HEALTHWATCH SHEFFIELD ADVISORY BOARD MEETING (PUBLIC)
Wednesday 23 November 2016, 1.30 pm – 4.00 pm
the Circle, Conference Room 1, 33 Rockingham Lane, S1 4FW

AGENDA

1.30 pm  1. Introduction & apologies

1.35 pm  2. Minutes & matters arising – 14 September 2016

1.45 pm  3. Declaration of Interests
             (related to any item on the agenda)

1.50 pm  4. Chairs’ Report & Board member updates (verbal, Chair)
             (update on meetings since the last board meeting)

2.00 pm  5. Report from Healthwatch Business Meeting (verbal, Chair)

2.05 pm  6. Update on Sustainability & Transformation Plan (Shaping Sheffield) (verbal, Chair)

2.20 pm  7. HWS Core Team Update (incl Young Healthwatch)
             (update on activities and priority work areas)

2.25 pm  8. Review of outputs (paper)
             (Healthwatch Sheffield Quarter 2 monitoring report)

2.30 pm  9. Update on staffing (verbal, Sue James)

2.40 pm  10. Any other business

2.45 pm  11. Questions from the public

3.00 pm  12. Discussion session on mental health work – including reporting on crisis care and Young Healthwatch work on mental health.

3.45 pm  13. Close of meeting

14. Date of next meeting: Tuesday 7 February 2016, 1.30 pm – 4.00 pm, Conference Room 1, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW
HEALTHWATCH SHEFFIELD ADVISORY BOARD MEETING  
Wednesday 14 September 2016, 2.30 pm – 4.00 pm  
Conference Room 1, the Circle, 33 Rockingham Lane, Sheffield S1 4FW

Present:
Judy Robinson (Chair, Healthwatch Sheffield)  
Maddy Desforges, (CEO, Voluntary Action Sheffield) – attended pre-meeting only  
Tony Clark, Board member  
Tony Maltby, Board member  
Helen Rowe, Board member  
Hazel Blackbourn, Board member  
Tony Blackbourn, Board member  
Clive Skelton, Board member  
Annette Haywood, Board member  
Patricia Edney, Board member  
Eleni Chambers, Board member (attended pre-meeting only)  
Carrie McKenzie, Manager, (Policy & Engagement Lead), Healthwatch Sheffield  
Myrtle Pritchard, Administrator, Healthwatch Sheffield

In attendance:  
2 members of the public (list of members of the public attending is held by Healthwatch Sheffield (HWS)  
Chair: Judy Robinson (Chair, Healthwatch Sheffield)  
Minutes: Myrtle Pritchard, Administrator Healthwatch Sheffield  
Distribution: Healthwatch Board members, Core Team, Healthwatch Website

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<tr>
<th>1.0</th>
<th>INTRODUCTION, APOLOGIES</th>
<th>ACTION Who/When</th>
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<tr>
<td>1.1</td>
<td>Apologies were received from the following board and staff members: Alice Riddell, Guy Weston, Sue James (Interim Healthwatch Manager) and Sarah Williamson, (VAS Board member).</td>
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<td>1.2</td>
<td>Judy welcomed everyone to the Advisory Board meeting and introduced the board members.</td>
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<td>2.0</td>
<td>MINUTES OF MEETING, 15 JUNE 2016 &amp; MATTERS ARISING</td>
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<td><strong>2.1</strong></td>
<td>The minutes were agreed as a correct record of the meeting with the following corrections/amendments:</td>
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<td></td>
<td><strong>Item 4.3 (Helen Rowe – Scrutiny Board &amp; Integrated Commissioning Board)</strong> Correction to the last sentence of paragraph 4 – should read &quot;...providers needed a certain number of people in order to make a service viable.&quot;</td>
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<td><strong>2.2</strong></td>
<td><strong>Matters Arising</strong></td>
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<td></td>
<td><strong>Item 2.3 Chair’s Report – letter to Sheffield MP’s and councillors</strong> - Clive reported that Myrtle had sent him the previous draft letter but because of the imminent Healthwatch Sheffield (HWS) tender it might not be appropriate to write to councillors at the present time and that it would be better to wait until things were clarified.</td>
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<td><strong>Item 2.4 – Review of Outputs</strong> – The new monitoring report format has been used for the last quarter's report to Sheffield City Council.</td>
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<td><strong>Item 2.6 (Question 2 Roger Guymmer – Question relating to the lack of mention of autism in Sheffield’s Joint Health and Wellbeing Board strategy document and the lack of an Autism Partnership Board)</strong> – Roger asked Healthwatch to note in the minutes that he had not been satisfied with the response he had received from the Health &amp; Wellbeing Board. The June HWS Advisory Board minutes noted that he was satisfied with the response. The minutes will be corrected to reflect this.</td>
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<td><strong>2.3</strong></td>
<td><strong>Item 2.6 (Question 5 Eva Juusola) – Question about the two year waiting list to access psychological therapy at Ryegate Centre and the refusal to refer children under care of Ryegate consultants to CAMHS, which has a shorter waiting list.</strong></td>
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<td>This is outstanding action that was a late submission to the February 2016 Advisory Board meeting. The action from the 15 June 2016 Advisory Board meeting was to write to the Chief Nurse, Sheffield Children’s Hospital for a response. <strong>Update</strong> – a letter has now been sent to the Chief Nurse and Healthwatch is waiting for a response.</td>
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Item 4.1 a) Sheffield Health & Wellbeing board – Health Equality Strategy. Gregg Fell, Director of Public Health has been asked to produce a review of age friendly strategies by March 2017. Tony Maltby reported that he had met with Cllr Cate McDonald who feels that the City of all Ages strategy policy was being implemented. Tony added that there was a view that this is going to be progressed by the CCG to make sure that the Age Friendly city was maintained.

