

Healthwatch Southwark

Annual Report 2019/20



About us

Who we are

Healthwatch Southwark (HWS) is part of Community Southwark (CS), a charity which works with the local voluntary and community sector (VCS).

There is a Healthwatch in every area of England, and an umbrella body - Healthwatch England (HWE). Healthwatch is a statutory function funded by, but independent from, local authorities.

Our vision

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

What we do

- We listen to your experiences of health and care services in order to drive improvements.
- We provide information and signposting on local health and care services.
- We promote and support the involvement of patients and service users in the design, provision and scrutiny of local health and care services.
- We listen to Southwark residents about your needs, and your experiences of health and social care services.
- We voice the views and concerns of local people in order to make health and social care services better.

How we do this

- We keep people informed through our website and ebulletins.
- We use a wide variety of tools (such as surveys, interviews, focus groups and events) to make it as easy as possible for you to have a say.
- We use our power to 'Enter and View' services to find out what it's like for people using them.
- We work with local voluntary and community organisations in order to reach more people and to highlight inequalities.
- We produce reports and recommendations based on the evidence and insights you share.
- We use our seats on important decision making boards and committees to make sure your voice is heard at the top.
- We input into local consultations and monitoring systems, such as our three NHS trusts' annual Quality Accounts.
- We share information and concerns with HWE so that we can have an impact at a national level.
- We also work with the Care Quality Commission (CQC), which is the national inspector and regulator for health and social care services.

Message from our Chair

Although this report reflects the many activities of Healthwatch Southwark across the past year, it would be remiss not to start with the impact of Coronavirus. As you will see from the report, March was dominated by the response to the pandemic and the team worked rapidly to support the community through signposting, information sharing and advice. Southwark was one of the worst affected boroughs in London, in part due to long standing health inequalities.

Our hospital trusts were at the forefront of the effort to care for people who contracted the virus and, of course, received national attention. Their efforts to save the lives of their Covid-19 patients were enormous and somehow they managed also to provide care for their many existing patients. But the impact on waiting lists and the NHS as a whole remains unclear.



As the report makes clear, acting as the voice of the patient in the contemporary health and social care system is a challenge. The system is complex and multi-layered. The range of activities is enormous. The vested interests huge.

Trying to get the best outcomes for our community is now made more difficult by the creation of the new super-Clinical Commissioning Group (CCG) for South East London which will be taking the big decisions about spending and commissioning across the whole region. This inevitably makes the business of representing Southwark patients or indeed discovering the impact of decisions on them much harder work. There is still a tendency within the NHS to engage at the end of a decision making process rather than involve patients in the design from the outset. That is a major issue going forward.

As you look at the range of subjects covered in this report from Caring for Carers to Mental Health, Nursing Homes and the LGBTQ+ experience of health and social care, plus the numerous meetings, reports and activities, please bear in mind that this work is carried out by just three people living within a very limited budget. The value for money is extraordinary.

This is my last message as Chair of the Advisory Group. I would like to say thanks to the Advisory Group members who have given their time and talents to help the staff team led by Catherine, and wish our successors all the best in the new world that begins from now. It has been a privilege to Chair the group and a huge learning experience.

The NHS is an extraordinary creation and the people who work in it are often inspirational. We have seen their dedication and skill at work over the past few months in a very visible way. May they continue to receive the support that they need to improve our national health.

- Stephen Whittle (Chair)

Thank you from our manager

This has been a year of consolidation for Healthwatch Southwark. We have drawn together the findings from an impressive range of projects into solid reports and recommendations, and shown we can continue to deliver work ranging from in-depth interviews to surveys of our wider community. We believe some of these pieces of work have provided rich repositories of information on the experiences of our different communities - from LGBTQ+ residents to unpaid carers - to inform services for some time to come. In March, we adapted fast to an astonishing new situation as the coronavirus pandemic escalated.

We have done this as just three staff - and for a period last summer, only two - and I am very proud of our team's commitment and compassion. Thanks must go too to our wonderful volunteers, without whose help, for example, we could not have run such a positive carers' event.

I would like to thank in particular our Chair, Stephen Whittle, who after three years of service will be standing down in July. Stephen has provided astute insight on how to work as a tiny organisation within a huge 'system of systems', maintaining our independence and quality. He has also been a fundamental support to me and the team through a time of constant change within our organisation, during which we worked with several Chief Executives, and we are going to miss him greatly. We wish Stephen all the best for the future and a slightly more relaxed retirement.

We appreciate the support of all of our partners at Southwark Council and NHS Southwark Clinical Commissioning Group (CCG), within the local NHS provider organisations, and the voluntary and community sector (VCS). We were very lucky to partner with Southwark LGBT Network and London South Bank University for our 'Strong in Southwark' event - for which they generously provided a lovely venue and amazing refreshments.

Most of all, there would be no point in us existing without the hundreds of members of the public who have taken the time to share (sometimes difficult) experiences with us as we all work together in a common goal to make our health and social care system the best it can be. Thank you!

- Catherine Negus (manager)

Our year in two pages: timeline of highlights



Completed Carers engagement, with 66 survey responses, 3 focus groups, and 4 interviews

April 2019

Published 'A Healthy Future in Southwark and Lambeth' event report and 'Engagement within LSSP Programmes during 2018 - a stocktake'



Completed Social Prescribing engagement, with 35 survey responses and 7 patient interviews

May 2019

Published Enter and View report on Tower Bridge Care Centre; met Commissioner to discuss Southwark Council's response



Achieved 98 Southwark responses to HWE national survey on implementation of the NHS Long Term Plan

Submitted considered responses to each of our three NHS trusts' annual Quality Accounts



Published 2018/19 Annual Report

June 2019

'Strong in Southwark' event - 63 attendees and some highly engaging discussions

Published LGBTQ+ Community Consultation



Launched new website with refreshed content

July 2019

Progress in ensuring influence for projects (presentations of mental health crisis and LGBTQ+ Community Consultation findings; collaboration with Council teams on Carers pathway)

Visit to SLaM for a strategy overview meeting and tour of the Maudsley hospital

August 2019

Published 'Social Prescribing in Southwark: the patients' perspective'

Team strategy day: began mapping topics for Waiting Times and Talking Therapies projects

October 2019

Successfully proposed funding for Healthwatch representation on merged South East London CCG Governing Body



All staff attended Healthwatch England Conference



Engaged with young families at Southwark Showcase

November 2019

Published 'Strong in Southwark' event report

Participated in 5 sessions of the Council's Nursing Care Co-design Group, ensuring full participation of 'experts by experience' in provider recruitment

January 2020

Published 'The Impact of Caring on Carers' report



'Supporting Carers in Southwark: continuing the dialogue' event - 27 carers as well as organisations which support carers

February 2020

Worked with the other South East London HWs to recruit a joint Healthwatch Director to represent us at the new six-borough CCG

Worked with CCG on a service user workshop on mental health crisis services, presenting findings from our 'Help in a mental health crisis' engagement

Responded flexibly to a range of service developments (GP closures, engagement plans for new South East London CCG, feedback about proposed move of Lambeth Hospital mental health facilities to Maudsley)



Proud of our response so far to the coronavirus pandemic, particularly our reliable webpages

March 2020

Our year in two pages: in numbers



8 reports published,
representing engagement with **504** local people



98 responses to the Healthwatch England NHS Long Term Plan survey



2 events, with **104** attendees



238 people signposted or giving feedback,
including **41** referred through Age UK's SAIL programme



183 views of our coronavirus webpages in March



13 regular committees, plus others such as Carers Board



17 volunteers, including our Advisory Group



1,307 members



1,975 Twitter followers



506 Facebook followers



14 ebulletins



8 stalls

Contents of the detailed report

Supporting Southwark during the coronavirus pandemic	8
Developing our connections with the public.....	9
Who are our members?	9
Communicating with members and the public.....	10
Supporting people to understand, navigate and use health and social care services ..	12
Signposting topics	12
Signposting: How do we help local people?	13
Signposting at stalls and events	15
Resources for the public.....	16
Developing our links with other services	16
Improving the information provided by services	16
How we use your feedback	17
Feedback topics.....	17
Feedback: How do we help local people?	18
Listening to your views and having an impact: engagement and influence projects ...	19
The impact of caring on unpaid carers.....	20
Nursing Homes: Tower Bridge Care Centre.....	23
Nursing Homes: Supporting user involvement in procurement with Southwark Council ..	23
Mental health crisis	24
Targeted work with seldom-heard communities: LGBTQ+ experiences	25
Dementia Action Plan and Loneliness Strategy	26
Talking Therapies.....	26
Waiting for Hospital Treatment	27
‘Issues with resolving issues’	27
Commissioned project: NHS Long Term Plan	28
Commissioned project: ‘A Healthy Future in Southwark and Lambeth’	29
Commissioned project: Social prescribing.....	30
Continued influence in previous priority areas	30
Continued influence of previous commissioned work	31
Supporting strong patient involvement across the system	31
Promoting involvement within the Lambeth and Southwark Strategic Partnership	32
Patient involvement in South East London NHS systems	33
Working with partners to make your voice heard	34
Working with our Health and Wellbeing Board	34
Working with commissioners.....	34
Working with NHS hospital trusts	35
Working with the Care Quality Commission (CQC)	36
Working with Healthwatch England (HWE).....	36
Responses to other intelligence requests.....	36
Media work.....	37
Our volunteers	37
Our governance	37
Our finances	39
Our team	40
Contact us	40

Supporting Southwark during the coronavirus pandemic

As the coronavirus outbreak in the UK escalated quickly, we switched most of our attention to the pandemic from 12 March 2020. Given the unusual circumstances, we will report on our work in this area (apart from signposting) separately from our normal activities.

