

Quarterly Report: October - December 2019

Headlines

<p>162 Volunteer Hours</p> 	<p>We heard from 503 people</p> 
 <p>Produced an initial report on the engagement work for the Health and Wellbeing Strategy</p>	<p>We won a Healthwatch England Award</p> 
 <p>Published our #Speakup Grants report</p>	 <p>Started work on our project looking at carers' access to GPs</p>

1. Introduction

This quarter we have had significantly reduced capacity in the team due to: higher than normal levels of sickness; our Engagement Officer (Rosie) leaving us to go on maternity leave; and the loss of our Policy and Evidence Assistant, Matt, whose internship came to an end in September. Despite this challenge, the team has been very active in consolidating and building on existing pieces of work, as well as initiating new project work to align with our existing priorities, and forward planning for the development of our new strategy and set of priorities which will run from April 2020.

The reduced capacity is however reflected in the overall 'heard from' figures. We envisage this figure will rise significantly during the final quarter of the year due to the following factors:

- An existing member of staff will increase hours from the start of February to cover maternity leave
- We have recruited an additional Engagement Officer to the team to start mid-January (21-hour post)
- We have 2 undergraduate student placements joining us for 8 weeks

In particular, this increased capacity will be used to facilitate wide engagement with groups and individuals to inform our priorities for the two years from April 2020.

2. Enquiries

Healthwatch Sheffield listens to people's feedback about health and social care services through a variety of ways, including in person, over the phone, by text, by email, and through our website.

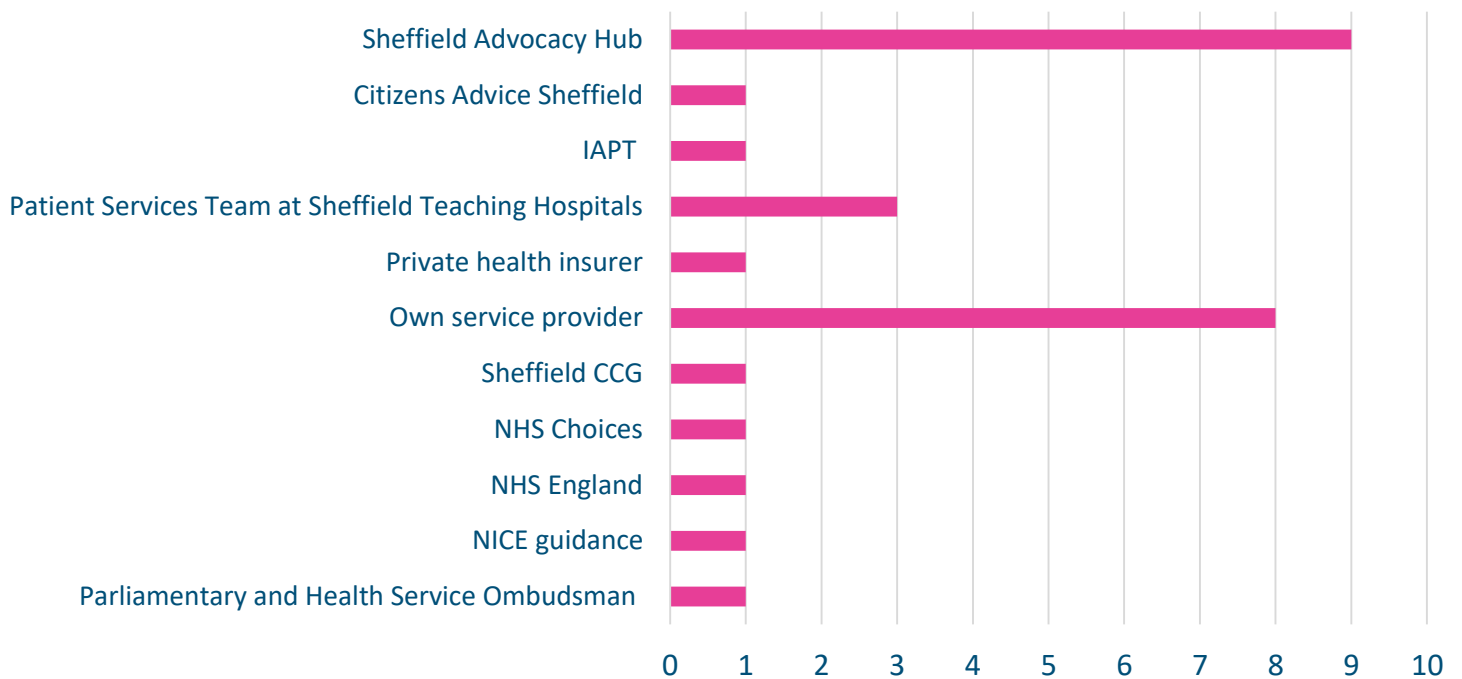
As well as listening to people's stories, one of our functions is to help people navigate the health and social care system and understand their rights and options as a service user. We provide an information and advice line, so people can come to us when they have questions.

