Healthwatch Southwark

Our priorities for 2017/18

April 2017

Contents and acknowledgements

The purpose of this report is to share our priority areas for 2017/18 with statutory stakeholders and members of the public.

The report opens with our new priority areas for 2017/18. The document then goes on to give background information about why we have priority areas and what they have been in the past, and then how we came to choose our new priorities.

Thank you to all the members of the public who took their time to share their views and experiences with us - this has been an invaluable part of this process. Thank you also to all the statutory organisations who completed our online survey. Finally, thank you to our Advisory Group and volunteers who supported us with the engagement and decision-making.

Healthwatch Southwark's priority areas for 2017/18

1. Timely access to GPs

With a spotlight on:
- Choice and equality of access to GPs
- GP appointment systems
- Impact on other services. We know that problems with GP access can impact on the way people use other services. To help find ways to resolve this we will:
  - Be supporting GP Fellows to carry out a two week pilot trialling a new way of streaming patients at King's Hospital. We have been asked to support by collecting feedback from patients.
  - Evaluation of NHS England's winter communications materials, which aimed to help people find the best place to go for healthcare. South East London Healthwatches have been commissioned to get feedback from the public on the 2016 campaign, to inform their programme in winter 2017.

Quotes from members of the public explaining why this should be a priority area:

"The way GPs are doing their appointment system at the moment isn't working out. You either have to hope to book on the day (which is only supposed to be for emergencies – and even that's when you're very lucky) or you have to book an appointment for two weeks in advance. There's no in between. You are constantly told only to go to A&E for life threatening emergencies but for any other appointment you have to wait at least two weeks (unless you're lucky). If you don't want people to go to hospital you need to provide better GPs waiting times, it's that simple."

"GP appointments. I've been a patient there 18-19 years. Now they've got a rule that you have to book a week ahead except for emergency, but they define emergency - I think pain is an emergency. Don't just tell me to use my meds - if I call it is because I really need it. You have to phone at 8am and ring for 20 minutes. Sometimes they send you to the extended service but then you wait and then they might send you to A&E - why not go straight there? Sometimes I go straight there as there is no option. I can't queue up for help in my wheelchair."

"Waiting times for GP appointments - no point everyone is being told to phone at 8am - it shouldn't be survival of the fittest. Overall, too many people waiting to access services makes it certain that a significant part of the population don't get timely treatment/intervention."

Healthwatch Southwark's priority areas for 2017/18

2. Going home

> With a spotlight on:
> - Step-down beds at Lime Tree facility (where people can stay after discharge from hospital but before they are able to go home).
>   - Follow up on recommendations made in our previous [report](#), and action plan produced by Southwark Council/Clinical Commissioning Group (CCG) and Lime Tree, and examine how this will be used to inform expansion of step-down.
>   - 'Enter and View' visit at Lime Tree to review progress against recommendations in our report.
> - On-the-ground experiences of transfer of care - from staff, patients and carers.

Quotes from members of the public explaining why this should be a priority area:

"Where services are not joined up or where professionals are to over-stretched and fail to regard users as people rather than statistics."

"Hospitals - no arrangement was made for aftercare and even discharged when no services on weekends."

"The only concern I have experienced is the link between leaving hospital and coming home, and attending appointments soon after discharge."

3. Southwark's nursing homes

> - Continue correspondence with Southwark Council and Clinical Commissioning Group (CCG) regarding nursing care provision in Southwark.
> - Engagement may be necessary if there are changes to provision.

Quotes from members of the public explaining why this should be a priority area:

"Care homes - there's not enough of them available and the application process can be very difficult."

"Care homes and care in homes is often poor because the nurses are overworked and underpaid. They are allotted a certain amount of time for each patient and this leads to a rushed/poor service."

"Care homes. Recent example - the HC care home scandal in Camberwell Green. This is just one example of poorly run care homes. Poor staffing, poor management, lack of training for staff, poor nutrition, poor diet, lack of activities for the residents, lack of personal care."

4. Impact of caring on carers

- Engaging with unpaid carers on: awareness of rights and support available, assessments, support organisations available, respite care and impact on their life/wellbeing.
- Hear from a range of carers including: carers of people with dementia, parent carers, young carers, carers of people with mental health problems, carers of people who are frail/older, carers of people at end of life, and carers of adults with complex needs.

