

healthwatch
Southwark

Improving health
and social care in
Southwark

#YourVoiceCounts



Healthwatch Southwark

Annual Report 2017/18

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Message from our Chair



Despite additional funding and attempts to find further savings, the pressures on the health and social care system continue. At the same time as a rise in use comes a fall in clinical and nursing posts filled, significant targets not met across local hospitals, and nursing homes rated ‘requires improvement’. So the role of Healthwatch in ensuring that the patient experience is taken into account and that improvements are made continues to be a challenging one.

Following our consultation with residents, we focused our attention last year on GP appointment systems. With the help of our volunteers, we visited every single practice in Southwark to hear what patients and staff had to say about how easy it was to make an appointment and how the systems can be improved.

We recognised that there is no ‘one size fits all’ system as each practice is different, but we were able to identify some improvements which could work across the borough. Both GP federations and the CCG took part in a public meeting to discuss the findings, welcomed the depth of insight provided, and agreed to implement many of our recommendations. These are the instances when Healthwatch is able to demonstrate its value to commissioners, providers and patients.

Happily, too, CQC inspections of Southwark GPs indicate an improving story about safety and quality despite the pressures of demand and the teething problems of mergers.

What we hope to see across the system is a much greater readiness to engage with patients, service users and carers from the point when services are being planned or designed. Too much engagement comes as an afterthought or tick box once plans have been set.

Earlier public involvement could actually help prevent expensive mistakes and achieve greater buy-in, and thus be more effective in meeting the challenges we know the NHS faces.

Our own challenges have been around our funding, which has remained static despite rising costs. Both Aarti Gandesha, the manager, and Chithmini De Silva, our engagement officer, were snapped up by the NHS, so from April 2018 we have a largely new team in place. Catherine Negus, formerly our research and intelligence officer, has stepped up as manager and is supported by Bron Thomas and Nathan Lewis, who will both focus on engagement work with a wide variety of our communities.

- Stephen Whittle

Message from our Manager

I have been fortunate enough in April 2018 to take over as manager of a Healthwatch with a strong track record of listening carefully to people's views, thoroughly analysing feedback, and producing high-quality reports and recommendations. We are proud of our commitment to hearing from different people, investigative depth, and tenacious approach to upholding the patient voice. On a smaller scale, we get satisfaction from helping those who contact our signposting service - sometimes in real distress - to resolve their difficulties.

We have developed strong relationships with local commissioners and providers, who trust us to act as a 'critical friend' and provide evidence-based insights.

In 2017 we won a Healthwatch England Network Award alongside Healthwatch Lambeth for our joint 2016/17 project 'Going Home', looking at people's experiences of care after leaving hospital.

This year, we undertook our biggest project yet and visited all 44 local GP practices, speaking to staff and 550 patients about their experiences of appointment systems. We were able to provide an unprecedented picture of the range of systems in use, and detailed insights into which elements do and don't work for different people. NHS Southwark Clinical Commissioning Group and local GP federations welcomed our report and we will continue to work with them to optimise access to primary care services.

We have also been listening one-on-one to people with complex and higher levels of need - to find out how older people experienced King's emergency department, how patients have found reablement services, what people think of the new Coordinated Care pathway, and about experiences of help in a mental health crisis.

We would like to further streamline all of our work, be even more ambitious in driving improvements, and increase our reach through Southwark's diverse population.

The perspective of patients and the public is not just a 'nice to have', but necessary to ensuring services work properly and make the best use of resources. Hearing from you can help us make care safer, more accessible, more effective and a better experience for everyone.

We thank all of those who have shared their views with us this year, whether by calling or emailing, talking to us at their GP practice, filling in a survey, or taking the time to be interviewed - sometimes on difficult topics and for many hours over a period of weeks. We are grateful too for the support of the many commissioners and providers who uphold our work and listen to what we have to say. Finally, we sincerely thank our volunteers and Advisory Group, without whom our reach and the quality of what we are able to achieve would be severely restricted.

- Catherine Negus

Who we are

Healthwatch Southwark (HWS) exists to ensure local people have a voice when it comes to shaping health and social care services. We want you to share with us your experiences of using health and care services - good and bad. We influence those who run services to act on what matters to you.

Our role is to:

- ✓ Provide information and signposting on local health and care services.
- ✓ Gather the views of local people about access to and use of health and social care services.
- ✓ Visit health and social care services to find out what it's like for people using them.
- ✓ Share what we hear with those that provide services, fund them, design them and monitor them.
- ✓ Act on concerns when things go wrong, and find solutions.
- ✓ Champion patient and public voice on the various boards and committees we attend.

Our vision is for Southwark residents to be able to access and expect the best possible health and social care services, which are appropriate for our diverse communities.

Our priorities

The Healthwatch remit is huge - 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.

In 2016/17 we engaged with stakeholder organisations and 397 local people to find out where we should focus our attention. In April 2017 we launched five priority areas. We have worked on three of these during 2017/18:

Timely access to GPs, with a spotlight on:

- Choice/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, such as A&E.

See page 22 for information about our work on GP access, and our future plans in this area.

Going home, with a spotlight on:

- Step-down beds at Lime Tree facility (where people can stay after the transfer of care from hospital - known as discharge - but before they are able to go home).
- On-the-ground experiences of transfer of care - from staff, patients and carers.

See page 29 for information about our work on older people's experiences in and leaving A&E and Enhanced Rapid Response, Supported Discharge and Reablement Services, which were our focus within the 'Going Home' priority area this year.

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.

See page 27 for information about our work on mental health crisis, and our future plans in this area as we continue our engagement into 2018/19.

Future work

In 2018/19, as well as continuing work on some of the priorities above, we will be working on our final two priority areas:

Southwark's nursing homes

- Continued work with Southwark Council and Clinical Commissioning Group (CCG) regarding nursing care provision in Southwark.
- Engagement may be necessary if there are changes to provision. We will be looking at provision at Tower Bridge Care Home, which is now the only nursing care home for Southwark residents within the borough.

Impact of caring on carers

- Engaging with unpaid carers to find out more about their awareness of their rights and the support available, experiences of assessments and respite, and the impact of caring on their own life/wellbeing.

We also want to stay engaged with crucial strategic and cross-cutting issues, such as the integration of care. We will build on our work so far with the Lambeth and Southwark Strategic Partnership and Local Care Networks.

We will reinvigorate our work to reach out to and hear from people who are disadvantaged, seldom-heard or have protected characteristics.

Meet the team

The Healthwatch Southwark team until March 2018:



From left to right:

Chip De Silva: Engagement Officer
Aarti Gandesha: Manager
Jo Palmer: Communications
Officer (Community Southwark)
Catherine Negus: Research &
Intelligence Officer

The new Healthwatch Southwark team from April 2018:



From left to right:

Nathan Lewis: Engagement
Officer
Catherine Negus: Manager
Bron Thomas: Engagement
Officer

Jo Palmer and Zuwena Blagrove,
based in Community Southwark,
also continue to support us in
our communications.

Our year in numbers

We have 1,236 Healthwatch Southwark supporters.



27 volunteers supported our work.



We have 482 followers on our Facebook page.



550 people told us their views on GP appointment systems.



We have 1,614 Twitter followers.



We interviewed 26 people in depth (some on several occasions) about their experiences of different services and pathways.

145 local people have used our information and signposting service.



We visited 46 health services, including Enter and View at 44 GP practices.



194 people attended our 3 public events.



10 reports were published.



Helping you find the answers

Our signposting service

Healthwatch Southwark provides an information and signposting service, helping the public to find support, access services, resolve problems and give feedback (including through complaints).

