

## Quarterly Report: June-Sep 2021

### Headlines

We heard from **543** people about their views and experiences



Held a drop in event for parents of children with Special Educational Needs



Published **3** #Speakup reports



Distributed more than **400** GP Access cards to help people register with a surgery

Started working with groups face to face, for the first time since Covid



Had **1859** visits to our website

## 1. Introduction

This quarter we've moved back into face to face work with groups and individuals, for the first time since the start of Covid. This has included summer activities with children, face to face sessions at Burton Street with adults with learning disabilities, visits to learning disability care homes, a maternity outreach session, and a drop in event in Burngreave for parents of children with special educational needs and disabilities. It's been great to be back connecting with people in the non-virtual world, but we've been measured in our approach, adapting the way we work to minimise the Covid risk as much as we can. We continue to monitor the situation and the appropriateness of face to face – we will carry on working in a mixed way, but know that for some individuals and groups, visiting in person is key to a successful conversation.

We're really pleased to be able to start sharing the #SpeakUp reports – our micro-grants to community organisations which mean we can connect with individuals, groups and communities that we might not hear from otherwise. We look forward to sharing the voices and experiences of those people, to help them make an impact on the decision makers and service providers in the city.

One of our priorities for this year is to focus the new health system structures – 6 months in and although we have been part of many discussions about this, there is still much to be worked through. We have been asking questions about the Healthwatch role, and more widely, about how the people of Sheffield can influence decision making in the new structure. What will be the routes to accountability and scrutiny? During the next quarter we will be drawing on the Healthwatch England resources which are being developed, to help us shape our relationship both with the other Healthwatch in our ICB footprint, and with the ICB itself. A key consideration and challenge will be our capacity to focus on this, alongside our involvement in the changing and developing structures at a Sheffield level.

## 2. Enquiries, Information and Advice

One of our statutory duties at Healthwatch Sheffield is to take enquiries from members of the public, and to provide people with information and signposting. The public can access this service by getting in contact with us through our website, via email, or by telephone. This quarter, **71** people have accessed the information and signposting service.

Some people just want to share their experiences with us, and simply want a platform to share what has happened. These people feel reassured that we can share their experiences anonymously with the relevant service commissioners.

However, most of the people who get in touch with us are looking for answers. They need help accessing care, or they have concerns and they are not sure where to take them. In these cases, we help people find the correct information, or help them get in touch with the right people.

We often pick up on themes with the enquiries that we are receiving. For instance, this quarter, we've had 23 enquiries about accessing NHS dental care. These people do not have 'regular' dentists, and therefore struggle to access routine dental treatment, or get 'registered' at a practice. We have been raising these enquiries with the local dental commissioners. We also receive a lot of enquiries giving mixed reviews of GP care and hospital care, which we write up into our monthly round-ups that are shared with the service commissioners.

## Where have we signposted people this quarter?



Cancelled surgery o Covid

### Case Study

#### Accessing a Dentist

Susie\* called us because she was scheduled in for some emergency dental treatment, however she had been told that she could not have this treatment until she 'registered' at a regular dental practice. Susie called us because she had read on the NHS website that we can help with finding people dentists. Susie was concerned that because she didn't have a 'regular dentist', she wouldn't be able to get the urgent root canal treatment she needed.

We called the practice where Susie was going to get her urgent treatment, and asked why they had told her that she can't get her urgent treatment until she is 'registered' at another dentist. They informed us that there was a miscommunication. They explained that only half the treatment Susie needed was urgent, and this was what they had scheduled in. They had recommended to Susie that she gets 'registered' at another dentist, so the 'non urgent' part of her treatment could be completed.

On calling Susie back, she said that no one had explained to her what was meant by 'urgent' treatment, and that she didn't know that only half of the work she needed was considered urgent. She was happy that she would be able to get the urgent treatment, however, she was concerned that it would take a while to get the 'non-urgent' treatment.

Waiting lists at dental practices in Sheffield are still really long, and people who don't have a 'regular' dentist are struggling to get seen. Whilst we weren't able to help Susie get a regular dentist to get the other half of her treatment, she appreciated having clearer information about what urgent treatment she was entitled to.

