

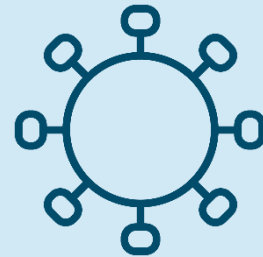
# Quarterly report

## January - March 2024

Heard from **809** people about their views and experiences of health and care



Held an event for **Long Covid Awareness Day**



Helped **166** people with enquiries about health and social care services



Published our report on **Palliative and End of Life Care**



Ran **2** training sessions on 'How to have Successful conversations' for our Community Partners and others



Published a SpeakUp report from **Saalik Youth Project** about young people's access to health care **plus**

Published a report about our '**What Matter to Us**' children's art project



# 1. Introduction

In the last quarter of this year, we have come towards the end of focus on two of our priorities; our project work on both Long Covid, and Palliative and End of Life Care, has now been largely completed. Although the work is done, we will be continuing to actively share what has been learnt, and push for improvements in these areas. The report on our findings about Long Covid will be published next quarter.

The Long Covid project was a new way of working for us, as a project done in partnership with our host organisation, Voluntary Action Sheffield (VAS). Pooling resource and knowledge across the two teams enabled us to lead a piece of work which brought together a range of partners (including health professionals, people living with Long Covid and Voluntary Sector Organisations), to co-design an approach to improving Long Covid support in the city. Although challenging at times due to the size and complexity of the project, we were able to reflect and celebrate the success of the work in March when we hosted an event for Long Covid Awareness Day. At the event we shared high level findings from the work, and showcased the advice resources that had been developed by community groups.

We described last time how our information and advice service has been continuing to grow – on page 4 of this report, we show how much this area of our work has increased in the last few years. The number of people coming to us with enquiries has gone from just over 100 in 2019, to around 600 in 2023-24. We are now more actively linking our information and advice offer with our conversations in the community, and our Information and Advice officer is often out and about on stalls, as well as being the member of our team who answers enquiries over the phone and via email.

Finally, we were pleased to be able to publish two reports relevant to our priority area, Children's health. The Speak Up Report from Saalik Youth (a group in Burngreave), captures the views and experiences of teenagers and young people in relation to their health. We also heard from children through our 'What matters to me?' art project where we invited people to share their drawings with us online, as well as running two in person group sessions. Children aged 3-18 drew the things that mattered to them for their health and wellbeing; this was a great way of capturing the views of younger children, who really enjoyed taking part in the activity.

## 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 January – March 2024, we received **166** pieces of individual feedback through our enquiry service relating to people's experiences of health and social care services. A significant amount of feedback this period related to mental health services. Whilst various concerns were raised, a prominent issue highlighted was the lack of flexibility in services and limited outreach options available. This restricted individuals to fixed appointments in clinical settings, which was unsuitable for some.

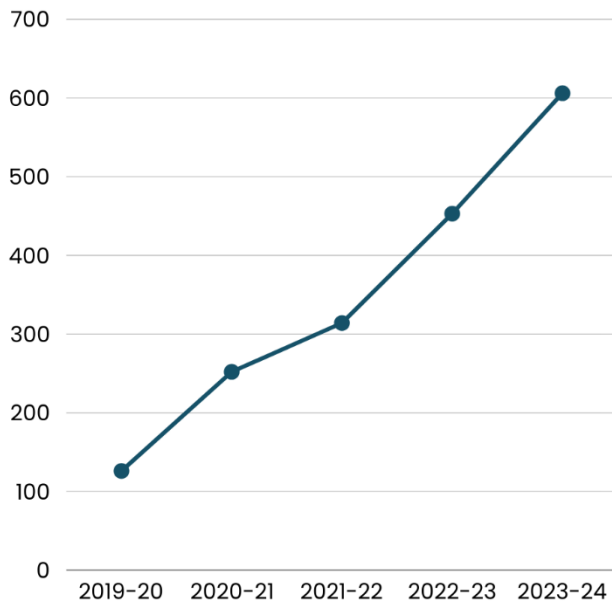
Views were shared about Right to Choose and how some GPs did not seem to understand the process for autism and ADHD assessments. It was noted that the information and advice provided to patients was often confusing and insufficient. Many stated more accessible information was needed to help patients with Right to Choose options.