As well as being an important part of our role in itself, signposting allows us to gather intelligence about the issues people are facing. Along with our engagement work, our database of issues helps us to stay in touch with people's concerns, so that we can contribute to discussions being held by decisionmakers. When we are contacted by organisations like the Care Quality Commission (CQC) for information about a service, we are able to use our database.

In 2017/18 we were contacted 145 times, with 136 of these people seeking information and signposting and 89 of them reporting a problem with services.

To support us in delivering our signposting function effectively, this year our staff received training on Mental Health First Aid, Managing Challenging Situations, and 'Mindapples' (mental health and wellbeing support).

Feedback from people who have used our signposting service:

'I am so grateful to you for listening. I have been on the phone all morning and no one else has signposted me anywhere.... You didn't make me feel like I am a problem.'

'It seems I get more results when Healthwatch get involved. It is good to talk through options with you.'

'Thank you very much. It is hard for me to get on the internet where all this information is kept. It's useful to know you are there to help find the right information.'

'Your function is very important and you have done some good research.'

Topics raised with our signposting service

People often talk to us about more than one topic. These were the areas which received at least two mentions each this year:

GP registration	47
Quality of care	23
How to complain/give feedback	16
Seeking services	14
GP closures	13
Staff attitude	10
Complaints response/Patient Advice and Liaison Service (PALS) response	9
Access - to GP appointments	6
Access - to medications/treatments, and NHS treatment funding	6
Access - unable to get through by phone	5
Access - to care/services	5
Access/choice - issues with referrals	5
Access - waiting times for appointments and delays in accessing care (non-GP)	5
Access - for homeless people or those without proof of address	3
Access - issues with appointment booking/timing (non-GP)	3
Hospital transport	3
Access - GP home visits and double appointments	2
Communication	2
Fees	2
Medical records access	2
Patient engagement	2
Consent	2
Benefits and direct payments	2
Coordination between NHS and private services/NHS services in a private hospital	2
Mental Health Act and advocacy	2
Oversight of services	2
Social care assessments	2

We also heard once about each of the following topics: provision of domestic violence support, provision of nail cutting services, accessibility of sexual healthcare, access to BSL interpretation, the closure of Ann Moss Way unit, delays in processing test results, premature discharge, inaccurate records, incorrect dentistry fees, equality issues, CQC decisions, concerns about dependents during a mental health crisis, NHS employment, vaccine efficiency, provision of multilingual carers, post-operative homecare, timeliness of carers, difficulties for a hospital in getting discharge information to a GP, issues coordinating an x-ray, length of hospital appointments, an incorrect record of drug reactions and incorrect prescription, and privacy.

Services discussed with our signposting service

These were the services which received at least two mentions each this year (either reflecting a problem, or the caller proactively asking for information - we will also refer further callers to some of these organisations for support but this is not counted here):

GP services	82
Guy's and St Thomas' NHS Foundation Trust	12
Kings College Hospital NHS Foundation Trust	10
South London and Maudsley NHS Foundation Trust	7
Commissioning and funding of services	7
Unspecified hospitals and hospitals outside Southwark (including a private hospital with NHS contracts)	7
Southwark Council - Adult Social Care	6
Southwark Clinical Commissioning Group	3
Medical Records	3
Dental services	3
Advocacy services	3
Homecare agencies	2
Ambulance services	2
SH:24 (online sexual health services)	2
Change Grow Live	2
Kairos Community Aftercare	2
Voluntary and community groups	2
NHS referral rules	2
Benefits	2

We also heard once about each of the following services: mental health support in general, mental health crisis support, social care support in general, district nursing, opticians, Lime Tree House, Age UK, dentistry charging rules, sexual health education, sports services, and an unspecified obstetrician.

Signposting case studies

Helping people to understand changes to services

Case 1: A lady had received a letter about her GP surgery closing, but she told us her mind gets confused sometimes and she did not understand it. We explained that she could see her old GP until the surgery closed, but needed to register with a new surgery soon so that her notes could be transferred, and that she could choose any surgery where she was in the catchment. She decided to talk to the surgery in the same building as her flat.

Helping people to find care and support

Case 2: A gentleman with mental health concerns asked us how he could find someone to talk to. He had not seen a GP since moving to London. We told him how to register with a GP to discuss his concerns, or alternatively how to make a self-referral to Talking Therapies. We also passed on information about the Wellbeing Hub for further/interim support.

Case 3: A lady contacted us about caring for her daughter with mental health problems and learning disabilities. She wanted to claim benefits to help pay for food and fuel, but had no social worker. We checked that the lady was already in touch with Southwark Carers, and passed on information about Southwark Disablement Association's benefits advice line, and how to apply for a social care assessment.

Case 4: A gentleman called us from a mental health ward in the Maudsley Hospital where he had been for two months. He felt he had been falsely detained and given medications against his will. We discussed this with PALS, who said that the patient would have been offered advocacy support, but that they would raise the concerns with ward staff. We then liaised between the patient and Cambridge House Advocacy Service to arrange a meeting so that advocates could explain the patient's rights and help him understand his situation, communicate his views and feel more involved in decisions.

Resolving problems with service access

Case 5: A worker from the Red Cross called. She was supporting an asylum seeker who had been refused registration at a GP practice due to not yet having proof of address for his social accommodation. He needed a GP urgently. We were able to pass on the NHS England guidance on registration and a leaflet for the practice explaining their responsibilities, and told the professional to get in touch again if necessary, and we would contact the CCG.

Resolving communication problems

Case 6: A King's College Hospital doctor said they were trying to send a discharge summary to a GP practice, but the answerphone message said the surgery was closed and directed callers to SELDOC out-of-hours service. We confirmed this was the case then contacted the CCG, who explained that a training event was taking

place and the wrong answerphone message had been set. We were able to pass on an email address and bypass phone number to the doctor.

Clarifying policies

Case 7: Two patients contacted us to ask whether a new blood sugar testing device would be made available locally. We contacted the relevant CCG team and were able to inform the patients that it would not be prescribed, and to pass on the 'position statement' and FAQs.

Talking through complex situations and needs

Healthwatch does not have the capacity to take on casework or provide intensive emotional support. However, we sometimes hear from people in difficult circumstances who might be very upset. We take seriously our responsibility to listen, ensure their safety and pass on useful information so that they have options for resolving their situation or finding a more skilled person to talk to. This means that in certain cases we spend up to an hour talking to somebody to unpick the different issues they are facing and their options.

Case 9: A lady contacted us about her elderly father and we talked for an hour to clarify her several concerns. For example, despite her father's severe diabetes with complications, carers were not following the family's instructions around buying and preparing low-sugar foods. She was keen to find a way for her father to have a break from his living environment and relieve his low mood. It was taking a long time for the client to be assigned a social worker for a needs reassessment, and the caller had found agency and social services staff unhelpful.

We explained the caller's options for complaining formally to the Council. As the lady asked us about 'safeguarding' we also explained this formal process and when it would be appropriate. We discussed voluntary sector services such as Age UK's Safe and Independent Living (SAIL) programme which could thoroughly review her father's needs around safe and independent living, and refer him to other services. Based on his interests, Age UK's lunch club or a gardening club might be a good option for allowing him to get out of his difficult living environment and relieving some of the stress which was making him 'grumpy' with the carers.