*\*Name has been changed*

### *Using Voice for Influence*



One of the Healthwatch Sheffield team attends meetings of the Sheffield Oral Health Advisory Committee, to share patient feedback about dentistry provision in the city. This quarter we used this opportunity to highlight that there was still confusing and inconsistent messaging being given about accessing 'urgent' treatment. After the meeting, a member of the group wrote and shared an information sheet to help professionals who are giving advice to the public about accessing care. We hope that sharing this with staff will lead to people being given more consistent, and clearer messages.

### **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](#), covering a wide range of topics. The Vlog is shared on our website, as well as the Facebook page of the Deaf Advice Team.

We have extended an offer to statutory partners who may want to use the platform to reach BSL users with their information – although this offer is well received, we haven't had any content contributed from statutory partners yet, but will continue to offer it.

### **GP Access Cards**

We have carried on supporting the NHS England and Improvement GP Access Cards Registration Campaign this quarter, acting as a hub for the cards which help to prevent people from wrongly being refused registration at a GP practice because they don't have proof of ID, address or immigration status. We have continued to receive requests from various organisations for our GP Access Cards and have now distributed 824 cards (just over 400 this quarter).

The majority of cards were given to statutory services this quarter. We met with the Deputy Operations Director for Acute and Emergency Medicine at Sheffield Teaching Hospital's NHS Foundation Trust, and sent 100 cards to be distributed to reception teams at A & E, the GP Collaborative and Minor Injuries Unit. We gave them information about voluntary sector organisations which support homeless people, asylum seekers, refugees and migrants which staff can use to signpost patients to if appropriate. The cards were also well received by the Walk-in Centre.

We have continued to raise awareness of the GP Access Cards Registration Campaign amongst GP practices and their reception teams. In partnership with the Patient Experience Manager at

Sheffield CCG, we delivered a presentation about the campaign and registering homeless people at three of the 4 Locality Practice Manager's meetings in the city.

We have had informal (positive) feedback from two voluntary sector partners about the value of the cards for the people that they support. We will be seeking more detailed feedback at a later date, to establish whether the cards have been an effective tool.



### 3. Website / Gathering Feedback

**Website** - This quarter our website had **1859** visitors, a similar number to last quarter, but with around **5,635** page views - less than last quarter.

We've had a look at how people find their way to our site, and found out that:

- **27%** at least are coming via google search terms that have led them to our pages
- **22%** are coming via links on other people's websites (top ones being disabilitysheffield.org.uk,, , thestar.co.uk and nextdoor.co.uk)
- **7%** from social media click throughs

Among the most viewed pages this quarter were our '**contact us**' and our '**share your views**' pages; we are pleased that many people feel able to share their experiences of health and care services online, as well as through other means like telephone.

**Paper Feedback Forms** - this quarter we have continued to distribute our paper feedback forms via different routes, including;

- **GP Access Cards** – Each GP Access Card has been distributed in a pack containing information about Healthwatch and our paper feedback form (along with other items including a facemask and pen)
- **Our community partners** – our community outreach lead has taken paper feedback forms to some of our community partners

- **Voluntary Action Sheffield** – staff in other parts of Voluntary Action Sheffield (our host organisation) have taken forms to different voluntary sector organisations that they are working with.

#### 4. CQC / Sharing intelligence

- **CQC:** This quarter we have shared **9** pieces of feedback about **2** services with the CQC. We also talked with the CQC following their inspection of Jessops, to identify areas where they wanted to better understand patient experience. We will use this to help us frame our maternity work and will share relevant feedback with the CQC as we receive it.
- **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 shared and promoted the national Healthwatch England survey about waiting times for hospital treatment which will help build a national picture of the experiences people are having.
- **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 Health and Wellbeing Board, and also at the CCG Quality Assurance Committee.

#### 5. Young and Student Healthwatch

With the onset of the summer holidays August and early September was spent delivering Covid safe sessions to young children and their parents. This included sessions in Shirecliffe as part of the SOAR programme of summer activities, and at Thalassaemia South Yorkshire (through Sharrow Forum). We used a combination of activities which included kids aged 5 – 11 drawing what was important to them in order to live a healthy life. Themes included, being able to sleep well, access to parks, playing football and running, having family and friends and meeting new people.