Item 4.3 Hazel Blackbourn, Partners for Inclusion Group (Pfi) – The group has received a small pot of funding which will be used to produce a report and wind-up the group. Tony Maltby added that the Equality Engagement Group had been asked to help liaise with Jacqui Stubbs, Pfi to try and help fund a small scale research project on aging with a disability.

3.0 DECLARATION OF INTERESTS

3.1 There were no conflicts of interests.

4.0 CHAIR’S REPORT & BOARD MEMBER UPDATES

4.1 Chair’s Report

Judy reported that Healthwatch had made its annual presentation to the Health & Wellbeing Board in August. The presentation and the HWS Annual Report 2015/16 had been very well received. The report highlighted the key achievements over 2015/16. The board was particularly interested in findings from Enter and View reports as well as how Healthwatch Sheffield identified issues to follow up.

Judy congratulated the current and past staff members of Healthwatch for the reports content and design.

Judy mentioned that Healthwatch England had highlighted benefit of student volunteers in their latest newsletter and that Becky Batley, Healthwatch Sheffield’s Young People’s Engagement Worker had been featured in the issue.

Sustainable Transformation Plan (STP) – this is the new plan for health and social care across South Yorkshire & Bassetlaw including the 5 local authorities looking at addressing health inequalities. The STP will consider a new financial model for health across this area, cross institution governance and management and communication.
HWS is pressing for improved communication and engagement with citizens about the STP.

**Health & Wellbeing Board** – The new Sheffield Carers Strategy was discussed. Some issues raised included hidden carers, breaks for carers and the quality of adult care. HWS wants to track the progress of this strategy and how it is implemented.

**CCG Governing Body Meeting (July)** – Care Outside Hospital was discussed and the new plans based on organising primary care at the neighbourhood level, working with the voluntary and community sector and social prescribing. A key issue raised was how to support the voluntary sector’s involvement and resource it properly as well as HWS involvement in seeking people’s views.

- Hyper Acute Strokes Services and paediatric service re-configuration are being consulted on.

- Quality and Outcomes report – Still long delays accessing IAPT (ie psychological therapies) services. Over the next 6 months Young Healthwatch will be focusing on the transition to adult services. Healthwatch will keep a watching brief on developments.

| 4.2 | **Tony Maltby (Sheffield 50+)** – reported on the Equality Delivery System 2 (EDS2) and an exercise conducted by the local authority, CCG and hospitals in Sheffield. The system applies to all organisations to help them meet the legal requirements of the Equalities Act. Tony added that there was a need to focus on how to deliver this eg better signage in hospitals. The Age Better project is commissioning someone to run the ‘popup’ events. Roll out will be from September – December 2016. Age Friendly Sheffield - another review is in progress. Sheffield 50+ are running several events eg mindfulness classes and there is an Age Hub meeting on 6 October 2016 at 5.00 pm to attract people over 50 who are working. Healthwatch will publicise the events. A member of the public mentioned that there was the Aviva Community Fund with up to £25,000 funding available to help with community events/projects. She asked if there was anyone tasked with dealing with this in the City Council as there was a real problem of underfunding of voluntary organisations. |
Tony suggested that an organisation called SYFAB ie South Yorkshire Funding Advice Bureau could also help highlight any funding streams that were available for local activities.

