# *'Healthwatch Southwark – one year on'*

## Saturday 22 November 2014, 12.30pm – 3.30pm

## Event Report

**Purpose:** To update and inform the public about Healthwatch Southwark, to give attendees an insight into health and social care commissioning and integration in Southwark, and also give attendees the opportunity to discuss and input into:

- Healthwatch Southwark priorities – what we have done so far and what we could look at in the future
- Changes that are happening to Southwark services – how people want to get involved
- How to get more involved in Healthwatch – volunteering with us

**Venue:** Pembroke House, 80 Tatum Street, London SE17 1QR

**Attendees:** Approximately 50 including residents, representatives from voluntary and community organisations and statutory services.

## Key issues from discussions…

- ✓ **Young Peoples voice -** develop networks to hear from young people more about their experiences
  NEXT STEPS: We would like to better involve younger people in our work – it would be great to see more young people at our events so we should explore how best to engage with this group, for example using social media.

- ✓ **Person-centred care –** people value being in control of their carer and being offered services that are tailored around their needs.
  NEXT STEPS: Social care is one of our priority areas and we hope to explore personalisation of services and how people are able to be in control of their care.

- ✓ **Discharge –** especially for vulnerable people (such as frail, people with mental health problems). Important to consider the important role carers play during this process.
  NEXT STEPS: This has been on our 'watch list' for a while now, particularly the role of carers and people being admitted from and returning to care homes. We will look into how we can gather information about this through different activities such as 'Enter & View' visits.

- ✓ **Medication review –** especially important for frail/elderly population.

- ✓ **Access to communication support for the deaf population –** Not available in all services (emergency departments, out of hours services) on a 24 hours 7 day a week basis.

- ✓ **Use of locums –** affecting the lack of continuity because there would be no named Doctor in Extended Access services.
  NEXT STEPS: We will be monitoring patient experience during the service changes and transformation, specifically the Extended Access to GP services, and some elective services moving to Bromley.

- ✓ **Personal budgets –** more clarity needed on how this is administered.

## The programme:

### 1. Lunch, stalls and networking

At the event we had 9 stalls including Free NHS Health Checks and Rapid HIV testing. On the day, 22 health checks and 8 HIV tests took place alongside lots of public interaction and information exchange with the stalls.

### 2. Introduction and welcome - David Cooper, Chair of Healthwatch Southwark

### 3. "What is Healthwatch Southwark?" - Aarti Gandesha, Healthwatch Southwark Manager

### 4. "Healthwatch Southwark – one year on" – David Cooper, Chair of Healthwatch Southwark.

David and Aarti spoke briefly about Healthwatch Southwark – what it is, what it does and how people can get involved.

Aarti explained that Healthwatch Southwark works with local people so that they can get the best out of their health and social care services by listening to people about their needs and experiences of accessing and using these services. This is done in a variety of ways: holding public forums, focus groups, and attending lots of events, and visiting local services.

David spoke about the four priority areas that were identified one year ago, based on information received from the public: access to GPs, access to mental health services, access to sexual health services, and social care. He described some of the engagement activities that have taken place over the year that fit within these specific priority areas, but also our work in engaging with 'seldom heard groups'.

**'Health and Social Care Commissioning and Integration in Southwark''** - Paul Jenkins, Southwark NHS Clinical Commissioning Group, and Kerry Crichlow, Southwark Council.

Paul opened up his presentation by showing the needs of the population living in Southwark and where the CCG (Clinical Commissioning Group) uses its health and social care resource – most is used on people towards end of life or with long term conditions (which make up a small proportion of the population), whereas the least resource is for people with good health and wellbeing and people experiencing health inequalities and putting their health at risk.

Paul explained the concept of 'neighbourhoods' in relation to integrated working between primary care and other services such as community care and social care. GP practices in Southwark will also be working together to deliver extended services and improve the quality of services and outcomes for patients.

Kerry spoke about the need for integration within health and social care services, due to an expected reduction in funding over the next 3 years in children and adult services, an aging population, a more isolated population, and children with more complex needs surviving and living for longer.

There is a need for services to 'raise their game' to meet the needs of the local population and to work collaboratively with each other. Work needs to be more evidence-based so it is clear when investment is needed when an approach seems to be working. More focus needs to be on the individual person's journey through the health and social care system so that resources can be aligned to this.