We can help people to understand what choices are available to them, as well as pointing them in the direction of other organisations who can assist them further.

Between September and December 2019, we gave advice to 23 people who contacted us to share their experiences and ask for help with the next steps.

The table overleaf shows where we signposted people to this quarter.

Which services did we signpost people to?



Case study: Continuity of treatment when moving house

We were contacted by an adult who had recently moved to the area and registered with a new GP. They had received a diagnosis for a medical condition when they lived in their old town, but when they phoned their new GP for a repeat prescription they were told this wouldn't be possible as they weren't diagnosed there.

The patient was worried that they would have to go through diagnosis again in Sheffield in order to be treated here, by which point they would have gone without their medication for a long time.

We were able to explain how the diagnosis pathway works locally, but we could also explain the duties and responsibilities of the prescriber (their new GP). It emerged that they had not yet met in person with their GP, which could explain their reluctance to issue a repeat prescription. We encouraged the caller to book a consultation with their new GP, and gave them advice for the appointment to explain their situation and their rights.

Case study: Your rights in hospital

We spoke to a hospital inpatient whose care team wanted to discharge them. However, they didn't feel able to cope at home yet, and still needed more tests in another department. They were very stressed and didn't know whether they'd be able to stay in hospital to get the care they needed.

We were able to tell the patient their rights regarding a needs assessment and a discharge coordinator so they could feel more confident asking their care team about these. We also encouraged them to liaise with PALS in order to help different hospital departments to communicate about their treatment and discharge plans.

After acting on this advice, they were able to stay in hospital for the rest of their tests and the role of their discharge coordinator was made clearer to them. This means that when they are well enough to go home, plans can be put in place to make this easier.

3. Rate & Review

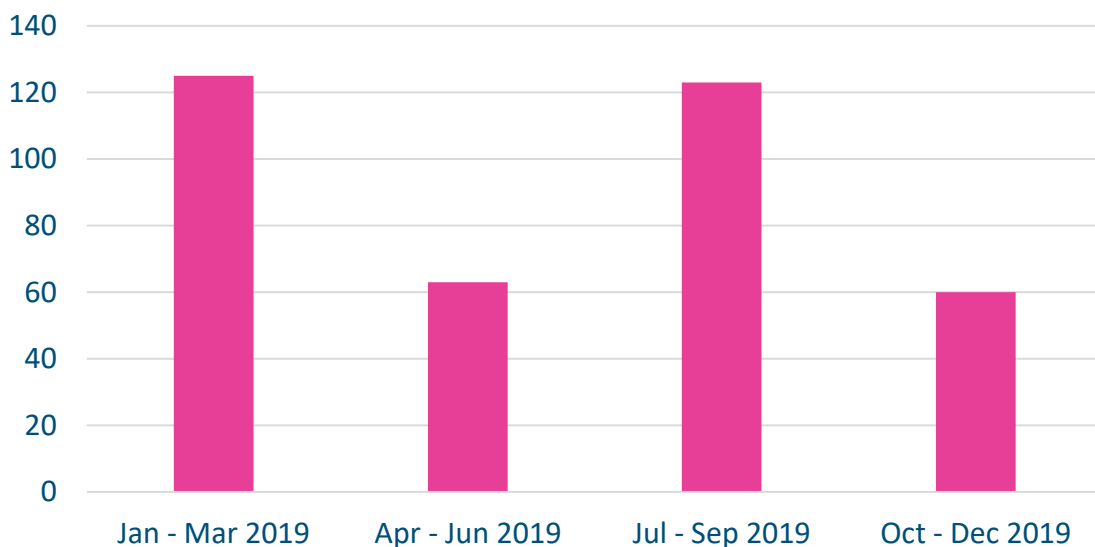
Healthwatch Sheffield uses a variety of engagement methods to hear from local people about their experiences of health and social care services.