Case 10: A lady contacted us about concerns that her Community Mental Health Team (CMHT) was not adequately supporting her. For example, she did not like her caseworker's attitude, found that the team did not respond quickly when she was in crisis, and did not feel she was being helped to access talking therapies. She also wanted to make a complaint about the hospital care of a late relative, but felt overwhelmed by this. We talked through the options for raising concerns about the CMHT and asking for a different caseworker. We also discussed contacting Cruse for bereavement support, and later Pohwer to support her in making a complaint about her relative's care - the lady seemed to find it helpful that we suggested finding more support for herself first. We passed on the numbers for crisis support helplines such as the Samaritans, and encouraged the lady in feeling that she still has hope.

Working with Age UK Lewisham and Southwark's Safe and Independent Living (SAIL) programme

Age UK Lewisham and Southwark's Safe and Independent Living (SAIL) programme provides a quick and simple way for older people to access a range of local support services. As part of the assessment of people using the service, SAIL coordinators ask them if they have any difficulties with access to and use of health and care services, or would like to give feedback about these. If so, they ask to pass on their details so that Healthwatch can get in touch.

In 2017/18 we tried to contact 14 people referred by SAIL to us. We were not able to contact nine of them at a time when they were able to talk. One person did not have any feedback to give. Of the other four,

- one was signposted to Cooltan Arts, and also told us they were finding dealing with PIP applications stressful
- one gave mixed feedback about SLaM's mental health services
- one took our GP access survey
- one had had problems with a district nursing service.

Resources for patients

Our [website](#) provides eleven 'Do you know' guides explaining the answers to common questions we hear in our signposting role. These range from how to register with a GP to how to make a complaint or get tested for a sexually transmitted infection. Two of these are specifically about support for young people.

This year we added a film to the signposting resources - 'Winter Wellness', which features two GPs, a pharmacist, and an Age UK Care Navigator.

Winter Wellbeing event



'I enjoyed being with people!' -
Winter Wellbeing event guest

'Talks from different organisations [were] very interesting and eye opening.' -
Winter Wellbeing event guest

Our [public event in December](#) was on the theme of 'Winter Wellbeing', and 75 people attended. As well as improving our connections with older people in the borough, it was designed to spread awareness about how to stay healthy in the colder months, and how best to use the services available. We showed guests our new Winter Wellness film (which 92% of attendees rated as Excellent or Good) and hosted a chair-based exercise session and entertainment from the Breathe Easy choir. Local organisations rotated between the tables providing information about the support they offer. Our guests told us that they found it useful to have people

visit them in this way and were able to have more one-to-one conversations, with 82% rating this activity as Excellent or Good.

Improving the information provided by services

We have advised providers and commissioners on how to improve communications with patients about service changes. We suggested clarifications (sometimes substantial) to letters about Grange Road, Surrey Docks, Avicenna, Dr Hossain, Falmouth Road, and the Hurley GP practices, about a new Ophthalmology Single Point of Referral, and about testing for latent TB. Because we had been involved several times in this way, we provided more general guidelines to the CCG about how best to communicate service changes in clear language.

We also had a conversation with ATM Medics about how best to make sure their patients were aware of planned changes at the Silverlock and Avicenna GP sites.

‘There have been a number of changes to general practice services in Southwark this year. Often the CCG has to communicate complicated messages to patients and it is very helpful to have Healthwatch’s recommendations for changes to ensure clear messages to patients.’ - Rosemary Watts, Jean Young and Rod Booth (NHS Southwark Clinical Commissioning Group)

Future work

In 2018/19 we will remind local voluntary and community groups of our offer to come and deliver ‘signposting sessions’ where we inform their members about solutions to common questions and problems, and ask about any particular issues they face.

We will also further develop and promote our online signposting resources and share them with local information ‘hubs’ such as the Wellbeing Hub.

Listening to your views on health and care and having an impact

Reaching out to patients and the public

In order to make sure that our engagement activities reach as many people as possible, we constantly work to develop a base of people who know about us and who want to hear about ways to get involved. We call these our **supporters**. We had 1,052 supporters at the start of 2017/18 and 1,236 at the end of the year, an increase of 17%. This includes individuals living or working in the borough, and representatives of local voluntary, community and statutory organisations.



This year we have sent out 11 **e-bulletins** to our supporters, updating them on local health and social care news and a range of opportunities to have their say.

Quarter	Average open rate for e-bulletins each quarter	Average click-through rate for e-bulletins each quarter
Q1	21%	5%
Q2	21%	6%
Q3	20%	5%
Q4	26%	4%

We send ‘call-outs’ in between our ebulletins inviting people to contribute their views about services we are spotlighting, or to come to events. We sent information in the post about our Winter Wellbeing event, which was targeted at older people.

We also use our **website** and **social media** to engage with people. Our number of Facebook followers has remained steady this year at 482. Our number of Twitter followers has increased by 14%, from 1,409 at the start of 2017/18 to 1,613 at the end of the year.

This year we held **stalls** at 16 patient and public events, as well as attending regular information sharing sessions hosted by the Wellbeing Hub and South London and Maudsley NHS Foundation Trust (SLaM) at Pembroke House. We attended the

Citizens' Forum and Southwark Stars event to celebrate volunteers. Some of these events are targeted at people who might be older, disadvantaged or seldom heard - for example:

- SLaM's Carers and Families event and Carers' Listening Event
- Event at Sporting Recovery, which supports people with mental health problems
- Age UK Lewisham and Southwark's Summer Carnival
- Southwark Pensioners' Centre events
- Latin American women's wellness day
- Events for volunteers, which often includes people not in employment or those volunteering in the area but not living here



As well as providing signposting information about keeping well and about local services, our **Winter Wellbeing event** was a good chance to reinforce our connections with older people in the borough.

Future work

We are streamlining our database of supporters in order to better assess who we are reaching.

This year we will think about how we can reach out to more people aged under 21 and people who have further protected characteristics such as disability, different faiths, different ethnicities, marginalised sexualities, gender reassignment, and maternity.

We will also be working in partnership with Community Southwark to reach more community networks.

How we influence others long-term

Working with our Health and Wellbeing Board

Southwark's Health and Wellbeing Board plans how best to meet the needs of residents and address health inequalities. It brings together the NHS, Public Health, Adults' and Children's Services, and Healthwatch Southwark.

The Manager of Healthwatch is a member of the Board, which meets quarterly. From April to December 2017 this role was held by Aarti Gandesha, and in March 2018 Catherine Negus attended prior to becoming Manager. Our Manager is able to draw on the full range of Healthwatch's engagement intelligence, and where appropriate is supported by briefings from other members of the team.

Working with commissioners

Healthwatch are well represented on a number of **boards and committees** across our key local commissioners, Southwark Council and NHS Southwark Clinical Commissioning Group (CCG). We attend regular meetings of the:

- CCG Governing Body
- CCG Integrated Governance and Performance Committee
- CCG Primary Care Commissioning Committee
- CCG and Council Commissioning Strategy Committee
- CCG and Council Adults Commissioning Development Group
- CCG and Council Serious Mental Illness Commissioning Development Group
- CCG Engagement Advisory Group
- CCG Engagement and Patient Experience Committee
- CCG Equalities Leadership Group
- Temporary committees around issues of topical importance (see page 32).
- We also attended the CCG's annual Equality Delivery System self-assessment **event**, which included members of the public.

At these meetings we work to ensure that the patient perspective is heard throughout the process of service planning, commissioning, design, delivery and monitoring. Our in-depth knowledge of patients' feedback, from our signposting function and our engagement projects, enables us to contribute to a wide range of discussions and to have an impact. For example, at the Serious Mental Illness Commissioning Development Group we were able to contribute to discussions about suicide prevention and about access to psychological therapies for people with drug and alcohol problems. We also work to ensure that patient engagement is prioritised.

