

Healthwatch Southwark Priorities

2022-23



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Introduction

Every year we ask our members, advisory board, stakeholders and the wider resident and service user population of Southwark to help us decide which areas of health and social care we should focus our work on over the coming year. This contributes to our key roles of listening to local people's views and concerns, promoting their involvement in service commissioning, design, delivery, and monitoring, and engaging directly with service providers to drive improvements.

Last year, Healthwatch Southwark's priorities were:

- Mental health (adult and young people).
- GP access in the post COVID-19 environment.
- Developing an active 'Enter and View Programme' (visiting health and social care services to review/monitor provision).
- Developing an active 'Community Engagement Strategy' that enables us to reach the diverse communities of Southwark and build our community presence.

In response to these priorities, we carried out projects on GP access in Southwark after the lifting of lockdown restrictions on 19th July 2021 and unmet need within community adult mental health services within the borough. Due to the challenges posed by the COVID-19 pandemic, we were unable to fulfil all these priorities so some of them will continue this year.

Projects we have started this year:

- Health Inequalities (Engagement Project) - Health inequalities are prevalent across the UK and were exposed and exacerbated during the pandemic. We have been struggling to engage with certain groups of our community including Black African, Black Caribbean and Latin American communities. Therefore, we are developing a project aiming to develop closer relationships and partnerships with residents from seldom heard and underrepresented communities in Southwark and listen and identify the key issues they are facing so that we can share them with decision makers to raise awareness and drive change.

Our research so far has identified two key issues for these distinct groups which we will focus on which include:

- Mental health within the Black African and Caribbean community.
- Accessibility of health information for Latin American community.

- Young People's Health Project - Young people in Southwark also represent a hard-to-reach group for us. This project aims to boost engagement with young people, identify their key health and wellbeing challenges, and empower them to be actively involved in local health and social care decision-making to ensure that services meet their needs. We aim to set up a Young People's Health Panel to provide a platform for young people to share their views, get involved in community engagement activities and the commissioning and redesign of services to meet their needs. There will also be opportunities for panel members to be trained to become Young People's Health Ambassadors.

What has informed our priorities?

A variety of different data sources are used to shape Healthwatch Southwark's priorities.

- Survey - We conducted a survey asking our members and residents and service users a series of questions to determine what they think we should be prioritising. This included an opportunity to give feedback on any recent experiences of health and social care services. See Appendix A for full survey.
- Focus groups - We held two focus groups, one for the public and one for stakeholders, to offer an opportunity for a more in-depth discussion about priority issues in the borough.
- Signposting and feedback intelligence- We analysed the signposting and feedback data from the past year from 1 April 2021- 31 March 2022 to identify the key issues being raised.
- Secondary data/ information- We compare our intelligence with other local, regional, and national demographic and needs data and information compiled by the council, integrated care system, NHS, and other key organisations (see Appendix B).

Other Considerations

- Context- Alongside these diverse sources of data, we also reflect on the context in which we are trying to affect change. COVID-19 has had an unprecedented impact on our local community since 2020 and will have inevitably influenced the priority issues emerging this year. Likewise, we recognise that many of the issues raised by our local community are reoccurring issues. If we revisit our previous work, it is clear that a lot has already been undertaken to address some of these issues. We therefore need to acknowledge the issues, highlight that we have conducted work in the past to mitigate them and that these issues are emerging all over again and warrant continued attention. This will prevent our local community from becoming disillusioned.
- Potential for impact- We consider where we can have the greatest impact in our local community with outcomes in mind.
- Timeline for improvements- We recognise the need to give service providers sufficient time to action and deliver our recommendations before improvements are experienced by patients. This means that we will be following up on the projects from last year during 2022-23 to review the progress of service providers in implementing our recommendations. It also means that we must be mindful to not take on too many new priority projects and factor in enough time to complete them.

Priorities Survey

We compiled the Priorities Survey on Survey Monkey having reviewed the list of questions with our Advisory Board. We reviewed other Healthwatch priorities survey and included a question with a list of previous priorities to determine whether these continue to be priority issues.

The priority survey was launched on 14th February and closed on 31st March 2022. We also created a prize draw for participants to have the chance to win a £25 voucher, to incentivise people to complete the survey.

We received 65 responses to the survey. 62 of these were completed online and 3 were completed on paper at our outreach sessions and in-person events.

Demographic of respondents

We tried to ensure that our survey was completed by a representative sample of our diverse local population. We promoted the survey to all our stakeholders and at a range of meetings for example with the Latin American Network, Joint Southwark and Lambeth Mental Health Carers Forum, Southwark Pensioners Centre and Southwark Wellbeing Hub including their Black Space wellbeing group. During our outreach and community engagement activities, including our visits to local markets and community centres, we encouraged people from Black African, Black Caribbean and Latin American communities to complete our survey to ensure they could get their voices heard. We encouraged local people to complete them during our visits to Peckham and Walworth libraries, localities with the highest numbers of residents from Black Caribbean, Black African and Latin American communities and at our Ambassadors Celebration event.

- The largest proportion of respondents (25%) were between the ages of 45-54, followed by 55-64 years old (21%), 35-44 years old (21%), 25-34 years old (10%) and 65-74 years old (10%). We had no respondents between the ages of 18-24 or below 18. This reflects our difficulties in engaging with young people in the borough.
- 70% of respondents identified as female, 23% male, 2% non-binary, and 5% preferred not to say.
- In terms of ethnicity/ ethnic background, 44% of respondents identified as White British, 8% Black British- African, 8% White European, 7% White Irish, 5% Black British- Caribbean, 5% Mixed-Other, 3% Arab/ Arab British. 3% Asian/ Asian British- Bangladeshi, 3% Black- Other, 3% Latin American and 2% Mixed- Black African and White.
- 31% of respondents identified as Atheist, 36% Christian, 14% Muslim and 14% preferred not to say. 1 respondent noted Daoist/ Anemist as another religion.
- In terms of sexual orientation, 80% of respondents were heterosexual, 9% gay and 5% bisexual.
- 61% of respondents answered that they are not living with a disability, 28% of respondents said they are living with a disability, and 5% weren't sure.
- 69% of respondents answered that they do not have any unpaid caring responsibilities whilst 22% said they did.
- We asked respondents which area of Southwark they live in. The largest proportion (25%) lived in Peckham, 18% in Camberwell, 14% in Borough, 11% in Bermondsey, 11% in Nunhead, 7% in Dulwich and 7% in Surrey Quays.

