

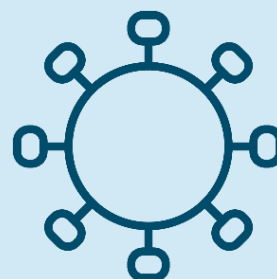
Quarterly report

April – June 2024

Heard from **370** people about their views and experiences of health and care



Information resources from the Long Covid project reached **6710** people



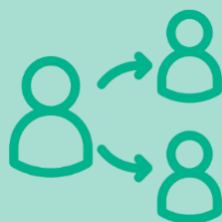
Helped **176** people with enquiries about health and social care services



Produced our **Annual Report** which highlights the impact of our work over the last 12 months



Had a celebration event for our **volunteers**, and a stall at the **Volunteer Centre Fair** to talk to people about volunteering with Healthwatch



Published a **Speak Up Report** from **Parson Cross Community Development Forum**



1. Introduction

The start of our year 2024 / 2025 year has been challenging – at the tail end of a 7 year contract we have felt the squeeze of a budget that hasn't been uplifted during that time, and with an upcoming tender process within the next quarter, we have been limited about the choices we can make with the resources that we currently have. As described in section 15 of the report, our team has been significantly reduced since the start of the year, and this has unavoidably impacted on the work we can do; this is reflected in some of the sections of this report where we have less to feedback on than normal. For example our work with Community Partners, and our work to support health and care services in their involvement plans.

But despite these challenges we have had some great achievements in our work. Once again, the number of information enquiries is up on last quarter – this is an area of work which continues to grow. The Long Covid project which is drawing to its conclusion, had a hugely successful final round of micro-grants to voluntary sector organisations, enabling them to share their co-designed information resources with nearly 7000 people; this number is projected to be at least 20,000 by the time they have finished the planned work. The broad range of resources, shared in lots of different ways, means that many more people in Sheffield will know what Long Covid is, and how they can find support if they have his condition.

We've also had a focus on volunteers this quarter – as with last year, we held a joint celebration event with VAS to thank our volunteers for the commitment to our work over the past 12 months. We also had a stall at the Volunteer Centre Fair, where we were able to talk to number of people who would like to explore volunteering with us.

We made the decision to pause our plans around the children's health priority, and focus our limited staff capacity on our work in Tinsley; we have made a good start in getting to understand more about how local people view their area. You can read more about this in section 8 of the report.

The reports from the last round of SpeakUp Grants are now all completed; the report from the Parson Cross Development Forum links nicely with our focus on a 'neighbourhood focus on health and care', looking at a whole range of services used by people living in that area. The final report from Sheffield Association for the Voluntary Teaching of English (SAVTE) will be shared next quarter, but as a result of the work, SAVTE have already been able to develop resources to help learners in developing their language skills in relation to health. This will enable their learners to have more confidence in seeking the healthcare they need.

2. Enquiries, Information and Advice

Members of the public can tell us about their experiences of health and social care services in the Sheffield region so that we can then share their views and opinions with decision-makers. We also offer specific information and advice about their care. Giving information about health and social care services is one of our statutory duties.

Enquiries we receive may include finding out about people's rights to treatment, what services may be available to them, or how to raise a concern about a negative experience they have had. We help people to find the right information as well as signposting them to further support if needed. Sometimes we can help people with their question immediately, whilst other situations may be more complex and may involve supporting the individual for a longer period of time.

Between April and June 2024, we received 176 pieces of feedback through our enquiry service relating to people's experiences of health and social care services. A large proportion of feedback focused on GP triage systems, and we heard mixed reviews. Some patients were pleased with the new triage forms, noting that they no longer had to wait in lengthy phone queues and many were offered same day appointments. Others found the online triage systems inaccessible or had encountered difficulties booking GP appointments due to online systems not accepting their requests.

We received numerous examples of praise for hospital care experiences; however, there was also less positive feedback shared that highlighted a range of issues including discharge delays, staff attitudes, lengthy waits for test results, and prolonged wait times for surgery. Additionally, individuals who had attended A&E raised concerns about personal care, with some patients feeling ignored when requesting a commode or toileting assistance.