One of these methods is our 'Rate and Review' website www.healthwatchsheffield.co.uk, where people can give their service provider a star rating as well as telling us their story.

When people fill in our feedback forms at engagement events and stalls, this feedback is also featured on our 'Rate and Review' site.

In October to December 2019, Healthwatch Sheffield received **60 reviews about 43 services**.

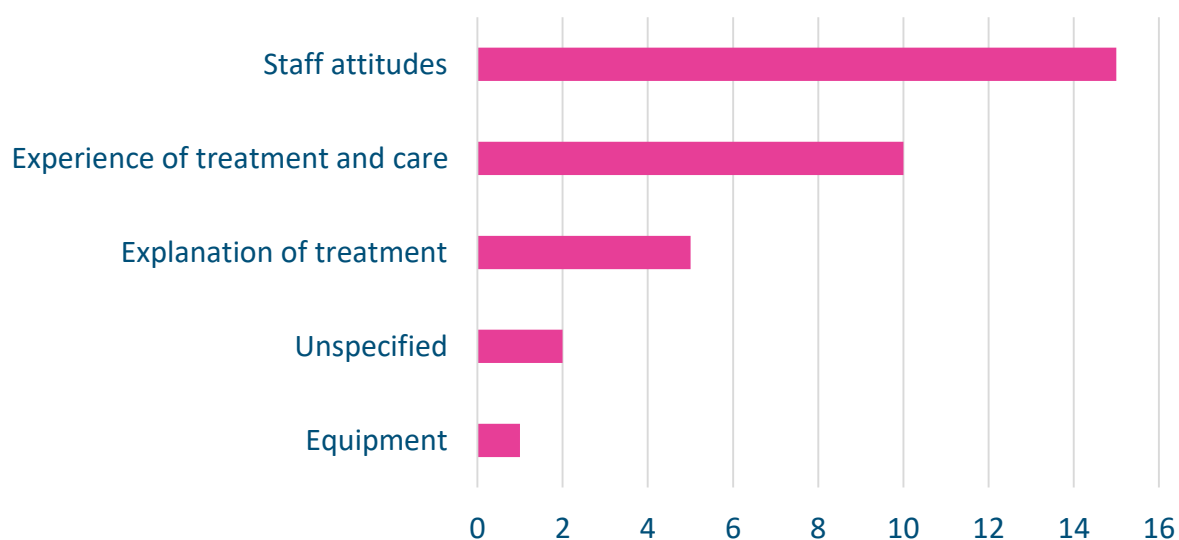
Number of reviews received per quarter



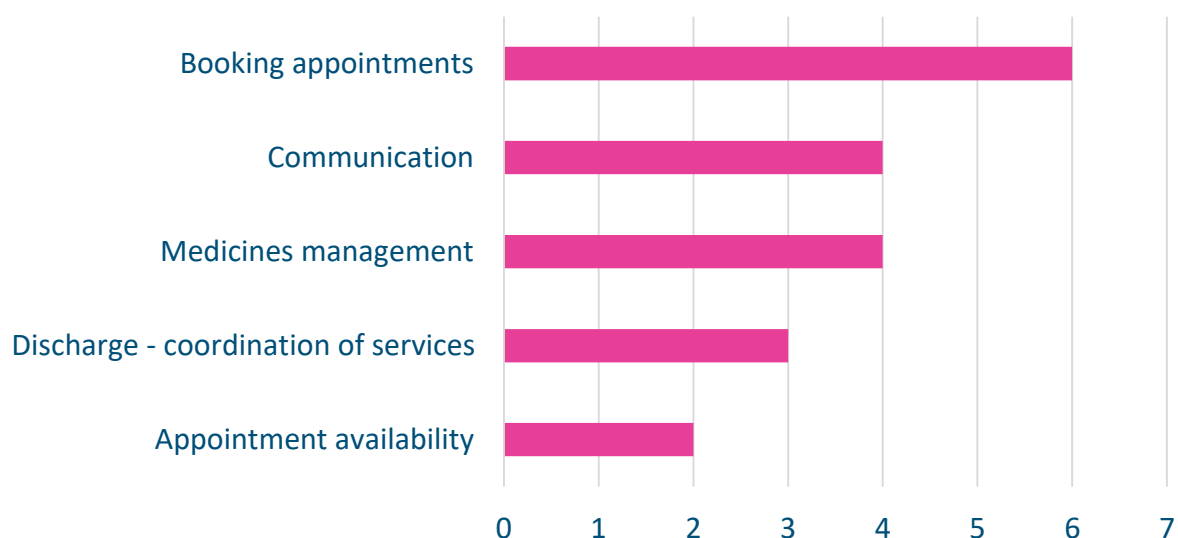
Average star ratings by service type for this quarter