Lastly, we asked respondents how they found out about the survey. 67% of people found out about the survey via our direct HWS members emails, 27% via the HWS newsletter, 10% via another organisation (Ambassadors Event and KCH Newsletter), 7% via our website, 7% via Community Southwark and 4% via social media (Facebook and Twitter).

Priorities Survey Data Analysis

The first question included a list of all the key health and social care concerns that have been raised to us in the last year through community feedback and stakeholder engagement. We asked respondents to select all the issues that remain a priority for them. These were the key priority issues identified by respondents:

- **GP access** (registering, booking, and waiting for appointments) - 75%
- **Adult mental health and wellbeing services** (psychological therapies services, community mental health services, crisis intervention, drug and alcohol addiction services, social or community care, residential care, hospital inpatient services) - 65%
- **Access to mental health services** - 52%
- **Hospital care** (waiting times, quality of treatment, suitability of treatment, experience, and staff) - 45%
- **NHS dentist access** (registering, booking, and waiting for appointments) - 43%

The top 4 priorities identified here represent ongoing issues that we hear from residents and service users, and they were priority areas for us last year.

In January 2022, we published our ['Mental Health Services: Unmet Need in Southwark'](#) report which identified areas of unmet need within community adult mental health services and made recommendations on how to address them. We continue to do follow-up work on this project, liaising with stakeholders at South London and Maudsley NHS Foundation Trust (SLaM) about key issues. We hosted a workshop for the community to highlight how this work has made a difference and promoted improvements to SLaM's mental health services.

We have also conducted research on GP Access as part of a joint project with the South East London Healthwatch network. We held a workshop in January to present the key findings and recommendations from this research. The report is currently being reviewed by the Primary Care Network and the Local Medical Committee and will be published soon.

Last year, we also compiled [the 'Waiting for Hospital Treatment: A Qualitative Report on Patient Experience in Southwark'](#) report, examining local people's experiences of hospital waits and making recommendations to Guy's and St Thomas' and King's College Hospital to drive improvements.

Other Priority Issues

We asked participants to note any other issues that they thought we should focus on, based on their own personal experiences or things they have heard from family, friends, and the wider community. We have grouped the feedback into key themes.

Staff

- Monitoring and review of staff performance in nursing homes and at home care.
- Poor NHS staff customer service.
- Under-resourcing and under-valuing of health and social care workforce.
- Doctor/Surgeon and patient relationships.
- Need to review the disciplinary actions applied to NHS reception staff and Healthcare Staff Nurses, especially those working in nursing homes.
- Staff need to listen more to people's experiences.

Communication

- Communication issues between specialist hospital departments and patients.
- GPs are not getting back to patients about crucial health questions.

- Communication lacking between primary and hospitals/ mental health services.

Hospital wait times

- Delays to tests and assessments.
- Long hospital wait times.
- Unventilated, uncomfortably hot waiting rooms.
- Delays in accessing appointments with specialist doctors in hospital when referred by GP.

Mental health services

- Lack of holistic approaches to healthcare- Extreme problems with parity of esteem to mental health, rather than physical health - when in fact they are not separate.
- Family wellbeing.
- Tenure of mental health doctors.
- Long wait lists for mental health services.

Health inequalities

- Refugee health needs and their access to healthcare.
- **Discrimination** in health and care services.
- Support for those whose English is not their first language.

Care coordination

- Need to improve IT and processes to streamline services.
- Accessing blood tests and referrals between GP and hospitals is difficult and confusing. Even within the same hospital, different departments don't have access to previous test results.
- More consistency of care - less passing the most vulnerable people.

GP access

- Difficulty booking appointments.
- Long waits for appointments.

Cancer care

- Cancer care- Many people get less than the best care, report to their GPs late, are referred to specialists late and are treated late. Southwark's NHS does not have enough diagnosis and treatment facilities and experts.
- Hospital surgery waiting times for cancer patients with hernias caused by cancer surgery.
- Access to cancer services needs to be improved.

Preventative measures

- Healthy eating and living.
- Preventing diabetes and heart problems.

Health and social care funding/ governance

- More resources for health and social care.
- Monitoring and challenging the influence of the private sector in health services and decision making

Other issues raised:

- Women's health
- Access to sexual health services (HIV testing, PREP, other sexual health screenings)
- Access to Podiatry Services
- Older People's Services- they are very hard to navigate.
- Digital exclusion and switch to online/app-based triage services for patients as preferred way of contacting GP.
- Skin complaints/diseases.
- Neuro rehabilitation services
- Poor condition of housing putting residents' health at risk.

Feedback on health and social care services

We also asked respondents to share their feedback on recent experiences of health and social care services. We have summarised the key messages and grouped them by theme.

GP Access

- Difficulty contacting GPs- no email option.
- Difficulty booking appointments, long waits on the phone.
- Difficult to see a GP face-to-face.
- Lack of staff continuity- seeing different doctors and having to re-explain issue to them.
- Long waits for appointments.
- GP's not turning up for phone appointments organised via EConsult.

GP Services

- Mostly positive feedback.
- Not enough time to talk and explain everything to GP during appointment.
- Need to improve services and support for families and children.