Patients requesting hospital transport shared their views about the service. Frequent users felt they had to repeatedly justify their need for patient transport, despite being fully eligible. They found answering the same set of questions unnecessary when making a booking, especially when their condition and circumstances had not changed since their last interaction with the service.

Where have we signposted people this quarter?



Case Study

Challenges trying to get a follow up GP appointment

*Asif got in touch to tell us about the challenges he had experienced when trying to book a follow-up appointment as advised by his GP. He called his GP surgery promptly at 8:30 a.m. as soon as it opened and opted for the call-back service to avoid waiting in a lengthy phone queue. Each time the surgery attempted to return his call, the connection was lost, preventing him from speaking with anyone. Frustrated by the unsuccessful call attempts, Asif visited the surgery in person to explain his situation but was informed appointments could only be arranged by telephone. We contacted the surgery on his behalf and spoke with a receptionist who agreed to notify the practice manager about the recurring telephone disconnections and contacted Asif directly to arrange an appointment for him.

*names have been changed

3. Website

This quarter 3,300 people visited our website, and we had 12,068 page views.

Our most popular articles and reports were:

- [Paul's blog](#) about getting an adult ADHD diagnosis in Sheffield
- Our [Long Covid information resources](#), where we share the leaflets, videos and posters created through our Long Covid grants scheme
- Our information and advice article about the [Pharmacy First scheme](#)
- The regular intelligence briefing from [February – March 2024](#) where we share key issues people shared with us in that period

4. CQC / Sharing intelligence

Healthwatch England: We have been sharing data with Healthwatch England monthly, via their new digital platform. This connection with Healthwatch England helps us influence policy at a national level.

CQC: We shared a number of our published reports with the CQC in response to a request for information about one provider.

Public health: We shared insights about the experiences of asylum seekers and refugees accessing healthcare, to inform the Health Needs Assessment being undertaken by Public Health.

What have we been hearing?: This quarter we have shared 2 roundup reports with statutory partners, commissioners and service providers to highlight the issues that people are talking to us about. These are picked up in different ways, and have become a regular item for discussion at the Health and Wellbeing Board.

As well as sharing the headlines of what we hear in this briefing, we also share more detailed feedback with health and social care providers directly where appropriate and where we have the appropriate consent from the people we have spoken with.

5. Children and Young people

Young people's rights to healthcare

In June we were joined by two social sciences students from the University of Sheffield, as part of a scheme to offer internships which would benefit students looking for experience in the workplace, as well as organisations which could benefit from bringing skills and focus to a particular project.

The two students – Alyssa and Carmen – undertook a project focussing on our priority topic of children’s access to healthcare. Based on findings from our SpeakUp report with Saalik Youth Project, and other recent feedback, we know that many young people do not understand their rights are when it comes to healthcare – including which services they can access alone, and how confidentiality works for under 16s. We couldn’t find existing information resources online that would help answer these questions in a succinct way.

The students did online research to understand more about what teenagers should expect from healthcare services, and met with a GP and a staff member from Sexual Health Sheffield to explore some of the questions that weren’t answered online. They also met with a group of young people at Element Society to understand what questions they might have that could be addressed by a new information resource.

They produced an accessible and friendly leaflet to present these findings to the target audience – 14-16 year olds – and an accompanying information and advice article for our website. They also created social media images to promote the new resource.

Connecting with refugee and asylum-seeking families

We are committed to supporting refugees and asylum seekers in Sheffield to be involved in work at Healthwatch and across VAS. In May New Beginnings, who support refugees and asylum seekers into volunteering, education, and employment, were celebrating their 20th anniversary with a family event for their current and former clients.



We supported this event by running creative children’s activities for children and families who were attending. The event was also a really good opportunity to further get to know many refugee and asylum-seeking families in Sheffield in a fun and familiar setting, making connections and raising awareness of Healthwatch among this group, particularly around how our information and advice service might help them.



6. Community Partnerships

Due to reduced staff capacity this quarter we have not been actively working with our Community Partners, although we continue to routinely share our news and involvement opportunities to them.

