

# Annual Report 2018/19



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## Message from our Chair



It is hard to pick up a newspaper, or see or hear a news bulletin without the NHS featuring as a story, whether it is targets missed by our large acute hospitals, a shortage of GPs, the impact of mental health challenges on the lives of young people, local GP services being found wanting by the Care Quality Commission, or the morale of a hard pressed but also dedicated workforce.

Healthwatch Southwark receives calls every day to its signposting service which make those national headlines all too real. Our role is to help those individuals who are feeling let down by the system, as well as to work with commissioners and providers to ensure that the voice of the patient is heard.

Healthwatch is able to bring the voice of that experience to the decision makers and to encourage them to engage with patients and users as they plan and develop services. The NHS is under strain while again going through massive change in both service delivery through Primary Care Networks (designed to bring a more holistic approach to neighbourhood communities), and the re-organisation of commissioning away from boroughs to the South East London level.

As yet, the implications of this are unclear both for patients and indeed in terms of how individual Healthwatches will be able to influence things in the future. We continue to engage with the South East London team and our fellow Healthwatch colleagues in Lambeth, Lewisham, Greenwich, Bromley and Bexley on how we can continue to make a difference. Meanwhile we continue our work to stay grounded in the real-life experiences of our local communities.

As ever, this report reflects a solid year of work for the Healthwatch staff team and the support of the volunteers and members who enable us to keep putting the patient perspective to the health and social care system through Enter and View visits and reports, research into everything from faith and health to the experiences of carers, analysis of data and attendance at many meetings! Thank you to them all.

- Stephen Whittle

## Who we are

Our vision is for Southwark residents to be able to access and expect the best possible health and social care services, which are appropriate for our diverse communities. We listen to your experiences of health and care services in order to drive improvements.

What we do:

- 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 hospital trusts' annual Quality Accounts.
- We share information and concerns with Healthwatch England (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.

## Meet the team



From left to right:

**Nathan Lewis:** Engagement Officer

**Catherine Negus:** Manager

**Bron Thomas:** Engagement Officer

From September we were also joined by **Rosa Parker** as Partnership Coordinator.

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

## Developing our connections with the public

In order to make sure that our activities reach as many people as possible, we constantly work to develop a base of people who know about us and who want to hear about ways to get involved. We call them our **members**.

We had 1,236 members at the start of the year and 1,258 members at the end of the year. This is a smaller increase than in previous years because we cleaned our database and removed 73 previous members whose were uncontactable or had left their organisation. We registered 95 new members during the year.

This year we have sent out 12 **ebulletins** to our members, updating them on local health and social care news and a range of opportunities to have their say.

Quarter	Average open rate for ebulletins	Average click-through rate
Q1	25%	7%
Q2	24%	7%
Q3	25%	4%
Q4	24%	6%

We send ‘call-outs’ in between our ebulletins inviting people to contribute their views about services we are spotlighting, or to come to events. We promote events and surveys by flyer. We posted information about our Carers’ Survey, an invitation to provide feedback about Tower Bridge Care Centre, and freepost envelopes, to the 313 people on our membership database without an email address, and/or aged over 45.

We also use our **website** and **social media** to engage with people. Our number of Facebook followers has remained steady at 487 (previously 482) and we have 476 Facebook ‘likes’. Our number of Twitter followers has increased by 12%, from 1,613 at the start of 2018/19 to 1,808.

This year we held **stalls** at 14 patient and public events and venues, including deliberately targeting people aged under 21:

- King’s College Hospital x3
- Guy’s Hospital
- Peckham, Rotherhithe and Dulwich Festivals, Camberwell Fair, Bermondsey Carnival
- Peckham Library x2
- Southwark Tenants’ Conference
- Southwark Showcase
- Lewisham and Southwark College Freshers’ Week and London South Bank University Community Day.

We have also worked more closely with the Community Southwark team to share our materials at other events.