'The Healthwatch manager has been a robust member of the CCG's Engagement Advisory Group and the Engagement and Patient Experience Committee, providing an important critical friend role in helping us plan and evaluate our engagement.' -
Rosemary Watts, Jean Young and Rod Booth (NHS Southwark Clinical Commissioning Group)

We often **pass on concerns** raised by people who contact us for information and signposting immediately to commissioners, to help resolve that person's problem or to ensure that issues affecting many patients are being addressed. This is done using our organisational contacts or publicly - for example, we provided feedback from patients about the closure of Grange Road GP Practice at the Integrated Governance and Performance Committee. We sought assurances from the Primary Care Commissioning Committee that firm action was being taken to improve GP provision after a patient raised concerns following a CQC inspection.

As well as work on other priority areas and key areas of concern described below, we completed the CCG's **consultation** about changes to prescriptions and charges.

We have supported the CCG and Council to work effectively by sitting on the **interview panel** for an engagement lead, and holding inductions with staff members including the Council's new Director for Public Health.

Future work

While we have limited capacity to take action on every individual concern that is raised with us, we continue to look at ways to pass on all feedback from our signposting function to decisionmakers in a way that ensures improvements are made.

Working with hospital trusts

We have three large hospital trusts in or close to the borough of Southwark - King's College Hospital NHS Foundation Trust (King's), South London and the Maudsley NHS Foundation Trust (SLaM), and Guy's and St Thomas' NHS Foundation Trust (GSTT).

We have worked with these hospitals as 'critical friends' by submitting responses, joint with our neighbouring Healthwatch colleagues, on all three of the **Quality Accounts** for 2016/17 and their priorities for 2017/18. These may lead to adjustments to plans, and are published as part of the Accounts. Our scrutiny aims to hold the trusts to account for meeting their targets. During 2017/18 we also attended an event at SLaM about the upcoming Quality Accounts and shared our perception of a growing sense from patients that access to talking therapies was an area for attention.

We **meet every quarter** with each of the Trusts and our neighbouring Healthwatches to discuss service developments and challenges, patient engagement plans, and feedback we have received from the public. We met separately with staff to discuss the future of SLaM's Ann Moss Way older people's unit and the concerns raised by patients and families. We met with Sir Bob Kerslake, then chairman of King's, to share our thoughts on local priorities and

'The Trust, Healthwatch Southwark and Healthwatch Lambeth continue to hold joint quarterly liaison meetings to support regular communication about the work of Healthwatch and the Trust. Healthwatch Southwark uses the meetings to monitor the quality and safety of Trust services and update the Trust on its work in the priority areas selected by their members... Like previous years, Healthwatch Southwark, recently submitted a helpful response to the Trust's Quality Accounts, which the Trust will include in its annual report. The Trust welcomes this feedback and we will provide a response shortly.' - **Andrea Carney, Trust Patient and Public Engagement Manager, Guy's and St Thomas' Trust**

'King's College Hospital NHS Foundation Trust has worked closely with Healthwatch Southwark during 2017-18... Healthwatch has also contributed to the development and review of our Trust quality priorities and shared information with local people... Despite staff changes at Healthwatch Southwark, together we have maintained a positive and supportive relationship and we find the critical friendship extremely important to help ensure local people's voices are heard and acted on as we develop our services.' - **Lucy Hamer, Patient Engagement and Experience Manager, King's College Hospital NHS Foundation Trust**

challenges. We also met with a new SLaM staff member to discuss our engagement work.

We publicise opportunities for patients to have their say at the trusts, for example by taking part in Patient-Led Assessment of the Care Environment (PLACE) visits.

We sometimes pass on concerns raised by people who contact us for information and signposting immediately to providers, to help resolve that person's problem or to ensure that issues affecting many patients are being addressed. For example, we are in conversation with King's to highlight and seek assurance around problems with the provision of BSL interpretation in the emergency department.

'We hold quarterly local Healthwatch meetings and would like to thank Healthwatch Southwark for their consistent attendance to keep us updated on their work, explore ways to collaborate and for us to share and disseminate information through their networks... We would like to thank them for their contribution to our annual quality accounts which is requested by the Care Quality Commission. We appreciate that they take time to draw on intelligence they have received from local people - this gives us good insights and helps to inform our priorities going forward. Our experience of working with Healthwatch Southwark continues to be positive and proactive and we look forward to working together more in the year to come.' - Zoe Reed, Director of Organisation and Community, South London and Maudsley NHS Foundation Trust

Working with the Southwark and Lambeth Strategic Partnership

The Southwark and Lambeth Strategic Partnership leads work to better integrate care. It is made up of the two CCGs, two Councils, local GP practices, the three hospital foundation trusts, and King's Health Partners. The Partnership has subsidiary programmes of work: Local Care Networks (LCNs), the Mind and Body programme, the Children and Young People's Health Partnership (CYPHP), and digital care records.

During 2017/18 at Strategic Partnership level we have been involved in discussions about the future of citizen engagement with the programme, including attending meetings of the former Citizens' Board and related Task and Finish Group.

In addition to our commissioned work with the LCNs, our involvement has included attending both North, South and joint LCN board meetings and away days, engagement strategy meetings, and care planning working groups. We also presented at a GPs' Protected Learning Time event around Coordinated Care.

We have remained informed about the CYPHP including via a catch-up discussion and attending one of the quarterly meetings.

Future work

We have been discussing the future of citizen involvement with the Strategic Partnership and hope soon to find further resourcing so that we can work to ensure the patient and public voice is heard at this high level.

Working with Our Healthier South East London

Our Healthier South East London (OHSEL) is the NHS Sustainability and Transformation Plan (STP) for South East London. It aims to address three problems in local healthcare by 2021:

- The health and wellbeing gap - people should be helped to lead healthier and longer lives.
- The care and quality gap - variation in the accessibility and quality of care should be improved.
- The funding and efficiency gap - the NHS must become more efficient and make better use of the money available.

We contributed this year via joint workshops on developing and delivering the STP (where we presented a range of our engagement work), meetings to plan a public event, and the public event itself where our then-manager chaired the Q&A panel.

Working with Overview and Scrutiny

We aim to attend Southwark's Healthy Communities Scrutiny Sub-Committee wherever possible. This committee, made up of local elected councillors, aims to hold to account those who commission, oversee and provide services, and we are able to raise issues with them and present our views to Councillors.

In September 2017 we presented to the committee key themes from our response to the consultation on Southwark's new joint Mental Health and Wellbeing Strategy - see page 32.

Working with the Care Quality Commission (CQC)

Healthwatch works alongside the CQC to ensure thorough inspection and regulation of health and social care services.

- We issued a call-out for feedback from the public prior to CQC inspections of community mental health services for adults of working age, and passed on people's views to the inspectors along with information from our signposting function.
- Prior to CQC inspection of King's, we passed on patient feedback from our signposting function and our 2016/17 [priority-setting engagement](#).
- As part of a CQC thematic review of Child and Adolescent Mental Health Services (CAMHS), we submitted our November 2016 engagement report [Young voices on mental health](#) and our report about our 2015 Enter and View visit to Snowsfield Unit.
- We attended a meeting with the Council, CCG, and CQC to review quality and performance of our nursing care home at Tower Bridge.
- We met with the CQC's chief executive to discuss findings from our 2016 report [Going Home](#) about step-down care.
- We attended the launch of the CQC's national report in order to remain abreast of issues of concern.

