Quarterly Report: July - September 20

Headlines

We heard from 347 people about their views and experiences

Published our 'Listening to You' report – what we heard from people about the priorities for Healthwatch Sheffield

We partnered with Sheffield Flourish to start work on a report relating to Mental Health

We started work on our project on Recessive Genetic conditions in partnership with Fir Vale Hub

We partnered with Care Opinion to help us collect feedback

We launched our new website

1. Introduction

After the dramatic changes to our work in quarter one of this year, July-September was period where we were able to start focussed work on our priorities for the year, particularly the projects relating to mental health, and recessive genetic conditions. Our wider priority of Covid-related service changes continues to run through all the work we do; the Covid survey which was completed in this quarter will be a snapshot of people's experiences during lockdown, but in addition to this, our new regular roundups will highlight some of the emerging issues as people try to access routine care in changed services.

This quarter we've had a significant change to the way we gather feedback, with a move to a new website – there is an additional section to this quarterly report to explain how and why we've made this change, and what it means for us.

We acknowledge a lower than normal 'heard from' figure this quarter (347). This relates partly to the website change and the removal of the feedback centre – from October we will instead be capturing how many people come via our website to share stories on Care Opinion, but the technical mechanism for doing this on the new website was not in place straight away. It also reflects the fact that the team had much needed leave during August during which time relatively little significant engagement work took place. Finally, it relates to the general changes to how we can do engagement, which are described further in the Engagement section of this report.

2. Enquiries & signposting

At Healthwatch we provide an information and signposting service for members of the public. The public can contact us with general enquiries about healthcare, most commonly through telephone, email or through the website. We often share information with enquirers about the services they can access, their rights when accessing care, and generally help the public make informed decisions about their healthcare.

With fluctuating Covid regulations, and more barriers to accessing care, our enquiries and signposting service has been crucial in helping the public navigate the changing healthcare system.

This quarter, we have received more calls and emails than we usually expect. From July to September, we received enquiries from 63 people in total; 21 of these were people requesting face covering exemption cards, which we have been emailing or posting out to people. The requests for exemption cards came from people with pre-existing health conditions that made it difficult for them to wear face coverings, or communicate with them on.

The graphic below indicates where we have signposted people to this quarter. There seems to have been a return to complaints signposting, with people wanting to make complaints about inaccessible services due to the pandemic. We also received a high number of enquiries about

people trying to accessing dental surgeries and GP practices. Many of the cases continued to be impacted by Covid, and therefore, required us to conduct research into service changes that had taken place due to the pandemic.

Cancelled surgery due to Covid

Case Study: Cancelled Surgery Due to Covid

Rebecca* got in touch about the delays to her surgery for endometriosis, which was cancelled at the start of lockdown; since March her condition has significantly worsened, resulting in constant pain. This is having a severe impact on her mental health, relationships and general wellbeing.

Rebecca described poor communication from the services that were meant to be treating her – they were hard to contact, didn't give her the information that she needed, and at one point gave her incorrect information about what treatment she could expect. She felt let down by the communication and was really struggling to cope with her condition.

There were a number of different teams involved in providing Rebecca's care, including private providers contracted to deliver NHS care. This seemed to be one cause of some of the miscommunication, and we supported her by speaking to the relevant teams to clarify both the right information, and also to ascertain who was her best point of contact, so she could keep track of what was happening. We also provided her with information about support organisations that she could contact in relation to her specific health condition.

In this situation we were able to help both the patient and the health care providers to understand how communication was getting mixed up; Rebecca was given a clearer idea of when the surgery would be rescheduled for, and who she should approach for updated information regarding her treatment.

**Name has been changed*

3. New Website / Gathering Feedback

This quarter we moved to a new website, the template for which was provided by Healthwatch England. We moved all of our content – news articles, reports, and more – across to our new site ready for a launch date of 28th July.

The new layout makes content clearer and more visually accessible, as well as being more consistent with our Healthwatch colleagues across England. We have received positive feedback on the new website so far.

One of the biggest changes is the move away from our old 'Rate and Review' feedback centre, where people could leave feedback on our website for others to see. There were challenges with this approach – the feedback centre was an expensive tool, and lots of staff time went into moderating and managing feedback. Our priority is speaking to a good range of people, especially those in the community who find it hardest to be heard, and freeing up some of the resources that went into this specific tool will help us to do this in different ways.