Category	Count	Rating
Mental Health	5	★★★★☆
Community	5	★☆☆☆☆
Dentists	2	★★☆☆☆
GPs	27	★★★★☆
Hospitals	15	★★★★☆
Opticians	1	★★★★★
Other	1	★☆☆☆☆
Pharmacies	4	★★★☆☆

Top 5 positive themes this quarter



Top 5 negative themes this quarter



4. CQC

This quarter we shared intelligence about 15 health and social care services with the Care Quality Commission (CQC) ahead of their inspections. This included 12 Sheffield Health and Social Care services, 2 care homes, and 1 community organisation.

5. Young and Student Healthwatch

Our Young and Student Healthwatch worker (Rosie Priestnall-Birkett) left to go on maternity leave during this quarter; this area of work is being picked up by another member of the team who will be increasing their hours at the start of February. Some discussions have already taken place in the team around a different approach to Young Healthwatch, with more emphasis on going out to groups and building connections on the 'Listening Hub' model. By doing this we hope that we can reach a wider audience and increase the diversity of the young people we hear from.

Specific involvement relating to Young People this quarter has included:

- Young Carers – survey and case studies gathered as part of our 'Carers' Access to GPs' project.
- A meeting of young Healthwatch volunteers to discuss work going forward
- Attending AGMs at Chilypep and Young Carers

During the final quarter of this year, one of our existing Young Healthwatch Volunteers will be joining our team for 8 weeks for a university course placement, and we plan to involve them in this area of work.

6. Engagement

‘Theme of the month’

In our last report we described how using this approach we had focussed on Dentists, and subsequently Opticians, to drive up feedback on these services.



Using voice for influence:

We have local and regional links to feedback intelligence regarding Dentists and use information gathered in this way – this includes the NHS England Dental Commissioning Committee and the Oral Health Advisory Group. We have identified that we don’t get regular requests from CQC for dentists and in the next quarter will be pro-actively trying to make links with the relevant inspector at the CQC to try and change this.

At the end of December we started a new focus on ‘Pharmacists’ and have linked with the Pharmacy Development Manager at the Clinical Commissioning Group (CCG) to help us develop the right approach.

Carers’ Access to GPs

In partnership with The Carers Centre, Young Carers and The Parent Carer Forum we have launched a piece of work to find out about the experience of carers when they access GPs. So far this has involved creating an online survey, and doing focus groups at the Carers centre, and at the Parent Carer Forum. We know from national data that carers have a less positive experience of accessing primary care compared to others; we can also see from this data that in Sheffield this disparity is very slightly worse than in other places. As part of our priority around access to primary care, we wanted to explore this more to be able to describe the barriers carers might encounter, and shine a light on good practice where surgeries had successfully found ways to provide better support to carers.

We also know that NHS England have recently published Quality Indicators for surgeries to use to assess how well they support carers, and give practical ideas of what more could be done. To find out more about this and explore how we could usefully link this into our report, we convened a meeting, bringing together representatives from Sheffield CCG and the voluntary sector to hear about NHS England’s framework of quality markers to help GP surgeries to consider how they can support carers. It was agreed that the group would meet again to consider how a joined up approach could be taken to using the quality markers to drive improvements for carers in Sheffield, and we are meeting with the CCG separately to explore how the Healthwatch work can usefully link into primary care.