Care Coordination

- Discharged from hospital too early without all of patient's needs being addressed leading to readmittance.
- Long wait for podiatry.

- Lack of long-term follow-up on treatments or therapies (e.g. no follow up after 6 months from pain management (INPUT) and no follow up from weight management programme).
- Lack of support for patients with complex needs.

Hospital Wait times

- Long wait times across a diversity of services including: diagnostic tests and scans, support services such as physio, cancer treatment, urgent referrals and podiatry.
- Hospital waiting areas are over-heated and non-ventilated.

Hospital communications

- Lack of response to emails and there seems to be very little continuity in the management and advice given to patients with complex needs.
- Lack of patient communication and especially linking services within Hospital trusts.

Mental health services

- Long waits for mental health service appointment.
- Healthcare professionals not turning up for appointments and not following up.
- Inpatient mental health services - serious issues with care provided, coercive abuse of power, threatening language, barely functioning washing facilities, dreadful food - not conducive to any kind of healing process, Some nice staff but very disorganised and chaotic - inconsistencies with consent - not allowed to get fresh air, or being listened to about adverse effects of 'treatment' but fine to consent to student nurses/ medics 'experimenting' with your care... Secure ambulances not adequate for people with sensory processing/ claustrophobia, made me severely distressed which is then misinterpreted as mental illness. There's a long way to go before these are actually 'healing' interventions.
- Mental health of people in the community should be prioritised.
- Threshold for accessing inpatient adult mental health services is predicated on risk to life only (self or others) which causes issues to escalate which in itself causes additional burdens on NHS services in attempting to clear up the mess retrospectively. Deeply damaging and inhumane way to lead a service.
- Risk of falling out of the system.
- ASD diagnosis- Tried to ask about ASD diagnosis but was told no NHS funding locally for adults without concomitant severe mental health issues. Forced to turn to private services.

Cancer Services

- Key problems are the reluctance of residents to go to the GP with symptoms, GPs not recognising the symptoms, delays in referral to specialists, failure to meet the NHS standards for diagnosis and treatment, poor GP support for cancer patients and desperately poor outcomes.
- Wanting to be able to talk to someone about cancer services.

Staff

- Need to train and allow young people the opportunity to gain experience and work in the health services sector.
- Appointments with doctors are rushed and there is not enough time to talk through everything.
- Staff being impatient.
- Staff require more training of COVID-19 infection control.

Pharmacy Services

- Prescriptions are lost by the pharmacy.
- Not being able to fill in an e-consult form online in advance at the weekend for something that's not acute because they only let you fill in the form when the surgeries are open which seems silly if it's something non-acute like wanting a review of hormones/an ongoing condition etc.

Accessing Dentist Services

- Long wait times for dentist appointments.
- Lack of communications with patients when dentist leaves.

Wellbeing/ lifestyle/ housing

- The housing service impart on wellbeing of many family and children leading to health issues and mental issues. We should tackle what leads to healthcare problems and follow up on people care.

Focus Group Feedback

We held two focus groups, one for the public and one for stakeholders, to offer an opportunity for a more in-depth discussion about priority issues in the borough. We presented a snapshot of the key messages from the survey findings and asked participants to comment on whether they agreed with the priority issues identified and whether there were any other issues or priority groups in the community they would like us to focus on. We also asked participants to reflect on their recent experiences of health and social care services.

Here is a summary of the key themes discussed:

Health inequalities

- Refugees' experiences and access to services - people have come to Southwark from Afghanistan/ Ukraine.
- Language barriers.
- Who is cut off by community transport? Who is unaware of community transport to services? People not accessing information early enough.
- Thinking about those people who have given up on trying to access services, those experiencing barriers and those that are furthest away to providing feedback. Have they got even further away? Could we try to identify those least likely to provide feedback and engage with Healthwatch?

Communications and public engagement (signposting, access to services, translation, and accessibility)

- Southwark CCG has commissioned some services to support this but they are perhaps not being communicated effectively to the public.
- We need to develop a better understanding of where people get their health-related information from? And how they want to consume that information. e.g. Building awareness of consultation rooms in pharmacies in borough where they can ask for quick medical advice. Southwark CCG keen to work with Healthwatch Southwark on this.

Communications and care navigation support

- Need for more health advice officers in community centres need for people to access information. We need clinical nurses in centres who can speak on a 1-2-1 basis with people about their issues. People who can speak different languages.
- Link workers in GPs are providing a social prescribing service to support with care navigation.
- Patients waiting for hospitals need access to information so they can understand why delays are occurring.
- Professionals to work with patients to negotiate parts of the care system that aren't communicating well.
- Southwark has a transient population which is a challenge for signposting and communications. You have to work extra hard to make sure everyone has access to information and is aware of local services.

Communications (and how it intersects with health inequalities)

- How health messages are reaching minority ethnic groups
- Surgical strategy - getting honest messages out
- Recognising the barriers patients face- cost of living, gaps widening especially for groups with multiple/ complex needs sensory needs and multiple
- How mental health within health focused services together can try to address backlog and get people in for surgery- interwoven with mental health and expectations management
- Not messaging around burdening the health services (e.g. during pandemic caused reluctance to come forward) - encouraging people to come in to access healthcare.
- There is something very important about A&E use and patients accessing alternatives/knowing what A&E and urgent care is for. The volumes of people attending these services is extremely high and very challenging for the staff.

Socio-economic factors

- A factor that will continue to affect people's access to services (not necessarily linked to pandemic) is the cost-of-living crisis. There is concern about people's ability to travel to services, pay for prescriptions, benefit from additional aids and treatments that might not be freely available through the NHS).
How will this disbenefit people in Southwark from accessing treatment and health and care services? This could form powerful evidence to campaign for better access to services.