| 4.3 | Helen Rowe/Clive Skelton – Scrutiny Committee - Helen reported that the committee had discussed the Care Quality Commission (CQC) inspection of Sheffield Teaching Hospital Foundation Trust (STHFT). The inspection had also included Jessop’s Hospital and community services. Helen was able to provide some background information on Jessop’s as Healthwatch had conducted an Enter and View visit in March 2016. Clive mentioned that the new committee was still finding its feet due to there being a new chair and new members. Hazel Blackbourn - Area Prescribing Group – Hazel reported that there was a shift towards encouraging more people to use their pharmacist for items such as paracetamol, vitamin D as sometimes it would be cheaper than getting things on prescription. There is also a trial of an online prescription ordering line, whereby an individual contacts the pharmacy for a repeat prescription when they are ready. It is envisaged that this will save stock piling of drugs at home and save money for the NHS. A member of the public mentioned that there should be a more balanced view and that the NHS used the prescribing of paracetamol as a sign of poverty. Some people are too poor to pay £1.20 for paracetamol. Trish replied that there was a scheme in place to help people with this. |
| 4.4 | Patricia Edney – Children’s Health & Wellbeing Board (CHWBB) /Primary Care Commissioning Committee (PCCC) - CHWBB’s main work over the summer has been on special educational needs and disability, which has seen the City Council, CCG and hospitals working together on healthcare plans. A programme board has been established. Trish has been asked to sit on the board to represent Healthwatch. PCCC – discussed the plans for neighbourhood practice. The CCG will be providing some funding to practices to participate in this. Practices will be sharing clinical expertise and back office resources. Trish felt that the possible impact on patients was that there might |
not be expertise at a particular practice and patients might have to travel to other surgeries.

The Westfield Health Centre is closing. Danum Medical Services took over the centre as an alternative provider when the GP left. Around 600 patients have been looked after by other local practices, such as Owlthorpe. Patients will be sent a letter about the closure of Westfield and given alternative practices. Hazel inquired whether Owlthorpe could cope with the extra patients and if their appointment waiting times had increased. Trish said that at the present time Owlthorpe had the capacity to handle the extra patients.

5.0 **HWS CORE TEAM UPDATE (incl. Young Healthwatch)**

5.1 Carrie McKenzie reported on HWS engagement activities. Between July and August there had been 26 outreach sessions and 1700 people had been spoken to. Over 600 reviews have been entered onto the ‘rate and review’ website achieving a good cross section of opinions on health services.

The Healthwatch Mental Health Crisis Care Report is at the draft stage and will be published in October 2016.

Priority work areas – agreed to focus on the following areas: Mental Health Crisis Care, Access to Primary Care for excluded groups – focus on disabilities; Care at Home (Domiciliary Care) for the next six months.

Carrie reported on the work done with excluded groups. Healthwatch received 125 responses to the learning disability survey “Your Health ... Your Say”, which had a focus on access to dental care for people with disabilities. This work was carried out in partnership with MENCAP. It is envisaged that this work will be followed up by an Enter and View visit to a NHS service provider.

Care at Home – Care at Home has been raised at the Scrutiny Committee as a focus for the meeting as it is difficult to get access to people’s homes to look at this type of care. Some of the HWS engagement team will be visiting lunch clubs to talk to people who receive care at home services.
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<th><strong>Annette Haywood mentioned that she had a paper looking at patient’s experience of care at home, which was part of the Patients Testbed project that might be of interest to Healthwatch. She will send Carrie McKenzie the paper.</strong></th>
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<td><strong>5.2</strong> Young Healthwatch (YHW) – Over the summer Becky Batley, Young People’s Engagement Worker has been to community festivals and also using the SHINE Academy Health bus in 4 parks. The YHW meetings have had a summer recess due to the school holidays. The next meeting will be on 27 September 2016 and will then be held every 2 weeks. Becky will be attending university volunteer fairs over the next few weeks and a letter and flyer has been sent out to secondary schools promoting YHW and asking for an opportunity to visit schools to talk to pupils.</td>
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<td><strong>6.0</strong> <strong>REVIEW OF OUTPUTS</strong></td>
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| **6.1** The Information and Intelligence report (April – June 2016 included with the meeting papers) is a data snapshot from HWS ‘rate and review’ website. The report has been shared with NHS trusts and the Clinical Commissioning Group (CCG).