Quotes from members of the public explaining why this should be a priority area:

"Support for carers - I was never told about any support available to me. Services seem to be improving, but they are not widely known. Carers often end up putting themselves and their needs behind others so asking for help can be difficult, or even something not considered. So I believe services should be made more visible."

"Proper, meaningful home care and support for carers is basically non-existent. I get 6 hours a week home care for my mum but it doesn't give me 6 hours of free time. I still have to look after three children. I don't get any time off for myself. And I need time for counselling but there's no point in even arranging it - I can't go. The worst part is, I've been asking for a Bengali nurse since my mum came out of hospital because she can't speak English. I have to be there the whole time the nurse is because mum can't tell them what she wants for dinner, when she needs the toilet, how she feels about anything. I constantly have to be there!! It makes having a carer pointless."

"Carers are finding it difficult to get access to support. They often get refused after an assessment or get very little support. The response from Adult Social Care is very slow.

We get the idea that they are understaffed and underfunded. People have a long time for an assessment and the outcome of the assessment and for support to be put in place. Particular when conditions are not falling into one category then teams are passing it from one to the other causing unnecessary delays. The assessments should take all social care needs into consideration instead of splitting it out by disability."

5. Help in a mental health crisis

With a spotlight on:
- Mapping the mental health crisis care pathway.
- On-the-ground experiences of mental health crisis care and ongoing changes - from staff, patients and carers.

Quotes from members of the public explaining why this should be a priority area:

"People experiencing mental distress aren't always given enough support, sometimes they don't know who to talk to so can feel isolated. With many centres closing there will be less chance of people being able to meet socially and feel a part of a supportive and safe group."

"People with mental health issues often feel as if it is impossible to seek help and remain isolated. The lack of A&E at the Maudsley has not helped. The arrangement at King's was inadequate..."

"Mental health is not working properly. I was in A&E at King's and there were three mental health patients not getting attended to. They were going mad because they weren't being seen. One woman was restrained by staff but escaped and ran out into the street screaming that she was going to kill herself so she'd get seen quicker. She ran in front of the traffic on Denmark Hill and got hit by a car. It was very disturbing... and then all the other cars behind that one started knocking into each other. She caused a pile up. She got taken straight into A&E though."

Background

What is Healthwatch?

Healthwatch started in April 2013 and is the independent consumer champion created to gather and represent the views of the public nationally (through Healthwatch England) and locally.

Healthwatch Southwark gives people a voice in health and social care and influence the design and delivery of services in our borough. Our role is to:
- ✓ Listen to the needs and experiences of residents and communities.
- ✓ Learn from the experiences of local people and influence the professionals who plan, buy and deliver services, so that these can be improved. To help us do this we sit on many NHS and Southwark Council boards and committees.
- ✓ Act on concerns when things go wrong, and find solutions.
- ✓ Visit health and social care services to find out what it's like for people using them and make recommendations.
- ✓ Provide information and signposting on local health and care services.
- ✓ Work with organisations that scrutinise and inspect local services such as the Care Quality Commission.
- ✓ Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

To see our annual reports which describe the work we have done so far, please visit our website.

Why have priority areas?

The Healthwatch remit is large - we cover both health and social care for children and adults – and therefore each local Healthwatch identifies priority areas to help channel resources into work that will achieve the greatest impact. Local Healthwatch choose priority areas in different ways, but all priorities are set within our local health and social care context and taking into account the views and experiences of local people.

Our work so far

In 2013, Southwark Council awarded Community Southwark the contract to deliver Healthwatch Southwark. In this first year, the Healthwatch Southwark team engaged with local people and launched four broad priority areas:
- Access to GPs
- Mental health
- Sexual health
- Social care

Background

Over the last few years, we have undertaken a number of activities within these four areas, some of which are outlined below. To see our published reports, please visit our website.

44 GP practices
A review of their out of hours answerphone messages

44 GP practices
A review of their online information about complaints

19 Healthwatch Youth Volunteers
Enter and Viewed 2 sexual health clinics and visited 17 pharmacies

12 Healthwatch Youth Volunteers
Trained in Enter and View

5 'Going Home' stories
Tracking the experiences of people leaving hospital

4 Enter and View visits
To St Thomas' Hospital Emergency Department

8 ethnographic interviews
With people with 3+ Long Term Conditions

5 members of staff and volunteers
Trained in ethnographic engagement

44 GP practices
A mystery shop to see if offered interpreting services

105 young voices
heard on sexual health

Presented to 5 Overview and Scrutiny Committees
On personalisation, mental health, quality of GPs, centralised place of safety, sexual health education

114 young voices
heard on mental health

2 Enter and View visits
To Burgess Park Care Home

4 Enter and View visits
To King's Hospital Emergency Department

Even though we will be working on new priority areas for 2017/18, a key part of our role will be to continue monitoring progress made by providers and commissioners in recommendations we have made in the past.