We still think it's important for people to see their feedback reflected, and to help others to choose services based on real people's experiences. To facilitate this, we've begun working more closely with the local not-for-profit organisation Care Opinion. People leaving feedback through our website will be doing so via Care Opinion, where it will be shown alongside feedback from other sources to help people make more informed choices. Services and service commissioners already engage with stories told through Care Opinion, so we feel confident that people's stories are being heard and acted upon. We can also interact with feedback on the site in different ways, so can identify and connect with people if services haven't responded to them to offer them further support.

Now we have redesigned our website and reshaped our online methods of gathering feedback, we will spend some time next quarter adapting how we help people's voices to influence change. The way we share feedback – and the people and channels we share it with – are crucial to this feedback making a difference. We will be regularly producing our 'What we are hearing' briefing, which will bring together stories shared through Care Opinion, experiences shared with us through our information and advice line, and other feedback we hear from members of the public or voluntary sector organisations. We hope to build on the work of our COVID-19 enquiry summaries, where we found that short and accessible briefings delivered to services and service commissioners in a timely way, can have a bigger impact.

4. CQC / Sharing intelligence

- **CQC:** we shared feedback about 1 service 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. They use this to help inform their 'What are we hearing?' reports, and to help them identify issues which need raising at a national level.
- **Covid Summary reports:** we produced and shared 3 reports setting out issues people were raising during Covid. These were shared widely with statutory services and stakeholders in the city.
- **What have we been hearing?:** At the end of August, we produced our last Covid summary report. We decided to continue the use of this format, to share what we have been hearing on a regular basis with commissioners and service providers, and have produced our first *What have we been hearing?* report.
- **Rapid Health Impact Assessments:** we took over 400 pieces of data from our Covid Survey and shared them with the teams doing work on the Rapid Health Impact Assessments in the city.

- **Race Equality Commission:** We looked at our evidence from the past 18 months to pull out information and experiences to inform our submission to the Sheffield Race Equality Commission. This submission can be read here .

Using voice for influence

During August and September we heard from 3 people about the mental health respite service at Wainwright Crescent, which had been closed during Covid. For all of these individuals, the closure was having a significant impact on their lives; they had also been given different messages about whether this closure was permanent or temporary and wanted clarity on the situation. We spoke to different people to try and find this information, and following discussion with staff at Sheffield Health and Social Care Trust it was agreed that a letter would be sent to those registered with the service with an update, which let them know the service would be shut at least until March, at which point it would be reviewed. This helped with clarifying the situation, but still left people without a much needed service. We are continuing our discussions with SHSC and the local authority to try and identify what can be done to ensure people's eligible assessed needs are met.

5. Young and Student Healthwatch

This has largely remained on pause during this quarter, although we connected with organisations such as Young Carers and Ellesmere Youth Project to help us reach young people as part of our Covid Survey. We have also been talking to Pitsmoor Adventure playground about how they will use the Speak Up grant awarded to them earlier in the year, and about how we might work together in the future.

6. Engagement

Covid has presented some challenges for engagement that we need to tackle – how will we hear from people and consistently drive feedback in our new way of working? Previously, face to face engagement, getting out and about, was key to this - speaking to a group of people would both capture feedback immediately, but also prompt people to connect with us by other means (phone, email, online). We have been connecting with groups online instead, which has been successful, but has taken more time, to reach smaller numbers and we know many people are excluded.

People are also experiencing survey fatigue – 'not another one' is a comment that we hear. Rightly, there has been a wholesale drive to gather experience of Covid, but inevitably people become tired of filling in another form, and surveys also continue to widely exclude a lot of

people (particularly those without online access). We will continue to do surveys where appropriate, but want to avoid overuse of this as an engagement method.

One approach we have taken this quarter is to gather detailed stories from a smaller number of people – this is described below in relation to the mental health project that we have started. We will continue to try different approaches to our engagement in the new Covid world.

Covid survey

We continued our survey seeking to understand people's experiences of Covid – the impact on their physical and mental health, and also their experiences of Covid related service changes in Health and Social Care. By the end of July we had heard from 567 people from a variety of routes – phone, online and also paper surveys which had been distributed via foodbanks.