Health and Wellbeing Forum

On 2nd December we held our second public Health and Wellbeing Forum, which was attended by 57 people.

This forum was titled ‘The Big Squeeze – how can Sheffield households keep well in the face of financial pressures?’ We know that poverty is a driver of health inequality and that there are a significant number of people in Sheffield living in poverty. The average proportion of Sheffield

households in poverty is 23.3% after housing costs. Some communities face additional pressures - around 50% of people in poverty are either disabled or living in a household with a disabled person, and working-age carers also face higher poverty rates than week. For this reason, we partnered with the Disability Hub to highlight the health implications for people, especially with existing health needs, of financial inequality.

We heard from several speakers who were able to bring personal experience and professional experience to the conversation:

- Mark Nicholson, Disability Hub
- Lee Harker, Disability Hub
- Pauline Kimantas, Sheffield Carers Centre
- Clare Lodder, Citizens Advice Sheffield
- George Lindars-Hammond, Cabinet Member for Health and Adult Social Care, Sheffield City Council
- Elinor Blacksell and Kat Cook, Fareshare

Attendees had the opportunity for a lengthy Q&A session with panellists, and contributed to the discussion through interactive polls and a table activity identifying challenges and solutions based on the issues in Sheffield.

We tried a new way of capturing people's thoughts, by using Slido, an interactive app which allows people to contribute to a word cloud on the screen at the front of the room. One of the reasons for doing this was to ensure that everyone had their say – even people who don't feel confident to speak up in a group had a way to put their thoughts forward. We also published the questions and link on our social media posts about the event, meaning people could contribute even if they weren't attending. We hope that this approach makes the forum more accessible and inclusive. There was learning around the mechanism of how to use it (and how to support people to use it) but overall the feedback on its inclusion was positive.

What should be done in Sheffield to help people stay well in the face of financial pressures?



Feedback about the event was positive, with attendees leaving comments such as: *“We have all had a free and frank discussion in a safe atmosphere”, “Excellent panel speaker with real life examples”, “Bringing service users and decision makers together” and “Speakers who were well focussed and positive round table discussions”.*

We have produced a briefing from the event, which you can read [here](#).

7. Reports

NHS Long Term Plan

During this quarter we published our analysis from the surveys completed as part of our NHS Long Term Plan engagement work. The data from these surveys had already been used to inform the report compiled by Healthwatch Doncaster, who led on a Healthwatch report for the South Yorkshire and Bassetlaw Integrated Care System (ICS) area.

This regional report won a Healthwatch England Award.

Information we gathered in Sheffield has now been compiled into a local report. This focussed solely on what people in Sheffield told us, allowing commissioners as well as those who took part in our engagement, to see what people in the city think about the NHS Long Term Plan.



Using voice for influence

A specific example of how this will be used is at Healthier Communities and Adult Social Care Scrutiny in January, where the topic for discussion is the development of PCNs and Neighbourhoods. We will draw on our Long Term Plan report to be able to describe views on the delivery of care; particularly from the section of the report ‘Care in your Neighbourhood’.

You can read the South Yorkshire & Bassetlaw report [here](#), and the Sheffield report [here](#).

#SpeakUp Reports

Healthwatch Sheffield has now published the reports of our second round of #SpeakUp grant funded projects. The programme was designed to enable local organisations and community groups to gather views and experiences about health and social care services from Sheffield residents, especially those who traditionally do not have a voice.

The Summary report and Individual reports are available [on the website](#).

Lesley Smith of the Sheffield Clinical Commissioning Group – referring to the reports saying:

“It’s a great piece of work and we welcome the findings...I want to make a commitment to Healthwatch, the community groups involved, and the people who gave up their valuable time that we will look at each report in detail. We will share an action plan next year which will be our commissioner response to the recommendations. We will present the plan to our Strategic Patient Engagement, Experience and Equality Committee (known as SPEEEC) early in 2020. Part

of SPEEEC’s role is to assure the governing body that information from engagement is used appropriately to influence our commissioning”.

