Quarterly Report: January – March 2022

Headlines

We heard from **687** people about their views and experiences

We presented at a conference about inclusive research with SACMHA

Published **2** #Speakup reports

Joined with other Healthwatch in South Yorkshire to start work on a collaboration agreement

Talked to people about their priorities for Healthwatch work

Started work on developing our information service

1. Introduction

This quarter we have been working to hear people's views on what Healthwatch should focus on in 2022/23. As well as having a public meeting online, the changing Covid situation meant we were able to get out and about to a range of places to hear from people and get their views. After getting people's feedback about which issues are important to them, we will consider a range of other factors – then through discussion with the staff team, a final decision on our focus will be made by the Healthwatch Sheffield Strategic Advisory Group (SAG). The factors we consider include our statutory duties, our strategic aims, and the context for our work – it is important that we understand how and where any of our planned work can have impact. We also commit to giving more of our resource (staff time, money) to looking at areas of health and social care where there is the greatest inequity, we want to ensure that our work makes a difference to those who are often underserved by the services in our city.

After seeing a steady increase in the number of enquiries coming through to us over the last 2 years, we have now got a dedicated Information and Advice Officer in post. As a new role in the team, this is an exciting development which will enable us to be more pro-active in developing and sharing information resources, particularly those tailored to the needs of particular communities. Improving access to services through the provision of information and advice is one of our strategic aims; making sure that people have got the information they need to navigate services is key if we are to reduce inequality of access.

Finally, this quarter we were pleased to be able to complete our Healthwatch England Quality Framework, giving assurance that we are working as a Local Healthwatch should. It identified a small range of areas for us to develop further, which we will continue to work on over the coming year.

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. Where requested, 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.

The increase in the number of people needing help led to us appointing an Information and Advice Officer who started in post at the end of February 2022. Over the next few months we expect the information and advice part of the service to grow, including our website and the tailored support that we can offer. We have been working closely with other organisations to help develop information for their service users about health and social care services available in Sheffield which may be of benefit. For example, this quarter we have produced tailored resources for people using Ben's Centre, Sheffield Foyer and Rosebank Care Home.

Between January and March 2022, we were contacted by 93 individuals through our enquiry line or via email. As in previous quarters, a dominant theme was access to GPs with people telling us they were unable to contact their GP by phone, and booking appointments was very difficult. For example, people told us that they have been held in very long queues with many people in front of them; some told us they knew that they were ill but just gave up trying to get through. Other service users told us they found trying to make an appointment first thing was too restrictive if they had work or other commitments which made it impossible to ring.

Case Study

Transport in Northern General Grounds

James* got in touch to tell us that the patient grounds transport at the Northern General Hospital had been taken out of operation due to breaking down – he had been told that the hospital was waiting for a new vehicle to arrive. He told us that he was taking his relative for regular appointments, but the majority of the time they could not find a parking space close to the entrance. As the relative struggled with mobility due to experiencing different health conditions they were reliant upon the bus service. Sometimes the parking spot found was so far away from the entrance they really struggled. On one occasion they used a wheelchair however, as they had to push the chair uphill James found it extremely difficult and did not want to damage his own health as a result. Although the relative had previously had a blue badge, this had expired during the pandemic, as they were not going out as much at the time they did not need it. They were told the badge renewal could take up to 13 weeks to come through.

We contacted the hospital and at first were told the transport was out of operation due to Covid 19 regulations. We then spoke with another member of staff in the transport team who confirmed that the bus had broken down and they were waiting for a replacement, they were unsure of when the new transport was likely to arrive. We explained James' circumstances and asked for options to help with attending an appointment at the hospital the following week. The transport team was able to offer alternative transport for them if needed, it was agreed that on the day of the appointment James could ring the transport team so a vehicle could be available. James asked us to give him information about how to make a complaint which he is now in the process of writing - he told us that the transport is a much needed service which is relied upon by them as well as many others.

**Name has been changed*

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 included information about the role of Healthwatch, as well as linking to the national Healthwatch Your Care Your Way campaign about the Accessible Information Standards.