Recessive Genetic Conditions

Last year we held a Health and Wellbeing Forum on Infant Mortality; following that event we were approached by the project worker from the Sheffield Community Based Genetic Literacy and Support project, which is based at Fir Vale Hub. They were interested in working with Healthwatch to produce a focussed report on people's experience of accessing healthcare and support for recessive genetic conditions.

This quarter we began designing and planning this project. The aim of the work is to better understand people's experiences, shine a light on what works, what doesn't work, and make recommendations for improvement. We hope to pin point some of the barriers for both patients and health professionals in getting the right support in place, at the right time – we will be seeking views from both the public and NHS staff to help us build this understanding.

Mental Health

There is a significant amount of change happening in mental health services in the city; some of this is related to the CQC inspection which rated Sheffield Health and Social Trust as inadequate earlier this year, and some of it is related to specific projects such as the Primary Care transformation project, the Crisis Care pathway work, and the review of the Community Mental Health teams. There have been pieces of engagement and consultation happening in relation to these different strands, but we felt there was a gap – the work taking place was not looking at people's experiences as a whole, rather it was seeking to understand what was relevant to each specific service or area of work. We partnered with Flourish (already one of our Community Alliance Partners) to speak to 9 individuals who told us their story; we will be using these narrative stories, (alongside feedback we have already had about mental health services) to write a report which we hope can complement the service based consultations which have been taking place, with a rich, qualitative description of people's journeys when they are seeking support.

Service Improvement Forum

Our Community Outreach Lead spent time this quarter working with the local authority Adult Service Improvement Forum (SIF). This group had been meeting regularly, but struggling to identify how they could work and have impact. One aspect of our role in Healthwatch is to build the capacity of existing structures to do involvement more effectively, and so it was agreed that we would work with the group for a limited amount of time to help them identify their priorities,

and develop ways of working. 4 sessions were run with the group who now have a plan for their work over the coming 12 months.

7. Reports

Covid Summary Reports

We published 3 Covid summary reports during this quarter, which can be read here - these reports are snapshot summary of intelligence we were hearing in relation to Covid. They were shared with stakeholders on a regular basis.

What have we been hearing?

In September we started our new regular round up about what we have been hearing, which you can read here .

Listening to You

In early 2020, we spoke with local people about which aspects of health and social care they'd like us to focus on in the next 2 years. We spoke with over 350 local people from a range of different backgrounds and life experiences.

Although Covid-19 has meant that things have changed dramatically, we believe this feedback is still relevant to services as they consider how they adapt and change in light of Covid-19, as well as for Healthwatch as we consider how to work in a changed world.

Key messages were:

•Mental health services are difficult to access and are not working well

•Different services across health and social care are not working well together

•Services are not tailored to people's needs and life circumstances

•Local people are interested in wider social, economic and environmental issues related to health, the prevention of poor health and promotion of wellbeing

•Healthwatch Sheffield has an important role in gathering the views of local people and impacting change and there are ways we can expand our work

The report can be seen here .

8. Listening Hubs

What is a Listening Hub?

We are working to set up Listening Hubs in local communities, where people can regularly connect with peers to share their experiences of health and social care services. We are looking for volunteers who can facilitate this, and link back in to Healthwatch with the information they gather. This section describes the work that our Community Outreach Lead has been doing to develop these.

Sheffield Voices

The numbers of participants has steadily grown to 15. There have also been two spin off groups formed due to the organisers recognising other needs for the group.

Healthwatch has supported the group to develop a plan on how they can approach residential care homes to establish peer support and advocacy for residents during the current time. The plan is to visit via Zoom at least one home by April 2021.

Developing new Listening Hubs

Our community Outreach Lead has written to a number of different organisations this quarter to explore working together in this way.

9. Sheffield Accountable Care Partnership

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

The Improving Accountable Care (IAC) forum continue to meet every month – this quarter some new members have joined the group.

Agenda items have included:

- Future strategic plans for the ACP
- The impact of Covid-19 on people with Learning Difficulties
- Elective Care
- Nuffield Trust session on the 10 year vision for Health and Social Care in Sheffield

Leading Sheffield

In September, we recruited 7 of our volunteers to help with the delivery of Leading Sheffield. Leading Sheffield is an ACP training programme for health and social care leaders, and Healthwatch Sheffield delivered a session on Public Involvement. This involved a presentation on our Involvement Assurance Framework, a presentation on building partnerships with groups and organisations, and 5 volunteers speaking about their own lived experience. The session was well received.