Health and Wellbeing Engagement Work Report

This piece of work has not yet been shared publically but was shared with the council in December – because it is not on our website, it is included as an appendix to this report. This was a joint piece of work done with VAS staff and will be presented to the Health and Wellbeing Board at the end of January.

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.

In our last quarterly report, we described how our Community Outreach Officer Sarah has been doing some in depth work with small groups as part of the listening Hub development. As well as building the foundations for Listening Hubs, this has given us some rich information about what really matters to people in terms of their health and wellbeing, and their experiences of accessing community resources and services in the city. As well as informing our wider work, this has fed into our engagement work for the city’s Health and Wellbeing Strategy. This work has developed further through this quarter.

Burton Street Foundation / Adults with Learning Disabilities

Last quarter we described involvement with groups of adults with learning disabilities at Burton Street, and at Disability Sheffield’s self-advocacy group, Sheffield Voices.

What we said we hoped to do (taken from last quarterly report)

We visited the regular drop-in run by the Disability Sheffield to talk to people with learning disabilities about what activities they like doing. This was early scoping to inform the Enter and View visits which we intend to do in 2020, focussing on day activity provision for people with learning disabilities.

Through our connections with these groups [Disability Sheffield and Burton St], we hope to develop a team of volunteers with lived experience to do enter and view visits with the Healthwatch team.

What has happened this quarter?

Delivery of volunteer training session at Burton Street – 7 people attended

Description of session:

We wanted to introduce the concept of listening with intent, what an open question is and why we need to ask them. The plan is to develop skills within the groups, so that they can listen to their community and have ownership of this information.

Delivering an easy accessible session on open questions was tricky because it relies on the person understanding the answer and making judgements as what to ask next to gain more information. The adults found it difficult at first and some weren't able to fully contribute due to communication difficulties. This was addressed by the use of a whole group game. The task was to discover a person's favourite colour without asking what it was. Questions such as 'where would you find this colour?' and 'how does this colour make you feel?' were asked. The group enjoyed this and took turns to ask/be asked. We talked about how not asking a direct question means you are able to find out a lot more about a person.



Using Voice for influence

- The views captured at Burton Street are reflected in the initial write up of the Health and Wellbeing Strategy which is going to the Health and Wellbeing Board at the end of January 2020.
- We have a meeting planned with SCC staff in February, to discuss the current work on the Day Opportunities Framework. We hope to focus our upcoming Enter and View work in a way that can usefully support and inform this piece of work.

Next Steps:

Some of the group have potential to become Healthwatch Sheffield volunteers but a lot of support is needed. A series of development sessions is needed to build skills and understanding.

Sheffield Voices

A session is booked for January to visit the Sheffield Voices Group and talk about Enter and View; we hope to involve the group as key partners in this work.

New Beginnings WiSH course

What happened during the course?

The group have talked about resources in their communities, labels in society, roles and skills, and ambition and motivation. The women are asylum seekers and have no right to work in the UK. They are keen to access courses and find employment but they are extremely limited to what they can access. The women want to contribute to society and New Beginnings has supported them to become settled.

During one of the sessions the women attended an event run by Innova Consultancy. Innova run sessions that the women can access and during the event they all signed up at least one course, resulting in a continued engagement and progress within the health and wellbeing sector. In this case the partnership working collectively develops individuals and retains engagement. It is hoped they will become Healthwatch Sheffield volunteers and later progress

to employment in their chosen field. The underpinning knowledge they gain at this stage will make them valuable within a health and social setting.

What happened as a result?

- A member of the New Beginnings staff shadow tutored the course and was trained to deliver the sessions. The reason for this was to free Healthwatch Sheffield staff from delivery but still to link in later with volunteer development.
- The course developed confidence and a community development mind set with the women.
- Healthwatch gathered rich information about the women's experiences around health.

Next steps

The women will be invited to a regular networking, skills share and information exchange with other participants of this course (the courses are run citywide and have for many years). During these events they will participate in identifying health and wellbeing priorities for Sheffield, further learning, potential employment and emerging social action.

The organisations involved will be Sheffield City Council, Healthwatch Sheffield and community social prescribing.