3. Website / Gathering Feedback

This quarter, we had 1729 visitors to our website and 5840 page views. This is a slight decrease from last quarter, when our recruitment for two new posts saw a rise in website visits.

Our main pages always see the most traffic – those that describe who we are, what we do, and our latest news and reports. Outside of these, one of our most popular pages this quarter was the events page for our Strategic Advisory Group's meeting in public.

We also saw visits to our news article where we set out our work choosing our priorities for the next year, and our most read report was our intelligence briefing about the experiences we'd heard in December and January.

4. CQC / Sharing intelligence

- **CQC** – To inform the CQC's Sheffield local area SEND inspection re-visit, we shared intelligence about experiences of SEND services, including data gathered at our SEND event in September and the Speak Up reports produced by Autism Hope and ACCT. We shared information relevant to the focus areas of the re-visit inspection, which included transitions, communication, EHC plans, waiting times for health support and how needs are being met in mainstream schools.
- **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. This quarter we have been promoting the Healthwatch England campaign on Accessible Information, and we shared with Healthwatch England some recent experiences of deaf people in Sheffield, in relation to accessing healthcare.
- **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

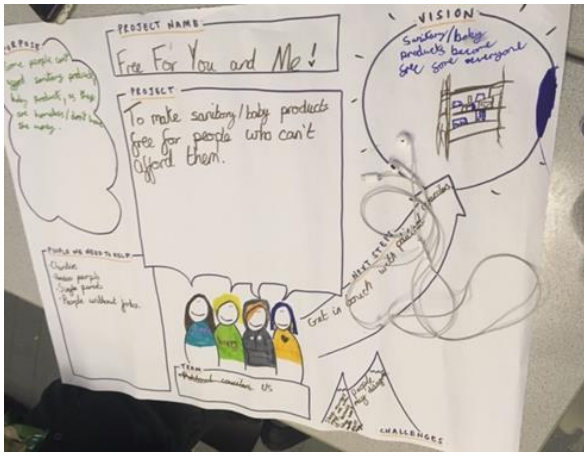
Endeavour School

This quarter our community outreach lead did a number of sessions with young people from Endeavour school. The school wanted to offer sessions to their youth group which prepared them to be young ambassadors in their community and supported them with project planning; we delivered some sessions which linked these goals with learning about the wider determinants of health.

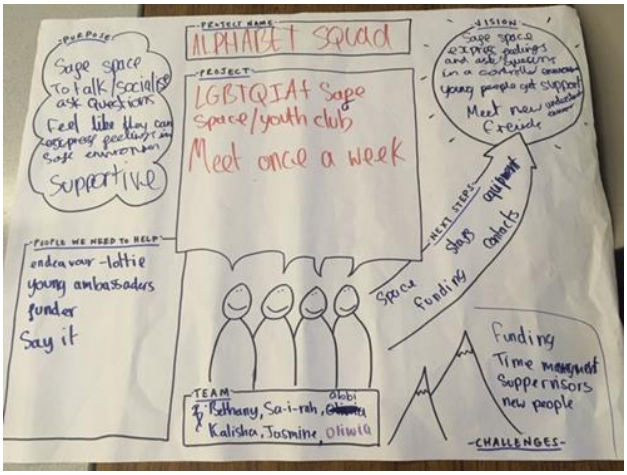
The sessions started in Jan 2022, and were with 13 young people aged 11-15. They were initially on Zoom due to Covid, but moved to face to face when this was possible. The group was a mix of genders and ages – they looked at topics such as what health is, and what they felt was important to have access to. This was done using a variety of games and creative activities. The last session was project planning which could be carried forward by the group with support from their youth worker.

The programme of sessions with Endeavour offered valuable insight into what the group viewed as important in health and social provision. The regularity of weekly sessions enabled topics to be explored in depth by unpicking the 'what's' and 'whys' providing the young people with analytical skills and a voice for services needed in their community.

The voices and views of the young people we worked with in these sessions, also fed into the work we were doing this quarter to consider what the work focus would be for Healthwatch in 2022/23.