The team began working from home on 18 March. We released a [statement of intent](#) for Healthwatch Southwark (HWS) work in line with our adjusted statutory responsibilities (and reduced capacity as one member of staff was due to leave). We have worked closely with Community Southwark (CS) colleagues. Work around coronavirus in the period from 12-31 March included:

Information and signposting

- We quickly set up a new [section of our website](#) focused on the pandemic and local response, and were told that the Clinical Commissioning Group (CCG) would be directing the public towards it whilst other partners developed their communications. During this quarter, this section had 183 page views.
- We promoted further material on social media.
- We produced an initial list of local support (e.g. food provision) for all CS staff to use when contacted by people in need.
- Following queries on how to signpost patients, we began compiling information to share with GP surgeries.
- We continued responding to signposting calls and Age UK Safe and Independent Living (SAIL) referrals (see p12). 11 people discussed topics related to coronavirus, which yielded valuable information about vulnerable people's experiences. (We produced a [summary of March feedback](#) in the next quarter.) We experienced a significant drop off in calls as lockdown began, as did many other HWs.

'Your website is a great way to get info - better than the local NHS sites.'

- comment in our later coronavirus survey

Feedback to help the system respond

- We completed an initial Healthwatch England (HWE) survey on people's experiences so far, to help feed into, for example, Public Health England messaging.
- We joined Southwark Hubs Working Group meetings to contribute insights to the development of support systems.

Proactive engagement

- We began work with HWE to develop a public survey.
- We attended an online Mental Health Carers' Forum to hear people's concerns.
- We worked with CS on a survey of organisations, incorporating questions about their beneficiaries' vulnerabilities.

Joint working on community response with CS

- We joined and monitored Mutual Aid WhatsApps, and used our data management skills to help manage CS's intelligence better.
- We passed on volunteering offers.

Working with external partners

- Many of our usual routes of gathering information and having an influence were put on hold. The South East London CCG merger on 1 April increased this challenge.
- We reached out to the CCG, Public Health Team and NHS trusts with an outline of our plans, an offer of support and some questions, while our CS colleagues liaised with the Council's communities teams.
- We communicated frequently with HW partners around the country about their challenges and plans.

What's next?

Our work into the 2020/21 financial year continues to focus on coronavirus. We have updated our communications regularly as guidance and services change. We have also used different methods for listening to feedback about services, including joining online meetups of local community groups, playing an active role in a CS virtual conference, and running a survey about the broad range of recent experiences. We are also working to ensure that feedback is received as fast as possible by providers and commissioners so that the pandemic response can be refined.

Developing our connections with the public

In order to make sure that our activities reach as many people as possible, we constantly work to spread awareness of Healthwatch. We aim to reflect the diverse demographic makeup of the borough and support the involvement of seldom-heard groups. We hope that many of these people will want to hear about ways to get involved - when they sign up, we call them our members.

Who are our members?

We had 1258 members at the start of the year and 1307 at the end. We registered 56 new members during the year and 7 unsubscribed.

A further 71 uncontactable members were removed in early April 2020. Their details are not included in the breakdowns below.

- 921 people are involved as individual members of the public
- 181 are representatives of voluntary organisations, 4 of other Healthwatches, and 4 of Patient Participation Groups (PPGs)
- 90 are representatives of governmental or NHS organisations
- 23 are from organisations of unknown type, businesses, and educational institutions
- 10 are politicians
- 3 are media representatives.

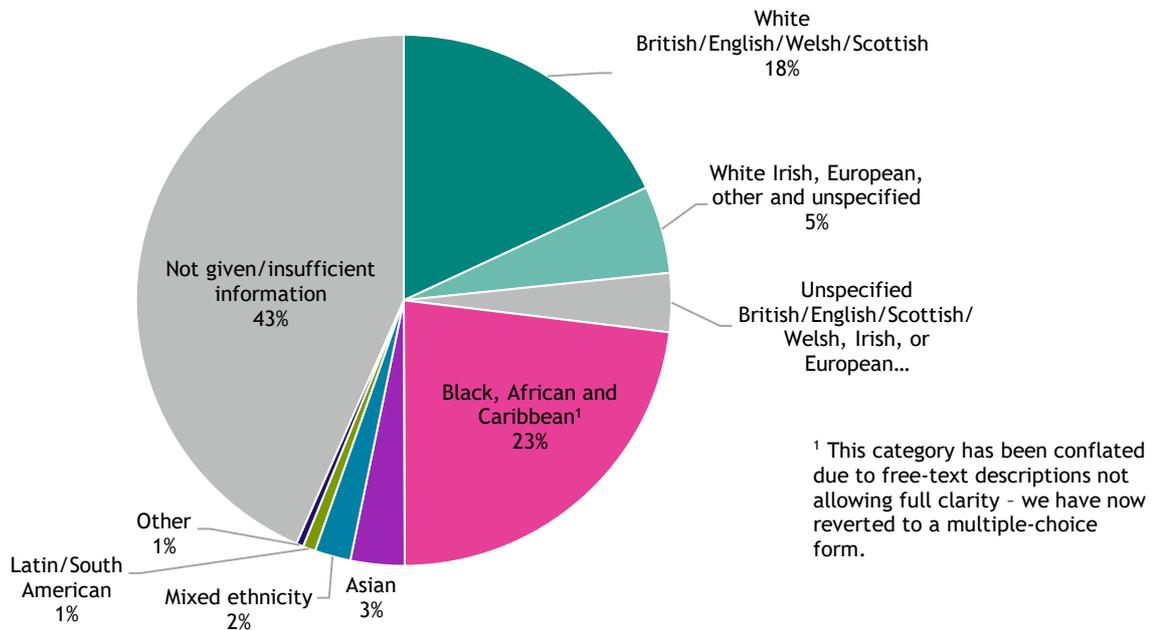
Gender

Of our 921 individual members, 451 (49%) say they are female and 206 (22%) male. 2 describe themselves as transgender, 2 as 'other', and 1 as agender. 259 (28%) have not stated their gender.

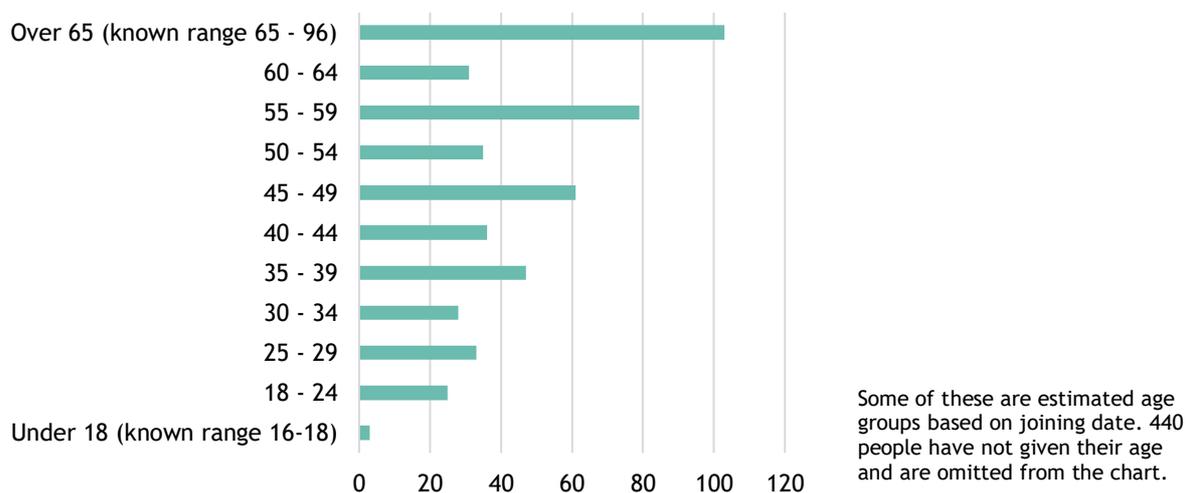
Disability

Of our 921 individual members, 259 (28%) have told us that they do not have any disabilities, and 150 (16%) that they do (512 or 56% have not said).

Ethnicity



Age



Communicating with members and the public

We launched a new **website** in July using the new HWE template. In each quarter, the numbers of individuals viewing our website were 1741, 1450, 943 and 1215.

On **social media**, by the end of the year we had:

- 1975 Twitter followers (increase of 167, or 9%, on last year))
- 489 Facebook likes (increase of 13, or 3%, on last year)

- 506 Facebook followers (increase of 19, or 4%, on last year)

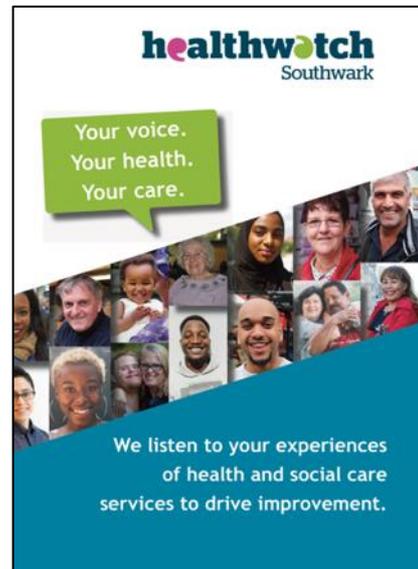
We ran extensive Twitter and website activities during **Carers' Week** and **Mental Health Awareness Week**.

We sent out 14 **e-newsletters** to our members (with average open rates per quarter of 27%, 26%, 22% and 23%, and click rates of 7%, 4%, 4% and 4%) plus occasional event invitations.

Particularly to reach people who might not see us online, we designed a new HWS **leaflet**, plus flyers to promote our 'Strong in Southwark' LGBTQ+ event, our carers' event, and different focus groups in our Waiting for Hospital Treatment project.

We also hold **stalls** to help us meet people out in the community. This year, we have brought this closer to our 'signposting' work, using the stalls to talk to people in more depth about how to access services and resolve issues - see p15.

We also **spoke with members of the public** (for example to introduce new projects) at the Blackfriars Settlement WellConnected Christmas event, East Central Multi Ward Forum and West Central Multi Ward Forum.



We have attended several other **events** in order to listen to the public's views, build our knowledge of the health and care landscape, and make ourselves known to more people. In addition to those mentioned in other sections of the report, these were:

- CCG Dulwich Health Centre engagement meeting with voluntary organisations
- Nexus Health Group (Southwark's largest GP practice) open afternoon at Inspire, and later a Nexus PPG meeting where we discussed positive communication (see p30)
- King's College Hospital (KCH) Older People's Stakeholder Event
- Southwark Mental Wellbeing Partnership Event led by South London and Maudsley Trust (SLaM)
- the Annual Members' Meetings of all three of our NHS trusts
- a Southwark PPG Meeting Network meeting
- London Ambulance Service Patients' Forum.