The most talked about topic by the general public is access to services, primarily GP’s.

The initial findings from the HWS mental health survey indicate that some staff groups were suffering from low morale. Healthwatch have met with the Sheffield Health & Social Care Trust (SHCST) as the survey findings showed a discrepancy between their staff survey and the Healthwatch survey. SHCST will let Healthwatch know how they will take this forward.

Healthwatch will be looking to work with the Trust to improve standardised complaints processes across providers over the next few months. It was found that responses to complaints varied in style and content between different services across Sheffield. |
<p>| <strong>7.00</strong> <strong>ANY OTHER BUSINESS</strong> |
| <strong>7.1</strong> There was no further business |</p>
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<th>8.00</th>
<th>QUESTIONS FROM THE PUBLIC</th>
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<tr>
<td>8.1</td>
<td>No questions had been submitted prior to the meeting and there were no further questions from the floor.</td>
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<th>9.0</th>
<th>CLOSE OF MEETING/DATE OF NEXT MEETING</th>
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<td>9.2</td>
<td>The next meeting will be held on Wednesday 23 November 2016, 1.30 – 4.00 pm. Conference Room 1, The Circle, 33 Rockingham Lane, S1 4FW.</td>
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Minutes checked and signed by Chair, Judy Robinson

Judy Robinson
HWS Advisory Board meeting – 23 November 2016

HWS CORE TEAM UPDATE (INCLUDING YOUNG HEALTHWATCH)

Background
Healthwatch Core team is responsible for the delivery of the Healthwatch strategy and day to day management of delivery. Included with Board papers is an Information and Intelligence Report and an Overview document (highlights) from July to September 2016.

RAISING AWARENESS AND ENGAGEMENT

We have been raising awareness of Healthwatch Sheffield and the ‘Rate and Review’ website, as well as hearing the views of those people or groups whose voices can be missed.

In the last quarter we have spoken with a total of 1,968 people at 27 community festivals and events, and at 13 talks /visits with smaller groups. We attended festivals and events such as the Diabetes Fun Day at Millhouses Park, stall at the Moor Market (x3), World’s Biggest Coffee Morning at Concord Park, Shaping Health and Care event, Over 50s Day at Firth Park (and see Young Healthwatch activities).

Talks and visits included the Women’s Support Group at St Cuthbert’s Church, Roshni Elders (male and female) groups, Pain support groups in Burngreave, Chinese Elders group at Chinese Community Centre, Refugee Drop In at U-Mix Centre and Victoria Hall and Dementia Café at Verdon Street Centre.

We acted on a number of issues which were raised with us at these visits. For example someone reported that they knew many people who had stopped taking vitamin D/calcium tablets as they believed that they contained gelatine. We raised awareness that GPs can prescribe an alternative and also reported this to the CCG who will investigate to see if this is ‘rumour or reality’ and respond back to us. At events with refugees and asylum seekers (such as the drop in at Victoria Hall) there were many concerns expressed about the closure of the Mulberry Street Health Clinic. We produced a flyer explaining that sexual health services were moving but that the clinic’s services were continuing. We also picked up that there were significant issues registering and getting an appointment at dental surgeries in Burngreave, Pitsmoor and Firth Park as dental surgeries were often full. This resulted in refugees going straight to the Charles Clifford hospital. We provided information about which dentists are available and who to ring regarding surgery vacancies.

Feedback forms from events have been inputted onto the rate and review system. In total we received 453 reviews about health and social care services in Sheffield during the last quarter.