What the young people at Endeavour shared



Work Experience Placement

In January, we had an A level student join us for a week to do a work experience placement. She carried out a micro project which involved designing a way to hear from her friends and family about what they thought our work priorities should be in 2022/23, then presenting her findings – this helped us hear the views of more young people. We have plans to offer more work experience placements in the future, as a great way to help us hear the voices of young people as well as offering students the opportunity to develop the skills they need for the future.

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.

This quarter, we didn't start any new pieces of work with the Partners due to upcoming staff changes; our Community Outreach Lead is moving to a secondment at Healthwatch England at the end of March. We did however ask our partners for their views on what Healthwatch should be focussing on in the next year, as part of our work to set our priorities for 2022-23.

To help us think about future working with Community Partners, we also asked for feedback about their experience of working with Healthwatch Sheffield in this way. Below are some quotes from the feedback that we got.

Regarding social media collaboration with **Sheffield ME and Fibromyalgia Group**,

"*That all sounds really great and I've shared the news with our board of Trustees, they*

are delighted. I've also encouraged other local ME support groups to get in touch with their local Healthwatch and do the same!"

"We have loved working with Sarah, she has brought so much to our group in terms of knowledge and helping us to feel so much more connected", **Sheffield Voices**

"I would like to say that without your intervention I would not have had the opportunity to work with Nighat and her group Thalassaemia South Yorkshire.
I have been really supported by you to make and continue to have contact with Nighat and the members of the group. Without your help we would not have a draft plan for the project, your excellent communication skills and optimistic outlook has really enhanced my experience so far. Thank you."
SYArts regarding partnership with TSY

7. Engagement

Healthwatch Priorities 22-23

This quarter, much of our engagement focused on hearing from people to get their views on what Healthwatch should be working on in 2022-23. This included:

- A public meeting, held on Zoom on 19th January 2022
- An online survey
- Visits to community groups and at community events
- Discussions with voluntary sector organisations, including our community partners

Places we visited to hear people's views included SAYiT Parent and Carers Group, Batemoor and Jordenthorpe Community Café, Women's Conversation Club, City of Sanctuary, Sheffield Foyer, and Rosebank Care Home -we also spoke to members of the public on Devonshire Green. Some of these visits were linked to an event (for example the visit to the Foyer was part of their Health and Wellbeing Day) and as part of our new approach to more often link our engagement work with providing information, we also took these opportunities to offer the people we spoke to information resources which might be of use for them.

As well as asking people their views, we looked back at all our work across the year to help us see what are the issues that are important to the people that we've heard from.

Primary Care Hubs

There are proposals to build new primary care hubs in some areas of the city; during this quarter we have been involved in conversations and planning around hearing the views of people who may be affected.

As well as being part of the planning group for this work, we spent a day in Firth Park, talking to local people in and around the park, café, shops and family centre, to get their views on the possible changes.

We heard from a wide range of people and as well as getting views, we were able to share information about the plan which most people were unaware of.

Using Voice for Influence

People told us that they would like the opportunity to attend a public meeting to find out more about the proposed changes to primary care. Because we were part of the group looking at plans for the engagement and consultation for this work, we were able to ask for some public meetings to be arranged, and support the CCG to plan and set up some events to run in April.

8. Reports

What have we been hearing?

We produced 3 monthly insight round ups this quarter - for December-January, February, and March. These reports summarise the issues we are hearing about through enquiries, engagement work and other routes.