Men's Suicide Prevention Group at SOAR

This spanned 4 sessions, hearing from 5 individuals in total. We talked with the group about services and their experiences using case scenarios; the group were open to this approach. For each of the meetings we decided to go with a topic and loose framework for the session; these were health focused and linked to different aspects of health (including physical, social, mental/cognitive, emotional, spiritual, environmental). We also talked about roles and skills, values and attributes and volunteering. We let the group steer the direction of the subject matter.

What happened as a result?

- The group asked to continue meeting monthly. A date is set for January at the Social café. New participants are encouraged to attend.
- One participant volunteers at the Social café, to enable listening to their community the group decided to trial the use of postcards with a specific question. The postcards would be used to collect information from the community via a ballot box in the café.
- The volunteers have enquired about other venues for other ballot boxes. Southey Library are interested and the Autism Society.

Next steps

Once a number of postcards have been completed they will be collected by the volunteers and used to identify common themes. This may present further questions to be asked. The postcard question will be changed to address this and put back into the community. Ownership of this information will belong to the community. The volunteers, HWS and SOAR will use the information gathered to set priorities, support community involvement and in our wider voice and influence work.

Plans are for the Men's group to become skilled in facilitation and run their own focus groups regarding the stronger emerging themes.

9. Sheffield Accountable Care Partnership

We continue our focussed commissioned piece of work to support engagement across the Accountable Care Partnership (ACP) in Sheffield. Funding for this work runs until March 2020.

There are a number of strands to this work which is led by Laura Cook, our Policy and Evidence Co-ordinator. A number of activities have taken place this quarter relating to the ACP work.

Less Well Heard Groups

To increase the voice and influence of groups who are less well heard within the health and care system we have been working on 2 mini-engagement projects to develop, try out and assess engagement methods with specific groups.

Ben's Centre

We carried out 11 interviews with clients at Ben's Centre about their views and experiences of mental health and substance misuse services, and a member of staff at the centre interviewed a further client.

This work is still being written up and analysed but will be shared with the ACP partners.



Using voice for influence:

A local authority manager working on homelessness prevention has already shown interest in the content of this work; as part of his role he is looking at the experience of homeless people accessing health services and wants to increase understanding of the barriers people face. He is part of the team developing the Housing First approach in the city, an approach which is dependent on different parts of the system connecting to support an individual.

People in residential and Nursing Homes

We completed 27 Health and care surveys with people aged 65 and over this quarter. We visited residents at Rose Court Residential Home, Belmont House Nursing Home, Rose Cottage Nursing Home and Gilbert Court retirement flats.

The Disabled Access to Dental and Optician Services survey findings and final report were discussed with residents at Broomgrove Nursing Home. Some of the residents influenced the design and delivery of the project as members of a Project Advisory Group and we shared the findings with other residents at their residents meeting in December.

Experience of Hospital discharge to a Route 2 Bed

In December, we conducted 2 follow up interviews with people we had previously interviewed to find out about experiences of people who had stayed in a Route 2 bed at a nursing home following a hospital stay. We interviewed the relative of someone who is housebound over the phone and interviewed a housebound person in their own home. They told us about experiences of care since their last interview, including returning home and having paid carers.



Using voice for influence:

This work will be feeding in directly to groups working on the action plan arising from the CQC Local System Review.

Healthwatch National Annual Conference

We ran a session in partnership with Jane Ginniver (Joint Interim Director of the ACP) at the Healthwatch Network Annual Conference. It was attended by 23 colleagues from Healthwatch organisations across the country. We shared the approach and learning from our ACP patient and public engagement work, then facilitated discussions about how our approach could be adapted to work in other areas.

ACP Engagement Strategy Workshop

75 people attended our workshop to have their say about what approach the ACP should take to involving patients and the public so they can influence developments in local health and social care. We discussed what the aims of such an approach should be, values and behaviours, identified good practice, challenges and how to address them.

Improving Accountable Care (IAC) forum

There were 3 Improving Accountable Care (IAC) Forum meetings this quarter. At the meeting in October forum members participated in an engagement session for the Yorkshire and Humber Care Record. Their suggestions for how to describe Population Health Management and data security were adopted and tested in the wider population through a regional survey. In November, the group discussed plans for a Shared Care Record for Sheffield with the Programme Manager Kate Mansfield and reviewed an initial draft of an Integrated Model of Care and public-facing summary of the recently developed ACP Workforce Strategy. Newly appointed Director of the Sheffield ACP Mark Tuckett attended the meeting in December and joined members in discussing system-wide metrics, and how the forum can make more of an impact and have more influence at a strategic level. The group shared views with Pharmacy Development Manager Jo Tsoneva on community pharmacists being involved in providing physical health checks for patients living with serious mental illness.