What's next?

We are recruiting a new Engagement & Signposting Officer, bringing these two functions closer together. We will increasingly emphasise reaching out to seldom heard communities and making use of 'networks of networks' in order to broaden our reach. This will include working with homeless people, refugees and asylum seekers, and BAME people. In the context of the ongoing coronavirus pandemic, we will look into new ways to engage with people both online and offline.

Supporting people to understand, navigate and use health and social care services

We provide information, signposting and advice on how and where to access different services, what people are entitled to, and how to resolve difficulties or give feedback. We aim to respond quickly and be accessible to different people, wherever we have capacity. People ask us for signposting help via our website, email and the phone, and when they meet us at stalls across the borough.

Signposting headlines

- In 2019/20 we spoke to 238 people, which is a 23% increase on last year.
- 192 of these people sought information and signposting, a 19% increase from 2018/19.
- 152 of them reported a problem with services, a 6% increase from last year.
- 44% of the people that we spoke to both reported a problem and sought signposting at the same time.
- Our busiest month was November 2019, where 41 people contacted us.
- Most people contact us by email or phone, but we also record what we hear from people at stalls, events, or via general surveys.
- 41 (17%) were older people referred to us by Age UK's SAIL programme because they wanted to give feedback about health and social care.
- We received more than double the number of SAIL referrals this year, compared to last year.

This year we also decided to integrate the signposting and feedback we did through SAIL into our main database. This has given us more insight into the experiences of older people and people with one or more long-term condition.

We have also noticed that our calls and emails this year are increasingly

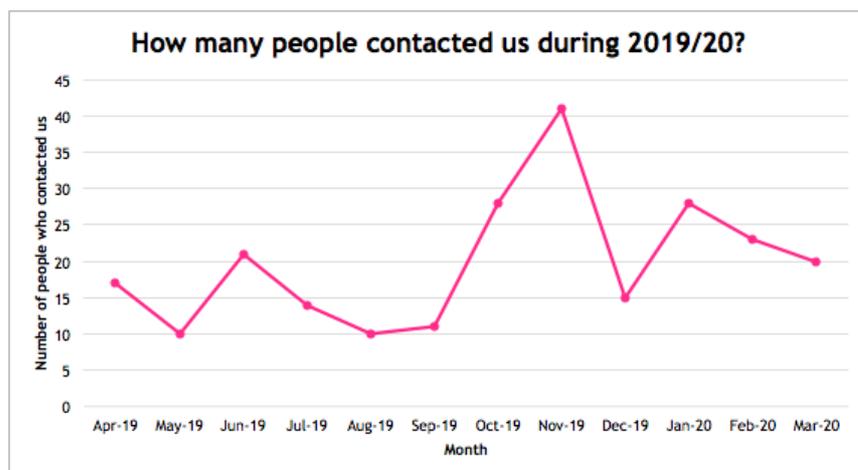
complex - people are having multiple issues, across different services, often alongside a serious or long-term health condition. They may also tell us about difficult social circumstances. We are also hearing from people multiple times. Therefore:

- We approach each contact more holistically and try to learn as much as we can about their individual situation.
- We spend longer on each contact, talking to the person and/or researching information and resources for them.

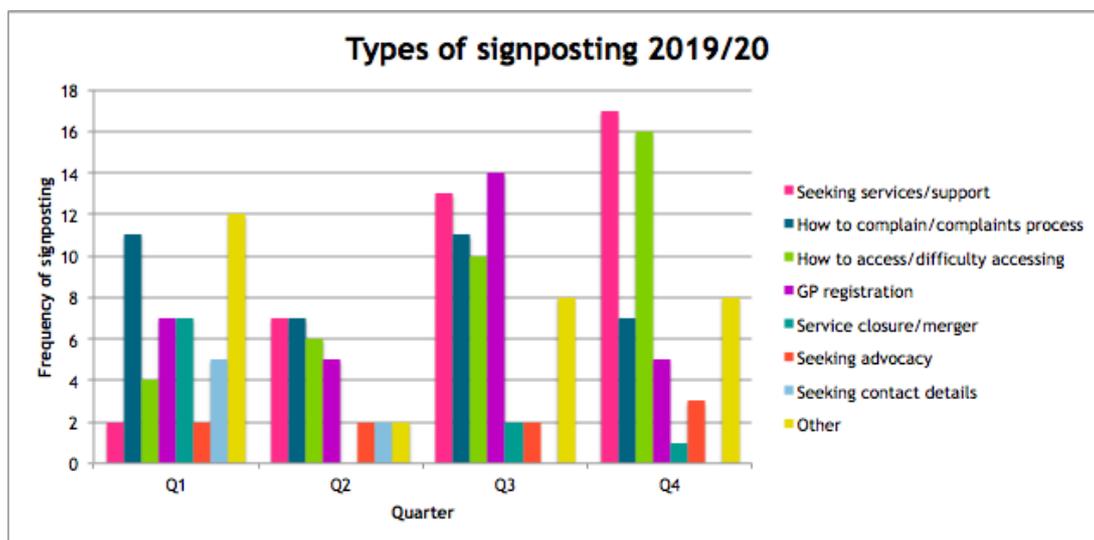
Signposting topics

The top 4 reasons people asked us for information, advice or signposting were:

1. They were seeking **support**, or a specific service that could help them, for example to help their mental health.
2. They wanted to **complain** or were in the process of complaining.



3. They wanted to know how to **access** a certain aspect of health or social care or were struggling to access it, such as test results, referrals or urgent GP appointments.
4. They wanted to know how to **register** with a GP.



People also asked for specific **contact details**, such as for their GP, or requested **advocacy**. We also often suggest that people contact an advocacy service if we think it would help them, whether they ask or not.

When a local service closes or merges we may see a spike in contacts. For example, in Q1 several people called us about the Sir John Kirk Close GP surgery merging with Nexus, as they had received letters telling them to re-register.

‘Other’ signposting includes individual questions that we can’t generalise into categories, but always try and provide an answer to. We often spend a lot of time researching a problem, and asking our health and social care networks, to be able to provide local people with clear, in-depth and balanced information.

‘Thank you for your response and sharing such useful information. I will contact agencies and people recommended and appreciate your help.’

Signposting: How do we help local people?

Signposting to services and support

- We have **signposted** people to more than 60 different services or organisations over the past year.
- Our top 5 signposting destinations were:
 1. Age UK Lewisham and Southwark (including services like SAIL, Help at Home and Happy Feet)
 2. Strength and Balance classes run by Guy’s and St Thomas’ Trust (GSTT)
 3. Southwark Wellbeing Hub
 4. Citizen’s Advice Southwark
 5. Talking Therapies service run by SLAM.

SAIL referrals may also involve further communication with the SAIL team after our call, to check the person is receiving the appropriate referrals.

Information

- The most common types of information we provided were about **how to complain and GP registration**.
- We sometimes provide this information as a possible step to resolving **access issues**.
- But we have researched and provided information on wide range of other queries (especially around access) over the past year, such as:
 - What to do if you are removed from your GP's patient register,
 - How to request your dental records, and
 - How to obtain a copy of your referral letter.

Advocacy

- We signposted 26 people to **advocacy services** over the year.
- This was mainly to Pohwer for advocacy related to Independent Health Complaints, the Care Act, or the Mental Health Act.

'Thank you so much, you're the first person who has listened to me, no one has even tried to help.'

Case studies

(All names have been changed and identifying details removed.)

Layla is 85 and lives alone. She called to ask how to complain about poor NHS 111 service delivery. She called NHS 111 on a Sunday evening with concerns about a cardiovascular problem and encountered a 20-minute wait before she was able to speak with a GP. She felt that this was a significant service deterioration compared with her experience of the previous SELDOC service. We provided her with the process for complaining to the new contract provider, the London Ambulance Service.

'Thank you for referring me; I am promised a referral to the Supervisor and a report after investigation to see if the difficulties I experienced can be looked at with a view to improving.'

Gene's mother-in-law lives alone in Southwark, whereas he lives abroad. He got in touch with us to ask what to do as he hadn't been able to get the GP to visit his mother-in-law at home. Her leg ulcers had deteriorated, yet the district nurses were not acting on this. He was particularly concerned as the weekend was about to start. We provided him with details on how to access the out-of-hours GP. This resulted in the lady being taken to A&E. We also provided information on other GP surgeries within her catchment area, and how to complain about the care received.

'Many thanks for all your advice and support. It looks like some action...referrals have been made and the district nurse is attending this weekend. Hopefully [my mother-in-law] can get some care and comfort that assists as we are so far away it is difficult to provide support where needed.'

We received an Age UK SAIL referral to contact **Mo**, whose parent wished to provide feedback on their use of local health and social care services. After an in-depth exploratory call, we provided information on a number of topics ranging from accessing strength and balance classes and support for diabetes management, to obtaining a disabled parking bay and genetic testing for families with a particular cancer history.

‘Thank you very much for your email. Your advice and guidance is so much appreciated. The most difficult thing of all is knowing who can help, who to contact? You have been a one stop shop pointing me in the right direction to get things done.’

Dulcie is the unpaid carer of her father, who has multiple long-term conditions. He was being moved to a nursing home in the borough, and Dulcie asked what we could do to support this process. We provided some initial signposting, including Pohwer Care Act Advocacy, carehome.co.uk for nursing home reviews, Silverline and Age UK helplines. We later heard that Dulcie’s father had been added to the palliative care register by the GP, and we could advise her on what this meant and provide further information on NHS Continuing Healthcare funding, as well as contact details for the CCG. We invited Dulcie to our carers’ event.

‘It was good talking to you in regards to care and how Pohwer advocacy services might be able to help. I have registered for the event and hope it would be a good opportunity to network.’

Signposting at stalls and events

The main way we provide signposting is over the telephone and by email. We also held information and signposting stalls at:

- Southwark Showcase event at Tate Modern (popular with young families)
- Dulwich Park Fair
- King’s College Hospital (KCH)
- KCH/Macmillan patient health and wellbeing event
- East Dulwich Community Centre
- Southwark PPG Network meeting
- South London Cares Winter Warmers event at Pembroke House (targeting older people)
- Peckham Library.