#SpeakUp

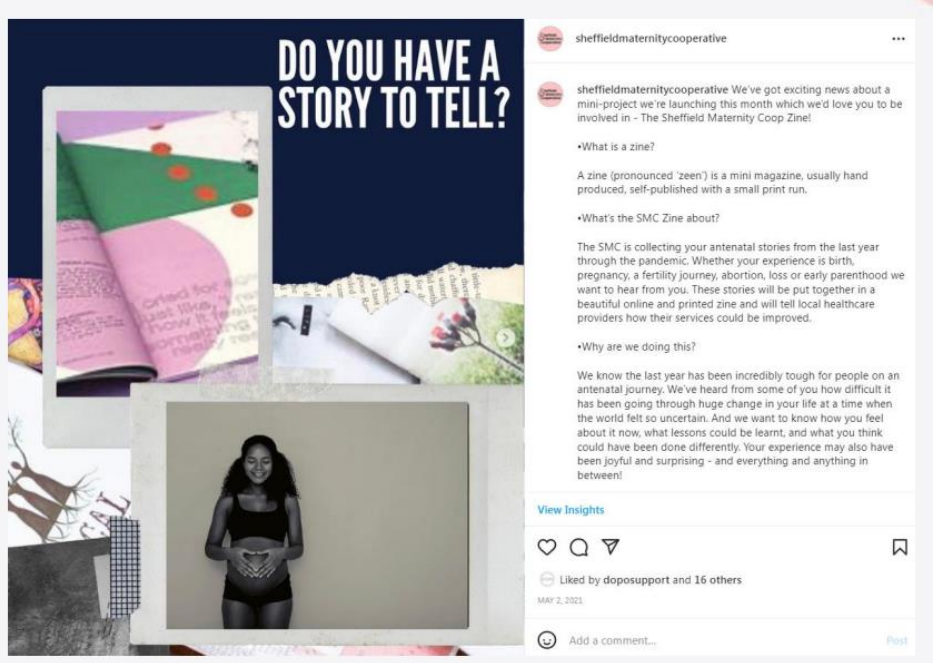
This quarter, we published the last remaining #SpeakUp reports from the 2021-22 round of our small grants scheme:

- Pitsmoor Adventure Playground – speaking with children about their understanding of health and wellbeing
- Sheffield Maternity Co-operative – exploring people's experiences of pregnancy, birth, postpartum, abortion and loss during the pandemic

You can read all 12 reports from this round of the #SpeakUp small grants scheme on our website.

We sent each report to relevant service providers and commissioners as they were published, in an advisory capacity. We are now writing a summary report, which will provide an overview of this year's projects and outline cross-cutting themes. This will be completed in the next quarter, and we will send it to commissioners alongside the individual reports, requesting a formal response to the recommendations we set out.

We spent time reflecting on the impact of our SpeakUp Grants this year, to help us in planning and shaping the way we run this project in the future. Next quarter we will be launching a new round of grants, but it's likely to look a bit different - watch this space to find out more.



Using Voice for Influence

This quarter we had the following feedback from Sheffield City Council about one of our Speak Up reports:

Further to the #SpeakUp: A Review of Home Care – The African Caribbean Perspective report launch at the end of October 2021, Council representatives from across Adult Social Care have been developing a response to the wide-ranging recommendations, liaising regularly with SACMHA and Healthwatch Sheffield. On February 8th Cllr George Lindars-Hammond, Executive Member for Health & Social Care, and Alexis Chappell, Director of Adult Health & Social Care, met with David Bussue and Lucy Davies, Chief Officer Healthwatch Sheffield, to discuss the report findings, recommendations and the next steps.

Building upon an initial document issued in January which, for each recommendation, described actions, work-in-progress and additional information, Council officers from across Adult Social Care are finalising a collaborative action plan, to be shared with SACMHA, and reviewed and updated at regular intervals. As specified by Alexis: '*Learning needs to be embedded right across Adult Social Care and built into the Delivery Plan. This is a wider systemic issue, requiring overarching strategic focus*'.

The plan contains practical actions linked to each of the report recommendations, with areas of focus including testing new approaches to commissioning and providing home care, developing social work practice and making changes to monitoring the performance of care providers. Takes steps to ensure that care delivery and interactions with Adult Social Care are culturally appropriate is a key theme through many of the steps outlined within the action plan. Senior leaders are also pleased that David has accepted an invitation to be part of the Strategic Board and also to address the wider ASC management team at a future meeting.

9. Health & Care Public Forum (Sheffield)

This quarter, the Improving Accountable Care (IAC) Forum was renamed by members in response to the Sheffield Accountable Care Partnership (ACP) changing its name to the Sheffield Health and Care Partnership (HCP). The new name is the Health and Care Public Forum (Sheffield).

12 people attended the forum meeting in January, 10 in February and 9 in March.