Issues were raised regarding the South Yorkshire Integrated Care Board's approach to handling continuing healthcare (CHC) and primary care complaints. The process was criticised for being too slow and formal. Additionally, it came to our attention the phone switchboard service for members of the public is no longer available and is currently being reviewed. This restricts contact to email which is inaccessible for some individuals.

Feedback was received about the continence service relating to the allocation of supplies and the quantity of pads provided to people. Individuals are given a specific number of pads to last a 24-hour period which often proves to be insufficient. Due to the inflexibility of the system, people are unable to request more.

We are continuing to work on our online offer of information and advice – we have published 6 information articles on our website this quarter, on topics ranging from cervical screening, to Pharmacy First. You can browse them here: [Information and Advice Articles](#)

Number of enquiries by year



At the end of this quarter, we looked back at the number of people that we have supported with information and advice since 2019.

There has been a sharp increase in the numbers of people using this part of our service, as seen on this graph.

## Where have we signposted people this quarter?



## Case Study

# Staying with an NHS dentist

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\* Eva got in touch to seek guidance after finding herself in an unexpected situation when she was told she could no longer access NHS care with her regular dentist. A couple of months earlier, Eva had cancelled a dental appointment due to having COVID. On the morning of the appointment, she informed the dentist she was unable to attend, and once recovered obtained a sick note from her GP.

Several weeks later when trying to reschedule her appointment, Eva was surprised to learn that she had been taken off the list of people able to access NHS care with her dentist. Despite attempts to contact the practice manager and assurances of a call back, Eva received no response. By this time, Eva had developed some significant dental issues and really needed dental care. She tried contacting other NHS dentists in her area but discovered they all had lengthy waiting lists in place. Eva then contacted us and we contacted the practice manager. After explaining the situation, the practice manager agreed to offer NHS care to Eva and she was able to book an appointment the very same day.

\*names have been changed

## 3. Website

This quarter our website had 3,800 visitors, with 7,767 page views. This is the highest website traffic we've seen this financial year.

Our most viewed content pages were:

- Our [Long Covid resources page](#) where we've shared the leaflets, videos and posters developed by voluntary sector groups through our Long Covid Community Grants
- [Paul's blog](#) about trying to get an ADHD diagnosis in Sheffield
- Our report on people's [experiences of palliative and end of life care in Sheffield](#)

## 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 haven't shared any feedback with the CQC this quarter

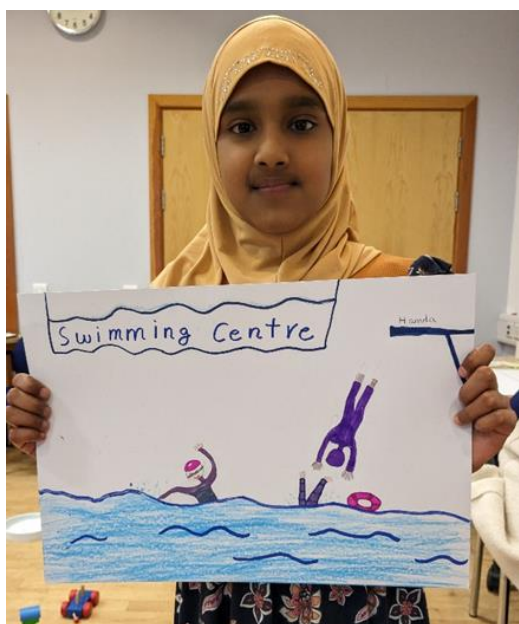


**What have we been hearing?:** This quarter we have shared 2 roundup reports with statutory partners, commissioners and service providers to highlight the issues that people are talking to us about. These are picked up in different ways, and have become a regular item for discussion at the Health and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

### What matters to us? Children and young people's art project



In February we ran an art project for children and young people. We ran an online campaign, as well as two-in person art and craft sessions; one session was a drop-in at Manor Library, and the other was for families who were refugees or seeking asylum, in partnership with New Beginnings.