We attended a Bermondsey and Rotherhithe Community Council young people’s workshop, and shared signposting resources.

A stall with a range of information leaflets was held during our ‘Strong in Southwark’ LGBTQ+ Event. Our event ‘Supporting Carers in Southwark: continuing the dialogue’ included stalls run by ten representatives of local voluntary organisations supporting carers.



Resources for the public

11 signposting factsheets were available on our old website. In July we launched a new website with a refreshed Advice and Information section, including links to HWE and Citizens' Advice resources, and news about services. At end of year, 8 'core' signposting factsheets were available [here](#), plus another 40 information pages.

We produced a patient flyer for use at Nunhead Surgery to address confusion about GP registration and catchments information, and hopefully reduce wasted time for patients - we have since seen a reduction in calls about this.

Information on mental health training was shared with faith networks following the Faith and Health project of last year.

Developing our links with other services

In order to improve our knowledge and signposting, we connected with the following services through meetings or AGMs, to develop our knowledge of signposting for vulnerable people and exchange information: Age UK SAIL team, Pohwer (advocacy service), Grandparents Plus, Citizens Advice Southwark, and Southwark Works.

When our office was flooded in the autumn, we were very grateful to Age UK Stones End Day Centre for hosting two of our staff in their office - this gave us a chance to observe their activities with older people upfront.

Staff also attended workshops to increase our signposting knowledge:

- Mental Health in Homelessness workshop (We Make Change)
- Hearing Loss and Loneliness event (Action on Hearing Loss)
- Eco Energy Workshop on cost-effective solutions for vulnerable people.

Improving the information provided by services

We provided comments and amendments for CCG letters to patients about GP surgery closures at Maddock Ways and the Borough Medical Centre.

We were in touch with HW Lambeth regarding their audit of KCH discharge communications, suggesting evidence from our previous work. We attended a KCH Information Standard programme update meeting when HW Lambeth were unable.

We contacted NHS England to correct information on their website about how to contact Southwark Social Services, and Southwark CCG to point out that the old number for out-of-hours GP services was showing up in searches.

What's next?

Given the increasing complexity of the calls we receive, we will explore services available to coach people facing very difficult circumstances.

We will explore the possibility of training our volunteers to take on more signposting work, thus making outreach activities more fulfilling for them and expanding our capacity.

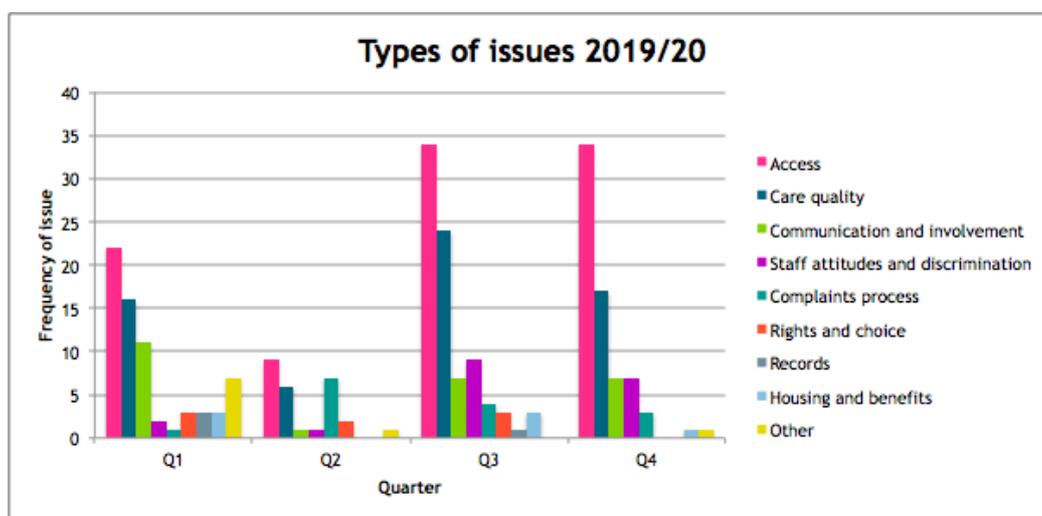
We plan to restructure our signposting webpages in the near future in order to better curate the information and increase the hit rate for core pages.

How we use your feedback

As well as being an important part of our role, signposting allows us to gather intelligence about the issues people are facing.

Feedback topics

1. The problem we heard about most frequently in 2019/20 was **accessing health and social care**. Access issues made up almost 40% of the total number of issues we recorded.
2. A quarter of the issues we heard about were related to **care quality**, making it the second most common issue of the year.
3. 1 in 10 issues were related to **communication** with, and **involvement** of, patients and their families, making it the third most common issue of the year.



When people give us feedback about health and social care, we break it down into the broad themes you can see in the graph above. We then break it down further, to look at specific issues within each of these categories. This is called thematic analysis, and it helps us to make sense of what local people are telling us. We can see patterns more easily, for example if more people than normal tell us about a certain issue. We can also see deviations - issues that stand out - or new issues emerging.

Access issues

The top 3 issues we heard about **access** were:

- **Delayed** treatments or cancelled appointments/operations.
- Difficulty **reaching services by phone** - either long waits, a lack of response, or not being able to get through at all.
- Access to timely **appointments** (especially with the GP).
- We heard about 29 different access issues in total.

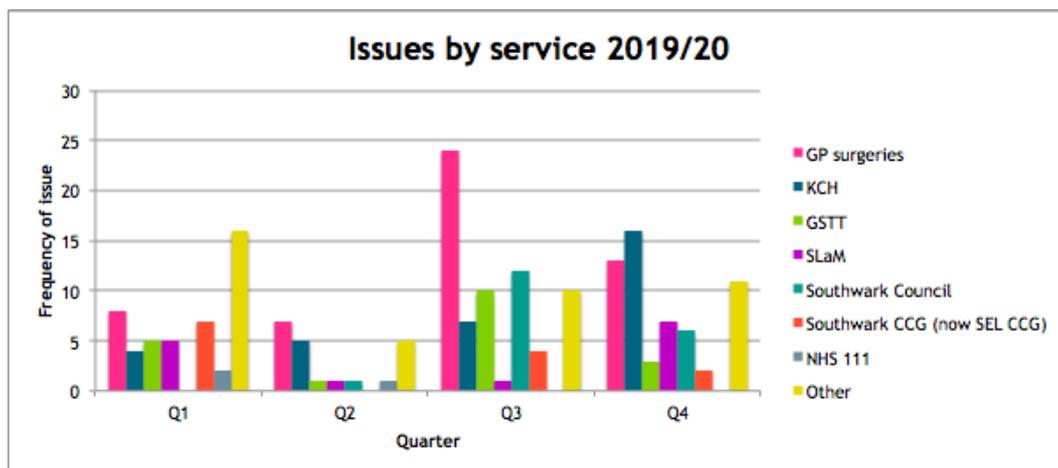
Care quality issues

- The top 3 issues we heard about **care quality** were:
 - **Diagnosis** process
 - **Discharge** process
 - During the actual **care** or treatment, or across the service in general.
 - We heard about 14 different care quality issues in total.

Four hotspots in 2019/20

- In Q2 we saw the emergence of a new issue within the complaints process, '**unable to contact practice manager**'. We are planning to look in depth at the issues people have in the process of resolving problems.
- In Q3 and Q4 we started hearing about the issue '**social care package reduced**'.
- In Q4, as the coronavirus pandemic emerged, there was a 150% increase in people reporting **delayed treatments or cancelled appointments/operations** compared to the previous quarter.
- We also saw a rise in issues with **discharge and care coordination** during the discharge process in Q4.

We also record which services local people are having issues with and share this information with services regularly.



Note: Southwark Council mainly refers to Adult Social Care.

Note: 'Other' includes services were rarely hear about, such as dentists, pharmacies, charities or community organisations, and care homes.

Therefore, we can also spot hotspots of issues within services. For example:

- In Q3 there was a spike of issues with **GP surgeries**, mainly due to difficulties with **access** (especially to timely appointments and referrals).
- In Q4 we heard about more issues with **KCH**. These were almost all related to **delayed appointments or treatments** due to the Covid-19 pandemic, or **discharge processes**.

Feedback: How do we help local people?

When people give us feedback, they may want to complain (we can advise them how to do this) or they may just want to tell someone about their experience. When people share their experiences, we can use it to bring positive change by informing other organisations, holding them accountable, and recommending actions.

In some cases, we passed on concerns straight away to providers or commissioners. We:

- Raised a query about limits to daily access to the online sexual health service
- Contacted the CCG over confusion triggered by a letter about re-registration of patients at Sir John Kirk Close surgery
- Contacted the CCG to ask about arrangements for raising urgent concerns while a practice manager was away
- Liaised with a local pharmacy and the CCG to find out more about the closure of Maddock Way GP surgery, and put concerned patients in touch with commissioners to air their views

- Raised a safeguarding alert about a particularly vulnerable caller
- Shared intelligence with KCH about the difficulties some people have resolving issues via Patient Advice and Liaison Services (PALS). The Chief Nurse asked to meet twice a year to receive feedback on priority issues, and requested that for now, HWS feed signposting intelligence received about cases involving PALS to the Patient Engagement Team for follow-up.

The Research & Intelligence Officer has further developed our signposting logs, which has helped improve the quality of intelligence we pass on to providers, commissioners and regulators. To do this, we:

- Prepare quarterly reports about Southwark's NHS Trusts: KCH, GSTT and SLAM, and share some of this information at our quarterly liaison meetings (see p35)
- Share relevant information at the different boards and meetings we attend (see p34)
- Draw on our evidence base when reporting to Healthwatch England and the CQC (to inform their national work and inspections) and responding to other intelligence requests (see p36)
- Use local people's feedback to plan our own research, to find out more about certain important topics. For example, a major issue this year was delayed treatments and cancelled operations, which has informed our priority project on 'Waiting for Hospital Treatment' (see p27).

What's next?

We are experimenting with new ways of presenting our data to partners. A new database is being considered to account for the increasing complexity of cases, and we are following developments in digital solutions at HWE. We will incorporate checks that feedback is being passed on comprehensively.