We have published further opportunities for people to get involved with the CQC's work on our website.

The CQC has carried out a wide range of inspections of local services in recent years, including the main services at each of our three Trusts, all local GP practices and Tower Bridge Care Home. As such we have not found it necessary to make recommendations for further inspections.

'Thank you for this information. It is indeed very helpful and we will use it to inform our findings.' -
CQC Inspector

Future work

We will consider whether the CQC inspections of local services have left any gaps in areas of concern. We will also use the findings of recent inspections to inform our Enter and View programme.

Working with Healthwatch England (HWE)

We have not recently submitted any data from our signposting function to the Healthwatch England database, but have been working to ensure that we can do so while complying with new data protection regulations. We submit all of our reports to Healthwatch England so that they can be used to influence national priority-setting and contribute to thematic national reports. Our previous work on [Going Home](#) informed the national briefing [What happens when people leave hospital and other care settings?](#), published in October 2017.

Priority area: Access to GP appointments

By far the most common concern voiced during our priority-setting engagement in 2016/17 was around timely access to GPs, particularly people's frustrations with GP appointment systems, and the length of waits to be seen. This confirmed problems revealed in our [previous work](#).

National media were also highlighting pressures on emergency departments as well as on GP practices themselves, with an ageing population and more complex conditions resulting in more demand, higher workloads for GPs, and difficulties with staff retention.

Taking all these factors into account, the Healthwatch Southwark Advisory Group agreed 'Access to GP Appointments' as our first priority area for 2017/18.



How we listened to people's views

Between May and August 2017, Healthwatch staff and trained volunteers, including young people, used our legal right to 'Enter and View' health premises and visited all 44 of Southwark's GP practices. Visits lasted for up to two hours, depending on how many patients were in the waiting room.

Enter and View is an opportunity for Healthwatch representatives to collect patients' views at the point when they receive care. Speaking to people directly enables us to collect rich qualitative information. It also means we talk to people we would not normally encounter. We did not want special arrangements to be made for our visits and therefore decided not to inform practices of the time of the visit - just the day we would come to the practice.

Before each visit, we asked the Practice Manager to complete an online survey and the managers of 39 practices did so (the five non-responses being the only examples from this year of services not responding to our requests for information). We interviewed at least one receptionist from each practice - 50 in total. We spoke to as many patients as possible 1:1 in the waiting area, using a paper survey as a guideline. We also promoted this as an online survey via multiple media channels and engagement events, hoping to capture views from people who might not have accessed appointments and therefore been at their surgery. Overall, we heard from 550 patients registered at Southwark GP practices.

We asked nearly all patients whom we encountered in waiting rooms for their views, and most who had time agreed to talk with us - as such we did not target any particular population groups. However, we monitored some of the characteristics of the respondents. While only a small proportion of those who we talked to were under 21, 21% of those who told us their age was over 65 and 23% of those who told us their disability status were disabled. We spoke to people with a range of ethnic identities and employment statuses - for a full breakdown, see the [report's](#) appendix 1. By definition, the majority of those registered at local GP surgeries will have been Southwark residents so this project did not cover the experiences of those only working in the borough. However, our [previous 2017 reports into the use of A&E](#) showed that some people working here choose to access care near their workplace by attending A&E.

We aimed to get a picture of the ways different surgeries try to balance increasing demand with ensuring patients got the appropriate appointment for their needs.

What we discovered

People's experiences of their GP surgeries varied widely. Our findings highlighted positive and negative aspects of different elements of the appointment systems and multifaceted issues which impacted on access and a patient's experience. There were several areas of good practice as well as some approaches of concern, specifically around flexibility in meeting the needs of diverse patients.

76% of people we interviewed said they found it easy to contact their practice, whilst 23% found it difficult, particularly when booking by phone and at certain

times of the day (e.g. 8am for a same-day appointment). Experiences of using online booking varied; some people found the online offer helpful but it might be inconsistent with what was available via reception.

20% of people said that they were 'always' able to get a same-day/urgent appointment when they needed to, with 28% answering 'usually', 18% 'sometimes', 15% 'rarely/hardly ever' and 8% 'never'. Barriers included busy phone lines and all slots being booked up early in the day.

Considering appointments booked in advance, 28% of people said they waited less than a week for their most recent GP appointment, whilst 71% had waited less than two weeks and 5% had waited longer than four weeks. Some of the wait time was attributed to patient availability and desire to see a specific GP. Some GPs only made appointments up to one week in advance, which some patients found frustrating.

One of the key distinctions between different GP appointment systems is how they make use of triage, usually for same-day appointment requests, to solve patients' issues over the telephone, fit them into reserved slots in the practice, book them in at the Extended Primary Care Service (EPCS), or redirect them to another service or routine appointment. Issues raised by patients about triage systems included problems with the call-back procedure.

People were asked whether they minded being questioned by receptionists on their conditions. 63% responded that they did not mind, but 27% had negative feelings about this, including feeling uncomfortable or feeling that the receptionist was not the right person to be asking. We also discussed with patients the alternatives to traditional face-to-face GP appointments, such as by telephone, online, and with Advanced Nurse Practitioners (ANPs).



Receptionists at some surgeries used information about a patient's condition only to provide a note to the triaging GP. However, in other cases receptionists exercised judgement when using this information to re-redirect patients to alternative in-house professionals, such as the nurse, suggesting that the patient book a routine appointment or visit an external service (e.g. pharmacy, A&E).

Receptionists at 41 out of 44 practices told us that EPCS was an option for patients triaged by their GP, but only 38% of patients surveyed said they had heard of EPCS. When we discussed whether patients would use the EPCS if offered, around 70% said they would, but location and the cost of getting there were concerns.

Of the 44 GP surgeries visited, 28 surgeries' receptionists told us about some form of training. Some significant training gaps were identified - for example, some receptionists had not received training on EPCS, whilst others wanted more support in their role categorising and redirecting patients.

Importantly, when asked about pressures on their systems and barriers to improvement, staff at 27 practices mentioned broad issues around resourcing and demand, particularly GP recruitment. 21 practices noted problems with people not attending or cancelling appointments (DNAs).

Having an impact

Prior to and during the engagement we worked hard to gain the support of commissioners, GP practices and Patient Participation Groups (PPGs) so that they would understand this project's potential to share understanding of the different systems in place, and shed new light on the positive and negative aspects of the patient experience. We met with primary care commissioners, the Primary Care Committee, the Practice Managers' Forum, and the north and south Southwark PPG networks. We also asked for feedback on initial drafts of our surveys to ensure they reflected some of the nuances of the systems in place.

Our report and a summary report were published in December 2017, alongside the response from the CCG and GP federations. Our **recommendations** included:

- reviewing systems to identify improvements to telephone call handling capacity and online appointment booking
- reviewing same-day appointment release, booking and triage processes, to identify optimum appointment allocation methods, paying particular attention to vulnerable and complex patients
- raising awareness and promoting use of the EPCS service to patients
- raising awareness among patients of the role of the ANP as an alternative to the GP, and ensuring that patients who see an ANP can be referred quickly to a GP if needed
- ensuring receptionists receive appropriate training, including around EPCS, and consistent guidance on redirecting patients where appropriate
- rationalising and optimising information in waiting areas
- investigating whether the Pharmacy First system is operating correctly
- wherever possible, including patients and PPGs in shaping improvements.

By highlighting the wide variation in appointment booking systems used, we hope we have assisted the CCG and the GP federations in considering whether the system overall is fit-for-purpose in Southwark, and provided information that has contributed to working towards greater consistency of approach across the borough.