How we refreshed our priorities for 2017/18

It has been a while since we have refreshed our priorities. The approach taken in 2013 was to have 4 broad priority areas that we could explore in detail over a number of years. In 2016, the Healthwatch Advisory Group felt it was time to engage with Southwark residents and key stakeholders on what we should be working on going forward. An approach for this refresh exercise was agreed at the Healthwatch Southwark Advisory Group meeting in September 2016. The group decided on the approach outlined below:

Information from local people / voluntary and community organisations working with local people:
- What health and/or social care services do you think are currently working well?
- Are there any areas of health care which you feel are not working well?
- Are there any areas of social care you feel are not working well?
- We want local people to be able to access services no matter who they are or where they live. Are there any groups you feel have a poor experience of using services?
- We want to know what specific areas you would like to see Healthwatch Southwark focus on. What do you think we should prioritise across health and social care?

Information from statutory organisations:
- What has your organisation identified as priority areas within health and social care?
- What areas do you think Healthwatch could add most value?
- Is there anything else you would like to tell us, particularly about our role and how we work with your organisation?

Information from Healthwatch's information and signposting database:
- Review of information from our information and signposting log, between the period January 2015 - December 2016.

Engagement took place between 11th October 2016 – 27 February 2017.

How we refreshed our priorities for 2017/18

Our engagement with local people

We received 397 responses to our survey asking local people their views about our new priorities. This section explains:

- What local people think is <u>not</u> working well in health and social care
- Groups of people who respondents feel have a poor experience of accessing or using services
- What local people think our priority areas should be (we asked for their top 3).

What local people told us is not working well in health and social care

291 people told us about healthcare, raising 566 topics. 253 people told us about social care, raising 389 topics.

We analysed the topics mentioned by service (and sub-type of service), by theme (and sub-theme), and by the group of people affected. We also looked at the crossovers, so that if a particular theme was often mentioned around a particular service this would be revealed, suggesting more specific priorities for our work.

The list below shows which topics received the most mentions (those mentioned by <3% of respondents are not listed). The list does not include themes which were very broad (e.g. 'quality of care') or themes where most mentions were about a specific service. The list also does not include areas beyond the remit of Healthwatch Southwark, such as staff welfare or housing issues, although we remain aware of the broad impact of these issues.

Topic	% of respondents who mentioned this (of 291 for healthcare and 253 for social care)
GPs	**49%**
Access to timely care at the GP (includes appointment booking and systems, and long waits for appointments)	32%
Listening and attitudes at the GP	4%
Overstretched/under-resourced GPs	3%
Quality of care at the GP	3%
Access for different groups to the GP	3%
Continuity of care at the GP	3%
Hospitals	**39%**
A&E generally	8%
Access to timely care in hospitals	13%
- Long waits in A&E/mental health crisis care	5%

Overstretched/under-resourced hospitals	3%
Continuity and coordination in hospitals	3%
Hospital discharge	3%
Mental health services	**18%**
Talking therapies generally	6%
Access to timely mental healthcare	4%
CAMHS generally	3%
Care and support at home	**15%**
Overstretched/under-resourced care at home	3%
Care and nursing homes	**14%**
Quality of care in homes	4%
Overstretched/under-resourced homes	3%
Support for carers	**14%**
Insufficient - more needed/not always offered	5%
Respite care - insufficient provision	3%
Dentistry	**11%**
Fees in dentistry	4%
Listening and attitudes (total mentions across health and social care)	**10%**
Healthcare not holistic/person-centred	3%
Continuity and coordination (total general mentions across health and social care)	**8%**
Poor communication (total mentions across health and social care)	**8%**
Occupational therapy	**8%**
Long waits for care in occupational therapy	3%
Social services	**7%**
Social workers	**6%**
District nursing	**6%**
Health and social care benefits (total mentions)	**5%**
Insufficient personal budgets	3%
Services for children and young people (not including 'activities', or services for looked after young people)	**4%**
Social care for older people	**4%**
Services for disabled people	**4%**
Activities for young people - more needed	**3%**
Social care assessments - unfair	**3%**