Listening to your views and having an impact: engagement and influence projects



We aim to hear from as many diverse people as possible about their access to and experience of health and social care services. We then proactively promote the evidence in order to drive improvements and inform commissioners' and providers' strategy, planning, and delivery of services. The Healthwatch remit is huge, and therefore each local Healthwatch identifies priority areas to help channel resources into work that will achieve the greatest impact. These are the focus of our engagement and influence activities.

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](#), and we have completed the final three of these during 2019/20, though our work to increase their impact is ongoing:

- **The impact of caring on unpaid carers**

- **Help in a mental health crisis**
- **Southwark’s nursing homes.**

From April 2018 we also worked on distinct projects aiming to find out about the health and social care experiences of **seldom heard groups**: faith communities, and LGBTQ+ people. These began as core CS projects and moved to HWS with one of the former Engagement Officers. In June 2019, we completed these projects with an event to launch our **Southwark LGBTQ+ Community Consultation** report.

In 2019, we revisited the extensive data from the engagement mentioned above, and also again analysed our signposting logs. We set criteria for choosing new priorities and involved our Advisory Group (see p37) in setting three areas for focus:

- **Waiting for hospital treatment**
- **Talking therapies**
- **‘Issues with resolving issues’.**

We will increase our work with **seldom heard groups** within our core projects, rather than separately. Within our new priorities, we hope to reach children and young people and BAME people in particular.

The impact of caring on unpaid carers

Unpaid carers are a lynchpin of the health and social care system, providing vast amounts of support and acting as coordinators for vulnerable people’s care. We heard that support available to carers was very limited, difficult to access and not widely known about. The impact on carers’ own physical and mental health was felt to be significant. We understand that the pressures on carers’ resources mean they may have few opportunities to be heard. We aimed to find out more about unpaid carers’ experiences of assessments and support, and the impact of caring on their own lives and health.

Report

In total 66 responses to our survey of carers were received, of which 12 were in early Q1 in addition to the responses last financial year. 54 of the responses were substantive.

In addition to the three focus groups conducted last financial year (with a total of 19 people, including 11 young carers), four interviews with carers were held. In Q2 we attended a Mental Health Carers’ Forum at Southwark Carers to update them on findings.

In January we published our report [‘The Impact of Caring on Carers’](#), including detailed recommendations for improving support to carers in the borough, and shared it widely with partners. We disseminated a press release (and had a request for a carer interview, but were not able to agree a protocol).

What we heard from carers

We found that the impact of caring on unpaid carers was extensive, emotional and intense. Difficult communication with health and social care services was not just an additional challenge but compounded feelings of isolation and stress. People could be positive about personal interactions with individual professionals, such as their GP or social worker, but generally described the Council’s communication and support as inconsistent, unresponsive to their needs, and lacking in empathy - which seemed to contribute to a sense of distrust.

Carers valued a personalised, varied model of support - including one-off support for benefits applications or advocacy, longer term emotional support, and flexible respite - but very few people were accessing this. Counselling especially helped carers to 'unbundle', understand, and cope with their role - but cost, waiting times, and difficulty getting out of the house were all barriers.

- 88% of carers we spoke to were providing three or more different types of care, especially household work, care coordination and mobility assistance.
- On average, they provided 69 hours of unpaid care each week. A quarter of the sample said they provided 24/7 care - for example, having to be alert during the night.
- The majority of carers reported a negative impact of caring in most areas of their life, especially on their personal time, mental health and financial situation.

Using the roundtable discussions at our February event, we mapped the challenges carers were facing, and then explored what made them feel more resilient to these challenges. For example, loss of personal time was a major challenge. Carers felt flexible respite, training on time management, and a more holistic approach to care and support (to minimise the time they spent on coordination) could help.

'We would like to extend our appreciation for the amazing work you put into the report to understand the 'Impact of Caring on Unpaid Carers' in Southwark. The report provides a high level of quality detail and the voice of the Southwark carer clearly comes through.'

- CCG Clinical Lead

'Bron presented the report and led an interesting discussion at the EPEC yesterday on carers' needs and we could [see] quite clearly that it had been a labour of love, as you say, for both her and the Healthwatch team.'

- CCG Head of Membership, Engagement & Equalities

We received positive responses to the report from the CCG, but some Adult Social Care partners expressed concerns about the methodology, implying that it had resulted in unfair criticism of Council services. We took this very seriously, and put together a detailed response comparing our findings with those of other studies, and giving more information about elements of the methodology which were perhaps misunderstood. We remain confident that our report is fair and can usefully contribute to our joint mission of improving support. The letter and response will be published alongside the report following the coronavirus pandemic.

Our report was also presented at the CCG Engagement and Patient Experience Committee (EPEC).

'Supporting Carers in Southwark: continuing the dialogue' event

On 19 February we ran an event, 'Supporting Carers in Southwark: continuing the dialogue' to launch our report, find out whether it resonated with carers and give statutory partners an opportunity to hear from this seldom heard group.

The event was attended by 27 unpaid carers, as well as ten representatives from organisations that support carers, four members of staff from Southwark Council, and 11 CS/HWS staff and volunteers.



92% of attendees who filled in an evaluation form described the event as good or excellent. 83% agreed or strongly agreed that they got to chance to share their views and 79% agreed or strongly agreed that they got the chance to connect with other carers.

The roundtable discussions were especially successful, and gave carers the opportunity to share their experiences with each other and Council staff - and talk about what they wanted from services in the future.

We analysed the themes from the discussions to map the challenges that carers face, and the support that would increase their resilience. We released an [event report](#), which has been shared with the Council and since published on our website.

'Fantastic table discussions with lots of relevant action points. Clear and concise Healthwatch presentation.'

Overall the event had a very positive tone and was a solid demonstration of the potential to work together productively with Adult Social Care on this topic. Carers appreciated the presence of Council partners at the event and the opportunity for direct dialogue.

'[I] felt that we have been listened to and that the information will be put into action.'

Ongoing influence

We were closely involved in the development of the Southwark Council Joint Strategic Needs Assessment (JSNA) for Carers, which will form a key part of the evidence basis for future decisions. We attended the JSNA Task & Finish Group and submitted themes for inclusion, a demographic breakdown of our survey responses (so that further engagement could fill any gaps), and detailed feedback on the draft JSNAs and their recommendations.

'[I liked having] the chance to express my situation.'

In the early phases of our project, we met separately with the Carers Board chair to discuss the carers' pathway, and with a representative of the Children's and Adults' Commissioning team to discuss related engagement activities. We now attend the monthly Carers Board which is overseeing a variety of work programmes in this area. Recent discussions have been unpicking topics such as assessment procedures in a way which takes into account both challenges facing staff and the way processes are perceived by real carers.

Nursing Homes: Tower Bridge Care Centre

Nursing homes were an area where provision was under pressure, with significant potential impact on some of the most vulnerable people. We had previously visited Burgess Park Care Home in 2016. Since Burgess Park's closure, the Tower Bridge Care Centre (TBCC) is the only public nursing home in the borough open to local residents. Most of the residents are aged over 65 and many are very frail or unwell, and/or live with dementia.

Following responses from the provider and commissioner to our recommendations, and the end of pre-election purdah, our [report on our Enter and View visits to Tower Bridge Care Centre](https://www.london-se1.co.uk/news/view/9943) in late 2018 was published. This report has since featured in local news: <https://www.london-se1.co.uk/news/view/9943>.

As reported last year, the TBCC provider had confirmed in their response that a number of recommendations had already been acted upon - for example:

- The home was looking into extending opportunities for volunteers to spend time with residents.
- Items in disrepair had been fixed.
- To improve security, the sign-in book had been moved into reception
- The pest control contract had been changed.
- Details on staff on duty would be added to the information displayed and new identification badges had been ordered.

We met with Southwark's outgoing Joint Commissioner for Older People and Complex Needs to discuss Southwark Council's response to the report. This included making changes in support provided to the nursing home, for example through the Care Home Intervention Team, and reviews of some clients' individual needs. The food safety and environmental health teams had inspected the home and were reassured that its rodent problem had been resolved and that hygiene standards were acceptable.

'Thank you for such a comprehensive and detailed report.'

- CCG Complex Care & Personalisation Manager

We presented our work on TBCC to the Health and Social Care Scrutiny Commission later in the year.

'Your observations add value to the monitoring arrangements that we have within the Council through both employees and lay inspectors.'

- Southwark Council Director of Children's & Adults' Commissioning

Our participation in the Council's Nursing Care Co-design Group (see below) included a tour of TBCC in early 2020. We took the opportunity to review areas where we had previously made recommendations, and will release a short summary of findings after the coronavirus crisis.

We linked one of our volunteers with HW Lambeth to help with an Enter and View visit to a care home based in Southwark, but commissioned for Lambeth residents.

Nursing Homes: Supporting user involvement in procurement with Southwark Council

We met with the replacement for the Southwark Council Joint Commissioner for Older People and Complex Needs and a representative from Age UK to discuss how the 'I Statements' for nursing homes, developed in partnership with HWS and patients/families last year, were being used. We attended the Nursing Care Task & Finish Group as it prepared for Council engagement with service users on new care home commissioning.

We then participated in five sessions of the Council's Nursing Care Co-design Group, joining a panel which included local resident 'experts by experience' (participants from the previous consultation, sheltered housing and care home residents, and relatives of people who were currently or had been in care homes.)

Referencing the 'I Statements', plus our previous Enter and View work (see above) and a recently completed Patient-Led Assessment of the Care Environment (PLACE) assessment, we supported the panel's contribution to the nursing care service specification. The panel then agreed a suite of interview questions.

We moderated three panel interviews of potential providers, focusing on ensuring the full participation of the 'experts by experience' in the process. Panel members shared their feedback with the commissioners, who will use this during the next stage of the provider selection process later in 2020.

As part of the process, we accompanied panel members on visits to two homes, during which we raised questions about care provision with the homes' managers.

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 end of this spectrum of need. HWS was aware of longstanding concerns in South London about the services available to people in mental health crisis.

In 2017/18 and 2018/19 we interviewed clinicians, 11 service users and one support worker about their experiences in this area. We also held a public event to reflect on findings in November 2018. Given the very diverse experiences of the initial quite small sample group, and ongoing significant changes in services, we took a flexible approach to using the evidence.