People living with multiple long-term conditions and complex needs

- 3,500 people living with multiple long-term conditions or complex needs (mostly concentrated in North Southwark).
- From best estimates, number of people with long covid is most likely to double. Care and support for people with multiple long-term conditions.
- If these numbers are anywhere close, there is going to be challenges to the health and social care service over and above those already been experiences.

Integration of health and social care services

- An exploration about how well integration is working and how seamless services are- core aim for all partners for next year and beyond.
- Access to services and sylo working between departments and other additional issues- could be linked in the future to how effective the introduction of the integrated care system is. Coming year is too early to gather meaningful findings about that.
- System experience and communications and information
Changes within the system- people getting different things from different organisations and how it meshes together. How people understand what the system is when it's not provided by one organisation, and how get into it. And how they experience it including the communication difficulties that happen between organisations and departments.
This isn't a new issue but it might be a good time with the introduction of Partnership Southwark to do something productive around it.
- We need to think about where we can share data/ insights centrally.

Achievements of primary care

- Ensuring that our approach is in a spirit of appreciative enquiry.
We need to be cognisant of realities. It is understandable that it is high on list of priorities
but we need to be conscious that some of this is politically motivated. We need to focus on what primary care has achieved for population over the pandemic. Healthcare professionals in primary carer have worked extraordinarily hard, delivered largest vaccination programme in our nation's history and worked in difficult circumstances. A lot of burnout amongst our primary care colleagues. We need to scrutinise and evaluate services and recognise the challenges facing our local population, but we also need to be careful and acknowledge the amazing things primary care has achieved.

Mental Health

- Cross-cutting issues- emotional wellbeing, mental health, patient experience and waiting for treatment

Thank you to Naomi Good, Julian Walker, Chris Henry, Alice Glover, Tama Khalk, Mathew Griffiths, Bola Olatunde and Graham Head for their contributions in our stakeholder focus group.

Healthwatch Southwark Signposting and Feedback Data

We analysed the signposting and feedback data from the past year from 1st April 2021- 31st March 2022, looking for key themes across the signposting topics, aspects of care, issues and types of services and system-wide themes. These themes are explored in-depth in our quarterly insight reports.

Community Feedback

Comparing the aspect of care and issues that emerged

- The majority of feedback we received related to **access** (61%) and this included issues surrounding not being able to get a timely appointment, mainly at GP and dentist services, and not being able to get through to GPs by phone. There were also numerous issues relating to inadequate service/ support across a variety of services including GP, adult social care, children and adolescent mental health services (CAMHS) and services for people with autism, services for people with a learning disability physiotherapy and services for people with long-COVID.
- The second highest proportion of feedback received related to **complaints and feedback** (29%) and this included inadequate service/ support across a range of services. Staff attitude/ rudeness was also raised in maternity care, GP, adult social care, services for people with autism and palliative care. Complaints and feedback also related to lack of response from service and difficulty with complaints process at GP, inpatient mental health, adult social care, and maternity care.
- Feedback relating to **communication** (23%) was also received, relating to not feeling listened to, predominantly at GP services, staff attitude/ rudeness across a range of services and not being able to get a timely appointment, mainly at GPs.
- The fourth highest proportion of feedback related to **care coordination** (19%) and this included poor communication between services including GPs, mental health services and between hospital departments, inadequate service/ support and lack of care continuity.
- Feedback relating to **discrimination and inequality** accounted for 15% of feedbacks received, including issues relating to service discrimination in GP, mental health services and services for people with autism, and sexual health services. Feedback was also received about discrimination by staff and not feeling listened to across a range of services.

Type of service

The majority of the feedback we received was about GPs (47%), followed by dentists (11%), adult social care (5%) and outpatient care (5%).

System-wide themes

- Covid-19 - feedback largely relating to the way that the pandemic has influenced access to services, mainly GP services.
- Health inequalities- feedback relating to accessibility issues including language barriers and lack of translation services and inequalities for people experiencing mental health issues or living with autism or ADHD.
- NHS Dentistry - feedback relating to access issues.
- GP- feedback relating to access issues and complaints.
- Waiting for treatment - feedback about long wait times for elective care and mental health support.
- Digitalisation - difficulty booking GP appointments and accessing mental health service and physiotherapy correspondence online.
- Learning disability and autism - complaints about care packages being reduced, service discrimination, and poor communication with family/ carers.
- Maternity care- access issues, not feeling listened to, medical negligence, difficulty with complaints process, and lack of response from service.
- Mental Health - lack of care coordination, difficulty accessing patient records, incorrect information about advocacy services.
- Women's health - misdiagnosis, adverse event during treatment and medical negligence relating to gynaecology.

Signposting information

Comparing the aspect of care and issue

- The majority of signposting queries were related to **access** (49%) and these included people looking for information, mainly about COVID-19 testing and vaccination services, difficulties registering with GP and dentist services and difficulty getting a timely appointment.
- The second highest proportion of queries related to **complaints and feedback** (19%) which included issues such as difficulties with complaints processes, lack of responses from services and staff attitude and rudeness.
- Signposting relating to **care coordination** accounted for 16% of queries and these were associated with issues including poor communication between services, inadequate service/ support and lack of care continuity.
- The fourth highest proportion of signposting queries were about **communication** (14%) with people looking for information (mostly COVID-19 guidelines which may not be easily accessible), not feeling listened to and issues with staff attitude/ rudeness.
- Signposting queries relating to **discrimination and inequality** accounted for 8% of queries, and these related to service discrimination, relating to services for people with ADHD, autism and sexually transmitted diseases and discrimination by staff, including racial discrimination, and discrimination based on suspected use of recreational drugs.

Most common signposting topics:

1. Looking for information (25%)
2. Help resolving access issues (24%)
3. Finding service/ support (23%)
4. How to complain (22%)
5. Complaint process/ outcome (8%)
6. Looking for advocacy (5%)
7. Dentist registration (4%)
8. GP registration (4%)

Type of service

37% of the signposting enquiries we received were related to GP services, 20% for COVID-19 related services, 16% for dentists and 8% relating to adult social care services.