In January, members shared experiences of **pharmacy services** and gave feedback on a patient guide to pharmacy professionals working across the health and care system, they also shared views on **primary care transformation plans.**

In February, they commented on local plans to improve the care and lives of people with Autism, which were being developed in response to the recently published **National Autism Strategy** and discussed plans to transform **Phlebotomy services** in the city.

The development of the **Sheffield Outcomes Framework** was discussed in March, and the group began discussions around using a framework to help them think about key areas to cover when working with health and care leaders and when commenting on documents.

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 came together with other South Yorkshire Healthwatch to talk with ICS Engagement staff about public involvement. Before the ICB is established in July, a 'People and Communities' Strategy will be written by the ICB, setting out the South Yorkshire approach to involving citizens in its work – we will be giving our views on what should be in this strategy. We also secured a small pot of funding from the ICS to help the four South Yorkshire Healthwatch work on a collaboration agreement, and develop a model for how we will work with the ICS from July.

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

Primary Care Hubs

This quarter we joined a group led by the CCG, planning the engagement and consultation work linked to the proposed 5 new Primary Care Hubs in the centre and North East of the city. We have been able to comment on the approach and suggest different ways for them to reach people.

Mental Health Services

We have attended a variety of mental health meetings this quarter, a number of which focussed on supporting services to think about how they can involve people in the way services are designed. This included:

- Meeting with Rethink in January to catch up on the work of the Mental Health Alliance and discuss how we can work together effectively as the work progresses.
- Attending community Mental Health Team (CMHT) Programme Board meetings, and meeting with Sheffield Health and Social Care to discuss how they could create a Service User Reference Group which would inform changes to community mental health services.
- Attending 2 Removing Care Planning Approach (CPA) Task and Finish Group meetings, where we contributed to discussions about work being done as the CPA is replaced by a move towards personalised care and support planning.
- Contributing our thoughts on SHSC's Service User Engagement and Experience Strategy through taking part in their Implementation and Actions Workshop.

Research for All Conference

We were invited to speak at a conference (Research for All) set up by Ethnic Minority Research Inclusion – part of the National Institute for Health Research. Kate Fryer from the Deep End Partnership invited SACMHA to talk about their work with Healthwatch looking at the African Caribbean experience of Homecare, as a good example of inclusive research.

12. Volunteers

This quarter, our volunteers have continued to take part in Strategic Advisory Group meetings, where they help to lead our work. Others have taken part in meetings of the Health and Care Partnership Forum (Sheffield) – formally known as the Improving Accountable Care Partnership – where they review and comment on local health and care system plans.

We have continued to work with a small volunteer team to review GP websites, and will complete this work – including a briefing with recommendations for improvement – in the next quarter.

We helped one of our volunteers into a role to represent patient and public voice within the working group responsible for writing the latest version of the Pharmaceutical Needs assessment (PNA), which sets out an assessment of the extent to which the community-based pharmaceutical services in Sheffield meet the health and wellbeing needs of the population.

Some face-to-face volunteering also restarted this quarter, with a volunteer joining some of the staff team in Firth Park in March, where they helped to gather local people's views on a potential new health centre in the area.

This quarter we have begun to assess our volunteering offer more widely – this is in light of the pandemic, which saw us unable to offer face-to-face volunteering for some time. We want to bring our existing volunteers together, along with new prospective volunteers, to explore how they would like to move forward now we can engage in more activities.

13. Healthwatch Team

This quarter three new members of staff joined us.
Nupur Chowdhury –Engagement and Involvement Officer
Anna Harman – in our new Information and Advice Officer role
Katie Toman-Grief – Administrator

Our Community Outreach Lead, Sarah Fowler, was successful in being selected for a role with Healthwatch England; she will be working with them for the next 12 months on national projects focussed on involving people with lived experiences in developing and shaping the way Healthwatch work. We will be recruiting someone to cover her post for this period of time.

14. Coming up – What next for Healthwatch Sheffield?

We will launch a new round of #SpeakUp Grants

We will share our workplan for 2022/23

We will develop a Collaboration Agreement with the Other South Yorkshire Healthwatch

We will publish our report on GPs websites

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