The kids were also asked to talk about what they loved (having a new phone, family and pets, local youth clubs), what concerns them (siblings having an epileptic fit, traffic accidents, crime and litter) and what would make things better (not having a fit and KFC and McDonalds close by).

Parents enjoyed the session and commented it was a good opportunity to reflect on what they had access to. The families were a mix of ethnicities including White British, Pakistani and originating from Palestine.

***Below are some visual images which the children used to help describe their ideas about a healthy life.***





## 6. Community Partnerships

The Community Partnership programme is way for us to connect and work with voluntary sector organisations, working together to raise the voices of the people they support. This quarter we had one new organisation sign up, [SHABAH](#) Sheffield Association for Spina Bifida and Hydrocephalus.

### My Day, My Way

As part of our Community Partnership programme Burton Street Foundation reached out to us regarding support for a group of adults with learning disabilities. The group meet every Friday and are keen to speak out about matters that affect their health and care. Using my a Community Organising approach our Community Outreach Lead facilitated 3 sessions aimed at exploring what is important to the group and whether they would like to speak out about it.

The group discussed topics such as employment, access to GP's (lack of suitable parking for appointments) and scary medical procedures such as regular flu jabs and Covid tests.

The group have been to parliament and we will work with the group to look at local forums where they can have a voice.

## 7. Engagement

### Interviews with care home service users with a Learning Disability

In August we joined a Sheffield Voices group meeting to try out the visual interview materials we would use with people with learning disabilities who live in care homes, as part of a project funded by the Care Quality Commission (CQC). We tried them out with someone who lived in supporting living, whilst the rest of the group reviewed an Easy Read document about the CQC and shared their views on contacting and giving feedback to them. We amended the document in line with their feedback and all their comments will be shared with the CQC.

We went on to interview 6 residents across 2 care homes. We asked them what they thought of the services they use, how they access care when they are unwell and what they would do if they were unhappy with their care.

### Outreach Maternity Session

In August, we worked in partnership with Sheffield Maternity Cooperative (SMC). We funded SMC to deliver an outreach session in Broomhall, providing information and advice to women and their partners and creating a safe space for them to talk about their experiences of maternity care. At the session we told attendees about Healthwatch and their options if they were unhappy with their care. We heard praise for community midwives and someone had received attentive aftercare at home but sometimes women's basic needs had not been met in hospital after giving birth.

Our plan is to run more of these sessions over the coming month, in different locations.





### *Using Voice for Influence*

In July, we registered as a stakeholder for the **National Institute for Health and Care Excellence (NICE)** guidance on inducing labour. We then submitted comments as part of the consultation re the update of the guidance; the new guidance included a recommendation for induction to be routinely offered to all black and Asian women, including those without other risk factors for their pregnancy. We stressed the importance of acknowledging social factors and addressing the poorer outcomes experienced by black and Asian women, based on what we know about the local context and national evidence.

### **Event for parents of children who have or might have Special Educational Needs and Disabilities (SEND)**

In September we held a drop-in event at a community centre in Burngreave for parents of children who have or may have Special Educational Needs and Disabilities (SEND). We promoted the event via schools, nurseries and community groups in the local area.

The event gave parents the chance to get information and advice from relevant statutory and voluntary sector services, share their experiences of accessing care and support, and to take part in activities associated with promoting wellbeing.

Around 60 people (parents and professionals) people attended the event. We received positive feedback from the public and professionals. Members of the public told us they found the information and advice stalls particularly useful and professionals were positive about working in the heart of the community and being able to network with other workers who all contribute to supporting children and their families.

The findings from our event will be fed into work aimed at improving the care and support offer for children with SEND and their families via the Neurodevelopment Task and Finish Group.





## 8. Reports

### What have we been hearing?

We produced our monthly round ups for [July](#), [August](#), and [September](#).

This quarter saw a steady increase in the number of issues facing people who were trying to access dental care, after we saw a drop in these enquiries over Spring 2021. Other prominent topics included different views on telephone appointments, and accessibility issues relating to the provision of information as well as appointment booking systems.