In December 2017 we held a **joint event** with the CCG to present the findings and responses, and to give the public a chance to ask questions of the commissioners and providers. A report on the event can be found [here](#). 69 people attended the event - a mix of health and social care professionals, local residents, and representatives from the community and voluntary sector. 94% of attendees who filled in an evaluation form agreed that they were able to put their questions to the panel and were listened to.

The report has since been **presented** at the CCG's Engagement and Patient Experience Committee, where we sought an update on some of the commitments made in the CCG and federations' response. We also presented it at both the North and South Patient Participation Network meetings, discussing with members how they can promote change at their practices in areas needing further consideration.

'The CCG led a project looking at a tool to support practices analyse data regarding appointment systems at the practice to improve access to health care for patients. Healthwatch were an active member of the group and it was useful to have a patient representative to be part of this design process.' - Rosemary Watts, Jean Young and Rod Booth (NHS Southwark Clinical Commissioning Group)

'Healthwatch completed a report which looked at GP appointment systems, patients' understanding of their practice's systems and their experience of making an appointment... This has provided the CCG and practices with valuable insights to patient experience regarding different elements of appointment systems and has informed our approach of how to improve access in Southwark for patients. Action plans have been developed and are in the process of being implemented in response to the recommendations made by Healthwatch.' - Rosemary Watts, Jean Young and Rod Booth (NHS Southwark Clinical Commissioning Group)

The best thing about the event was...

'The Healthwatch findings and recommendation. Also, the professionals acknowledge their shortfalls on information and are going to look into them.'

'The presentations were excellent but there was much more time for questions than usual and they were taken seriously and answered fully and honestly.'

We have presented information from our report formally and used our findings to support detailed discussions at three CCG access tool development 'sprint' sessions.

Because of connected concerns about GP catchment areas, we have **written twice to NHS England** asking them to improve information to patients and to review the catchments system.

We contributed to two CCG workshops aimed at scoping an **app to allow people to access GP services online**, including a discussion about the needs of different patients and a showcase of providers. Later in the year, we were moderators in a **procurement exercise** for the delivery of such an app.

Future work

We are compiling a tracking tool to help us follow up on each of our recommendations for improving GP access and ensure that action is being taken.

Priority area: Help in a mental health crisis

During our priority-setting exercise in early 2017, mental health in general was ranked highly among the areas needing our attention. Crisis represents the most acute and extreme end of this spectrum of need. Healthwatch Southwark was aware of longstanding concerns in South London about the services available to people in mental health crisis - for example, a campaign to reinstate a separate walk-in facility for people in crisis, away from A&E.

During the past few years there have also been changes to local services. A new 'Section 136 Suite' (also known as 'Place of Safety') opened at the Maudsley Hospital, shared between local boroughs and caring primarily for people who have been identified by police in a public place as needing immediate mental healthcare to prevent harm to themselves or others. The emergency departments at St Thomas' Hospital and King's College Hospital also had renovations carried out which included better mental health facilities. We wanted to find out how people were experiencing crisis care as such changes unfolded. We also knew that not everyone would know how to seek help, so wanted to map out the many 'pathways' through services.



We also wanted to work with partners at King's College Hospital who were keen to engage with patients to understand how they were experiencing the new mental health suites.

How we are listening to people's views

We developed an interview protocol aimed at:

- mapping out the many different 'pathways' for seeking help and progressing through different services
- assessing people's experiences against some of the 'I Statements' about the standard of care that should be expected taken from the national [Crisis Care Concordat](#).
- finding out what worked well, how people thought that crisis could have been prevented or dealt with better, and whether further services ought to be available.

We asked people in our supporter network to share experiences of their own crisis, or that of someone they supported, within the last year or so. We also included an expression of interest form on a survey being shared by the Wellbeing Hub. We worked with King's College Hospital, who gave out a leaflet in the emergency department to relevant patients, asking them to contact us. We asked people contacting our signposting service about mental health crisis whether they would like to be interviewed in future.

So far, unfortunately, we have found it difficult to find large numbers of people willing to be interviewed, which reflects the sensitivity of the topic and the level of unwellness and challenge faced by these patients. However, during Q4 of 2017/18 we interviewed five people about their experiences and heard some poignant and profound descriptions of crisis and detail about very different experiences with a range of services. Three of the people had sought help via their GP, one via King's Emergency Department and one via 999 and St Thomas' Emergency Department. We also heard feedback about Talking Therapies, the voluntary sector and Community Mental Health Teams.

Future work

We continue to interview people with experience of a mental health crisis into 2018/19, are looking at new ways of reaching participants, and have expanded our offer to include discussing mental health crisis with groups, as this may help people feel more comfortable.

We are also reaching out to those who may be particularly disadvantaged and seldom-heard, for example LGBT people and the Somali community as well as people with experience of caring for someone in a crisis. We will consider group discussions with younger or older people about their specific experiences, if appropriate.

We did not feel that it would be appropriate to use our Enter and View powers to visit mental health crisis services to talk to patients at the point when they seek care. However, commissioners and providers have been supportive in enabling us to visit facilities and have in-depth conversations with managers about services and their challenges. Along with some of our Advisory Group members, we visited King's College Hospital Emergency Department to walk through the new mental health suites to see the way a patient might progress through the department. We also visited the new Place of Safety and interviewed a manager there, and attended events around changes to the Place of Safety pathway and the Place of Safety 'one

Future work

St Thomas' Hospital's Emergency Department staff have already helpfully agreed to enable us to visit their new mental health suites and talk to staff in the same way we did at King's. We will also be following up contacts in a range of other services, such as the SLAM 24-hour crisis line and Community Mental Health Teams.

year on'. We have also been able to interview three GPs (one at her practice) about their experiences of caring for patients in a crisis.

Having an impact

We have been working to engage commissioners and professionals with this project so that it will have the maximum possible impact. This has included attending workshops and 'taskforce' meetings around the mental health crisis pathway. King's College Hospital are particularly keen to hear about the experiences of patients using their new emergency department mental health suite, so we are working with them to try to find people who would like to share their feedback.

Commissioned project: Older people in A&E

King's College Hospital NHS Foundation Trust (King's) is implementing a 'transformation' programme to improve urgent and emergency care provided through King's emergency department. We participated in a joint project with King's and Healthwatch Lambeth to explore the experiences of those using the department. We focused on people aged over 70, who were identified as medically frail on admission, and who were either discharged the same day or kept in hospital for 1-2 days. This aligned with our 'Going Home' priority area.

How we listened to people's views

Members of the King's patient and public involvement team, and staff and trained volunteers from Healthwatch Lambeth and Southwark, interviewed patients at their homes within 2-4 weeks of their visit to the emergency department. Together we completed in-depth interviews with 16 patients from Lambeth and Southwark and often their relatives, with Healthwatch Southwark talking to five of the patients/families. Some of the topics covered included communication with patients, comfort in the department, the use of records and assessments, the discharge process, and coordination of care after leaving the emergency department.

How we will have an impact

A report with recommendations has been produced and is being presented at several internal King's meetings, including its older people's committee, in order to establish what can be done in the short term to improve services. A summary report will soon be published alongside a response and update from King's. It is likely that findings will also be taken to a new Lambeth and Southwark Transfer of Care Programme working group, and a stakeholder event on older people's care at King's later in the year.