7. #SpeakUp Grants

2023-24 grants

Parson Cross Community Development Forum

The SpeakUp report in collaboration with Parson Cross Community Development Forum was [published in April](#). The report focuses on the experiences of older people living in Parson Cross when they want to access health and social care services. Key findings include:

- How difficult it can be to get a **GP appointment**
- The challenges of **travel** for older people – getting to local services when public transport routes don't meet your needs, and getting to services that are only delivered centrally
- Experiences of getting **social care** packages in place – and the lack of support when going through the process
- A lack of formal identification of **carers** in Parson Cross, with lots not accessing any support

We've received responses to the findings and recommendations from NHS South Yorkshire ICB, and Sheffield Teaching Hospitals, outlining work they're doing to support carers, look at travel, and more. The responses can be read on the same webpage as the report above.

SAVTE (Sheffield Associated for the Voluntary Teaching of English)

The SpeakUp project in collaboration with SAVTE has been completed, and one of the main outcomes has been produced already – the learning resources that will support future English language learners to learn vocabulary about health and bodies so they can talk about them with doctors, and how to use services like 999 and 111. These are now available to use in SAVTE's sessions.

There is also a report which describes the experiences SAVTE learners shared about services they used, and recommendations for how services can support refugees, asylum seekers and new arrivals to navigate the health and social care system. This is being finalised and will be published shortly.

Using voice for influence



Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

In 2021 we worked with SACMHA to look at the experiences of African Caribbean people accessing homecare; this [SpeakUp report](#) prompted discussion about how to deliver inclusive and accessible social care services in the city. At the start of 2024, SACMHA were able to access funding for the post of an Engagement Manager for their Black Elders project, as part of a commitment from the local authority to improve the experiences of Black Elders needing care.

Future rounds of #SpeakUp Grants

We have been doing #SpeakUp grants for a number of years, and the success of these projects has grown as we have developed and refined the way we run the programme. We believe this had improved the outcomes and impact from the work, and we know from feedback that the grants have been valued by the groups that have received them.

Unfortunately each year it has become more challenging for us to find the money in our budget - inflation has seen rising costs, and the money we receive has been at the same level for the past 7 years. This means that at the start of 2024/2025 we had to make the difficult decision not to launch a new round of grants as we would normally do.

In the upcoming tender process we intend to look at how we can continue to include this approach in our work; it remains a priority for us to enable and support community groups and voluntary sector organisations in helping the people they work with to #SpeakUp and help improve services in our city.

8. Projects, Involvement and Engagement

Long Covid

The Long Covid project has achieved a number of milestones this quarter, before completing its key objectives at the end of March.

The Long Covid Network

The Long Covid Network has been meeting monthly and arrangements for the Sheffield ME and Fibromyalgia Group to take over the administration of the Network have been completed.

3rd Stage of Long Covid Community Grants

The purpose of the final round of grants in this project, was to share the information resources created by a wide range of community groups in Stage 2. The resources are now uploaded to the [Healthwatch Sheffield website](#).

Stage 3 of the grants programme was for any organisation in Sheffield to apply for funding to deliver any of the resources produced by Stage 2. Altogether we had 9 applications, and we funded 8 of these of them. These organisations delivered much of the work in April and May. They reported back in June telling us about who they had reached so far, and also plans for the future to continue sharing the resources.

The information was shared in a wide variety of way which included:

- Coffee mornings for Asian women at Highfield Trinity Church and at Darnall Church of Christ – the group shared the resources and discussed Long Covid, the signs, symptoms and what help is available
- Sending audio/visual messages to community WhatsApp broadcast groups
- Handing out leaflets and information packs to participants attending community events, and community group sessions (for example Chairobics, Men’s health groups, Somali dance group, Tai Chi, baby and toddler groups)
- Delivering leaflets to community settings like St Mary’s Community Hub in Handsworth, 2 GP surgeries in Handsworth, and Darnall Primary Care
- Sharing leaflets at stalls, for instance at a Parkinson’s UK event for individuals from ethnic minority communities, and at Royal Hallamshire Hospital
- Volunteers delivering leaflets to friends and neighbours
- Showing videos at Zoom sessions with people with learning disabilities, and at meetings with self-advocacy networks across the UK
- Sharing resources at pan-disability events, including an event at Israac Centre
- A face to face training and discussion session at Firth Park library
- Sharing resources digitally – by uploading to organisation’s websites for both the public and healthcare professionals, sharing via social media, and through organisations’ newsletters
- Film screening and discussion group for young people

Project Impact



We asked groups sharing the Long Covid Resources how many people they would be able to reach; from the numbers already achieved, and the work they have planned over the next couple of months, around **20,000** people will have received information about Long Covid in range of formats, as a result of round 3 of the grants.