IMPROVING & INFLUENCING SERVICES

We continue to work with partners to ensure that the citizens of Sheffield have opportunities to improve and influence services. We have reviewed and are putting into place a new system to collate information from all of the Advisory Board meeting
representatives to enable this to be shared more effectively (verbal feedback will continue at Advisory Board meetings). Influencing work included:

- Healthwatch Sheffield worked on a task group with the Director of Public Health about the Public Health annual report (please contact us if you would like a copy of this report).
- Raised issues about waiting times for psychological therapies from Healthwatch Sheffield patient feedback which contributed to the CCG’s Quality and Outcomes Report (it is part of HWS’s role to feed in ‘on-the-ground information’ to strategic discussions of services).
- Met with a local therapy service to share our knowledge about what BME communities in Sheffield say about their mental health and talking therapies to help them in reviewing their services.
- Raised issues and had a response about waiting times for psychological therapy services at Ryegate Children’s Centre with the Director of Nursing and Quality at the Children’s. We will monitor progress on this. Since we raised this issue, mental health services at the Children’s Hospital Trust have been rated as ‘require improvement’ in the recent CQC inspection. Waiting times for therapy services was highlighted as one of the concerns.
- Supported patient/public involvement in developing a guide for children who are anxious about the dentist, and their parents These are available as paper copies and free online at www.llttf.com/dental
- Organised a VCF Forum in October (27 attendees from a good range of larger and smaller groups). There will be 4 meetings a year with one larger event. The meeting discussed the STP – see http://www.healthwatchsheffield.co.uk/news/vcf-group-comments-on-draft-nhs-transformation-plans. The January meeting will be on mental health.
- HWS joined the Independent Mental Health Hospitals Service User and Carer Experience Stakeholder Steering Group (convened by NHS England), to develop a standardised resource tool which describes what high quality service user and carer engagement should look like within Independent Mental Health Hospitals in Yorkshire and the Humber.
- We are following up the report on Adult Social Care that we did this time last year as well as several Enter and View visits, to find out about progress in implementing our recommendations.
- We shared information about 18 services with the Care Quality Commission.

**Sustainability and Transformation Plan (STP)**

The STP has been a theme of all the strategic meetings recently - both about the South Yorkshire and Bassetlaw footprint and the Shaping Sheffield Plan. Healthwatch Sheffield has been centrally involved in this development (primarily represented by Judy Robinson, HW Chair). HWS has supported STP leadership thinking and consideration about the need for wider public engagement about the Plans. HWS Chair made a proposal which was agreed to form a task group to steer and improve Sheffield citizen engagement with the Shaping
Sheffield plan. The first opportunity to do this is a Health and Wellbeing Board event on 8 December which we are jointly organising.

We have also worked with the CCG communication lead (Helen Stevens) which resulted in the first public discussion with HWS’s Advisory Board (at the last Business meeting) and a presentation at the VCF Forum which we organised in October.

Healthwatch Sheffield will have a key role in enabling people to engage with the plans to ensure that the Sheffield has the best possible services going forward.

**RESEARCH/REPORTS/BRIEFINGS**

- Healthwatch Sheffield’s Mental Health Crisis Care Report will be published on the website at the end of November after incorporating responses from providers.
- *A Report on Patients and Professionals Experiences of Disabled Access to Dental Services in South Yorkshire and Bassetlaw* will be sent to providers by the end of November
- We have begun work on analysing the research we undertook (with Mencap) on people with learning disabilities’ experience of health and care, and expect to have a report by Xmas.
- We attended a Healthwatch England Intelligence and Informatics meeting which involved us combining our expertise with other local Healthwatch to help Healthwatch England develop a research and skills package that can be used nationally by all local Healthwatch.

Copies of all Healthwatch reports are available on request, or please see the website at [http://www.healthwatchsheffield.co.uk/reports-and-documents/reports/](http://www.healthwatchsheffield.co.uk/reports-and-documents/reports/)

**INFORMATION AND REFERRALS**

Healthwatch responded to 24 new enquiries during Q 2. These were enquiries about GP practices (8), hospitals (6), adult social care (4); children’s services (eg re autism) (2), care homes (4). We referred 10 individuals wanting support re complaints to VoiceAbility NHS Advocacy Service. We have also signposted to organisations including Disability Sheffield (particularly people needing support and advocacy for complaints re social care), Sheffield CAB and Age UK. We sent our complaints information packs to 7 people in Q2.

**ENTER AND VIEW UPDATE**

We published 4 Enter and View reports during July to September - Jasmin Court Nursing Home, Highgate Surgery (GP Practice), The Jessop Wing maternity unit, and Burbage Ward (mental health ward). The Jessop Wing Report highlighted that the service was very much appreciated by patients and that staff seemed to communicate well and in a supportive way. This echoes the positive feedback about the service that we have received through our website this quarter.
When patients at the Burbage Ward in the Michael Carlisle Centre told us they were concerned about the ward becoming smoke free and delays in obtaining nicotine replacements, Sheffield Health and Social Care Trust assured us that service users had been involved in planning and implementing the policy and that there would never be a delay in patients receiving nicotine replacement therapy given that qualified staff were trained to do this.