### *Using Voice for Influence*

We share our monthly roundups directly with leaders and decision makers in services – we regularly get feedback to show that they have been read. After sharing our September report, we heard from a senior leader in one service to say how useful they found the reports - they let us know that they had seen and acted on an issue we had reported in the roundup.

## # SpeakUp

This quarter we began publishing #SpeakUp reports – these are the findings of community and voluntary sector groups who were awarded #SpeakUp grants in order to do engagement work in their communities.

Three reports have been published so far:

- [SACMHA health and social care](#) – exploring local African Caribbean people’s experiences with home care
- [Saalik Youth Project](#) – exploring the experiences of young people and their families during the Covid-19 pandemic in the Pitsmoor, Burngreave and Firvale areas
- [South East Sheffield Community Dementia Advice Service](#) – exploring the experiences of people living with dementia and their carers throughout Covid-19

We will continue to publish the findings of each group as their projects are completed. Once they are all published we will produce a summary briefing and ask local health and social care commissioners and providers to respond to the findings and our recommendations.

So far the response to these reports has been positive. Findings from the Dementia Advice Service were published in a [local newspaper](#) and the Clinical Commissioning Group (CCG) have taken it to one of their monitoring boards for discussion. Findings from the SACMHA project were timely and able to feed directly into the home care transformation programme at Sheffield City Council, ensuring that African Caribbean voices were heard as part of this process.

## 9. Quality Accounts

NHS Trusts send us their Quality Accounts to review each year. Last quarter we reported that we had received and responded to the 2020-21 Quality Accounts –the reports, including our responses, have now been published.

- [Sheffield Teaching Hospitals NHS Foundation Trust](#)
- Sheffield Children’s NHS Foundation Trust
- [Sheffield Health and Social Care NHS Foundation Trust](#)
- [St Luke’s Hospice](#)

We were unable to respond to Yorkshire Ambulance Service NHS Foundation Trust’s report.

## 10. Sheffield Accountable Care Partnership (ACP)

We continue our focussed commissioned piece of work to support involvement in the Accountable Care Partnership in Sheffield – as part of this we run the Improving Accountable Care (IAC) forum, which takes place every month. The IAC forum consists of a group of volunteers who draw upon their own experiences and in some cases those of the people they care for, to challenge current thinking in health and care service, design, 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 ACP.

This quarter only 2 meetings took place, due to a summer break in August.

**July** – focussed on the topics of *pharmacy* and *digital inclusion*.

**September** –

***New Adult Health and Social Care Strategy***: Forum members stressed the need to coproduce the strategy and aired their concerns about Adult Social Care, many of which related to workforce and funding issues.

***ACP integration priorities and current areas of work***. Forum members chose to have more in-depth discussions at future meetings about Primary Care, the Children and Young people's Neurodevelopmental programme, equity and inclusion, and health and care integration in the context of the Integrated Care System.

## 11. Volunteers

This quarter our volunteers on the Strategic Advisory Group (SAG) have reviewed our progress against our priorities for the year, and continue to represent us at a wide range of meetings.

One of our SAG members came along to help out when we did our SEND event.

## 12. Healthwatch Team

Nik Bakalov, Engagement Officer, left the Healthwatch team in September. We are in the process of recruiting to this post.

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

SACMHA #SpeakUp report event - bringing together people who participated in the report, council staff and other stakeholders to talk about the findings.

We will continue our work talking to people about their experiences of maternity services.

We will share the write up of what we heard at our SEND event

We will publish more #SpeakUp reports

## *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:

- 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
- Patient Experience Committee (Sheffield Teaching Hospitals)
- Area Prescribing Committee
- Community Mental Health Team Review
- Quality Board (Sheffield Teaching Hospitals)
- Carers Strategy meetings
- Adults Service Improvement Forum
- Neurodevelopmental Task and Finish Group (children's hospital)
- Sexual Health Networking Meeting
- Sustainable Travel Committee Meeting (STH)
- SYB ICS Digitally Enabling our System Transformation Board
- Community Covid Hubs meetings
- Health and Care Strategy meeting – voluntary sector