In addition we attended and spoke at:

- Borough, Bankside & Walworth and Camberwell community council meetings

- Southwark Pensioners Centre - Dementia Forum for the African and African Caribbean Community
- The AGM of Southside Rehabilitation Association
- An engagement event with twenty King's College London students
- A meeting of the Forum for Equalities and Human Rights in Southwark.

We seek to reach as diverse a range of people as possible through our engagement projects, and encourage them to become members on an ongoing basis.

The positioning of the Healthwatch team within Community Southwark is enormously valuable as it enables us to reach a broader range of people, both as recipients and providers of services.

## Helping you to find the answers

### Our signposting service

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. People ask us for signposting help via our website, email and the phone, and when they meet us at stalls across the borough.

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

In 2018/19 we were contacted by 193 people, which is a 33% increase on last year. 162 of these people sought information and signposting and 143 of them reported a problem with services. (Some people contacted us multiple times - e.g. up to twenty times in a quarter - but are logged as one case per quarter).



## Topics raised with our signposting service

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

GP registration, catchments and choice	51
seeking support/service	25
quality of care	19
communication with patients/incorrect information	19
access - eligibility and entitlement rules	12
complaints and PALS (Patient Advice and Liaison Services) process/response	12
staff attitude	12
how to complain	11
seeking advocacy	9
access - to timely appointments	8
access - lack of provision of (adequate) service	6
seeking contact details	6
discharge	5
access - deregistration of patients out of catchment	4
medical queries/seeking health information	4
discrimination	4
patient choice (other than GPs)	4
access - unable to contact service	4
access - for patients with challenging behaviour	3
access - GP practice closure/merger	3
access - to GPs for people with no proof of address	3
other appointment issues	3
medication/prescription errors	3
continuity of care	3
access - for people with disabilities	2
access - prescription issues	2
access - service closures	2
access - vaccinations	2
Access - to a particular drug/medication	2
coordination of care	2
assessment processes (social care)	2
confidentiality	2
guidance on UK health system	2
incorrect fees	2
patient records errors	2
public involvement	2
other access issues	23

We also heard once about each of the following topics: communication between services, communication with relatives, how to access a radar key, Mental Health Act, seeking financial support as a carer, problems using a home test kit, public assets, 'overselling' of paid-for dentistry, offering one's dog as a therapy animal,

premises, hygiene, potential cuts/service redesign, how to publicise a concern about ulterior motives for HIV testing, queries about incentives in GP contracts, queries around chaperones and safeguarding, allegations of criminal activity, safety.

We also received 13 contacts about topics outside the Healthwatch remit, such as housing and NHS employment.

## Services discussed with our signposting service

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

GP practices (many also mention NHS online GP finder)	89
King's College Hospital Trust (KCH) services	21
Guy's and St Thomas' Trust (GSTT) services	19
South London and Maudsley Trust (SLaM) services	8
Southwark Council - Adults' Services (social care)	8
Voluntary and community organisations	8
dentists	6
unspecified/out of borough hospital services	5
Southwark Council - housing	3
Southwark Council - Children's Services (social care)	3
care agency	3
Southwark Clinical Commissioning Group (CCG)	3
social care services generally/unspecified	3
NHS England	2
opticians	2
DWP	2
online sexual health services	2

We also heard once about each of the following services: Evergreen Life, Southwark Council - care leavers' support, medical care at home, oral surgery contracting, SELDOC, Tower Bridge Care Centre, dentistry while in hospital, a pharmacy, NHS Abdominal Aortic Aneurysm Screening Programme, Westminster CCG, Child and Adolescent Mental Health Services (CAMHS), Institute of Optometry, leisure services.

## Signposting case studies and feedback

**Case 1:** A resident asked for information on how to obtain flu immunisation for her home educated child - she understood that she would need to get in touch with the Public Health team.