The volunteers’ reports have been shared with providers for comments and then published on HWS website. We also send copies of reports to the CQC before inspections. See website for Enter and View reports:
http://www.healthwatchsheffield.co.uk/reports-and-documents/enter-view

During Q2 we visited Huntsman 7 ward at the Northern General Hospital, the Medical Outpatients Department at the Royal Hallamshire Hospital and Wood Hill House which offers respite care in a residential setting. The reports from these 3 visits will be published during this quarter.

UPDATE ON PRIORITY WORK AREAS

1) Mental Health Crisis Care. A Draft report on Mental Health Crisis Care was sent to providers and Sheffield Crisis Care Concordat for an official responses (due back 23 November).

The report contains 14 recommendations that include: developing specific training for GPs; bringing waiting times for children and young people in line with those for adults; consulting with young people and ethnic groups about their specific needs and improving information signposting both during a crisis and for promoting general mental wellbeing. Initial response to the report from service providers has been positive. Heather Burns, who heads up the Mental Health Commissioning Portfolio at Sheffield Clinical Commissioning Group, said; “Many thanks for this work Healthwatch colleagues. There is rich information presented here that we can learn from and apply to help us to continue to improve local services.”

We will continue to work on mental health in a number of ways as this continues to be a priority issue for the city. It is also a priority area for Young Healthwatch (see below).

2) Access to Primary Care for excluded groups – focus on Disabilities.

a) Access to Dental Care for people with disabilities. A Report on Patients and Professionals Experiences of Disabled Access to Dental Services in South Yorkshire and Bassetlaw will be sent to providers by the end of November.

Findings indicate that over half of physically disabled patients found their experience of visiting the dentist to be either quite difficult or very difficult. Furthermore, only 3 of the 77 dental surgeries in South Yorkshire and Bassetlaw that responded to our survey said they were fully accessible.
b) **Learning Disability Survey.** We will be starting to analyse the findings from this research shortly, with a draft report ready by Christmas.

3) **Care at Home (Domiciliary Care)**

One of our new staff members, Sue Knights, has started this work, with a desk review of research and reports locally and nationally. This continues to be an important issue for the city, and there are significant challenges in terms of provision. Service user ‘voice’ and feedback is not at the forefront in this area of work and we are hoping to redress this in the next few months. We are convening a task group on this with members of the Advisory Board who have particular knowledge of this area.

We have started our work visiting Lunch Clubs (and other groups where people who are more likely to access Care at Home will be present) to find out more about people’s experience of Care at Home. We are also following up with the Council to find out more about their work reviewing Domiciliary Care to see whether there is service user and carer involvement in this. This will also include following up on progress on the recommendations from our Report on People’s Experiences of using Adult Social Care.

**UPDATE ON MARKETING AND COMMUNICATIONS**

We did a summer newsletter and are going to print this week for our October/November newsletter. 1,547 individual users of the website viewed 8,816 pages during July to September and our Twitter followers have increased from 1,581 in July to 1,911 by the end of September.

We continue to have adverts about HWS and how to feedback on services on several bus routes throughout the city.

We are in discussions with the Sheffield Telegraph and it looks likely that we will be having a monthly column in the newspaper.

**UPDATE ON YOUNG HEALTHWATCH**

Young Healthwatch teamed up with the SHINE Health Academy and their health bus to visit 4 of Sheffield’s parks – Endcliffe, Graves, Norfolk and Millhouses Park and talked to hundreds of people. The purpose of the tour was to get out and speak to children and young people who might not normally get involved or give their views on health and social care. We collected over a hundred feedback forms, which were added to our rate and review website.

In September we re-started our fortnightly Young Healthwatch meetings again after the summer holidays. Meetings have looked at how to get more young people involved, working with the Royal Voluntary Service on an inter-generational project, and setting priorities for coming months. A key priority is work on mental health and this has been much highlighted in the media recently. We are currently doing one session a week with different year groups in Yewlands Academy focusing on mental health and hope to work
with Stocksbridge High School and Birley Community College in coming months. We run sessions on general mental health and emotional wellbeing (Becky Batley our young people’s worker is trained in this) and raise awareness of Healthwatch and collect feedback on the health and social care services the pupils’ access.