5 volunteers have also signed up to help with the Leading Sheffield Challenge Groups, where groups of course participants come together to tackle a particular challenge.

10. Advanced Wellbeing Research Centre Public Involvement in Research Group (AWRC-PIRG)

This quarter our Engagement Officer completed a piece of short term, commissioned work for the AWRC; this project involved setting up a public involvement group, providing a forum for researchers to take their work for feedback and consultation. Despite the challenges of doing this work during the pandemic, the project has been successful – the framework for the group is established, and more than 20 members have been recruited. We are now stepping back from this work as our contract has ended, but we hope that a useful partnership has been built with the AWRC; we can see ways in which our work could potentially overlap in the future.

11. Enter and View

Enter and View activity has been suspended, but this quarter we were able to share our reports from earlier in the year with the GP practices we had visited at the start of 2020. We had not asked them to respond to our reports earlier, knowing that Covid pressures meant they would not have capacity to do so.

We are continuing to consider how we might do virtual visits to services particularly care homes.

Using voice for influence

We described last quarter that following concerns we raised in relation to care homes, we worked with Adult Social Care managers to develop plans for the local authority to do virtual visits to homes, increasing contact between social workers and care home residents. The local authority have now undertaken 26 of these inspections.

12. Prominent or emerging themes

As reflected in our September report, the main issues we have been hearing about are:

Telephone access to GPs

Patients from different GP practices have shared that they were unable to get through on the phone, or were waiting for a long time to speak to someone. This is an issue we've been hearing about for some time, but it's become even more significant now that the only way to access a large number of services is by telephone.

Registering with an NHS dentist

Although services are seeing patients again, people who aren't already registered as an NHS patient are struggling to get a service. We have heard from people who are in considerable pain and unable to get treatment, as well as from families who are unable to register young children.

Impact of delayed treatment due to COVID-19

This is having a significant impact on people, with continued uncertainty around how long it may take before people can get treatment that they have been waiting a long time for.

Communication from services

This includes not knowing how to make an appointment while services are working differently, and not being kept up to date with information about when routine appointments like podiatry will be back up and running.

We're also hearing about communication difficulties for people who are Deaf or hard of hearing – it is difficult or impossible for them to access telephone appointments, and someone who relies on lip reading told us they find it very difficult to access services where the staff use face coverings.

Communication is also an issue for people who don't speak English. We heard two in-depth stories this month about individuals who have not been able to get the interpreting support they need in a healthcare setting. The provision of interpreters is a subject we hear about regularly, but the impact on these individuals was further increased by COVID-19 regulations. Visiting restrictions meant that their relatives, who would often interpret in the absence of a professional, couldn't go with them to their appointments or spend time with them as inpatients. This is a significant concern, as it means that people who don't speak English face additional barriers to accessing care

Mental health respite care

This is the situation at Wainwright Crescent, which is described earlier in the report.

Using voice for influence

As well as sharing out intelligence in our written round ups, our staff and volunteers regularly raise feedback and share experiences in the meetings which we attend. During this quarter, a number of meetings which had been paused due to Covid restarted in a virtual format. Meetings which we attended this quarter include:

- 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 Engagement, Experience and Equality Committee
- Sheffield Mental Health, Learning Disability, Dementia and Autism Delivery Board
- Black, Asian and Minority Ethnic Public Health Group
- Healthier Communities and Adult Social Care Scrutiny Committee
- Patient Experience Committee (Sheffield Teaching Hospitals)
- Quality Board (Sheffield Teaching Hospitals)

13. Healthwatch Team

Our Policy and Evidence Co-ordinator continued to be on sick leave during this quarter, to balance this we have used external partners for some work.

There have been no other staff changes this quarter.

14. Coming up – What next for Healthwatch Sheffield?

We will continue work on our project relating to Recessive Genetic Conditions

We will publish our report on Mental Health, done in partnership with Flourish Sheffield

We will build membership of the IAC forum, and develop new ways to open it out more widely for people to have their say

We will launch our next round of Speak Up Grants