Commissioned project: Enhanced Rapid Response, Supported Discharge and Reablement Services

In August 2016, Healthwatch Southwark was commissioned by Southwark Adult Social Care and Guy's and St Thomas' NHS Foundation Trust (GSTT) to gather feedback for people with lived experience of Enhanced Rapid Response (ERR), Supported Discharge (SD) and Reablement services. From April 2018, all three services were to become integrated to operate as one service, in order to reduce fragmentation, reduce spend on A&E admissions, hospital beds and longer-term care, and provide more holistic care for Southwark residents. Again, this work aligned with our 'Going Home' priority area.

How we listened to people's views

Healthwatch met with people who had experience of being supported by the three services to find out what had worked well and should be maintained in the new integrated service, and what could be improved upon. Frontline staff in the ERR, SD and Reablement services were provided with information on the project, and forms for people interested in sharing their experiences. We were successful in receiving eight referrals, of whom we interviewed six who were well enough to take part.

The 'Going Home' methodology, developed with Healthwatch Lambeth, was adopted for this work. This involves building a detailed picture of people's developing experiences of health and social care services. Healthwatch met with the individuals in their homes four times over a six-week period and then had a follow-up discussion by telephone.

How we will have an impact

In February 2018, Healthwatch convened a workshop with professionals and managers from each of the three existing referral pathways to discuss main themes that had arisen from the engagement. At this workshop we tried a new approach of coproducing recommendations, drawing on the real-world experiences of professionals delivering care to a broad range of people. We explored where feedback reflected positive and negative elements of agreed ways of working, or departures from agreed ways of working. We considered the best way to optimise resources which might be under pressure. The workshop helped engage professionals in building on good practice and developing solutions to issues.

We then finalised a report with recommendations for optimising the new

'Thank you for the coproduction of the recommendations - I think this was really positive and will have a much greater long-term effect on improvement in the areas identified. It has really enabled the staff to gain greater insight into the service users' experiences. We have already used the learning at our staff workshops which was very well received and beneficial. We have also used the learning in developing a new draft of the service user feedback tool that GSTT uses widely in the community.' - Cathy Ingram, Programme Manager - Local Integrated Care, Guys and St Thomas NHS Trust

merged service. It covered topics such as communication about the service from referral onwards, a patient-centred approach to goal setting, comprehensive work towards meeting goals, and optimum management of discharge from the service.

Commissioned project: Local Care Networks' Coordinated Care pathway

Local Care Networks (LCNs) are a new way of working which bring together a range of healthcare professionals in the community, working as a team and with a patient to achieve the goals that are important to them in a clear, jointly agreed way. They include doctors, nurses, social workers, housing support workers, home care workers and therapists.

In October 2017 Southwark's LCNs launched the 'Coordinated Care' pathway for people who have three or more long term health conditions. This involves attending two appointments: a Holistic Assessment and care planning discussion. The aims of the appointments include considering what is important to the patient, agreeing goals for their care and what they can do to help themselves, and exploring how other professionals can support the patient. A care plan is to be developed with the patient to bring together information in one place.

In December 2018, the LCNs commissioned Healthwatch Southwark with Community Southwark to understand patients' experience of the Coordinated Care pathway in its early phases.

How we listened to people's views

Between January and May 2018, Healthwatch and supporting staff from Community Southwark conducted 12 interviews with patients in their homes to hear about their experiences of the Coordinated Care Pathway. We talked about their lives and the challenges they face, how they were invited to the appointments and asked to prepare, practicalities such as timing and who they saw, the content of the conversations, the care plans they received, and what changed as a result. On 21 March 2018, Healthwatch, Southwark CCG and the LCNs convened a workshop with those who contributed their story to the project and others who have helped to shape the Pathway, to reflect on the findings so far and discuss ways forward. 24 people attended the event.

How we will have an impact

'Healthwatch were a key partner in the LCNs and instrumental in helping to lead the engagement work with people living with three or more long term conditions as part of the development of care coordination for which the LCNs were recognised at the Patient Experience Network National Awards. Healthwatch have more recently spoken to patients as part of the evaluation of care coordination and jointly organised an engagement event with the LCNs bring together people with lived experience.' - Rosemary Watts, Jean Young and Rod Booth (NHS Southwark Clinical Commissioning Group)

We held a workshop in March 2018 to discuss our findings so far with the patients we had interviewed and others who had been involved in developing the pathway. By the end of 2017/18 we had produced a draft report with ‘areas for consideration’ including communication about the pathway and how to prepare, guidance around the scope of conversations, support for patients to make the best use of their care plans, and further engagement about the longer-term impact of the new pathway. This report is being further developed in 2018/19.

Other impact

Building on work in 2016/17, we continued to work closely with the CCG and Council to inform development of a new **Joint Mental Health and Wellbeing Strategy** for the borough. This sets out key ambitions, priorities and strategic directions for services for the next few years. We drew on our previous work on mental health, including from our engagement with young people, summarised in our December 2016 [evidence review](#). We were part of the steering group overseeing development of the Strategy, and through several routes we provided detailed comments on the report’s content and structure in order to work towards a Strategy that fully reflected patient concerns and that was accessible to the public.

We heard that there was a risk of funding to **Child and Adolescent Mental Health Services (CAMHS)** being significantly reduced due to budget pressures. We raised our significant concerns about this which played a part in ensuring that a full review process was begun. We have been attending the review steering group to ensure that engagement of patients, carers and families is an integral part of this process.

During public discussion about the new Mental Health and Wellbeing Strategy it became increasingly clear that stronger action was needed to close the gap in mental health service access and outcomes for people from Black, Asian and minority ethnic (BAME) backgrounds. We therefore worked with SLaM to set up a **BAME Independent Advisory Group (IAG)** on mental health, supported them

‘Healthwatch supported coproduction of the Joint Mental Health and Wellbeing Strategy contributing content and review via public consultation events, detailed correspondence on content, meetings with commissioners, the CCG Governing Body, Council Overview and Scrutiny, Health and Wellbeing Board. This led to the strategy being agreed by all parties and now in delivery phase. Contributions by Healthwatch will ensure that partnership work across Southwark will deliver the best possible health and social care outcomes for Southwark residents.’ - Rosemary Watts, Jean Young and Rod Booth (NHS Southwark Clinical Commissioning Group)

‘Healthwatch worked to bring together people from the local community with an interest in mental health care. Through working with their networks it has enabled a Southwark IAG to be established which now works in partnership with SLaM. The aim of the Southwark IAG/SLaM joint working group is to improve the experience of BAME service users, carers and their families who use SLaM services’. - Zoe Reed, Director of Organisation and Community, South London and

to find appropriate community representatives, and coordinated the first two meetings. We hope that this group will bring a strong grassroots voice and BAME perspective.

We continued to attend Southwark Council's **home care user group panel**, helping to ensure that the procurement of new home care providers reflected the needs and opinions of users.

We worked with **Clinical Effectiveness Southwark** in a successful bid for funding from the Health Foundation for a programme to ensure high standards of care for people with common long-term conditions. The programme pulls together large amounts of guidance and best practice for GPs and develops 'templates' to attach to GP systems which act as checklists. We continue to be involved in the project to discuss how patient involvement and feedback can optimise its success.

We met with the patient and public involvement coordinator from **Collaboration for Leadership in Applied Health Research (CLAHRC)** to describe emerging and significant issues in the borough, drawing on our engagement work and particularly our priority-setting project in early 2017. This fed into a CLAHRC report and an [article](#) highlighting the important contribution of patient and service user feedback, and organisations like Healthwatch, in ensuring that health research is adapted to work in the 'real world'.