Young Healthwatch attended Fresher’s Fairs at Sheffield Hallam University, University of Sheffield and Sheffield City College. There was a lot of interest from new students and we talked to hundreds of people, raising awareness of Healthwatch and Young Healthwatch.

As well as our twitter (@YHWSheffield) and Facebook page (www.facebook.com/SheffieldYoungHealthwatch) we now have a Young Healthwatch account on ‘insta’, an online mobile photo-sharing, video-sharing, and social networking app. Our username is yhw_sheffield.

Young Healthwatch meets at The Circle every 2 weeks.

**PERFECT PATIENT PATHWAYS – ‘TEST BEDS’ PROGRAMME**

The Sheffield ‘Test Bed’ programme aims to create the ‘perfect patient pathway’ and involves people with multiple long term health conditions. It is about developing and using new technologies that help people stay well and avoid hospital admissions.

HWS is responsible for making sure the patients’ voice shapes the design and delivery of the Test Bed programme. We have formed a patient advisory group consisting of people that have, or care for, people with long term conditions. We have supported this group to get involved in the programme and feedback on how it is being delivered and on the technologies. We facilitated patient involvement in a recent event focusing on the Test Bed programme with Sir Malcolm Grant from NHS England.

We can arrange a visit to the Innovation Hub at the Hallamshire Hospital if Healthwatch Advisory Board members would like to find out more about the programme – please email Sue James if you are interested in doing this (s.james@healthwatchsheffield.co.uk).

**FURTHER INFORMATION**

*Please also see Healthwatch Sheffield Information & Intelligence Report July to September 2016 and Overview July to September document.*
In addition we have:

- Shared information about 18 services with the Care Quality Commission (CQC). This includes mental health services provided by Sheffield Health and Social Care Trust, Yorkshire Ambulance Service and several care homes
- We had adverts about Healthwatch Sheffield and how to feedback on services on several bus routes throughout the city
- We visited 13 community groups and went to 27 community events and festivals including a roadshow at 4 local parks
- We visited three settings using our statutory ability to Enter and View publicly funded services and published four reports from previous visits

July to September 2016
Facts and Figures

Total number of people spoken to: 1,968
Total number of reviews: 453

What are people telling us about?

132 different services were reviewed and the average service rating was 3.8 out of 5 stars. Cleanliness, staff attitudes, treatment explanation and quality of care were rated highly across all services, while waiting times received the lowest rating.

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HWS Advisory Board, 23 November 2016
Item 8

“Last time I needed a GP I phoned 28 times before I got through.”

“Great advice by pharmacist, don’t need a doctor.”
July to September 2016 - How have we changed things?

Nationally

Healthwatch Sheffield joined an NHS England convened steering group to develop a standardised resource tool which describes what high quality service user and carer engagement should look like within Independent Mental Health Hospitals in Yorkshire and the Humber.

Locally

We took action on issues identified through our visits to seldom heard groups, such as the difficulties for refugees and asylum seekers to find places at dentists in Burngreave and Firth Park. We provided information about which dentists are available and how to register.

Individual Providers of Services

We wrote to the Children’s Hospital Trust about waiting times for psychological services at Ryegate Children’s Centre. The Director of Nursing and Quality agreed with our concerns and detailed a number of actions (including increased staffing) which they are putting in place to address this issue.

Individually

A person who had recently moved to Sheffield wanted to make a complaint about a hospital in the city they used to live in. We signposted them to the advocacy service in that city but they weren’t entitled to help because they no longer lived there. We then contacted an advocacy service in Sheffield on their behalf, and they agreed to support the enquirer. They were grateful for finding them much needed support.
Information and Intelligence Report July to September 2016

Key Findings

- The most talked about topic was treatment and care, and 81% of reviews about this theme were positive
- 68% of comments about access to services were negative
- Initial findings from our disabled access to dental services surveys indicate that over half of physically disabled patients found their experience of visiting the dentist to be either quite difficult or very difficult. Furthermore, only 3 of the 77 dental surgeries in south Yorkshire and Bassetlaw that responded to our survey said they were fully accessible