Access to Pulmonary Rehabilitation Services

We have been working with the Pulmonary Rehabilitation Unit at Sheffield Teaching Hospitals, supporting them to understand how they could increase participation in their sessions in community venues. The project is helping them to find out what is stopping people from attending sessions when they are invited (eg individual motivations, access barriers) and what would support people to get to the sessions.

For this project we are working across four Primary Care Networks (PCNs) that have the lowest referral uptakes to the Pulmonary Rehabilitation service: Townships 1, Townships 2, Network North and Upper Don Valley.

In order to speak with a wide range of people, we have worked with the voluntary and community sector, and clinicians in all four PCNs to contact people who might be eligible for Pulmonary Rehabilitation. We have also spoken to health professionals in these areas, and interviewed patients on the Pulmonary Rehabilitation database who have not taken up their referral. We will be concluding this work next quarter.

A Neighbourhood Focus on Health and Care – Tinsley

Between April and June of this year, we began the first stage of our neighbourhood priority, looking at a specific neighbourhood's access to health and social care services. Based on the work done by our student interns in March 2024, we chose Tinsley. This is a neighbourhood on the Sheffield–Rotherham border, isolated geographically by ring roads, motorways and industrial estates.

Previous engagement highlighted a need for culturally sensitive and community-based services. To identify resources unique to Tinsley, we visited community groups to clarify Tinsley's boundaries. All groups agreed that the area was not as big as stated online or by postcode. We worked with an Asian women's group to create a community map. The map displayed resources the group used, such as a dentist and 2 GP surgeries, but also what was missing and needed. Autism support for children and young adults was identified as a much-needed resource, as was mental health counselling.

What we learnt from the map was used in discussion with an over 60's group, people at the community allotment, and staff at Tinsley Forum. The consensus was that people felt neglected by decision-makers regarding access to health services in the community, but also isolated by the difficulties accessing city centre services. Some residents can use services in neighbouring Darnall but this was only possible for people with access to a vehicle, as public transport was not seen as viable. Many residents we spoke to did not use social care, opting to care for family members themselves or were still independent. Our next steps will be to hear from residents in care homes and those using social care at home. What we hear will be shared with health, social care and statutory decision-makers.

9. Reports

What have we been hearing?

This quarter we have published two of our regular intelligence briefings – from [February – March 2024](#) and [April – May 2024](#).

We are continuing to build intelligence on existing themes such as GP appointment booking systems, as well as emerging issues such as increasing wait times for prostate cancer diagnosis and treatment, and people struggling with the process of applying for Continuing Healthcare (CHC).

Using voice for influence



We continue to share these briefings directly with staff across health and social care services in Sheffield, and invite NHS Trusts to respond with actions they will take as a result. The timely nature of these briefings allows small, practical actions to be picked up which can improve experiences for service users.

In the February – March briefing, concerns raised about **out-of-date and incorrect phone numbers** have led Sheffield Hospitals Trust to improve their public communications about the work they're doing to streamline phone systems, including adding a notice to their website about the work and providing an alternative phone number to use if people cannot get through.

The value of listening: our annual report 2023-24

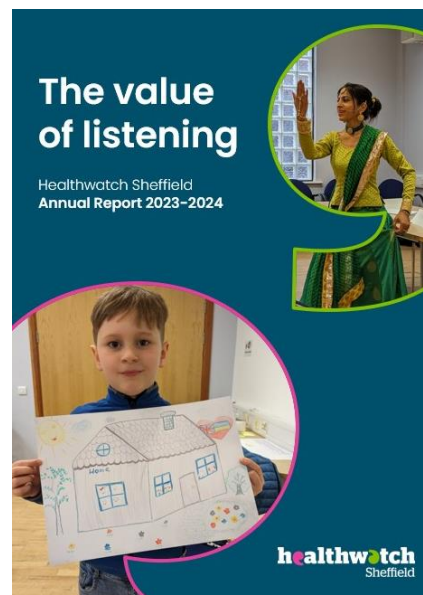
Our annual report is usually published at the end of June. This year, due to publishing constraints during the pre-election period, we published the report at the beginning of July. We are however including it in this quarterly report as normal.