Rather than specific service recommendations, we have aimed to bring to discussions the complex pathways experienced by our interviewees, and also the broader themes which emerged from this qualitative research - such as 'parity of esteem' for mental health, stigma, and the need to treat people in crisis holistically and individually. The project also provides important background to our upcoming project on Talking Therapies.

This year, findings were presented at the CCG's EPEC, where we heard from a member that they seemed very reflective of GPs' experiences in this area. The summary presentation has been circulated. We also contributed at a CCG Crisis Pathway Mapping Exercise to inform improvements to this area of care.

We later worked with the CCG on a **service user workshop** on mental health crisis, including updates on pathway developments and reflection on gaps. We helped facilitate discussions, and presented findings from our engagement. An update was received about recent changes to services and plans for a Place of Sanctuary for people facing crisis, which was well received. We hope that our continued involvement in this area has contributed to recognition for its importance and continuing evolution of care.

Targeted work with seldom-heard communities: LGBTQ+ experiences

Southwark is known for having a significant LGBTQ+ population. HWS partnered with the Southwark LGBT Network to maximise opportunities to reach out to local residents and seldom heard communities and find out about their health and social care experiences, as well as their views on topics from social venues to stigma and community safety.

Report and event

Analysis of the 210 survey responses received last year was completed, and we published our report '[Southwark LGBTQ+ Community Consultation](#).' The report contains a wide range of recommendations for organisations including health and care providers and commissioners, Southwark Council and the police.

On 29 June, HWS and the Southwark LGBT Network hosted 'Strong In Southwark', a launch event for the report at London South Bank University. 63 people attended. We were very grateful for the Network and University's provision of the venue and refreshments, and to the wide range of inspiring speakers and panellists: Councillor Victor Chamberlain, Rosie Dalton-Lucas and Jessica Leech (Southwark Council), Jacob Bayliss (Pride in Practice), Susan Hailes (Metro Charity), Dr David Hambrook (SLaM), Daniel Lul (ParaPride UK), Carlos Corredor (The NAZ Project London), Christina Fonthes (Rainbow Noir/REWRITE London) and Dr Rob Berkeley (BlackOut UK).

'Amazing.'

'Everything was good.'

- event feedback

'Great discussion long may it continue & drive change.'

- Jacob Bayliss from Pride in Practice on Twitter

The event was an opportunity to share the research findings with the public, local health professionals and commissioners and the voluntary and community sector (VCS). Panellists reflected on the issues covered by the report and other needs. Attendees suggested further recommendations. The event culminated in a positive networking session.

36 evaluation forms were received. 97% rated the presentations as excellent or good, 97% rated the event as a whole as excellent or good, 97% agreed that they now know more about issues around the experience of being LGBTQ+ in Southwark and 90% that they had a chance to share their views and experiences.



Ongoing influence

Following launch of the report and our event, the findings were presented at the CCG's Equalities Leadership Group. Meetings were also held to discuss recommendations and outcomes with the Council Place and Wellbeing team, Southwark LGBT Network, and Council Community Engagement Team. We discussed this report with the Southwark Council public health worker drafting an LGBTQ+ JSNA.

Following the end of pre-election purdah, we published the final iteration of our report now including a thematic summary which drew on discussions at the event. We also published the separate event [report](#).

We have been informed of outcomes so far including rainbow stickers being encouraged at pharmacies as part of sexual health promotion work, and training for KCH staff - we shared information on a wide range of local LGBTQ+ services with KCH to assist with this.

Given our reduced capacity in summer 2019, there is still work to do in making the findings of this project more widely known. We hope the report may be presented to the Overview and Scrutiny Committee in early 2020/21. We are encouraged that several Councillors are champions of change in this area and welcome the leadership of LGBTQ+ people and the Network.

Dementia Action Plan and Loneliness Strategy

We attended a workshop on the 'Living and Supporting Well' element of the Southwark Dementia Action Plan to contribute to discussions on next priorities. We drew on what people have told us in our work on nursing homes and the experiences of carers.

We attended the first meeting of a Council Loneliness Strategy Steering Group to find out about this workstream and explain its connections with our work and evidence. We later responded to the Loneliness Strategy public survey (using evidence from a range of our previous engagement projects).

Talking Therapies

Our mental health crisis care project showed that even for people who consider themselves to have had a crisis, access to talking therapies can be slower than they would like. There was also unhappiness about the types of therapy on offer. This reflects longstanding issues raised at previous events and via our signposting line. We will look at experiences of both the 'Talking Therapies Southwark' Improving Access to Psychological Therapies (IAPT) service, and secondary care talking therapies (Integrated Psychological Therapies Services).

The HWS manager attended the annual National Institute for Clinical Excellence (NICE) conference, in order to find out more about how guidance is set - talking therapies is an area where some people describe a disconnect between the treatments on offer and what they feel is helpful.

At our away day we began mapping themes around talking therapies. We attended a SLaM Building Bridges conference on children and young people's mental health. One of the team attended training in Spirituality and Mental Health as background for this project.

Southwark Showcase was a daylong CS event during which HWS ran a stall with creative activities to start conversations on our new priority areas. For the talking therapies project, we explored emotional vocabulary and imagery - this engaged children in particular.



Waiting for Hospital Treatment

It is well known that waiting times for hospital care are often longer than people would like - this is a concern raised regularly at local strategic meetings in relation to targets, and on our signposting line. We want to look into the support and information provided to patients while they wait. We would also like to find out more about the impact of waiting on patients, in line with a national focus on 'preventative care' as part of the NHS Long Term Plan.



After topic mapping at our team strategy day, we carried out extensive background research. We attended a Bowel Cancer UK informal engagement event and a KCH A&E Talkback event in order to learn from patients about the types of topic we can explore through this project.

We developed participant information sheets, consent forms and a topic guide, including visual exercises, and tested a pilot focus group with CS colleagues.

Recruitment leaflets for people waiting for certain types of treatment - for blood, gynaecological and bowel cancers, arthritis, and eye conditions - were developed, as well as connections with relevant patient groups. As we hope to include the views of young people in this project, we attended the Evelina Children's Hospital Inspiring Youth conference. We began recruitment in February, particularly via VCS partners, first targeting older people and those with cancer.

'Issues with resolving issues'

We sometimes struggle to advise people who contact us for signposting when the usual routes for resolving a problem are not working. This could involve difficulty contacting a practice manager or PALS, limited advocacy support, and uncertainty around safeguarding processes. We will analyse our signposting databases and work with other professionals in order to identify solutions, and consider further work with the public to highlight their experiences of resolving problems.

As background research for this project, we attended:

- HWE Policy Forum: NHS Targets and Complaints
- A meeting with a Council officer developing a leaflet on people's rights in safeguarding procedures.

What's next?

The start of the UK coronavirus outbreak unfortunately made the planned face-to-face engagement around waiting times impossible, and we needed to change our focus. However, all three of our new priority areas are even more pertinent as we hopefully emerge from the worst phase of the pandemic. In June 2020 we have begun re-working our engagement plans and topic guides in light of this. We have not yet set new timelines as the situation is evolving, but we anticipate these being substantial pieces of work which may take us through to the end of our current contract with Southwark Council in March 2022.

Commissioned project: NHS Long Term Plan

We agreed a grant from HWE last year to promote nationwide surveys on the implementation of the NHS Long Term Plan in each Sustainability and Transformation Partnership area (for us, South East London), with a target of 100 responses for Southwark.

We promoted this survey heavily online via our usual networks, Twitter and using paid Facebook promotions, which will also have increased general awareness of Healthwatch. We also shared a paper version of the survey at a Bermondsey and Rotherhithe Community Council young people's workshop and through focus groups being held by HW Lambeth.



Before the survey closed, we received 98 Southwark responses. These were analysed and [written up](#) by HW Lewisham, along with the views of 899 other South East Londoners.

The Integrated Care System have explained how the Healthwatch engagement helped to influence their local response to the NHS Long Term Plan:

‘The feedback we received has provided us with a great insight into the wants and needs of South East Londoners, on a range of topics. Furthermore, the volume and detail of the feedback means that, as well as helping to shape our response to the NHS Long Term Plan,

the comments and recommendations that were made can also be used more widely in the future planning of all our services, not just those featured in the LTP.

In developing our Long Term Plan response, the engagement work undertaken by Healthwatch has been used in two main ways.

First, we used recommendations to finalise the proposals that are outlined within [our response](#). In some cases, the feedback we received helped to strengthen the evidence base for draft plans. For example, some residents told us they would like to have the option of video consultations with their GP and, under our Digital First programme, there will now be a video consultation offer in each GP practice by April 2021.

In other instances, there was a need for us to add to our draft plans to reflect recommendations in the Healthwatch report. One recommendation, for example, was that it would be helpful to have education to help explain what cancer screenings are for. In response to this, the South East London Cancer Alliance amended its draft plan to include targeted work and education to support public understanding of screening programmes.

Similarly, there was a recommendation that quick access to low level support services such as Improving Access to Psychological Therapies (IAPT) would help patients recover more quickly. And, whilst our system achieved both the IAPT access and recovery standards for 2018/19, the mental health programme has further outlined plans to continue increasing timely access to IAPT services.

We also used the Healthwatch engagement report as an information source in undertaking an equality impact assessment against our response. This was an important piece of work as the assessment indicates where we may need to undertake further engagement as we implement our plans and suggests the possible impacts of our proposals on local communities. This means that findings within the Healthwatch report will continue to be referred to and used as we move forward with our plans.'

- Programme Director for South East London Integrated Care System

HWE also compiled the national findings (incorporating the views of 40,000 people) into a report on [‘What Matters Most’](#) in the next ten years of the NHS. (You can find a summary of the ideas people shared [here](#)). Using this and other feedback from the public, HWE [submitted areas for inclusion](#) in the NHS Mandate.

‘The network’s collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up... Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review - sparking a national review of patient transport from NHS England.’

