also be what is called a 'place based structure' – this will be organisations that provide health and social care in Sheffield (such as the hospitals, Sheffield Health and Social Care Trust, the council and the voluntary sector) working together locally.

All of these changes mean that we will need to develop new ways of working over the coming months; ***we will continue to advocate for the importance of involving people in decision making, wherever those decisions are made.***

11. Supporting services to involve people

We met with several professionals from Sheffield Teaching Hospitals this quarter to discuss how we can work together to involve patients and the public in a variety of pieces of work, including Long Covid services, Phlebotomy services, and also in relation to the tender of the Intermediate Care Beds contract.

We also participated in Rethink's Mental Health Alliance VCSE workshop, to discuss their plans to form an alliance of VCSE organisations in Sheffield.

Clinical Services Review

2 members of staff participated in NHS England's Clinical Service Reviews of parts of Sheffield Health and Social Care NHS Foundation Trust along with other professionals and service users. They made observations and heard from staff and patients on Maple Ward, Psychiatric Intensive Care Unit, Forest Lodge and Forest Close. Feedback from the visits were shared with the trust to inform ongoing improvement work.

GP Question Time

At the start of December, our Chief Officer took part in a GP Question Time event. This was organised by the CCG and clinicians to help promote understanding of how changes to GP services are working – we were involved in the development of this event, and were part of the panel, which also included public health, GPs, and a pharmacist. Members of the public could submit questions by a range of different routes, which were then answered on a zoom event.

Adult Social Care Strategy Development

We've spent time working with staff who are developing the Adult Social Care Strategy; we have supported them to think about the different ways that they can involve people in this work, and hear a range of perspectives on what it should include. In October we took part in two workshops where we facilitated breakout room discussions on the draft strategy.

12. Volunteers

In the absence of face to face volunteering, we continue to keep in touch with our volunteer team via regular email bulletins.

Our Strategic Advisory Group (SAG) volunteers continue to meet monthly to provide oversight on our work. They are planning their next meeting in public, due to take place in January 2022, where they will help us to seek out views about what we should include in our next work plan.

Some of our volunteers have been representing us at various meetings and committees around the city.

This quarter a volunteer also began helping us to design a project reviewing the online offer from GPs in Sheffield – we hope to complete this project in the new year with the help of a small volunteer team.

13. Healthwatch Team

Joanna Sansom, our Administrator, left the Healthwatch team in September. We have recruited two new members of our team who will start with us in January and February 2022.

Nupur Chowdhury – will be working with us as an Engagement and Involvement Officer from January

Anna Harman – will be stepping into our new Information and Advice Officer role from February

We are in the process of recruiting to a part time administrator post.

This quarter, all staff members attended sessions at ‘Healthwatch Week’ which sees Healthwatch from across the country join together to discuss and learn about particular topics. This year the focus was on helping Healthwatch navigate and thrive in the evolving decision making landscape in our areas as preparations for the establishment of the Integrated Care Systems continues at pace. Our Chief Officer delivered a workshop alongside colleagues from Healthwatch England, looking at ways of capturing the impact of our work.

14. Coming up – What next for Healthwatch Sheffield?

We will publish a summary of the #Speak Up Reports and ask for responses to the recommendations made

We will talk to people about their priorities for our work in 22/23 and choose our focus for the annual plan

We will develop a Memorandum of Understanding that will guide our work with other Healthwatch in South Yorkshire

We will work with volunteers to do an audit of GP websites, looking at the range and depth of information provided to patients

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
- CCG Governing Body
- Children & Young People's Health & Well Being Transformation Board
- Learning Disability Partnership Board
- Primary Care Commissioning Committee
- CCG Quality Assurance Committee
- Sheffield CCG 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
- Healthier Communities and Adult Social Care Scrutiny Committee
- Area Prescribing Committee
- Community Mental Health Team Review
- Adults Service Improvement Forum
- Neurodevelopmental Task and Finish Group (children's hospital)
- Sexual Health Networking Meeting
- Community Covid Hubs meetings
- Health and Care Strategy meeting – voluntary sector
- Joint Committee of Clinical Commissioning Groups
- Addressing Health Inequalities – Children's Hospital