

Quarterly Report: October-December 2020

Headlines

We heard from 336 people about their views and experiences



Published our report exploring people's experiences of support during Covid-19



Published our report on Carers' Access to Primary Care



Wrote our responses to Quality Accounts for local Health Trusts



Produced two 'What we are Hearing' updates

1739 visits to our website
6416 page views



1. Introduction

This quarter we have made good progress against the priorities that we set for this year. We published our report on people's experience of health and care services during Covid-19, and completed work on our Mental Health report which will be published after Christmas. The work on Recessive Genetic conditions is ongoing, but on track to be completed in quarter 4.

In the absence of doing events and going out to public places – and with a cautious approach to the overuse of surveys - we acknowledge that our heard from figures are lower than we would ideally like, and lower than they were pre-Covid. However, where we are hearing from people, (for example through our enquiries line or when attending groups), the experiences we hear about are commonly more complex than we were picking up pre-Covid; our focus has been on capturing rich information about what people are sharing. It remains the case that our information and advice role is taking significantly more of our time than it did before the pandemic both because of the complexity of issues, and due to changes in services which can make it hard to identify the right information to give people.

One area of focus this quarter was care homes, and the continued impact that Covid visiting restrictions are having on families of residents. Together with John's Campaign, we gathered local feedback which we shared with commissioners – it highlighted the distress caused, but also the disparity in approach between different homes, and a lack of information and understanding about what guidance was in place. Acknowledging that ways to address some of these issues are significantly constrained by the Covid risk, we focussed on working with local authority colleagues to produce clearer information for families and providers to support better understanding of what **was** possible in terms of visiting.

Finally, we have begun the process of planning our work for the next financial year – during this quarter we started discussions internally, and with stakeholders, to inform the development of a new three year strategy (2021-24). We will complete work on this next quarter, as well as the development of a work plan for 2021-22, which will set out our areas of focus for the coming year.

2. Enquiries & signposting

Our information and signposting service is available to all members of the public, who may want to know more about health and social care services in Sheffield, or need support or advice in a particular healthcare situation. We get regular calls, emails and people reaching out to us on our website. From October to December, 53 people used our signposting service.

As the pandemic continues, a lot of people are still looking for support in understanding the guidelines, or what changing regulations might mean for them. Many people told us that they still couldn't access services due to the ongoing impact of the pandemic. This ranged from dental treatment to various types of surgeries.

We have been able to signpost service users to useful guidelines and complaints processes. We have acted as a conduit for people to get in contact with their service providers, when they have struggled to do so by themselves. Often, people just needed signposting back to their own service provider, but armed with additional information, or guidance on what questions to ask. We also listen to people who simply want to share their feedback.

Where have we signposted people?



Case Study: Care Home experience in Covid

Mrs James* called to see if we could help her with a care home issue. Her husband had moved into a care home this year, which she told us neither of them wanted. What they thought would be a temporary move, appeared to have become permanent; she asked if we could help them find out how he could move back to their home.

She also told us that she had not been able to visit him in a while, due to multiple Covid outbreaks in the care home. Mrs James mentioned feeling very socially isolated due to living on her own during the outbreak. She wanted to find out what her husband's rights were, and how she could take steps to moving him home. She also wanted to find out about how she might be able to visit him more in the care home.

By talking through the letters that she had received, we were able to explain to her the assessment and decision making processes which had taken place, and some of the factors that had led to her husband being placed in a home. We were also able to speak to the Sheffield Advocacy Hub on her behalf to check whether Mrs James or her husband were entitled to advocacy support – they were. This meant we were able to put her in contact with an advocate to have a more in-depth conversation about the situation. She felt reassured that the advocacy service would be able to support her husband in making sure his wishes were heard.

We were also able to explain guidance around care home visiting; we let her know that the care home should be carrying out an individual risk assessment, and working to develop ways to facilitate visiting where possible. She had not known about this and told us she found this information useful - after contacting the home with the information we had given, she was able to book a visit for the following week.

**Name has been changed*

3. New Website / Gathering Feedback

In this quarter we had 1739 people visit our website. Of these, 80% were new visitors and 20% were returning visitors.

We had 6416 page views, and one of our most commonly visited pages was the article 'Do carers get enough support from their GP?' which talks about our carers report and shares key findings. This was viewed 203 times.

In this quarter we also started work with Healthwatch England to be part of a project analysing how different local Healthwatch use digital resources – we hope that by being part of this we will gain more insight into how we are currently using digital media, and how we might make this more impactful in the future.

Last quarter we explained that our 'heard from figures' had reduced because we had not yet got in place a mechanism to track traffic from our website to the Care Opinion feedback form. Unfortunately, due to technical difficulties, we haven't yet resolved this but are still working to get this in place. This means that our heard from figures this quarter have been impacted in the same way.

We have also been exploring ways in which we can get feedback from people who do not have access to the internet and are currently developing a paper, freepost feedback form which we plan to distribute via different routes, for example foodbanks.