Feedback from our stakeholders

POhWER advocacy services have raised concerns to us about SLaM, including their new complaints process, patient experience in inpatient wards and system-wide racial inequalities.

Southwark Disablement Association have raised concerns about the lack of British Sign Language (BSL) interpreting services in dentists, GPs, opticians, pharmacies, and hospitals for patients who are hard of hearing and may also not have English as their first language.

We attended the King College London Health Imaging Research and Community Network meeting which highlighted the below:

- Community priorities - mental wellbeing, access, support, dealing with life pressures.
- Challenges - trust in social and healthcare system, tough economic climate, re-engaging after pandemic, health inequalities, including a greater diversity of people in our work.

Recommendations

Following an analysis of the four key strands of data and intelligence (survey, focus groups, signposting and feedback data and secondary data/ information) and a consideration of the wider context of Southwark and potential for impact, the following areas were identified as potential priorities for the year ahead:

1. Communications

- Accessibility of services- Are health and social care providing translation and BSL interpreting services in accordance with the Accessible Information Standard? Are they providing accessible information for people living with learning disabilities and autism?
This could feed into Healthwatch England's recently launched campaign [Your Care Your Way](#).
- Community health messaging - finding out where local people get their health-related information from? And how do they want to consume that information?
This could be supported by the Community Health Ambassadors Programme and could be co-produced with Southwark CCG's Public Engagement team, as discussed in the focus group.

2. Wait times for elective care

- Impact of Covid on wait times for elective surgery/ treatment.
- Backlogs in cancer care etc
- Fewer referrals for hospital care.

3. Support for people with multiple long-term conditions and complex needs

- Are services meeting the needs of people with multiple long-term conditions?
- The impact of long-COVID on local people and the support services available to them. How will services meet the needs of rising numbers of people with long-COVID?

4. Support for people affected by multiple deprivations.

- People affected by multiple deprivations are more likely to have difficulty accessing services, communicating with care providers, have higher prevalence of mental health problems and present as complex cases, and are more likely to have multiple chronic conditions. The cost-of-living crisis can only exacerbate these issues.
- Food insecurity was already noted as an issue by the JSNA 2019, before the cost-of-living crisis appeared.
- We have become involved with Southwark Council's 'Complex Cases Panel' and this forum could help us to develop a better understanding of local people's complex needs and collect feedback/ data.

5. Access to dental services

- 5th top priority issue from the survey and also a key issue emerging in our signposting and feedback data

We reviewed these suggestions with our Advisory Board and agreed our final top 5 priorities for 2022-23. These are summarised below.

Healthwatch Southwark Priorities 2022-23

1. Health Inequalities

Health inequalities are prevalent across the UK and were exposed and exacerbated during the pandemic. We have been struggling to engage with certain groups of our community including Black African, Black Caribbean and Latin American communities. Therefore, we are developing a project aiming to develop closer relationships with residents from seldom heard communities in Southwark and identify the key issues they are facing so that we can share them with decision makers to raise awareness and drive change. Our research has identified two key issues for these distinct groups which we will focus on which include:

- Mental health within the Black African and Caribbean community.
- Accessibility of health information for Latin American community.

2. Young People's Health

Young people in Southwark represent a hard-to-reach group for us. This project aims to boost engagement with young people, identify their key health and wellbeing challenges, and empower them to be actively involved in local health and social care decision-making to ensure that services meet their needs. We aim to set up a Young People's Health Panel to provide a platform for young people to share their views, get involved in community engagement activities and the commissioning and redesign of services to meet their needs. There will also be opportunities for panel members to be trained to become Young People's Health Ambassadors.

3. Access to health and social care services for people with learning disabilities and autism

We have been receiving feedback about inadequate and unequal services and support for people with autism and learning disabilities. This is a priority area across the system, with Partnership Southwark prioritising improving the care and support available for children and young people and adults with learning disabilities and autism. Healthwatch England is also working on a campaign called 'Your Care, Your Way' to find out how well health and social care services are delivering accessible information for people who live with a disability, impairment, or sensory loss. We have developed a close partnership with the NHS South East London CCG's Learning Disabilities and Autism Ambassador and plan to collaborate with Southwark's Ambassador on this project. We want to identify the key barriers to accessing health and social care services for this group and areas where improvement can be made.

4. Wait times for elective care

Wait times for non-urgent elective treatment have increased significantly since the start of the pandemic as these treatments were paused to prioritise hospital capacity for COVID-19 and emergency patients. Likewise, during the pandemic, fewer people were referred for treatment which has caused a backlog of people seeking treatment. We know this is a key concern for our residents as we have been receiving negative feedback about long wait times for elective care. We want to investigate how wait times could be better managed for elective care to improve patient experience. This project will be co-produced with King's College Hospital NHS Foundation Trust who have invited us to support the work of their Elective Recovery programme and gather feedback from their patients.

5. Dentist service access in minority communities

Dental services access is a huge issue attracting a lot of at national attention. Healthwatch England (2021a) have recently reported that with living costs on the rise, health inequalities are widening as people struggle to pay for dental care. They also released a report in 2020, outlining the impact of COVID-19 on dental care, with large proportions of people reporting access issues. We frequently hear about dentist service access issues for our residents, particularly for those from ethnic minority communities. This project will examine the impact of the Healthwatch England report and identify what can be done locally to support it. We will investigate the key access issues impacting our local communities in deprived areas and consider how we can drive change on a local level. The research towards this project will be undertaken by our research volunteers.

If you have any questions about the report or our priority projects, please contact Megan Isherwood (Healthwatch Southwark Research & Projects Officer) at megan.isherwood@healthwatchsouthwark.org

References

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Appendices

Appendix A- Priorities Survey 2022-23

What Matters to You?