We got in touch with our contact at NHS England and learnt that Hounslow and Richmond Community Health had been contracted to deliver these immunisations, including to home educated children, and that she should be receiving an invitation to attend a vaccination programme in October. We also gave her the contact to use if the letter didn't arrive.

**Case 2:** A daughter contacted us from outside London to ask for help with finding an advocate to support her Bengali-speaking mother, who lives alone, with the care assessment process. Her mother was experiencing issues with care workers, such as late arrival in the mornings to wash and dress her, and the language barrier combined with her dementia made it very hard to communicate.

We gave her details of the organisation that provides local advocacy for the care assessment process, and also information on local community organisations.

*'Thank you so much for getting back with all this information. It will be really helpful, especially the advocacy and the Bengali Women's Group.'*

**Case 4:** A care leaver had for over a year not been receiving the support to which she was entitled. She was facing problems with her supported accommodation, and needed help to resolve the situation. We researched the appropriate team at Southwark Council (this information was difficult to find) and followed up again the next week. We were then given the name of a personal advisor allocated to the young person, who contacted us to say, *'I have heard back and it seems as if they allocated me a social worker probably as soon as you got into contact with them.'* She then asked us about how to make a complaint.

**Case 3:** A day surgery patient called from an acute dental care service to ask for information on how to respond to the way in which he was being communicated to. He had arrived at his appointment that morning and disclosed his HIV positive status and a clinician had responded that there was 'a reluctance around treatment for HIV patients'. The individual said, *'It felt like a crime to be HIV +. It was a horrible feeling.'*

We were able to explain to him what his rights were and how to speak with the staff and consider making a complaint. By late morning, the individual updated us that the service had 'had a change of mind' and he had received an xray and had his tooth removed.

**Case 5:** A daughter called us seeking urgent information to support her mother in applying for direct payments from her personal care budget, so that she could become a paying resident at a care home. Her initial assessment in hospital had recommended home care but her seventh floor flat was not suitable, so the GP had requested another assessment. We responded with information on the Care Act and

the Council's responsibilities. We also provided details of local organisations, and her mother's Councillor who could support her, and talked through the details of the case to help unpick what was happening.

*'Thank you so much for helping me yesterday in my desperation. It seems that the Assessment and Intake team haven't been listening at all.'*

**Case 6:** A caller requested information on how to complain about a hospital transport service, where her elderly wheelchair using, sight impaired father with serious long term conditions - 'not a well man' - had not been transported home. He had then navigated his mobility scooter from the hospital and arrived home soaked late in the evening.

The daughter explained that she had submitted an email to the Patient Advice and Liaison Service (PALS), but that this had bounced, so we explained an alternative way to make a complaint. We later on mentioned this case anonymously at a meeting with the hospital trust to confirm the complaint had been received so the issue was being addressed to protect other patients.

**Case 7:** At our outreach stall at one of the Borough's summer fairs, we met a lady who requested information on opportunities for herself and her dog to volunteer as befrienders, and meet new people themselves in the process. She was particularly interested in local hospitals and care homes. We made some enquiries and suggested some organisations, and are delighted to see that she and Gnasher are much in demand at King's College Hospital.



In a few cases, our involvement in signposting cases involved passing on concerns to providers/decisionmakers directly. For example:

- On behalf of a concerned tenants' organisation we obtained information from the CCG regarding plans for GP provision in areas under redevelopment.
- We raised a safeguarding alert about an older resident due to issues with social care provision and access to food.
- We identified and contacted the GP of a caller who appeared to be seriously mentally unwell, in the interests of their safety.
- We shared with the CCG patient concerns about the deregistration of long-term patients at Forest Hill GP Surgery.
- We had a detailed and informative conversation with midwifery staff at King's after hearing from a patient about proposed changes to the service.

## **Signposting outreach visits**

We visited the Sickle Cell Trust and DeafPlus to talk to their members about any concerns in health and social care. We also gave a tour/presentation to 35 King's College London students about local health structures, patient advocacy and involvement, sexual and mental health services, and how Healthwatch can support patients.