4. CQC/ Sharing intelligence

- **Care Quality Commission (CQC):** This quarter we shared 15 pieces of feedback about 5 services with the CQC. This feedback helps to inform their inspections.
- **Healthwatch England:** Every quarter, the themes and key issues from enquires and feedback are routinely shared with Healthwatch England (HWE) via our CRM system, and also by sharing with them our monthly roundup. They use this to help inform their 'What are we hearing?' reports, and to help them identify issues which need raising at a national level. Particular issues that we have discussed with HWE this quarter include dentistry, vaccination communications, and care home visiting.
- **What have we been hearing?:** This quarter we have shared two roundup reports with statutory partners, commissioners and service providers to highlight the issues that people are talking to us about.
- **Submission to the Scrutiny Committee:** We produced a summary of feedback and experiences relating to GP services during Covid-19. Themes included mixed experiences with remote appointments, issues with communications from GP surgeries, difficulties getting face covering exemption cards and not going to the GP due to fear of contracting Covid-19.

5. Young and Student Healthwatch

This quarter our Community Outreach Lead has been working with the Ellesmere Youth Project boys group – the young men are from the Year 10-Year 11 age group (15-16 years old) and are from the British Pakistani community. Sessions with the group have explored their understanding and experiences of health, community and wellbeing.

More sessions are planned with the group; when these are finished we hope to stay connected with the group and support them to hear from other young people in their community.

Pitsmoor Adventure Playground started work on their SpeakUp Grant project, but unfortunately this had to be placed on hold again due to Covid restrictions.

6. Engagement

Recessive Genetic Conditions

We are continuing work on our project looking at people's experience of accessing healthcare and support for recessive genetic conditions – we are doing this in partnership with the Genetic Literacy project, which is based at Fir Vale Hub.

This quarter we launched an online survey, and have supported the project worker at the Genetic Literacy project to plan and carry out some semi-structured interviews with families. We will collate this feedback and write a report in the next quarter.

Service Improvement Forum

In our last report, we described how our Community Outreach Lead had spent time working with the local authority Adult Service Improvement Forum (SIF). She has continued to go to meetings with this group, and has connected some members with the Sheffield Voices group which we have also been working with.

She spoke to a group member to find out what impact her involvement had had with the group:

"It's had a massive impact in how diverse a group that we've been able to reach."

"One positive thing of Covid is we've reached more people than if we'd done face to face."

"Healthwatch Sheffield has done a wonderful job, I was thinking about it last night. A credit to Sheffield."

"It was easy to understand."

"It has made me realise that we need to encourage the use of the Health Passport and things SIF has created; also how the Health Passport can be adapted to mental health work and help people in crisis."

7. Reports

What have we been hearing?

We produced our round up reports in [October](#) and [November](#). Due to the Christmas break we didn't do a December report – the next one will be at the end of January 2021. Key issues included: taking part in social care and Continuing Healthcare (CHC) assessments online, visiting in care homes and supported living, mental health provision across Sheffield, access to urgent dental care, and experiences of inpatient mental health settings.



Using Voice for Influence

We used the feedback about visiting in care homes to help us have a conversation with the council about what could make a difference. We worked with council staff to help produce clear information for families about local guidance, and individual risk assessments to support visiting where possible.

Experience of health, care and support services in Sheffield during the pandemic

We produced this report in November 2020, it can be read [here](#).

Its key messages were:

- The Covid-19 pandemic has impacted people's mental health more so than their physical health.
- Some people were not accessing services due to fear of catching the virus.
- Telephone appointments were welcomed by some but were not always a suitable option.
- There was lack of clarity around social care support during the pandemic but front-line staff were praised for their good work.
- Charities, community groups and organisations provided valuable support for people during the pandemic.
- These have been particularly challenging times for carers, for whom there was lack of respite provision.

Carers experiences of accessing GP services

This report was released in November and can be read [here](#). The work for the report had been done prior to Covid, making it particularly challenging to know how to usefully compile, analyse and present them findings in way which would hold relevance. We felt that it was important that we found a way to use what people had taken the time to share with us, so that their views and experiences could have impact.

The recommendations were written partly on the basis of discussions with Clinical Commissioning Group (CCG) colleagues, and also with NHS England, to explore how the Quality Markers could be supported and implemented in Sheffield.

The report has also been used to feed into the work currently being done on the City's Carers Strategy.



Using Voice for Influence

We understand that one Primary Care Network in the City has now committed to working towards the quality markers. We will continue to work with CCG colleagues on ways to promote and encourage uptake across the city.

8. Quality Accounts

Each year Healthwatch are invited to comment on the Quality Accounts of local Trusts. This normally happens in March, but this year NHS England extended the deadline to help Trusts cope with the emerging Covid-19 pandemic. We received draft 2019-20 reports from the following organisations this quarter:

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

A working group of staff and volunteers provided evidence-based responses using the feedback we heard from local people through 2019-20. We commented on each Trust's progress against the targets they set last year, and gave guidance for improving and achieving the targets for 2020-21, especially in light of the challenging year that lies ahead for health services.