Healthwatch Southwark's Priorities Survey 2022-23

Healthwatch Southwark is your independent health and social care champion. We listen to local people about what matters to them and make sure that NHS leaders and decision makers take this on board to drive improvements. More information about Healthwatch Southwark and our work can be found [here](#).

Every year we conduct a survey to decide which areas of health and social care we should focus our work on over the coming year. This offers you an opportunity to tell us what matters to you and share your own experiences of health and social care services so we can identify areas that need further attention and improvements.

Last year, Healthwatch Southwark's priorities were mental health (adult and young people), GP Access in the post COVID-19 environment, developing an active Enter and View Programme (visiting health and social care services to review/monitor provision) and developing an active Community Engagement Strategy that enables us to reach the diverse communities of Southwark and build our community presence. We carried out projects on

GP access in Southwark after the lifting of lockdown restrictions on 19th July 2021 and unmet need within community adult mental health services within the borough. Due to the challenges posed by the COVID-19 pandemic, we were unable to fulfil all these priorities so some of them will continue this year.

In preparation for agreeing next year's priorities (April - March 2023) we are undertaking this survey to find out what matters to you in terms of health and social care services in Southwark and what we should be focusing on over the year ahead.

This survey will be open from February 14th and will close on 31st March 2022, 5pm.

We would like to highlight that we treat your personal data as confidential and protect it accordingly. We will always make sure that your data is protected and treated securely. Read our full [Privacy Statement here](#).

If you have any questions about the survey or would like support completing the survey, please contact us via email: info@healthwatchsouthwark.org or phone: 020 7358 7005.

1. The following are the key health and social care concerns that have been raised to us in the last year through community feedback and stakeholder engagement. Which ones are a priority for you?

You are free to select all issues relevant for you.

Primary Care

- GP Access (registering, booking, and waiting for appointments).
- NHS Dentist Access (registering, booking, and waiting for appointments).

Mental Health

- Children and young people's mental health services (NHS, statutory, voluntary, or school-based mental health services for children and young people including anxiety and depression services, eating disorder services).
- Adult mental health and wellbeing services (psychological therapies services, community mental health services, crisis intervention, drug and alcohol addiction services, social or community care, residential care, hospital inpatient services).
- Access to mental health services.

Secondary/ Acute Care

- Elective surgery (waiting times for surgery planned in advance).
- Hospital care (waiting times, quality of treatment, suitability of treatment, experience, and staff).
- Maternity care (pre- and post-natal care, support with pregnancy loss).
- Transfer of care from secondary (hospital) to social/ community care.

Social Care

- Adult domiciliary care (services that support an individual in their own home).
- Care homes, and hospices.

- Support for carers (unpaid carers and family).

Other Services

- Pharmacy services (access, staffing levels, suitability of service, medicines management, and repeat prescriptions).
- Obesity services (weight loss management services for children and adults).

Covid-19

- COVID-19 vaccination uptake (vaccine hesitancy and misinformation).
- COVID-19 information (information relating to COVID-19, vaccination, and testing sites).
- Long COVID (When coronavirus causes symptoms that last weeks or months after the infection has gone).

Health Inequalities

- Access to health and social care for seldom heard communities including people from minority ethnic communities, children and young people, homeless people, disabled people, people from Gypsy, Roma and Traveller communities, older people, and LGBTQ+ people).
- Accessibility of health and social care information (digital exclusion, translated guidelines, interpretation services, culturally appropriate information).
- Learning disabilities and autism (support for people with learning disabilities, autism spectrum disorder and related conditions).

Women's health

- Sexual and reproductive health, menopause, chronic health problems such as endometriosis and polycystic ovary syndrome, breast and cervical cancers.

Medical Conditions

- Alzheimer's and Dementia (Alzheimer's disease is a degenerative brain disease and the most common form of dementia).
- Diabetes (lifelong condition that causes a person's blood sugar level to become too high).
- Cerebrovascular disease (any abnormality in the brain caused by problems with the blood vessels such as strokes).
- Heart disease (when your heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries).
- Chronic obstructive pulmonary disease (COPD) (a group of lung conditions that cause breathing difficulties).

Empowering Southwark Community

- Patient and service user involvement in health and social care decision making.

2. **Priority 1: From the above list of concerns, what do you think should be our first priority for the year ahead?**

3. **Priority 2: From the above list of concerns, what do you think should be our second priority for the year ahead?**

4. **Priority 3: From the above list of concerns, what do you think should be our third priority for the year ahead?**

3. **Are there any other issues you think we should focus on? This could be based on your personal experiences or things you have heard from family; friends and the wider community.**

4. **We want to hear your feedback!**
Healthwatch Southwark gathers local people's feedback to better understand the issues facing people within our local community, to share anonymously with service providers, and to create recommendations to improve services. We would therefore appreciate if you can share some of your recent experiences of using health and social care services.

5. Please use the space below to tell us more about your experiences. Please include name of service(s), an overview of your experience, which can include information on positive things about the service, any issues experienced and your suggestions for improving the service.

Equalities Monitoring

We are asking the following 6 equalities questions to ensure that we are engaging with and hearing from a diverse range of people that reflects Southwark communities. It helps our work to be able to address it if not. If you would prefer not to answer, please select 'Prefer not to say'.