We received 43 pieces of art – drawings, paintings and collages – from people aged 18 and under about what mattered to them, as well as speaking to parents and care-givers about their experiences.

We found that many of the things children and young people chose to include in their drawings were things we know to be important to mental health and wellbeing for people of all ages – such as hobbies; nature and the outdoors; family, friends and pets; food and drink; cultural identity and more.

Our briefing about the project includes more about these findings, lots of images the art we received, and a list of resources which we hope will be helpful to families – places they can find free and low-cost activities, as well as where to find information and support.

You can read it [on our website here](#).



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## 6. Community Partnerships

The Community Partnership programme is a way for us to connect with voluntary sector organisations, working together to raise the voices of the people they support. We now have 12 [community partners](#), who help link us to a range of communities.

When we spoke to partners about how they would like to work with us, some organisations asked for training that would support them in doing work to talk to people about their experiences. As a result, in January, we hosted an event, "How to have successful conversations and attain the best evidence". We delivered this face-to-face to our community partners, volunteers, and the voluntary and community sector. We also hosted a second event online for organisations across the country. We had a great turnout, with over 50 people signing up to attend.

The focus of the training was on learning to have conversations that are fair and unbiased and to collect genuine insights that stand up to scrutiny. Other local Healthwatch and various community organisations from across the country attended the training, and feedback mentioned the importance of getting statutory services involved in this kind of training. The feedback was very positive, people valued the opportunity to access good, free training. We are excited to hear how the organisations who attended the training use what they learnt to influence health and care services and improve access to health services.

*"Fantastic session! I loved all the acronyms, examples of successful conversations versus unsuccessful conversations, and tips on how to shift the tone of a conversation when the interviewee feels triggered. I hope this is a regular session. As it would be good to build upon the things that were picked up in this session. Thanks again!"* Online training participant.

## 7. #SpeakUp Grants

### 2023-24 grants

#### **Saalik Youth Project**

The SpeakUp report from Saalik Youth Project was published in February. Saalik Youth Project work with young Pakistani Muslim people living in and around Burngreave, and wanted to find out what it's like for young people accessing healthcare in the area. They held sessions with their boys' group and girls' group, speaking to 26 people aged 13-26.

They found out about barriers facing young people – such as appointment booking systems not working around school and college, location of appointments being

difficult for teenagers who rely on public transport, and young people acting as interpreters for their older relatives.

They also spoke to people about the role of the internet in health and wellbeing – from using apps to track diet and exercise, booking appointments or looking up symptoms online, and the positives and negatives of social media.

You can read the full report [on our website here](#). You can also read the response NHS South Yorkshire Integrated Care Board gave to the report.

### **Other grants**

The report about Parson Cross Community Development Forum's SpeakUp grant project is currently being finalised.

Sheffield Association for the Voluntary Teaching of English (SAVTE) have finished their engagement work and have begun developing language learning resources as a result of their findings. They will write up a project report shortly.

## **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 project steering group agreed to turn into a Network and open up to the public at their last meeting in December 2023. The new Long Covid Network had its first meeting in January 2024 and has continued to meet monthly since then.

Approximately 10 people have been in attendance at each Network meeting over the last quarter.

Plans are currently being discussed to identify support and administration for the Network in the future.

#### **Community Resources**

The 2<sup>nd</sup> stage of the Long Covid community grants is now completed and the funded community organisations have produced their information resources. The production of these has been a learning curve for the project workers leading on them, as they not only co-produced the resources with their communities, but also went through a process of fact-checking and negotiation with both Healthwatch and



the Long Covid Rehabilitation Hub. By the end of this process, everyone was happy with the look and message of each resource.

The final resources are a mix of audio-visual, printed information, and materials to be delivered in-person. Many are available in different languages including Easy Read formats. These are now uploaded to [the Healthwatch Sheffield website](#) for public use and are the basis for the 3<sup>rd</sup> stage of the Community Grants Programme.