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

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

In 2018/19 we tried to contact 18 people referred by SAIL to us. We were not able to contact four of them at a time when they were able to talk. One person did not have any feedback to give. Topics raised by the other 13 people included matters from how to make a complaint to long waiting times to issues with patient transport.

We attended a SAIL team steering group meeting to discuss our team's roles and the referral checklist.

## **Developing our own knowledge of services**

To enable us to our signposting function effectively, this year our team received training on signposting, call handling, and safeguarding.

We met with the following services to exchange information about our relative roles and how they can support local people:

- Southwark Wellbeing Hub
- St Christopher's Hospice
- Southwark Pensioners Centre
- Call with Citizens Advice Southwark about advice needs of local seldom heard communities.

We also attended two of the Wellbeing Hub's Information Sharing Sessions at Pembroke House.

We also met with the General Medical Council (GMC) Regional Liaison Adviser to find out about the organisation's role in responding to patient concerns.

## Resources for patients

Our website ([healthwatchsouthwark.co.uk/information-and-signposting-0](http://healthwatchsouthwark.co.uk/information-and-signposting-0)) provides eleven 'Do you know' guides explaining the answers to common questions we hear in our signposting role. These range from how to register with a GP to how to make a complaint or get tested for a sexually transmitted infection. Two of these are specifically about support for young people. We also have a 'Winter Wellness' film targeted at older people.

## Improving the information provided by services

We provided feedback on a revised letter being sent about deregistration of out-of-catchment patients at Forest Hill GP Surgery, after raising concerns about the initial communications with Southwark CCG.

We are in touch with Healthwatch Lambeth regarding their audit of King's College Hospital discharge communications, and provided suggestions on the project design, referencing our previous work in this area. We also attended the King's College Hospital Discharge Communications public engagement workshop and gave feedback on current practices and materials.

## Supporting strong patient involvement

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.

Two of the team supported and participated in four **public workshops** led by Southwark Council on its future approach to community engagement, including facilitating tables at three of these. We also met with a Southwark Council service development officer to input into plans for **new structures** to ensure service user and carer engagement in Adult Social Care.

We have provided **comment on engagement plans** and activities via several of the committees we attend (p31), particularly the Clinical Commissioning Group (CCG) Engagement Advisory Group and Engagement and Patient Experience Committee (EPEC).

In particular, we commented on CCG/Council plans for engagement around the **implementation of the Mental Health Strategy**, raising concerns about the alignment of the implementation plan, and the detail of what the public would be able to influence. Partly as a result of this, the public event was replaced with a series of workshops - we attended the first.

We also contributed to **planning** for the following engagement activities:

- Southwark Council/CCG 'Bridges to Health and Wellbeing' workshop
- A potential BAME young people's event at the King's College London Centre for Stem Cells and Regenerative Medicine
- Engagement around a project looking at latent TB in the borough.

In addition to meetings where we held stalls or spoke (p5), wherever we have capacity we **attend further public events** to support and uphold the user voice:

- An engagement workshop about the Hubs for Older People, Disabled People and Carers
- King's College Hospital Trust Five Year Strategy public engagement meeting
- King's College Hospital Annual Members' Meeting
- Cancer Care Involvement Workshop (King's College Hospital/Macmillan)
- London Ambulance Service AGM
- 'Can knife crime be stopped before it starts?' panel discussion event at Southside Young Leaders Academy
- Borough, Bankside, and Walworth Community Council, and Camberwell Community Council.

We also met with the **BAME Independent Advisory Group** working for equality in mental health, which we helped to set up last year, to discuss support for their work.