5. What is your age group?

- <18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

8. What is your gender/gender identity?

- Female
- Male
- Non-binary
- Prefer not to say
- Other (please specify)

9. What is your ethnicity/ethnic background?

- Arab/ Arab British

- Asian/ Asian British- Bangladeshi
- Asian/ Asian British- Chinese
- Asian/ Asian British- Indian
- Asian/ Asian British- Pakistani
- Asian – other
- Black/ Black British- African
- Black/ Black British- Caribbean
- Black- other
- Latin American
- White British/ Scottish/ Welsh/ Northern Irish
- White Irish
- White European
- White Traveller/ Irish Traveller/ Gypsy
- Mixed- Asian and White
- Mixed- Black African and White
- Mixed- Black Caribbean and White
- Mixed- other
- Kurdish/ Kurdish British
- Turkish/ Turkish British
- Prefer not to say
- Other (please specify)

10. What is your religion/spiritual beliefs?

- No religion
- Muslim
- Buddhist
- Christian
- Hindu
- Jewish
- Sikh
- Prefer not to say
- Other (please specify)

11. What is your sexual orientation?

- Straight/ heterosexual
- Gay
- Lesbian
- Bisexual
- Prefer not to say
- Other (please specify)

12. Do you consider yourself to have a disability?

- Yes
- No
- Don't know

- Prefer not to say

13. Do you have any unpaid caring responsibilities?

- Yes
- No
- Don't know
- Prefer not to say

Thank you for completing our survey! Your feedback will help to shape our priorities for the year ahead as we work to drive improvements in health and social care services to ensure they meet your needs.

Appendix B- Secondary Data/ Information

Southwark Council and Southwark CCG. (2016) Southwark Five Year Forward View.

This sets out Southwark Council and NHS Southwark CCG's joint ambition to improve the way that the local health and social care system operates to bring about better health outcomes for residents. They highlight that outcomes and equality can be improved in the borough in the following areas:

- **Health inequality:** In the borough there is a difference in healthy life expectancy between the richest and poorest in our population of 9.6 years for males and 7.7 years for females.
- **Heart disease:** Southwark people are more likely to die prematurely from cardiovascular disease than people living in similar parts of London.
- **Respiratory disease:** Chronic obstructive pulmonary disease (COPD) and lung cancer cause relatively high numbers of preventable early deaths and ill health in Southwark.
- **Diabetes:** There is significant variation in the management of patients with diabetes in Southwark and a high number of people are living with undiagnosed diabetes.
- **Alcohol and liver disease:** Rates of preventable early deaths from liver disease and alcohol-related hospital admissions are significantly higher in Southwark than they are in similar London boroughs.
- **Mental illness:** Southwark has a high prevalence and comparatively poor outcomes for people with low and medium-level mental ill-health. There is significant unmet need too.
- **Obesity:** Childhood obesity levels in the borough are amongst the highest in England. Adult obesity is also higher than the London average.
- **Dementia diagnoses:** Only about two-thirds of the predicted numbers of patients with dementia are diagnosed, and effective management of patients is highly variable.
- **Admission of older people to acute hospital:** Hospital admission rates and health related quality of life for older people is higher than in similar areas of London with rates of falls related admissions particularly high.

- **Access to GP appointments:** Patients and members of the public consistently tell us that they often find it hard to get an appointment with their GP.

Notably, this strategy was compiled in 2016, and therefore does not account for the impact of COVID-19. Nevertheless, it highlights key priority areas in Southwark that remain pertinent today.

Joint Strategic Needs Assessment (Health and Wellbeing Board) (2019)

The joint strategic needs assessment (JSNA) is an ongoing process used by the Health and Wellbeing Board within Southwark Council to identify the current and future health and wellbeing needs of the resident population. The JSNA in Southwark is divided into four key domains including population groups, behaviours and risk factors, wider determinants, and health conditions. Whilst the JSNA was compiled pre-pandemic, it highlights important priority areas across Southwark which will likely have been further exacerbated by COVID-19.

Southwark Council is prioritising addressing the health needs and improving the health and wellbeing of the following population groups and communities:

- **School-age children and young people** are more deprived than the London average with approximately 15,000 children age under 16 living in low-income families and 23% of school pupils claiming free school meals.
- **Children with Special Educational Needs and Disabilities** often experience poorer outcomes than their peers in health, education and in their transition to adulthood.
- **People with learning disabilities** have significantly poorer health outcomes compared to the rest of the population, many of which are avoidable.
- **Rough Sleepers** are widely acknowledged to have poor health outcomes and often have complex health needs, including substance misuse and mental health problems, and struggle to access quality health and care services.
- **Carers**- Southwark is home to a significant number of carers who support their family, friends and loved ones. Carers are at risk of poor physical, mental, and financial health outcomes and face significant inequalities.

The lifestyle risk factors they have identified among Southwark's population include:

- **Substance misuse**- Over the past five years, around 8,500 years of life lost to alcohol related conditions in Southwark. Southwark has higher rates of opiate and crack use, compared to London and England averages.
- **Excess weight**- In Southwark about 3 in 10 Reception-age children are overweight or obese; this increases to about 4 in 10 by the time they reach Year 6. Currently, over a half of adults in Southwark are overweight or obese.
- **Physical activity** - Around six out of ten Southwark residents are meeting national physical activity guidelines. Older adults, women, residents coming from Black or ethnic minority groups and people who are overweight are more likely to be inactive. Associated cost and lack of time are the most common reasons for people not engaging in physical activity.
- **Sexual health**- Southwark suffers from high levels of sexually transmitted infections. Each year, there are approximately 8,000 new STI diagnoses among Southwark residents; the borough has one of the highest rates of new STIs in England. Southwark also ranks among the highest in England for gonorrhoea and

syphilis diagnostic rates with approximately 1,600 and 300 new cases each year respectively.

- **Smoking-** Despite the downward trend in smoking prevalence, smoking-attributable mortality in Southwark rates remain significantly above London and England averages. There are notable inequalities in smoking prevalence with people from lower socio-economic background being more likely to smoke.
- **Oral health-** The level of tooth decay among children in Southwark is less than the national and London average however, this still equates to about 660 5-year-olds affected by a preventable condition. Despite lower levels of decay, Southwark has the second highest rate of hospital admissions for caries in children aged under-19 among all London local authorities.