- Sir Robert Francis, Chair of Healthwatch England

Commissioned project: ‘A Healthy Future in Southwark and Lambeth’

In late 2018/19 we designed and delivered a large scale event, ‘A Healthy Future in Southwark and Lambeth’ to invite the public to comment on the four programmes of work of the Lambeth and Southwark Strategic Partnership (LSSP) (see also p32): Local Care Networks, Local Care Record, Children and Young People’s Health Partnership (CYPHP), and Mind & Body. We aimed to connect the work of each Programme with the themes of ‘prevention’ and ‘inequalities’ in line with key goals of the NHS Long Term Plan.

A [report](#) on this March event and the key feedback from participants was produced and disseminated among partners in April, and published on our new website in July. It included broad recommendations about future engagement, and key factors in successful 'system change'.

A positive [review of the event](#) was published by the CYPHP, reflecting on some of the insights provided by attendees.

Commissioned project: Social prescribing

Social prescribing is an arrangement whereby health professionals link up patients with activities and support in the community that may benefit their health - as a non-medical 'prescription'. In early 2019 we were funded by Guy's and St Thomas' Charity (GSTC) to work alongside CS colleagues to look into the current state of social prescribing in Southwark, prior to further development of models. HWS's role was to find out about patients' perspectives, to complement those of voluntary organisations.

During Q1 our public survey received 20 responses, in addition to 15 last year. The survey was promoted online and at organisations including Age UK and Pembroke House.

In addition to two interviews last year, five interviews took place with patients who have accessed VCS services via social prescribing (at Pembroke House, Age UK SAIL, Paxton Green Time Bank, and Time & Talents).

Our [report](#) on patient experiences of existing social prescribing pathways in Southwark was completed and published on the Social Prescribing Network webpage and continues to influence the development of social prescribing in the borough, for example through the Social Prescribing Network, which we attended in early 2020.

Continued influence in previous priority areas

We advocate for the inclusion of patient voice and our previous evidence in decision making wherever possible. We also sometimes hear of some examples of our work being used even years later - though we expect there are many more!

Access to GP appointments: We were pleased to receive an update on the CCG's actions on our recommendations in this area at the Primary Care Commissioning Committee. We provided response/commentary at the meeting and by email. Unfortunately, due to an oversight we were not invited to a GP practice managers' workshop on improving access.

We asked for action plans to be shared following a worrying CQC inspection at Nexus GP practice. These were difficult to obtain but we were asked to comment just prior to the re-inspection, in a letter which was quoted in local press. We then presented our work on GP access to a Nexus PPG Network meeting, and led a broad discussion on positive communication and engagement.

We shared our previous work on the **healthcare experiences of the Gypsy and Traveller community** with the Healthy Places team, ahead of a Council accommodation needs assessment on accommodation, health and wellbeing.

We were contacted by a journalist writing for The Pharmaceutical Journal looking at the role of pharmacies in sexual health, referring to previous HWS research regarding **support for young people at pharmacies**.

We presented our **children and young people's mental health** work to the Health and Social Care Scrutiny Commission.

We corresponded with HW Barnet about the impact of our **GP answerphone systems** report.

Our **KCH A&E Enter and View** report was used by the Trust in a funding bid.

Our **children and young people's sexual health** report was used by Lambeth Public Health as part of a review of services. It has also been shared with the new Southwark Council Public Health Consultant leading in this area.

Continued influence of previous commissioned work

Prior to the merger of the **Enhanced Rapid Response, Supported Discharge and Reablement Services** to form the Intermediate Care service in early 2018, HWS was commissioned to conduct intensive interviews with patients who were being looked after in these services over a period of many weeks. This year, we attended a workshop on sharing learnings from the Intermediate Care Southwark programme implementation 'one year on'. This workshop explored factors which had made the merger a success and a report was shared noting that:

'Commissioning Healthwatch to carry out an in-depth study by following six service users/patients through the service provided a rich and in-depth picture of people's experience which has directly informed the design as well as being beneficial in working with staff to bring about changes.'

- <https://ipc.brookes.ac.uk/publications/intermediate-care-southwark.html>

The ADASS Peer Review in February 2019 singled out Intermediate Care Southwark for the excellent service it provided, acknowledging the process of its development and implementation.

Supporting strong patient involvement across the system

Part of our role is to promote and support the involvement of local people in the design, commissioning, provision and scrutiny of local care services.

Our **ebulletin** (see p11) promotes a wide range of opportunities for patients and the public to get involved in feedback and decision making.

We have provided comment on engagement plans via many of the **committees** we attend (see p34), and also attended the Council's final Effective Engagement Workshop, which aimed to bring together the public and organisational representatives to develop a new approach to public involvement.

We have further **contributed to engagement planning** discussions by, for example:

- Providing advice to a public health policy officer planning to undertake mystery shopping work around emergency contraception
- Connecting a researcher and a public health team both working on immunisation uptake among BAME communities, and suggesting groups to contact
- Giving feedback on the public health survey around loneliness, and suggesting dissemination routes
- Suggesting venues for a Mind & Body programme engagement event

- Providing information on organisations involved in the mental health crisis pathway, to be involved in a mapping session (see p24)
- Providing feedback to HWE on engagement around the Long Term Plan, to guide future nationwide projects (see p28)
- Meeting with PAUSE and the Public Health team to discuss engaging women with multiple disadvantages.

We met with a GSTT project manager to discuss a joint GSTT, Council and CCG project to join up pathways for falls prevention in Southwark. We provided a list of relevant voluntary sector organisations delivering services in this area to be invited to a workshop - which attracted 65 statutory and VCS representatives.

We also met twice each with organisations representing seldom heard people, to discuss future collaboration: the Southwark Refugee Communities Forum, and the Southwark Independent Advisory Group working for BAME equality in mental health. We linked the latter with the Health and Social Care Scrutiny Commission, who were conducting a review in this area.

We took part in a GSTT-led **Patient-Led Assessment of the Care Environment (PLACE)** visit to the Amputee Rehabilitation Unit at Lambeth Community Care Centre. The visitors reviewed the facility environment across many dimensions. We provided feedback on our findings which would be sent for consolidation and [publication](#) nationally.

We were able to compare the PLACE methodology with Healthwatch's Enter and View visit approach, where we combine observations and discussions with service users. This also provided us with an opportunity to see how GSTT engaged with members of the public.



Promoting involvement within the Lambeth and Southwark Strategic Partnership

The Lambeth and Southwark Strategic Partnership (LSSP) was made up of the two CCGs, two Councils, local GP Federations, the three hospital foundation trusts, and King's Health Partners. The LSSP led work to integrate care.

From September 2018, the LSSP funded CS to host a Partnership Coordinator, managed by HWS and working across HWS and HW Lambeth. The role of the Partnership Coordinator was to promote stronger public and VCS involvement across the LSSP and its programmes.

The LSSP ceased to exist in late 2018/19. The Partnership Coordinator left in early May due to maternity. In order to wrap up our work, we published a [stocktake](#) on 'Engagement within LSSP Programmes during 2018.'

We provided feedback on arrangements for future less formal collaboration of LSSP managers, including cost allocation. Meanwhile we met with HW Lambeth to discuss the legacy of our joint work on the LSSP.

Patient involvement in South East London NHS systems

We committed substantial time to understand and input into new arrangements for both cross-borough working across the South East London NHS - including the merger of the six Clinical Commissioning Groups (CCGs) from April 2020 - and the ongoing management of programmes at borough level. This is all within the context of the NHS Long Term Plan, and the new GP contract (Primary Care Networks).

Our primary goal was to advocate for patient involvement with the changes and in the emerging systems.

We participated in:

- Meeting with the Interim Programme Director for Partnership Southwark
- Meeting with the Southwark CCG Managing Director
- Public event on Delivering the NHS Long Term Plan in South East London
- South East London Integrated Care System development event
- Commissioners' workshop on Place Based Commissioning for Southwark
- Partnership Southwark Communications and Engagement Deep Dive
- Telephone briefing on the new Primary Care Networks contract
- Public event on Primary Care Networks
- South East London professional event on addressing health inequalities within Primary Care Networks
- Our Healthier South East London's Stakeholder Reference Group
- Meeting with a representative of King's Health Partners to discuss programmes related to integration and improvement (e.g. Vital 5)
- Collaboration for Leadership in Applied Health Research and Care South London event.

We contributed to inter-Healthwatch discussions on South East London CCG lay member recruitment. We also met, alongside other HW representatives, with the engagement lead for the new six-borough CCG to help develop plans for public involvement in the new system. We also discussed concerns about this with members of the Southwark CCG EPEC.

South East London Healthwatch representation at the new merged CCG

We met three times with the Chief Officer at NHS South East London Commissioning Alliance and the Director of Commissioning System Reform to discuss Healthwatch representation on the future merged South East London CCG Governing Body from April 2020.

HW Southwark contributed heavily to a joint HW proposal for a new senior representative post to be funded by the CCG, with accountability to all six HWs - Southwark, Bexley,

Bromley, Greenwich, Lambeth and Lewisham. (We also requested information to share with the public about the merger.) The proposal was accepted. We contributed substantially to the role description, shortlisting and interview design, and plans for collaborative working within the new governance structures.

What's next?

From 1 April 2020, the six Clinical Commissioning Groups (CCGs) in South East London, who are responsible for planning and buying our healthcare services and making sure that we have good provision of care, all merged to form a new CCG at the regional level. This new joint CCG covering Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark is called South East London CCG (www.selondonccg.nhs.uk).

HWS along with the other five Healthwatches in South East London wanted to make sure that, from day one, what people are telling us is part of the new planning, monitoring and commissioning of services.

To support us we appointed Folake Segun as Director, South East London Healthwatch (employed by HW Greenwich). Folake began on 1 April and is working to create collective impact and to push the inclusion of local people's views and needs in decision making.

We are going through unprecedented times, with rapid changes rolled out across health and social care. During the coronavirus lockdown period and over the next few months and years, you may have to use services differently. Your feedback is as important as ever to ensure services get things right.



Working with partners to make your voice heard

As well as sharing the findings of our focused engagement activities proactively, we also draw flexibly on our entire evidence base in order to work with and influence commissioners and providers on an ongoing basis - providing evidence based, patient focused insights.

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 meets quarterly. The manager of HWS is a member of the Board, and is able to draw on the full range of our engagement intelligence. This year she also attended a Health and Wellbeing Board Governance Review session which discussed how the Board will fit into the future NHS landscape.