Groups that local people feel have a poor experience of using services

316 people answered this question. Groups of people with 9 or more mentions (3%) were:

How we refreshed our priorities for 2017/18

- People with health conditions / disability - 78 mentions (specifically mental health conditions - 25, specifically learning disabilities and autism - 8)
- People facing language barriers - 59 mentions
- Older people – 57 mentions
- Black and Minority Ethnic (BAME) groups - 47 mentions (specifically immigrants - 8)
- Children and young people – 23 mentions
- Economically disadvantaged people – 13 mentions

What local people feel our priority areas should be

336 people answered this question, suggesting an average of 2 priorities each. The list below shows which services, themes and groups of people received the most mentions (those mentioned by <3% of respondents are not listed).

Topic	% of 336 respondents who mentioned this
GPs	**17%**
Access to timely care at the GP	4%
Mental health and drugs services	**14%**
General services/support for specific groups	**12%**
Services overall for older people	4%
Total mentions of older people including specific services	7%
Services overall for people with disabilities and their families	4%
Total mentions of disabled people including specific services	4%
Services overall for children and young people	3%
Total mentions of young people including specific services	3%
Access to timely care (including proper use of A&E)	**9%**
Hospitals	**7%**
Social care (not further specified)	**7%**
Access for different groups	**5%**
Communication and information	**5%**
Access to services, treatments, pathways	**3%**
Dentistry	**3%**
Quality of care	**3%**
Care/nursing homes	**3%**
Care at home	**3%**

How we refreshed our priorities for 2017/18

Information from statutory organisations

We asked statutory organisations to tell us:
- Their priority areas within health and social care
- In which areas they think Healthwatch could add most value
- Any other comments, particularly about our role and how we work with them

The following organisations sent us information to support us in setting priorities:
- ✓ Southwark Council
- ✓ Southwark CCG
- ✓ Metropolitan Police
- ✓ Public Health
- ✓ Local Care Networks (North and South)
- ✓ Children & Young People Health Partnership (CYPHP)
- ✓ Sustainability and Transformation Plan (STP)
- ✓ 5 South East London Healthwatches (Lambeth, Lewisham, Bromley, Bexley, Greenwich)
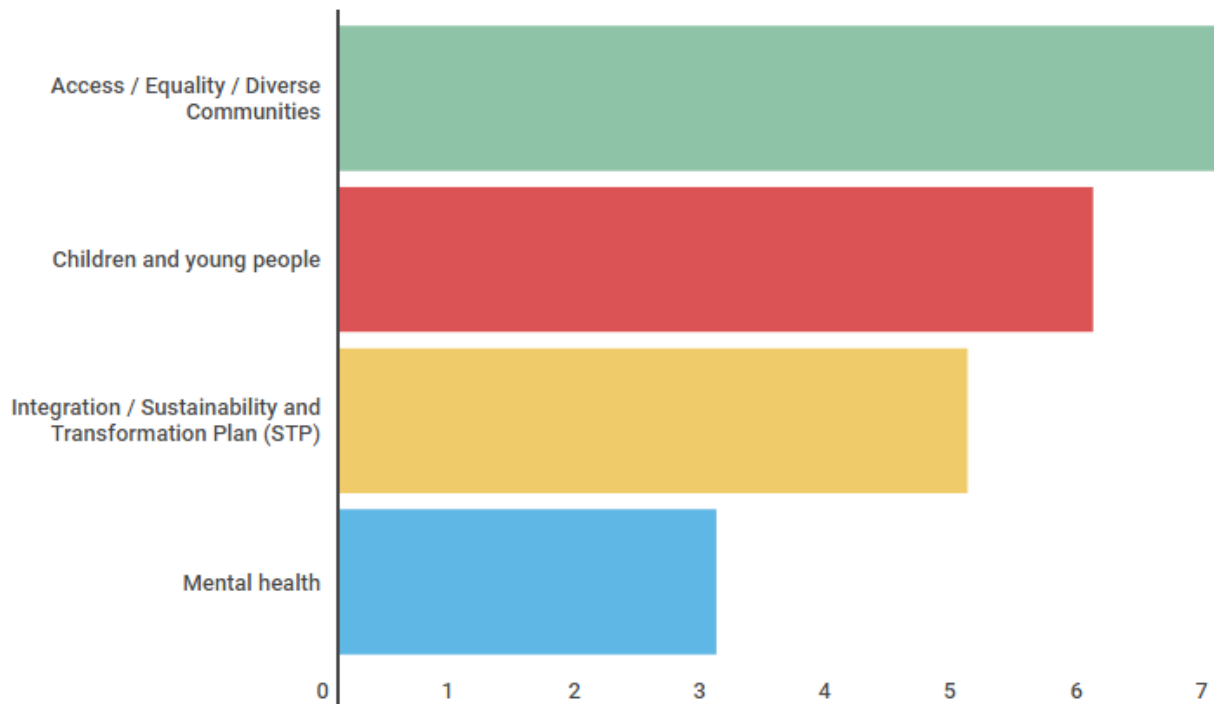
Priority areas of these organisations