## 5. Group Discussions

### Session 1: Healthwatch Southwark priorities – current and future

***Current priorities***

Healthwatch Southwark's 'sexual health' priority was valued by the group involved in this discussion. The group facilitator had explained that Healthwatch had been/will be working with faith groups, black ethnic minorities and people with HIV diagnosis.

The group were impressed that Healthwatch were working with faith groups for this priority and suggested that Healthwatch should work with faith groups across all priorities as they are can be hugely influential.

Within the 'sexual health' priority, it was questioned whether Healthwatch Southwark would be targeting certain groups of people, such as younger age groups – this is because they are known to be less aware about sexual health issues, and there is more unsafe sex amongst teenagers and younger adults.

Healthwatch Southwark's 'social care' priority was also valued by the group. It was suggested that Healthwatch should focus more on personalisation of services, in particular how services can be designed around the needs of individuals so that patients are more in control of their care.

***Future priorities***

The group also discussed ideas about future priority areas for Healthwatch Southwark. Discharge was recognised as an important area, particularly for vulnerable groups such as those with mental health problems. It would be important to look at how carers are involved at the point of discharge and also look at the role of staff at this point also. Re-admissions data could be a good source of intelligence about whether discharge is appropriate/timely. It was suggested that collecting and sharing 'stories' about discharge (good and bad) would be informative.

Medication was also recognised as potential future priority area by some members of the group, particularly within the frail/elderly population.

## Session 2: Changes that are happening to Southwark services – how people want to get involved

This session focused on 5 key changes around:

- longer opening hours for GP services ('extended access to GP services'),
- some planned services are moving from King's College Hospital to sites at Bromley
- the expanding role of Pharmacies and its services
- Personal Budgets
- Social Care (Personal)

Two separate group discussions took place, with one from the perspective of the deaf community via a BSL interpreter.

***Deaf perspective (table 1)***

The group talked about the importance of communicating changes to the deaf community, particularly how some of these changes could affect deaf people. They understood that there will be '*cuts*' and '*remove [al of] other services*' but they needed to understand any effects/impact on them.

One challenge highlighted was if <u>all</u> services (urgent and non-urgent services) are accessible in terms of communication and support on 24 hours, 7 days a week basis. For example, is there a BSL interpreter in the emergency department, out-of-hours services or when requiring urgent access to services i.e. the new NHS Access Clinics ('extended access to GP services').

The group agreed that it is expensive to have a BSL interpreter at every service, but discussed '*what do 24/7 on-call arrangements mean? And how do we do it*?' Suggestions included using technology more effectively such as Skype/video to access BSL instead of an on-call interpreter. Other suggestions included drawing on informal support, to a degree, noting that friends and families at appointments are not always suitable because of privacy and confidential reasons. One person suggested that if there were more Healthwatch forums, the Deaf Forum could apply for a budget to fund an interpreter and also train local interpreters.

In response to a question as to why pen and paper could not be used in place of an interpreter, was because miscommunication could arise between professionals and patients particularly because the language used by professionals was variable, and that sometimes what is being said is '*quite complicated*'.

The group acknowledged that a basic deaf-aware communication skill for staff is positive but during consultations, a qualified BSL interpreter is needed because of some of the complexities mentioned above.

Wider discussion took place on how best we could use 'change' as an opportunity to improve services and accessibility, but noting that it also carried a risk. Particularly around GP practices and community services working in smaller geographical areas called 'localities'.

***General public (Table 2)***

This group expressed general support for the extended hours to GP services, however they said further consideration is needed around transport and distance to where the new services/Access Clinics are based. Concerns were raised around the number of locums and affecting the lack of continuity because there would be no named Doctor. The role of pharmacies should also be included when discussing, developing and improving the extended access to GP services, specifically medication checks and reviews.

When discussing personal budgets, the group felt this change needed to be clear on how the budgets were administered, with the right information provided and a role for social workers to help people to access personal budgets easily.

## Session 3: How to get more involved in Healthwatch Southwark

The group recognised that Healthwatch Southwark was good at communicating with their supporters via e-newsletters and an updated website. The newsletters and website were informative and most participants at the table were supporters and appreciated this.

The group felt that young people were not represented enough at events. We need to target young people so that their voices are heard too.

Best ways to target young people would be to use social media and promote events specifically to young people.

Healthwatch Southwark has an impressive supporter list. The group discussed who they would share their news (good or bad) with and came to the conclusion that each person had an impressive network of friends and families. Each supporter could use their individual network to promote the work of Healthwatch Southwark and recruit more supporters and volunteers.