Working with commissioners

In addition to temporary attendance at some committees related to our current priorities, and ad hoc meetings and events (for example around South East London system change, above) we regularly attend the following standing committees:

- CCG Governing Body (we also completed a survey on Governing Body effectiveness)
- CCG Primary Care Commissioning Board and Committee
- CCG/Council Adults Commissioning Development Group

- CCG/Council Mental Health and Wellbeing Strategy Delivery Programme
- CCG/Council Southwark Children and Young People Partnership, plus a strategy meeting and an action planning workshop
- CCG Equalities Leadership Group
- CCG Engagement Advisory Group
- CCG Engagement and Patient Experience Committee (EPEC).

At these meetings we work to ensure that the patient perspective is heard throughout the process of service planning, commissioning, design, delivery and monitoring.

We also have quarterly meetings to share intelligence, concerns and engagement plans with:

- the CCG Head of Membership, Engagement and Equalities and the Southwark Council Community Engagement Manager
- the Southwark Council Director of Children's and Adults' Commissioning and the CCG Director of Integrated Commissioning.

This year we have also met with:

- the Head of Public Health Intelligence for Southwark to discuss our work programmes and potential for future influence, particularly through our work on carers
- a new Southwark Council Public Health Consultant to discuss possible connections in our work
- the Head of Children's Joint Commissioning to introduce our work.

Working with NHS hospital trusts

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

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. This year, we also attended a GSTT Patient Engagement and Experience workshop, and met with the Patient Engagement and Experience Manager to discuss improved collaboration with the Trust.

In order to renovate our knowledge of SLaM, we were very pleased to be welcomed at a strategy overview briefing and a tour of the Maudsley Hospital site.

We submitted a written response to the Joint Health Overview and Scrutiny Committee regarding the **proposed move of Lambeth Hospital mental health facilities to the Maudsley site**, and the consultation/engagement plans. We discussed this in detail at our SLaM Liaison meeting. The consultation is ongoing.

We considered each of our three Trusts' **2018/19 Quality Accounts** in detail and submitted written responses addressing any concerns about progress, comments on future goals and suggestions on presentation and additional data. (We had previously met with staff from GSTT, and attended a KCH event, to discuss future goals).

Unfortunately, SLaM published an erroneous assertion in their Annual Report that the local Healthwatches did not this year respond to SLaM Quality Account. Following discussion, the Healthwatch responses have since been incorporated into the online versions, although the Quality Report still includes some incorrect dates and the incorrect assertion.

We commented on GSTT's **proposed 2020/21 Quality Priorities** to help to guide their decision, using our analysis of feedback from local people over the past year. We discussed initial planning for the SLaM priorities at our Liaison meeting. The 2019/20 Quality Accounts are however delayed due to the coronavirus pandemic.

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 submitted our previous Annual Report to provide an overview of our signposting intelligence, the topics we have tackled and our findings. However, this year we have not been asked to submit intelligence prior to any local service inspections (we understand there have been few, as most services were inspected in recent years).

We responded to a stakeholder survey about the impact of the CQC's work, and met with the CQC Regional Engagement Manager for London, to discuss how we should work more closely together.

Working with Healthwatch England (HWE)

We submit all of our reports on our statutory work to HWE so that they can be used to influence national priority-setting and contribute to thematic national reports.

We responded to a HWE survey with information about patient transport, following issues raised in the nationwide Healthwatch-led response to the NHS Long Term Plan (see p28).

Where possible we attend the quarterly Healthwatch London Network Meeting and have discussed topics such as feedback on the joint work on the NHS Long Term Plan, how Health and Wellbeing Boards work with Healthwatch, working with Advisory Groups, and representation at merging CCGs. We also attend the HWE Information and Informatics Reference Group aimed at improving research quality across the network.

All HWS staff attended the two-day annual HWE Conference, an informative and thought-provoking event. We attended a huge range of sessions - for example hearing about inspiring long-term research with young people in secure mental health services.

Responses to other intelligence requests

In addition to our core partners, we also respond to incidental intelligence requests from other decisionmakers and researchers, where we have capacity. This year this included:

- meeting with King's College Hospital Charity to discuss local issues of concern (and possible connections in our work)
- a perinatal mental health charity's research enquiry about local services
- a request from a Darzi fellow about work on integration of services
- a request from NHS Digital about experiences of online pharmacy
- an enquiry from the North Wales Community Health Council regarding our use of Enter and View powers, to inform a review of their similar powers
- meeting with Guy's and St Thomas' Charity, alongside CS, to discuss potential funding for groups in Peckham supporting those with long term conditions.

Media work

We received a request from BBC London to be interviewed about the financial deficit at KCH. We declined but provided a short, written, statement. We also shared this with the relevant MP, Harriet Harman, who responded saying that she is working regularly with senior managers at KCH and within Parliament to support resolution of this situation.

What's next?

We will review our meeting attendance following establishment of the new South East London CCG and borough-based board/committees, ensuring that patient voice is represented in the best places for it to have a real impact.

We will establish more ways to identify appropriate consultations for response.

We will further develop our relationship with the CQC with a view to addressing more recommendations to them.

Our volunteers

In addition to our Advisory Group (see below), at the start of the year we had 9 volunteers. One volunteer, Alice Godmon, was recruited as a staff member from Q3, and one new volunteer joined in Q4.

Volunteers have been invaluable in our engagement work, for example taking notes at a focus group, and helping make our carers' event such a positive and constructive opportunity for discussion. They have also very helpfully attended and taken notes at events staff were unable to attend, including the CCG Governing Body meeting and a Southwark Mental Wellbeing Partnership event.

One of our volunteers completed Enter and View training with HW Lambeth and assisted them in a visit to a care home in Southwark for Lambeth residents.

Our governance

The Healthwatch Advisory Group provides guidance on our strategy, priorities and decision-making, and oversees our work. It is made up of local people with experience of health and social care, and representatives of voluntary organisations, and had eight members at the start of this year. The Group is separate from the Board of Trustees of Community Southwark (CS), our host organisation, which has overall governance responsibility. The Board of Trustees is made up mostly of voluntary sector representatives, as well as local people with governance expertise.

Last year attendance at the Advisory Group declined significantly, which has led us to consider how best to refresh and refocus the role of the Group and also its relationship to the CS Board. We decided to focus this year on progressing priorities which had already been agreed with the Advisory Group, to update the Group by email, and to seek oversight from the more active CS Board. This was the most stable way to involve local people in our work during a transitional period, with several chief executives in post.

HWS staff attended a meeting with the Trustees following the departure of one Chief Executive. The manager also updated the Chair of the Board on current issues within Healthwatch. Updates were provided to the Board in October, November and February. A

member of the Board with research experience sat on the interview panel for our new Research & Intelligence Officer.

The HWS manager also continued to meet and correspond regularly with the Advisory Group Chair who has been particularly supportive, including helping to ensure Healthwatch representation in new NHS governance structures, and in our work on primary care.

We produced our [Annual Report for 2018/19](#) covering the broad range of our work, and shared it with a range of partners as required by law. We submitted quarterly monitoring reports to the Council, and meet with the contract officer to discuss this. The Healthwatch manager presented an overview of our work at the Community Southwark AGM (a public meeting).

What's next?

Along with the reasons described above, the departure of a more active Advisory Group member due to work changes in November and the planned resignation of the active Chair in July 2020 mean that a full refresh of the Group is planned for early 2020/21. We have been considering how to increase the Group's relevance and usefulness, increase meeting attendance and reduce the paperwork burden, for example by introducing terms of office, and holding more flexible discussions online. We have sought guidance from Healthwatch England and the Healthwatch London Network. The Chair Job Description and Group Terms of Reference are both under review.

Our finances

Please note that these figures will be audited and published as part of the Community Southwark (CS) accounts later in 2020, so some discrepancies may appear.

Our core income and expenditure on statutory activities

Income		Expenditure	
Healthwatch contract with London Borough of Southwark	£120,000	Salaries, NI and pensions for the core Healthwatch team ¹	£102,151.01
		Rent	£5,000.04
		Website	£396.98
		Marketing/engagement	£523
		Event venues and refreshments ²	£451.67
		Meeting/Strategy Day venues and refreshments	£133.23
		Staff/volunteer travel, welfare, development and DBS checks	£606.98
		Office stationery and postage	£48.26
Total income for statutory activities	£120,000	Total expenditure on statutory activities¹	£109,311.17

¹ This figure (and thus the total) does not include the contributions of the CS CEO or Communications Officer, which are provided in kind, as are some other office and administrative costs.

² Additional cost of the venue for our February 2019 carers' event (£522) was paid and will appear in 2020/21 accounts.

Additional project income and expenditure

Income		Expenditure	
Healthwatch England (HWE) grant for NHS Long Term Plan survey promotion	£1,000.00	Marketing/engagement	£140.00
Guy's and St Thomas' Charity (GSTC) funding for project on patient experiences of social prescribing ¹	£3,500.00		
<i>Lambeth and Southwark Strategic Partnership (LSSP) contract - portion of income deferred to this financial year, though received last year and recorded in 2018/19 Annual Report</i>	£21,601.61	Partnership Coordinator salary, NI and pension	£7,155.58
		Payment to HW Lambeth for ongoing borough-based work	£6,799.13
Total project income (including deferred)	£26,101.61	Total project expenditure	£14,094.71

¹ This was conducted by the HWS team, but may appear as CS income in the audited accounts, as a portion of a larger joint project on patient and VCS perspectives on social prescribing.

Our team

Members of the staff team this year have included, at different times:

Catherine Negus: Manager

Bron Thomas: Engagement Officer

Nathan Lewis: Engagement Officer (until July 2019)

Alice Godmon: Research & Intelligence Officer (October 2019 onwards)

Rosa Parker: Partnership Coordinator across Healthwatch Southwark and Healthwatch Lambeth (until May 2019)

Zuwena Blagrove, of Community Southwark (CS), also continues to support us in our communications.

Contact us

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We will be making this annual report publicly available by 30 June 2020 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, NHS Southwark Clinical Commissioning Group, Southwark Overview and Scrutiny Committee, and Southwark Council. It will also be shared in our first members' ebulletin following that date.

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.

We do not have any relevant contractors.

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