The table below shows the top 5 themes given when we asked organisations to tell us their priority areas within health and social care.
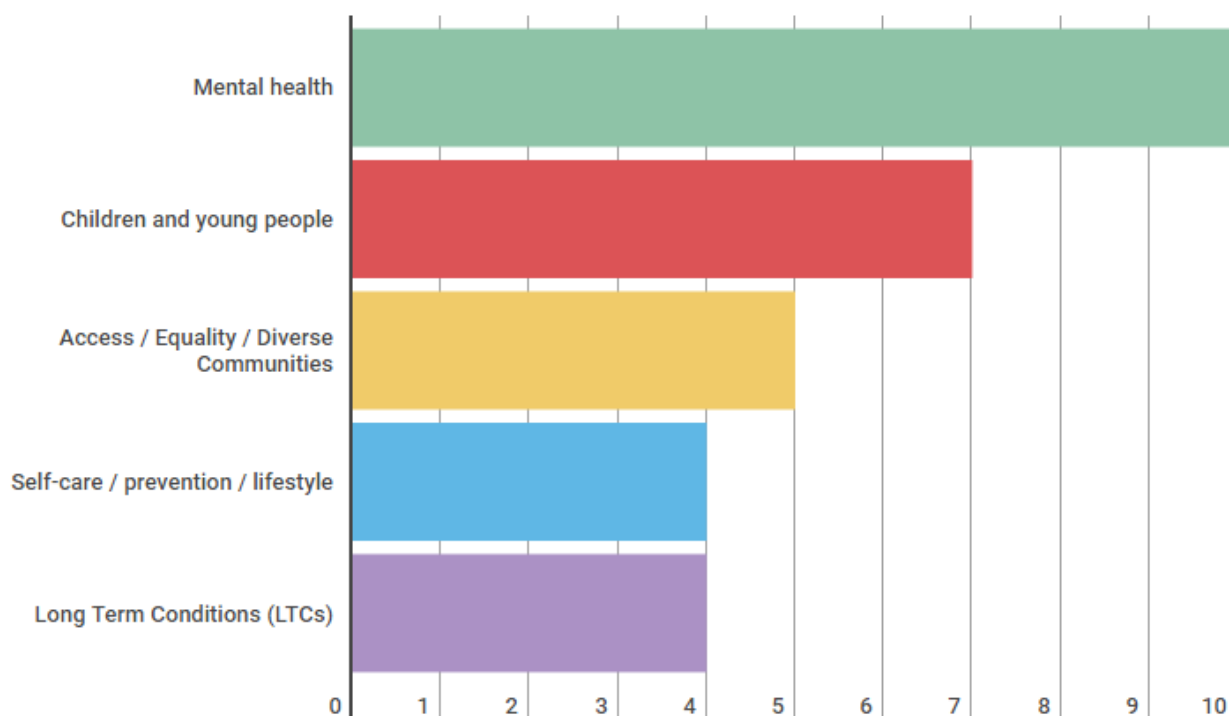
Where organisations think Healthwatch could add most value

The table below shows the top 4 themes, when we asked organisations to tell where they thought Healthwatch could add most value.

How we refreshed our priorities for 2017/18

What issues had local people already raised with us? Our issues log

Healthwatch Southwark runs a signposting service - people can get in touch with us to ask for information or report issues with their care. Topics raised have been categorised as 'signposting', 'issues', or both. Between January 2015 and December 2016, 167 people raised 'issues' with publicly funded health and social care services in Southwark.