'Following Healthwatch members coproducing a set of home care 'I Statements' in 2016-17, they followed through this commitment to be part of the procurement selection for the new 'care at home' contracts that have now been rolled out in Southwark. This involved producing a scenario of 'Donald', a Southwark person who receives home care, that was given to potential providers who were then interviewed by Healthwatch members to assess how person-centred they were in their responses. The outcomes of these interviews significantly contributed to the final selection of providers.' -
Genette Laws
Director of Commissioning, Children and Adults Services, Southwark Council

Continuing to have an impact using previous engagement findings



After completing engagement and publishing reports we want to monitor whether services improve and how our work is having an impact. In June 2017 we published **two reports following on from previous work around GP surgeries**: [One year on: A review of GP out-of-hours answerphone messages](#) and [One year on: Making a complaint: what online information do Southwark GP surgeries give to their patients?](#) Both of these reports also received a response from the North and South Southwark GP federations. We also attended a CCG engagement event around GP services.

As noted in our [2016/17 Annual Report](#), we carried out engagement from December 2016 - February 2017 with Southwark LCNs and Revealing Reality to find out about the experiences of people with multiple long-term conditions, receiving care from different professionals. A joint [report](#) was published in April 2017 and **presented** to the Joint North and South LCN Board. The findings of this engagement and of patient workshops have informed the development of a new Coordinated Care Pathway, which was the subject of further engagement this year (as described above, page 31).

We also carried out engagement last year to find out what local people thought our priorities should be. We published a [report](#) in April 2017 highlighting the areas of challenge and launching our new priorities. This report was then **presented** at a range of CCG and Council committees.

In May 2017 we held a [launch event](#) to ask the public how we should begin to tackle each of the priorities. Representatives from King's, SLAM and the voluntary and community sector also attended.

Findings from this engagement, even in the areas we did not select as priorities, continue to provide useful **intelligence**, for example when we submit evidence prior to CQC inspections.

We continue to carry forward other recommendations from reports published before 2017/18:

- We **presented** our [Young Voices on Sexual Health and Young Voices on Mental Health reports](#) to the Healthy Schools Board.
- As noted above (page 21), we included [Young Voices on Mental Health](#) in our **submission prior to the CQC inspection of CAMHS**. The report's **evidence is also being used** in the ongoing CCG/Council review of CAMHS and its funding (see page 32).
- We have been **working with Council and CCG on recommendations** we made in our February 2017 report [Going Home](#) about step-down care in Lime Tree house, meeting with older people's commissioners to discuss the action plan.
- The [Going Home](#) report was also **presented** at a Medicines Optimisation event.
- Alongside other South East London Healthwatches we carried out commissioned engagement in early 2017 to find out about the impact of winter communications materials. We contributed to a [joint report](#) on this (compiled by Healthwatch Greenwich) published in May 2017.

'As part of their award-winning [Going Home](#) project, Healthwatch undertook an inspection of the Step Down facilities at the Lime Tree House extra care scheme... The Council welcomed the very practical action plan produced by Healthwatch and continued to work with officers from Healthwatch, the care provider and council and NHS services to implement changes that improved the experience for the frail older people who use the scheme and had previously been needlessly stuck on hospital wards.'

Genette Laws

**Director of Commissioning,
Children and Adults Services,
Southwark Council**

Our people

Our volunteers

IN 2017/18, 27 volunteers generously gave up their time and contributed their skills and expertise to support our mission. In the summer of 2017 we also worked with four students from Walworth Academy, who spent a week with us as their work experience placement.

This year our volunteers have provided essential support in our activities:

- Visiting our local GP practices to find out about appointment systems. We visited 44 practices with at least two people, including a member of staff, present at all of the visits. Our volunteers helped us to reach all of the practices and talk to as many patients as possible. Volunteers have had special training in order to act as Enter and View representatives.
- Typing up notes on our discussions with patients at our visits to GP practices. We heard from 550 people and we could not have managed all this data without our volunteers' help.
- Writing up findings from a recorded interview with GPs about mental health crisis care.
- Taking new photographs to illustrate our materials.
- Helping to host our three public events - guiding discussions and informing people about our work, signing in and assisting guests, helping with refreshments, setting up and clearing up.
- Representing us at CCG boards and committees.
- Representing us at a CCG event about a system to support GP practices to manage appointments, and updating us about the project.
- Helping us to run stalls to reach out to new members of the public.
- Helping us with administrative tasks.
- Forming our Advisory Group (see below).

In May we nominated our volunteer Kwaku Gyasi for a Southwark Stars award as 'Young Volunteer of the Year' because he goes above and beyond to help with our work, makes time to volunteer with us after college in the evenings, questions our work, offers ideas, is eager to learn and is always professional and personable.

In 2017 we were highly commended in the Healthwatch England network awards for our work in 2016 creating volunteering opportunities for young people, involving them in our work around mental health and sexual health support.



In addition to that of our volunteers, this year we were lucky enough to get the support of Thomas Edwards, who signed up and began training and fundraising to run the April 2018 London Marathon on our behalf!

Our Advisory Group and governance

Healthwatch Southwark is part of Community Southwark, which is the umbrella body for voluntary and community organisations in Southwark. The Advisory Group is a sub-committee of Community Southwark's Board of Trustees.

The Advisory Group consists of nine volunteers and representatives from voluntary and community organisations as well as local residents. Members are non-executive and all legal and financial responsibility for Healthwatch lies with the Community Southwark Board of Trustees.

We use the Healthwatch Southwark Advisory Group to help us make decisions - for example, setting our priority areas, discussing our approach to gathering patient feedback and managing relationships with external partners, and agreeing principles for working on contracted projects.

The Advisory Group meets quarterly and receives updates on our work and areas for consideration in advance of each meeting. We also contact the group in between meetings on issues of importance, for example our funding, or to ask them to promote key projects.

Our Chair Stephen Whittle also provided more extensive support and guidance during the period when we had no manager.

Working with other local Healthwatches

The South East London Healthwatch include Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark. Our local populations share many services such as hospitals and voluntary organisations. The boroughs also share approaches to resolving pressing challenges and to better integrating care. It therefore makes sense for us to collaborate with other Healthwatches to share resources and knowledge and have an impact. In 2017/18:

- We received a joint award with Healthwatch Lambeth for our previous work on Going Home.
- We worked with five other local Healthwatches to review patients' awareness of winter communications materials, and contributed to a joint report (see page 34).
- We worked with Healthwatch Lambeth to talk to older people and their families about their experiences of using King's College Hospital's emergency department (see page 29).
- We are collaborating with Healthwatch Lambeth and King's College Hospital to reach out to people who have used the emergency department in a mental health crisis (see page 27).

- We have been working together to contribute to our South East London Sustainability and Transformation Plan and the Lambeth and Southwark Strategic Partnership (see pages 20-21).
- We attended quarterly liaison meetings with all three hospital trusts alongside the other local Healthwatches, sharing our plans, findings and concerns (see page 19).

Our finances

Income	
Funding received from the London Borough of Southwark to deliver local Healthwatch statutory activities	£120,000
Additional income from contracted projects	£23,260
Total income	£143,260
Expenditure	
Operational costs	£8,246
Staffing costs	£108,756
Office costs	£10,744
Total expenditure	£127,746
In-kind contribution from Community Southwark	£32,925
Balance brought forward	-£17,411

Contact us

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Get in touch with Community Southwark

The contract for Healthwatch Southwark is held by Community Southwark.

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We will be making this annual report publicly available by 30 June 2018 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Southwark Clinical Commissioning Group, Southwark Overview and Scrutiny Committee, and Southwark Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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