The wider determinants of health identified as having an impact on people's health in Southwark include:

- **Domestic abuse-** An estimated 13,000 people in Southwark are at risk of domestic abuse and violence.
- **Natural and built environment -** Southwark has high concentrations of air pollution which are a leading environmental risk factor for morbidity and premature mortality.
- **Health conditions and healthcare-** In 2019, it was found that almost 1 in 4 Southwark residents had low food security. This means that 75,000 Southwark residents could be skipping meals or cutting down on quantities eaten due to lack of funds to afford balanced meals and thus may be experiencing real hunger. This is significant considering the recent cost-of-living crisis which will inevitably exacerbate the situation and force many more people into food insecurity.

The health conditions and health care issues identified are as follows:

- **Cancer-** Rising number of cancer diagnosis in Southwark. 4/10 cancer cases are preventable according to Cancer Research UK.
- **Cardiovascular disease-** In Southwark, the rates of premature mortality from cardiovascular disease which is considered preventable have reduced significantly over the past ten years. Mortality rates are now similar to England and London averages, however significant gender inequalities exist. Male rates of premature mortality from cardiovascular diseases in Southwark are nearly three times as high as female rates.
- **Dementia and neurological conditions-** Prevalence of diagnosed dementia is increasing in Southwark and dementia-related hospital admissions rates in Southwark are significantly higher than the national and London averages.
- **Diabetes-** An estimated 5.9% of the Southwark population have diagnosed diabetes but Public Health England estimate that as many as 8,000 residents may have undiagnosed diabetes and 25,700 are at increased risk of developing it.
- **Mental Health and Wellbeing -** One in five adults in Southwark are estimated to be experiencing a common mental disorder. Approximately 3,8000 residents experience severe mental illness and it disproportionately affects male, older and black ethnic population groups.
- **Pharmaceutical Needs Assessment (PNA)-** looks at the current provision of pharmaceutical services across Southwark and whether this meets the current and future needs of our local population.

- **Respiratory conditions-** The rates of premature mortality from COPD which is considered preventable are significantly higher in Southwark compared to London and England averages for example, 23.1 compared to 16.5 and 18.3 per 100,000 population respectively.
- **Child death** - child death review partners have a statutory responsibility to review the deaths of all children normally resident in their local area. This helps to determine whether any factor(s) related to the death impact or have the potential to affect, the health and wellbeing of local residents and to identify recommendations and actions that may mitigate future child injuries, accidents or death.
- **Immunisations-** Coverage in Southwark for several vaccine programmes has fallen below both locally and nationally agreed targets. The 3 main reasons for this decline in Southwark are similar to national and international drivers related to widening inequalities, growth of underserved groups and creation of “vaccine hesitant” clusters fed by misinformation (Southwark Public Health Division, 2019, p. 5).
- **Covid-19 statistics and outbreak control** - Southwark Council’s COVID-19 impact reports are awaiting publication.

Partnership Southwark. (2020) Integrating Community-Based Care in Southwark.

Partnership Southwark represents the new integrated approach to community-based care in Southwark, working to offer more joined-up services and supports to residents to improve health and wellbeing and tackle inequalities.

Partnership Southwark (2020) are focusing their work across four key themes which include:

- Start Well- Supporting children and young people and “keeping families strong”.
- Live Well - Supporting working age adults with joined up services that tackle the causes of ill-health and promote wellbeing.
- Age Well- Neighbourhood-based networks to keep people as healthy and independent as possible in their home
- Care Well- Supporting those in care and residential settings for older people and physical disabilities, mental health and learning disabilities.

Within these core themes, they are prioritising:

- Tackling inequalities and securing good outcomes for those affected by COVID-19 and health inequalities.
- Working with the community - strengthening support and communications around the services and support for all those who need it, including those most impacted by COVID-19 and racial inequalities.
- Investing in and supporting our health and social care workforce.
- Increasing the focus on prevention of ill-health.
- Facilitating a more joined-up care approach.
- Developing a more neighbourhood-focused approach, coordinating, and developing services in communities and aligning teams and services to deliver care closer-to-home.

- Driving partnership working between local health, care and voluntary, education and community organisations.
- Making the partnership clearer and more transparent.

Healthwatch England. (2021b) Your Support Needed: Our Upcoming Campaigns.

- **Understanding the impact of NHS waiting times.**
- **Making health and care information accessible** - aiming to understand the issues that users of health and care services face and then encourage services to adopt and implement changes in policy and practice that will make information more accessible. Focused on people most likely to be disadvantaged by inaccessible information including people with sensory impairment, a learning disability or cognitive impairment, people experiencing health inequalities (homelessness, drug and alcohol abuse, Gypsies and Travellers, asylum seekers and refugees, sex workers etc.) and people who do not speak or have low levels of English, especially individuals from ethnic minority communities.
Their [Your Care Your Way](#) campaign aims to find out how well health and care services are delivering the accessible information standard, ensure that people know their rights and find out who else has problems understanding information about their healthcare and needs to be covered by the standard.

National Health Services England (NHS). (2021) Core20PLUS5: An Approach to Reducing Health Inequalities.

NHS England (2021) and NHS Improvement have developed the Core20Plus5 approach to support Integrated Care Systems to drive targeted action in health inequalities improvement.

The Core20Plus5 accounts for the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation, the population groups identified as experiencing poorer than average health access, experience and/or outcomes by the Integrated Care System and health groups such as ethnic minority communities, protected characteristic groups, and people experiencing homelessness.

It also identifies 5 focus clinical areas requiring accelerated improvement which include:

1. **Maternity:** ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups.
2. **Severe Mental Illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities).
Chronic Respiratory Disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
3. **Early Cancer Diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
4. **Hypertension Case-Finding:** to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke.