

Healthwatch Southwark Launch Feedback

This provides a snapshot of the participants, speakers and discussions that took place at the Healthwatch Southwark Launch on the 26th June 2013.

Purpose of the Launch

- To introduce, build awareness and understanding of the role and function of Healthwatch Southwark
- To continue developing Healthwatch priorities based on the views of our Supporters & members of the public
- To inform all of the opportunities to become a volunteer

Participants

- Healthwatch Southwark Supporters
- Southwark residents
- NHS Clinical Commissioning Group Staff
- Hospital Staff
- Southwark Council Staff
- In total over 100 people

Presentations

- Katherine Rake, Chief Executive, Healthwatch England
- Gordon McCullough, Chief Executive, Community Action Southwark, Lead Contract for Healthwatch (including well-wishes from Councillor Catherine MacDonald, Cabinet Member for Health and Social Care)
- 4 Interim Board Members focussed on Physical Disabilities, Older People, LGBT Network and Children & Young People

Group Discussions

Table discussions centred on answering two questions based on the themes which came from our Priorities session held in May. The themes were Quality, Integration, Inequalities and involvement from children and young people and the questions are below. The main points which came from these included:

Question 1 Do the four themes sound reasonable? What do they mean to you?

Integration

- **Terminology** was too formal and not clear exactly what is meant.
- **Communication** and **info-sharing** between services (upwards and sideways), and healthcare professionals so that it is 'one service', viewed as 'one person' telling 'one story'. Computer systems need to work together, accessed by relevant clinical and providers.

- **“Bridges are needed”**. The NHS Southwark Clinical Commissioning Group have a role in creating that **dialogue**
- Other key areas :
 - Carers- importance of getting their involvement
 - Information and education about services needs to be clear and easy to access
 - Holistic approach needed in terms of beyond the medical approach
 - Overlooked physical and mental health issues
 - the ever-increasingly important of health and social care
 - Other contacts outside the immediate health & social care world need to be known, i.e. Community Wardens, Housing Officers
 - Consultation overload - What about joined up consultation exercises. Rather than LBS? CCG consultation the same people out on different issues. **“Does Healthwatch have a role here?”**
- Is it a commissioning issues, budget impact
- Where to complain if using multiple services
- “Integration is important, but there has been limited progress over 10 years of effort”

Quality

- What does Quality **look like** and how do we recognise it
- **Monitoring** current standards
- Competence, standards, evidence-based practices, NICE Guidelines, consistency, policy
- **Access** – migrants, young people friendly, interpreters
- Empathy – patients need this
- Sharing best practices between GP surgeries
- Acknowledging difference between people and groups
- Impact of cuts on one service over another in the field of Mental Health
- Does everyone get the same i.e. Cancer care services?

Inequalities

- Potential focuses:
 - Over representation of certain communities, especially in mental health. Equalities and the Equality Delivery System is important
 - Drug Access? NICE guidelines is fair but does not relate to the individual’s need
 - Young people, Mental Health and Learning Disabilities service issues
 - **Diversity of population (clinics – when, where, appropriate setting), not different levels of service**
- **Multiple inequalities** (including poverty and social factors) mean less likely to have a voice. We need to be knowledgeable about this
- **Resource allocation** between MH and physical health services
- Everyone should feel that can access the care they need; equal access to **information** about different services esp. Black and Minority Ethnic Communities
 - CAB not open much
- Measuring inequality in the Lesbian Gay Bisexual and Transgender communities

Children and young people

- HW currently lacks Children, young people and the family voice and expertise about the system
- Education involvement e.g. schools, colleges
- We need different **ways** to get them involved

- Children and young people issues and theme should be addressed within the three key themes

Question 2 From your point of view, what do you think HW Southwark should focus on? What should we try and influence?

Quality and Integration are key issues

- Standards of care
- Checklist of access needs to services especially disabilities

Empowering the public and providing information

- Clarity needed on who holds the money and what decisions they could make, & where accountability lies
- Commissioning cycle/framework – how and when HW can input
- Complaints – impact and feeding back
- Education / helping people find information on care services

Terminology & language

- The Healthwatch message needs to be clear

Partnership working

- “HW cannot do it alone” including working across boundaries with residents Officers, Community Wardens
- Reaching the ‘not typically engaged’ – HOW
 - Going to people who don’t access services
 - Pulling CCG resources for same pieces of work
- Children and Young People need to be asked and engaged in giving their views about the services they use

Intelligence

- The need for information on service quality already in the health and social care system
- Francis Report Recommendations need to be reflected by Healthwatch – ‘Soft Intel’ and system for identifying trends in complaints and to consider if individual complaints have significance
- The need to be clear on the on what we mean by quality . [Lord Darzi’s Review](#) was quoted comprised three elements: Effectiveness of treatment and care provided to patients (clinical and patient-related outcomes), Safety of treatment and care & Patients’ experience