Many of our comments focussed on incorporating patient and public feedback in the planning, implementation, and monitoring of services, and including a commitment to this in their targets.

Trusts will publish their Quality Accounts for 2019-20, including our comments, in the next quarter.

“We look forward to continuing our work with [Healthwatch Sheffield] next year and aim to build on the feedback received and embed engagement in more aspects of our work.”

Response from Sheffield Health and Social Care NHS Foundation Trust

9. Sheffield Accountable Care Partnership

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

The Improving Accountable Care (IAC) forum continue to meet every month. We have been developing a way of extending the reach of the group, by opening out attendance to people who may be interested in a particular topic, enabling them to attend on a one off or ad-hoc basis. This means each meeting has the core members, plus 2-3 others who have signed up to that session because of their particular interest. This opportunity is promoted through our own mailing list, social media, and the ACP website.

To keep the group accessible for people who don't access online events, our staff member continues each month to have phone conversations or e-mail correspondence with 2-3 people who make contributions outside of the meeting. We have received positive feedback on this approach.

Recent agenda items have included:

- Flu vaccinations
- All age Crisis Care
- Strategic review of Adult Social Care
- Pharmacy developments
- Covid Vaccinations

After each meeting, a written summary of feedback and questions is shared with the speakers who are asked to provide an update/response. These responses are then shared with attendees.

10. Volunteers

This quarter Covid-19 restrictions meant we continued to work from home and could not hold in-person engagement events, which we know our volunteers enjoy being part of. Despite this, volunteers have shown incredible flexibility in the activities they've put themselves forward for in this new way of working. For the first time, volunteers who aren't part of our Strategic Advisory Group took part in responding to the Quality Accounts (see section 8). This helped us to give much more feedback about the accessibility of the reports for the public, and volunteers from different backgrounds were able to provide a whole range of additional perspectives which strengthened our responses.

Elsewhere, volunteers have been taking part in virtual events like Improving Accountable Care (IAC) Forum meetings, and online engagement events.

We continue to produce our fortnightly volunteer news bulletin fortnightly, which volunteers have told us helps them to remain involved in Healthwatch work throughout changes to ways of working, and their changing personal circumstances throughout the pandemic. Enter and View activity has been suspended, but this quarter we were able to share our reports from earlier in the year with the GP practices we had visited at the start of 2020. We had not asked them to respond to our reports earlier, knowing that Covid pressures meant they would not have capacity to do so.

11. Prominent or emerging themes

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

Accessing dental surgeries

As in previous quarters, we have had a lot of calls about dentistry. Although services are seeing patients again, people who aren't already connected with a dental surgery are struggling to get treatment. We have also been hearing from people about the inequality of access – people are offered routine care services as a private patient which are not being made available to them in an NHS appointment. We have heard some positive stories from people pleased to be able to access routine care.

Inpatient Mental Health Care

We heard from a number of people who had concerns about their care – they didn't feel that services were listening to their concerns.

Maternity Services

We heard from a community group about the difficulties that women from Black, Asian and Minority Ethnic communities are having accessing pre and post-natal care. We also heard from individuals who were impacted by restrictions on visiting in maternity services; the policy in Jessops was not altered following new national guidance, and people were unhappy that the local approach allowed less visiting rights than hospital trusts in other areas.

Care Home visiting

We heard from relatives about the impact that restrictions on visiting had had on their family; the feedback included praise for homes and staff who were working hard to deal with an incredibly difficult situation.

However nearly half of the respondents said they hadn't been able to visit their loved ones in care homes during November, despite local and national guidance aiming to support homes to facilitate visits and undertake individual risk assessments.

People shared concerns that the impact on the physical and mental health of both residents and their relatives has been significant. You can read more of the findings [here](#).



Using Voice for Influence

As well as sharing out intelligence in our written round ups, our staff and volunteers regularly raise feedback and share experiences in the meetings which we attend.

During this quarter, this has included:

- Health and Wellbeing Board
- CCG Governing Body
- Children & Young People's Health & Well Being Transformation Board
- Learning Disability Partnership Board
- Primary Care Commissioning Committee
- CCG Quality Assurance Committee
- CCG Reflect and Learn group – considering the CCG's role in relation to the CQC inspection of the SHSC Trust.
- Sheffield CCG Strategic Patient Engagement, Experience and Equality Committee
- Sheffield Mental Health, Learning Disability, Dementia and Autism Delivery Board
- Mental Health Crisis Care Board
- Black, Asian and Minority Ethnic Public Health Group
- Healthier Communities and Adult Social Care Scrutiny Committee

12. Healthwatch Team

There have been no staff changes this quarter, the member of the team who has had some extended sick leave is now back at work.

13. Coming up – What next for Healthwatch Sheffield?

We publish our report The Mental Health Journey

We will award our Speak Up Grants to community organisations

We will start distributing our freepost paper feedback form in different places to reach people who are digitally excluded

We will publish our strategy for 2021-24, and identify our work priorities for 2021 -22