This annual report reflects on our 10th year as a local Healthwatch, listening to people from all across Sheffield and ensuring their views, experiences, and priorities are fed in to NHS and social care services at all levels.

Some highlights from this year include:

- Speaking to **2,167** people about their experiences of health and social care services
- Providing clear information and advice to **4,358** people
- Publishing **16 reports** – on big topics like palliative & end of life care, to SpeakUp grant partnership reports, and our regular intelligence briefings
- Being supported by **21 amazing volunteers**, who together gave up 90 days to help make care better in Sheffield

The report talks about many of our projects from this year, including our work on Long Covid services, our work with children and young people, and many more. It also reflects *how* we work – making sure we are hearing from different communities across Sheffield, and working collaboratively across South Yorkshire for greater impact. You can read the annual report in full [on our website here](#).



10. Quality Accounts

Each year we are asked to comment on the [Quality Accounts](#) of local NHS Trusts. We comment on the general accessibility of these accounts, as well as responding to each organisation's priorities for the year ahead, progress against last year's priorities, and the opportunities for patient and public involvement in their work. Throughout May and June, with the help of a team of three volunteers, we responded to Quality Accounts from the following organisations:

- Yorkshire Ambulance Service NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- St Luke's Hospice

This year we took a new approach to responding to the report from Yorkshire Ambulance Service. Building on our collaborative work with other Healthwatch in South Yorkshire, we produced a response that incorporated comments from our team in Sheffield, but also those in Barnsley, Doncaster and Rotherham, to provide a fuller picture of people's experiences with 999, 111, patient transport services and other care provided by the organisation across the larger footprint.

11. Health & Care Public Forum (Sheffield)

This quarter the HCP Forum met once. There was no meeting arranged for April, as funding for the Forum was due to be reviewed after March 2024.

At their meeting in May, the topics discussed were:

Hospital discharge – The Forum discussed the different pathways into social care for when people leave hospital, what would make a good or bad experience when being discharged from hospital, and what changes the Council could put in place to make this better for patients and families.

Contract update – The Forum heard an update on the Healthwatch core contract which was due to go out for tender, and on the funding for the Forum.

12. Local decision making

The Health and Care Bill made changes to the way the NHS is organised – on 1st July 2022 new **Integrated Care Boards** (ICBs) were set up across the country in each sub-region. These boards will work with partnerships of local organisations such as voluntary sector organisations and local authorities, as part of an **Integrated Care System (ICS)**. Sheffield is now part of the **South Yorkshire ICS**.

This is important to the work of Healthwatch because our role is to influence and improve the way services are run. Some decisions about Sheffield services are now made at a South Yorkshire level – this means we need to have routes to influence decisions in this new structure.

During this quarter we have:

- Continued to work with other Healthwatch in South Yorkshire to promote the importance of public involvement and citizen voice in the new structure
- Continued meeting regularly with Engagement and Involvement leaders at the ICB, to ensure that our work at Healthwatch is connected to work taking place at a South Yorkshire level
- Continued attending the Quality, Performance and Patient Experience sub-committee of the ICB
- Took part in ICB workshops and conversations looking at how the NHS can work with voluntary sector groups to do voice and involvement work.

Healthwatch has a non-voting place on the South Yorkshire ICB where we have the opportunity to bring insight from our work, and constructive challenge to the system in our role as a critical friend. As an interim measure, the Healthwatch Sheffield Chief Officer has taken this place while we develop a longer-term plan to ensure we can be fully effective in our work with the board.

Locally, our Chair has been attending the **Health and Care Partnership Board** meetings, and has been active in contributing to discussion around the future of how services will work together as Sheffield Place. This also links to the role that we have currently facilitating the Health and Care Public Forum, giving people and patients an opportunity to directly hear about and comment on locally developed plans.

We will continue to advocate for the importance of involving people in decision making, wherever those decisions are made.

13. Supporting services to involve people

During this quarter we focussed the reduced staff team on our own internal projects, and as a result did not have the capacity to support other organisations with their involvement work.

14. Volunteers and Placements

This quarter, volunteers contributed at least **177 hours** of their time to support our work, including as part of our Strategic Advisory Group, the Health and Care Public Forum, and other activities.

The biggest volunteering activity this quarter was responding to local NHS Trusts' Quality Accounts. A team of three volunteers supported this by reading and commenting on these documents and providing a really helpful range of perspectives from patient and professional backgrounds. You can read more about the Quality Accounts in Section 10.

In June we attended a Volunteering Fair organised by the Volunteer Centre Sheffield, with a focus on recruiting more engagement volunteers. We had lots of great conversations with individuals who were interested in volunteering, and are following up with people about the next steps.



Volunteering highlight

Volunteers Week takes place from 1st–7th June each year. Building on a successful celebration last year, we again decided to host a joint volunteer celebration lunch with other teams within VAS. Volunteers from Healthwatch Sheffield, Volunteer Centre Sheffield, and New Beginnings came together with staff to chat, play games and activities, and share lunch from a local Lebanese restaurant.

9 Healthwatch volunteers came to the event, including some of our longest standing and our newest volunteers. Feedback from everyone who came was really positive; it was nice for volunteers who knew each other to have chance to socialise, and helped volunteers who didn't to make new connections.



15. Healthwatch Team

This quarter, our **Community Outreach Lead** (Sarah Fowler) was successful in getting a new role within another project at VAS; this means she will now work with Healthwatch for only two days per week. We are unable to recruit to cover this loss currently due to the position with our contract. We reported last quarter that budget constraints meant we were unable to replace our Project Support Assistant who left her post in January – this continues to be a gap for us. Finally, another team member had some extended leave during this time period due to personal circumstances.

These factors combined mean that the overall capacity of the team was significantly reduced in this quarter.

16. Coming up next

We will focus on the tender process, for delivery of Healthwatch Sheffield over the next 10 years following the end of our contract in September 2024.

We will share some focussed briefings from groups that we have spoken to, for example refugees and asylum seekers, and women who have experienced domestic abuse.

We publish our report on Long Covid support in Sheffield.

We will continue our work in Tinsley, including a focus on speaking to people about social care.

Using Voice for Influence



As well as sharing our intelligence in our written round ups, staff and volunteers regularly raise feedback and share experiences in the meetings they attend. Taking part in meetings helps us stay informed about developments in services, and enables us to promote the importance of listening to, and involving people, in shaping those developments. This quarter, we have attended the following meetings, boards and committees:

- Health and Wellbeing Board
- Lived Experience and Co-production Assurance Group (Sheffield Health and Social Care Trust)
- Integrated Care Board (NHS South Yorkshire)
- Quality, Performance, Patient Involvement and Experience Committee (NHS South Yorkshire)
- Learning Disability Partnership Board
- Health Scrutiny Sub-Committee – Sheffield City Council
- Area Prescribing Group
- Primary Care Commissioning
- Integrated Medicines' Optimisation Committee (IMOC)
- Community Mental Health Team Programme Board
- Primary and Community Mental Health Transformation Programme Board
- VAS weekly network meetings
- Health and Care Strategy meeting – voluntary sector
- Sheffield Health and Care Partnership Board
- South Yorkshire Local Dental Network
- Oral Health Advisory Group (Sheffield)
- Sheffield Teaching Hospitals Quality Report Steering Group
- Patient Engagement and Experience Committee – Sheffield Teaching Hospitals
- Community Development and Inclusion Delivery Group
- Sheffield Transformation and Oversight Committee

Representatives from other Healthwatch in South Yorkshire also attend a range of meetings on behalf of our region, giving us an opportunity to feed into other areas of work including:

- South Yorkshire Integrated Care Partnership
- South Yorkshire Mental Health/Crisis care meetings
- South Yorkshire System Quality Group