We analysed the topics mentioned by service, and by theme. We also looked at the crossovers where particular themes were often mentioned around particular services. Many contacts talk about more than one service and theme. The list below shows which topics received the most mentions (those mentioned by <3% of contacts are not listed). This list does not reflect the severity of each issue.

Topic	% of 242 contacts who raised this
GPs	**48%**
Access to timely care at the GP	12%
Staff attitude/manner or not feeling listened to at the GP	4%
Access to timely care	**24%**
Access to timely care: appointments	6%
Access to timely care: can't get through	5%
Acute hospital services	**15%**
KCH hospital services	6%
GSTT hospital services	8%
Quality of care	**12%**
Social care	**11%**
Residential care and supported housing services	2%
Southwark Council – social services in general/social workers	6%
Records and test results	**8%**
GP quality/catchments/choices/capacity	**8%**
Poor communication about care and services	**7%**
Poor communication impacting on access	**6%**
Staff attitude/manner; not feeling listened to	**6%**
Equal access (disability, homelessness, language, refugees)	**5%**
Community services (provided by GSTT)	**5%**
Access to timely care at GSTT community services	4%
Mental health services (provided by SLaM)	**5%**
SLaM hospital services	3%
Patient voice (e.g. consultation, complaints)	**5%**
Care not initiated (e.g. no referral or assessment)	**4%**
NHS England - other than Primary Care Support	**4%**
NHS England – Primary Care Support Service (patient records)	**3%**

How we refreshed our priorities for 2017/18

Choosing which issues to focus on

On 14 March 2017, the Healthwatch Southwark Advisory Group met to consider the information we had collected from local people, community and voluntary sector organisations that support local people, statutory organisations and South East London Healthwatch, and data from Healthwatch Southwark's information and signposting database.

Our Advisory Group then short-listed the following areas as possible priorities, from the information gathered from the public and other stakeholders:

- Care at home – overstretched / insufficient provision
- Nursing and care homes – quality issues and lack of provision
- Continuity and coordination of care – focusing on leaving hospital
- Support for unpaid carers – insufficient support, poorly communicated
- District nursing and occupational therapy – long waits / non-attendance
- Timely access to GPs / A&E waits
- Mental health crisis care
- Listening and attitudes among staff – including GPs and receptionists
- Talking therapies – access and long waiting times
- Child and adolescent mental health services (CAMHS)
- Dentistry – fees

The Advisory Group then agreed a decision-making matrix for ranking the different potential priority areas - shown in the table below. Eleven criteria were chosen and each was given a weighting reflecting its importance.

Criteria	Weight (out of 5)
Significance of the issue, for those it affects	5
Affects those generally less heard / most excluded	5
Healthwatch Southwark can make a difference	5
Sufficient resources to effectively deliver	5
Asserts the impact of Healthwatch Southwark	5
Impact on a large number of people	4
Statutory organisations not addressing issues identified by local people	4
Builds on existing research/practice/networks/relationships	3

Partnership working – low input from Healthwatch but high impact	**2**
National/regional issue	**1**
Statutory organisations prioritizing issues raised by local people	**1**

The Advisory Group discussed each of the shortlisted possible priority areas considering the criteria. This supported the staff team to give each potential priority a score of 1 to 3 for each of the criteria, depending on how strongly it applied to that topic. The score was then multiplied by the weighting of the criteria and the results totalled to give an overall score for each possible priority area.

The five top scoring areas were then chosen as our new priorities:
1. Timely access to GPs
2. Going home
3. Southwark's nursing homes
4. Impact of caring on carers
5. Help in a mental health crisis

Appendix 1: Demography of people we heard from

The below tables and graphs present the demography of the members of public we spoke to - 397 in total. Not everybody who gave us feedback provided us with these details. We have compared this data to statistics about the population of Southwark (e.g. Census data) and need to caveat the following:

- We have over-representation of females, compared to males.
- We have under-representation of people aged under 40, and over-representation of people aged over 40.
- We have over-represented the number of White British people, but under-represented White 'Other' e.g. Polish, French.
- We have under-represented Chinese people and mixed race people.