### 3<sup>rd</sup> Stage of Long Covid Community Grants

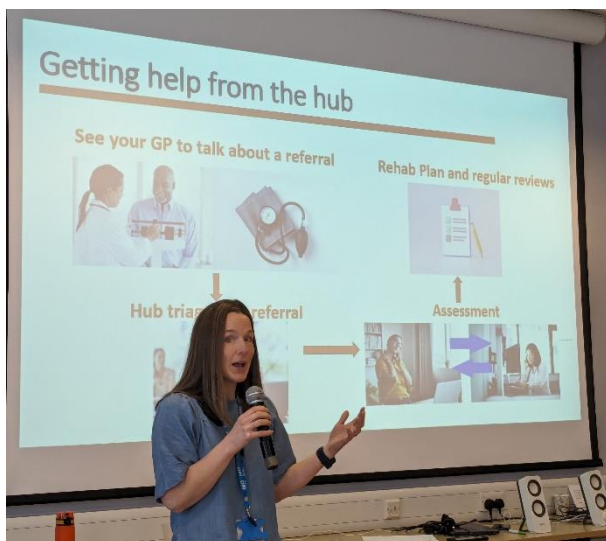
Stage 3 of the grants programme was for any organisation in Sheffield to apply for funding to deliver any of the resources produced by Stage 2. Altogether we had 9 applications, and we funded 8 of these.

There are some excellent proposals – organisations have made the resources their own and thought about how they can incorporate them creatively into their service offer – e.g. Sheffield Flourish manage the (online) [Sheffield Mental Health Guide](#) which includes a resource page that acts a depository for information on managing wider and interlinked conditions. They are creating a section on the page aimed at users who are dealing with the effects of long Covid; they will upload our resources and design an interface that takes the user on a journey to the most suitable resources for them.

Organisations were asked to estimate the online and physical reach of their proposals, these will be followed up with a monitoring form towards the middle of the next quarter.

- The online reach of the proposals at Stage 3 is 17,900 people
- The physical (in-person) reach is of 745

### Long Covid Awareness day



A Long Covid Awareness Day event was held at The Circle on Thursday 14<sup>th</sup> March and was very successful.

There were stalls from the Long Covid Rehabilitation Hub, the Sheffield ME and Fibromyalgia Group as well as Healthwatch Sheffield. We showed the videos produced through the grants programme, there were Long Covid Hub and Long Covid project presentations, questions and discussion – and brunch. The event was written up [SheffNews](#).

## Listening to people's views on how the NHS works in South Yorkshire

During March 2023, we held conversations in venues around Sheffield to talk to people about their health priorities and experiences of accessing health services. This work was commissioned by NHS South Yorkshire and contributed to the development of the Joint Forward Plan, a five-year strategy created to improve health outcomes in the region.

In March 2024, NHS South Yorkshire asked us to revisit community members to ask, "What matters to you?" This time, we aimed to include voices not previously heard and specifically focused on topics such as women's health and end-of-life care within the conversations. We also asked people questions to help inform the development of the South Yorkshire NHS's 'Start with People' Strategy. This strategy sets out how NHS South Yorkshire will involve patients and the public in its work.

### Using voice for influence

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Healthwatch Sheffield spoke to over 300 individuals, gathering valuable insights which have been used by NHS South Yorkshire to inform the development of their Joint Forward Plan, and their Start with People Strategy. Healthwatch in Rotherham, Barnsley and Doncaster also did this work, and as a result, the NHS has views from across the area to help them understand what is important to people and patients in South Yorkshire.

### Access to Pulmonary Rehabilitation Services

This quarter we were commissioned to do a piece of work looking at barriers to accessing pulmonary rehabilitation services in the city. At the moment, this valuable service is not accessed equally with some areas and communities having low rates of referrals and take up. To enable the development of a more equal service offer, Sheffield Teaching Hospitals wanted to find out more about what prevents people from attending the group sessions that they run.