<table>
<thead>
<tr>
<th>Reviews</th>
<th>Services reviewed</th>
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<tbody>
<tr>
<td>453</td>
<td>132</td>
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<table>
<thead>
<tr>
<th>Sentiment</th>
<th>August 2016</th>
<th>July 2016</th>
<th>June 2016</th>
<th>May 2016</th>
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</thead>
<tbody>
<tr>
<td>55%</td>
<td>67%</td>
<td>50%</td>
<td>58%</td>
<td>47%</td>
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<td>22%</td>
<td>17%</td>
<td>30%</td>
<td>20%</td>
<td>24%</td>
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Average Healthwatch rating

- Cleanliness: ★★★★★
- Staff Attitude: ★★★★★
- Waiting Time: ★★★★☆☆
- Treatment explanation: ★★★★★
- Quality of care: ★★★★★

Overall average: ★★★★☆☆
- Between July and September we received 453 reviews about health and social care services in Sheffield.
- 132 different services were reviewed
- The average service rating was 3.8 out of 5 stars. Cleanliness, staff attitudes, treatment explanation and quality of care were rated highly across all services, whilst waiting times received the lowest rating. The same trend emerged in the last quarter.
- Over half the written reviews were positive (55%) and 106 people said they were extremely likely to recommend a service they had used to friends and family if they needed similar treatment or care.

### Services

Most of the reviews (298) were of GP surgeries in this quarter, the majority of these were positive. Mental health services were still classed as 'hospitals' during this time, however we now have separate mental health category on our website which includes services based in hospitals and community services.
Pharmacies received the highest percentage of positive reviews, whilst the hospitals received the highest percentage of negative reviews. In the hospitals category, Charles Clifford Dental Hospital had the highest percentage of negative comments (67%) and the Jessop Wing had the highest percentage of positive comments (60%).

**Themes/ Trends**

People told us they were happy with the treatment and care they receive and the staff who deliver it. 81% of comments in both of these categories were positive. People were least happy with access to services and administration; we received considerably more negative than positive comments in these categories.

Unfortunately it is very difficult to get an appointment and it is always very busy so appointments always run behind time. But once you are actually in, the doctors are very good - professional, helpful and friendly.
The Administration category further highlights that people were having difficulty accessing services, as most of the negative comments received in this category refer to appointment availability and booking appointments at GP practices.
Enter and View

A few highlights;

- We published 4 reports in this quarter; each report was about a different type of service. These were Jasmin Court Nursing Home, Highgate Surgery (GP Practice), The Jessop Wing maternity unit, and Burbage Ward (mental health ward).
- The Jessop Wing Report highlighted the service was very much appreciated by patients and that staff seemed to communicate well and in a supportive way. This echoes the positive feedback for this service on our website this quarter.
- When patients at the Burbage Ward in the Michael Carlisle Centre told us they were concerned about the ward becoming smoke free, SHSC assured us that service users had been involved in planning and implementing their policy and that would never be a delay in patients receiving Nicotine Replacement Therapy as all qualified staff were trained to do this.
- We visited Huntsman 7 ward at the Northern General Hospital, Medical Outpatients Department at the Royal Hallamshire Hospital and Wood Hill House which offers respite care in a residential setting. The reports from these visits will be published in the next quarter.

Sheffield Test Bed Programme

The Sheffield test bed programme aims to create the perfect patient pathway and involves people with multiple long term health conditions trying out new technologies that help them stay well at home so they don’t reach crisis point and have to stay in hospital.
We are responsible for making sure the patients’ voice shapes the design and delivery of the test bed programme. We have formed a patient advisory group consisting of people that have or care for people with long term conditions. Examples of the impact the group has had so far include; minimum training standards being written into the programme delivery plans to ensure the quality of training patients receive to use the technologies, and patient consent forms and information sheets being changed in accordance with their feedback.

**Disabled access to dental services**

- We received 63 responses to our Disabled Access to Dental Services Survey for service users, and 77 responses to our survey about disabled access for professionals to respond to. The responses came in from all over South Yorkshire and Bassetlaw
- Although some patients experienced difficulties visiting the dentist, over half said their practice catered for any additional needs they had told them about either quite well or very well, and the majority (90%) reported that staff and their dentist treated them positively.

**What’s coming up? (October - January)**

- Our children and young people’s worker will be visiting secondary schools to gather pupils views on services
- We will be visiting lunch clubs, hearing from people who use domiciliary care services
- Checking what progress has been made regarding the recommendations from our Adult Social Care Report, which was published in May 2016.
- Publication of our Mental Health Crisis Care Report, Disabled Access to Dental Services Report and a report about people with learning difficulties experiences of using services