Ethnicity	%
White total	50%
White or White British	4%
White Irish	2%
Gypsy or Irish Traveller	0%
Other White (White Polish, White French etc.)	7%
Black total	33%
Black or Black British (not further specified)	12%
Black African/Black African British	15%
Black Caribbean/Black Caribbean British	5%
Other Black	0%
Asian total	9%
Asian or British Asian (not further specified)	2%
Bangladeshi/British Bangladeshi	2%
Pakistani/British Pakistani	1%
Indian/British Indian	1%
Chinese/British Chinese	1%
Other Asian groups	2%
Mixed ethnicity	3%
Arab	1%
Latin American	4%
Not stated	10%

Gender	%
Female	66%
Male	34%
Transgender	1%

Age	%
Under 18	6%
18-25	9%
26-29	4%
30s	15%
40s	18%
50s	21%
60-64	9%
65-74	12%
75+	6%
Not given	11%

Disability	%
No disability / health condition	62%
Disability / health condition	33%
Not stated	5%

Sexuality	%
Heterosexual/straight	94%
Homosexual/gay/lesbian/bisexual/other	6%

Appendix 2: Where we spoke to local people

The Healthwatch Team, with support from volunteers and students on placement, engaged with Southwark residents in a variety of ways. Below is a list of all the places we visited and groups we contacted to complete our surveys.

Voluntary and Community Sector groups visited
- Link Age Southwark
- Time and Talent's – Men's Pub Club
- Advising London (over 3 visits)
- Advising London at their Spanish advice service at Pembroke House and main office
- Caribbean Roots at Camberwell Library
- Bengali Women's Group
- Lambeth and Southwark Mind – Open Mind (peer support group)
- Southwark Carers
- Teens and Toddlers
- Cambridge House
- Provider Led Groups meetings

Local events attended
- Health and Wellbeing Exhibition – London Borough of Southwark Community Council Event
- Camberwell Arts Open Evening
- Southwark Wellbeing Hub – Wellness event
- Msaada BAME Volunteering at SLaM - Black History Month event
- Healthwatch Southwark's 'Young Voices' public event
- Healthwatch Southwark's 'Winter Wellness' public event
- Community Southwark's 'Meet the Funders' event
- Southwark and Lambeth Citizens Forum
- Community Action Network screening of 'I, Daniel Blake'

Stalls at Hospitals
- St Thomas' Hospital – Bird Song Corridor
- St Thomas' Hospital – Gassiot House
- St Thomas' Hospital – Evelina Children's Hospital
- Guy's Hospital – Transport Lounge

Survey sent by email to...
- HWS volunteers, including Youth volunteers
- Local Councillors
- Camberwell College of Art
- London Southbank University
- Lewisham and Southwark College
- Youth United
- London College of Communication
- Young Learning Network
- Charter School's Parent email list
- Southwark Patient Participation Groups (PPG)
- London Borough of Southwark Youth Council
- HomeStart
- Young Learning Network
- Black Prince Trust
- Southside young leaders
- Real Drama
- Faizal Walk Foundation
- Gracebrook Training
- Sickle Cell Young Stroke Survivors group
- London Bubble Theatre
- South Cyprus Turkish Association
- Multi-Cultural Support Aid Service – Hearts of Love
- Indoamerican Refugee & Migrant organisation
- Southwark Refugee Communities Forum
- Play group at Cambridge House
- Blue Elephant Theatre
- Empowering People with Excellence
- Bede House
- ATD Forth World
- Ahoy
- 'Cause you can
- Working with Men
- Youth United

Local meetings attended
- Camberwell Community Council Meeting
- Dulwich Community Council Meeting
- Borough, Bankside and Walworth Community Council Meeting
- Peckham and Nunhead Community Action Network meeting
- Bermondsey and Rotherhithe Community Council meeting
- Wellbeing Hub's information sharing group
- CCG Patient Participation Group (PPG) Network meeting
- Community Southwark's Provider Led Group meetings

Public spaces
- Feedback boxes left at Southwark Resource Centre, Faces in Focus, Cambridge House, Pecan & Pembroke House
- Kingswood Estate community shop
- Memushka (Polish restaurant)
- Interviews at Southwark Resource Centre
- Southwark Pensioners Centre
- Interviews at Pecan (Food Bank)

Other
- Healthwatch Southwark website
- HWS monthly e-newsletter
- HWS Twitter
- HWS Facebook
- Community Southwark website and 'Keeping up with Southwark' newsletter
- Community Southwark twitter
- SE5 Forum
- Mumsnet
- Southwark News