Most of this work will take place in April-July, but in March we did some ground work to help us plan the project. This included a visit to a Pulmonary Rehabilitation Session in Shirecliffe where we spoke patients about what had motivated them to attend the

sessions, what benefit they were getting from being there, and whether they had experienced any reservation or uncertainty about going.

## 9. Reports

### What have we been hearing?

This quarter we have published one of our regular intelligence briefings – from [December 2023 - January 2024](#). Since moving to bi-monthly briefings instead of monthly ones, we have been able to draw from a richer range of feedback each time. This has helped us to reflect some themes that might not be evident month to month, but are developing over time – for example the limited information available for people about the Right to Choose for ADHD and autism assessments, and issues for Deaf people who use British Sign Language (BSL) accessing an interpreter when they go to the opticians.

### Using voice for influence



We continue to include responses from NHS providers to our previous briefings, showing the impact of sharing feedback with services in this way. The latest briefing includes examples like updating hospital parking maps in response to patient feedback about unclear accessible parking, and reviewing how to inform patients about claiming travel expenses to appointments.

### People's experiences of palliative and end of life care



In February we published our [report on palliative and end of life care in Sheffield](#). Through a survey, community conversations, and one to one interviews we heard from 172 people about services in Sheffield. This included people receiving end of life care, their families and friends, and people who've been bereaved in the last two years.

The report contains information about a whole range of services people use at the end of life, as well as the wider support they and their families might have – for example from faith organisations or charities.

Many people told us about excellent specialist palliative care, but we also heard about experiences where services didn't meet people's needs or wasn't joined up. We also heard from unpaid

carers (families and friends) about the challenges of their role, and the lack of support for them after bereavement.

## Using voice for influence

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**South Yorkshire ICB responded to our report, including the following commitment to using what we heard to inform the plans they make in this area:**

*.....we are developing an all-age ICB Strategy for palliative and end of life care. We will be reflecting the ideas for improvement, cross cutting themes and recommendations in your report and considering how we can reflect them in Strategy and in the local action plans which will be produced. In order to measure our progress in delivering the Strategy, we will have a set of metrics and these will include issues which are reflected in your Report such as choice around place of death. With your permission, we would like to include some quotes from your report to illustrate our*

## 10. Quality Accounts

All of the 2022–23 NHS Trust Quality Accounts we responded to have now been published. We expect to receive the 2023–24 Quality Accounts in April and will respond to them, using the intelligence we've received throughout the year from members of the public.

## Using voice for influence

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Sheffield Teaching Hospitals NHS Foundation Trust involved us in their decision for their 2024–25 Quality Objectives, and one of our suggestions for improving patient experience has been selected as one of the three objectives. They will be looking at the experiences of blind and visually impaired people using their services, with a focus on communication.

## 11. Health & Care Public Forum (Sheffield)

This quarter the following topics were discussed:

- **Medicines waste campaign** – The Forum discussed how they and people that they know dispose of unwanted medications, and reviewed a campaign film which informs the public about safely disposing of unwanted medicines.
- **Healthwatch update** – An update was given on the Healthwatch core contract, funding arrangements for the Forum in the coming year and details were given of how Healthwatch in South Yorkshire are working together differently since the South Integrated Care Board was formed.
- **Hospital travel plans** – There was an update on hospital travel plans, including the H1 bus service tender. Views were shared on the prospect of a shuttle bus service to the hospital from a nearby car park, and how the newly pedestrianised area on B Road at the Hallamshire Hospital could be used in other ways.
- **Choice to be seen at Minor Injuries Unit rather than A&E** – The group shared views on the idea of giving some patients attending the emergency department late at night, the option to be seen at the Minor Injuries Unit the next morning instead.
- **Access to medications** – Forum members discussed accessing specialist medicines and experiences around medication shortages to inform work being done to make improvements in these areas.

## 12. Local decision making

The Health and Care Bill is new legislation which has 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. In the new system, some decisions about Sheffield services will now be 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
- Along with the local Healthwatch, we were commissioned by South Yorkshire ICB to talk to people about their views on how the ICB should work (see page 10 for more detail)

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 (see page 13 for more information).