Using voice for influence:

Some forum members participated in NHS England's person centred care event which was facilitated by Sheffield CCG. One member made an impact by speaking at the event, sharing their views and experiences with a variety of professionals from across health and care services.

10. Linking with the ICS

We helped the South Yorkshire and Bassetlaw Integrated Care System (ICS) to connect with local people with Autism, their families and carers, relevant organisations in Sheffield and other Healthwatch in the ICS footprint. We also helped them to get feedback on their survey for users of services and promoted opportunities for people to get more involved in the work.

11. Enter and View

We have planned work to do four Enter and View Visits at GPs before the end of March. The first of these has been scheduled for early January at the Devonshire Green Practice.

12. Prominent or emerging themes

This section is intended as a place to note prominent or emerging themes that we are aware of in health and care services locally. It is based on feedback that we have received from individuals, as well as issues that have been highlighted through our attendance at different groups and forums. This is intended to be a snapshot of what we are hearing about; the purpose is to flag up issues that we feel **may** warrant further deeper consideration and exploration. It cannot be considered an exhaustive list, and we also recognise that the experiences we are hearing about, may not be indicative of people's experiences of a service across the board. We hope that it is of use to services, and commissioners of services, in indicating potential areas of focus.

Access to services for ADHD

This quarter we have received several enquiries from people via our advice and information line relating to adults with Attention Deficit Hyperactivity Disorder (ADHD).

Our conversations revealed some confusion amongst patients about the diagnosis pathway in Sheffield, as well as worries about the length of time it takes to receive an assessment from Sheffield Adult Autism and Neurodevelopmental Service (SAANS). Adults who suspected they had ADHD also shared that they didn't feel their GP took them as seriously as they would if a child had presented with the same symptoms – there is a perception that adults will not be referred, diagnosed, or offered the same support as children. This perception is a possible barrier to adults engaging with the diagnosis and treatment they require.

Psychiatric Decision Unit (PDU)

We received some information about this facility, which included a concern about the ways in which it was being used. In particular, there was a suggestion that it was being used following discharge from inpatient services as a kind of 'step-down' - which is not its intended use. We have raised this with relevant commissioners to explore.

Adult Social Care

Whilst we are aware of a number of positive developments in social care, we continue to hear concerns about offers of care, and the quality of provision. This has been described by individuals when we have attended meetings of the Service Improvement Forum and by individuals in the Disability Hub. It was also raised at our Health and Wellbeing Forum as a concern. People describe care which is inconsistent and poor quality; alongside this, a number of individuals have described that reductions to their care package and the overall offer of care does not allow them choice

and control in their life. This partly relates to the work we did previously in the Homecare report and we will be following up on action plans arising from that to see what progress has been made.

13. Healthwatch Team

We have appointed Nik Bakalov as an Engagement Officer to work 21-hours per week. Nik has just completed his PhD and has done a variety of work linking to Disability and Health. He starts with us in mid-January.

Rosie (Engagement Officer) left to go on maternity leave at the end of November.

Sarah Fowler will be increasing her hours to full time from the end of January – she currently works 4 days a week.

14. Coming up (January-March 2019)

We will launch Round 3 of our #SpeakUp Grants

Undertake a significant amount of engagement with individuals and organisations to inform our next strategy

Review our communications approach to devise a Communications Strategy (outstanding item from last quarter)

Continue our work looking at carers' access to GPs

Undertake 4 Enter and Views at GP surgeries in the City Centre Network

Continue work on the recruitment and development of a team of Enter and View volunteers with lived experience of learning disability.

Health and Wellbeing Forum

Aging well – Focus on Dementia

3rd March 2020, 11am-3pm

We are working with the Sheffield Dementia Action Alliance to run this event, which will depart from our traditional format of a panel of speakers. This Forum will be a drop-in workshop/information session in order to increase its accessibility to the public.