**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 have worked in partnership with services to help them plan and deliver engagement and involvement work/activities, including:

### Mental health services

We met with [Saffron](#) this quarter to see how we could support them in their work to help their service users have a say about mental health support. We also attended a meeting with other Voluntary and Community Sector (VCS) organisations to discuss how to better coordinate influence across the mental health landscape in Sheffield.

We met with Sheffield Health and Social Care Trust (SHSC) to consider work taking place around their clinical and social care strategy and Safe2Share pilot project which involves implementing new ways of capturing feedback on inpatient wards. Additionally, we participated in an interview to inform SHSC's stakeholder review.

This quarter we gathered people's feedback on a draft letter to give service users more detailed information about changes to the Community Mental Health Team,



and the new service information leaflet. The feedback was shared with SHSC and influenced the final versions.

## Sheffield Teaching Hospitals

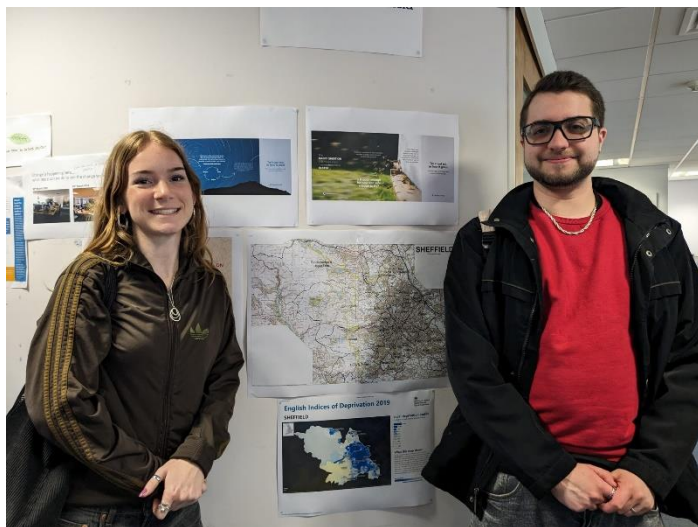
We shared an opportunity to be part of the Sheffield Teaching hospital's complaints panel with our community partners; this led to the recruitment of someone with a strong patient voice and community insights.

# 14. Volunteers and Placements

Between January and March 2024, volunteers contributed at least **142.5** hours of their time to support our work. This includes being part of our Strategic Advisory Group, and the Health & Care Public Forum (Sheffield). Volunteers have also helped by representing us at board meetings and committees across the city, and typing up surveys from our engagement work.

## Placements

At the end of March, we had 3 social sciences undergraduate students on placement with us. This was a scheme run by the University of Sheffield to offer paid internships which would offer benefit to students looking for experience in the workplace, as well as organisations which could benefit from bringing skills and focus to a particular project.



Two of the students, Ella and Noel, did scoping work to help inform one of our priorities 'A Neighbourhood view of health and care'. They looked at a large range of information and spoke with a number of people about the issues impacting the health and wellbeing of different communities across Sheffield. They produced a shortlist of 5 geographical areas for the team to consider focussing on, and

we will be making a decision next quarter about where to focus this work.

Our third student, Valerie, helped us organise and analyse data that had come from a range of conversations across different communities. She produced a focussed short report on the experiences of asylum seekers and refugees and we will be sharing a version of this write up with decision makers in the next quarter.

## 15. Healthwatch Team

This quarter Mina Clarke left her post as a Project Support Assistant. Mina had been supporting the Long Covid project which is now coming to the end, as well as providing support in other areas of the team. We don't currently have plans to replace Mina's role due to budget constraints and upcoming contract processes.

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

We will publish the final two 2023-24 Speak Up Grants from SAVTE and Parson Cross Community Development Forum

We will share some focussed briefings from groups that we have spoken to, for example refugees and asylum seekers

We publish our report on Long Covid support in Sheffield

We will start work on our priority 'A neighbourhood view of Health and Care'

## Using Voice for Influence

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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