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

## **Promoting voluntary sector and public involvement within the Lambeth and Southwark Strategic Partnership (LSSP)**

From mid-September, our capacity to work on crosscutting issues and strategic questions affecting the whole of the health and care system was greatly increased by the appointment of a Partnership Coordinator (Rosa Parker) funded by the Lambeth and Southwark Strategic Partnership (LSSP). The post is hosted by Community Southwark, managed by Healthwatch Southwark and works across Healthwatch Southwark and Healthwatch Lambeth.

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

The role of the Partnership Coordinator is to promote stronger public and voluntary sector involvement across the LSSP and its programmes.

A key part of this was to establish the current extent and effectiveness of engagement activities, and their impact, and promote stronger transparency around engagement. Rosa met with a wide range of stakeholders in order to discuss this and produced a stocktake report (which will be published in early 2019/20 on our new website).



We have also ensured that the perspective of local people is provided at the LSSP Board (through the Healthwatch Southwark and Lambeth Chairs) and Executive Oversight Group.

We have worked with the Programme leaders to increase the reach of engagement activities, and the diversity of people consulted, through:

- Coordination of three meetings of the Engagement Leads Network to provide engagement support and advice, and plan our event, 'A Healthy Future in Southwark and Lambeth' (p27).
- Contribution at relevant LCNs committees and workshops: Lambeth and Southwark LCN leadership meeting, Care Coordination Steering/Delivery Group meetings, catchup and refresh workshops, an LCNs 'masterclass', and an evaluation 'kickstart' meeting.
- Personal meetings with leads from each of the Programmes (and related programmes such as Vital 5), most of the partners, and LSSP managers, including providing comment on engagement plans.
- Connecting LSSP colleagues with relevant voluntary and community organisations, and discussing with those organisations their involvement with the LSSP: Time & Talents, Carers' Hub Lambeth, South London Cares, Lambeth Living Well Network/Mosaic Clubhouse, Age UK, Southwark Pensioners' Centre, Southwark Carers, Pembroke House, Link Age Southwark, Alzheimers Society, and Lambeth Patient Participation Groups (PPGs). We particularly aimed to connect organisations that support the most vulnerable and seldom heard groups.
- Dissemination of engagement opportunities via Healthwatch and community networks.

- Attending and supporting the public to have a say at relevant engagement events: Lambeth Defining Neighbourhood Networks, Lambeth Together coproduction and collaboration public meeting, LCR focus group with Lambeth Learning Disability Assembly, LCR ‘Information sharing for direct care’ event, Lambeth PPGs’ public workshop about the LCR, Stockwell Partnership Health Forum, Southwark Neighbourhood Networks event, South Southwark PPG, North Southwark PPG.

The LSSP is unlikely to continue in its current form into 2019/20. We have provided input into discussions around next steps and how the patient voice can best be heard, via committee representation, a working group and an interview with the LSSP’s executive manager. We also attended events on Southwark Bridges to Health and Wellbeing, and Lambeth Together, as these programmes take over some of the roles of the LSSP.

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

We aim to hear from as many 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 ([healthwatchsouthwark.co.uk/priority-setting](http://healthwatchsouthwark.co.uk/priority-setting)). In April 2017 we launched **five priority areas**, and we have worked on the final three of these during 2018/19:

- **Help in a mental health crisis:** mapping the mental health crisis care pathway, and finding out about people’s experiences in depth (p16).
- **Southwark’s nursing homes:** continued work with the Council and Clinical Commissioning Group (CCG) to improve provision, and looking in depth at Tower Bridge Care Centre (p17).
- **The impact of caring on carers:** finding out more about unpaid carers’ awareness of their rights and the support available, experiences of assessments and respite, and the impact of caring on their own life/wellbeing (p21).

This year we have also reinvigorated our work to ensure we hear from **people who are disadvantaged, seldom heard or have protected characteristics**. We hope that this will also help us to develop better connections with these communities so that they can be more involved in all of our future work. This has involved two particular projects:

- **LGBTQ+ community consultation:** a survey of 210 local LGBTQ+ people about their experiences of living in the borough, health and social care, socialising, and community safety (p23).

- **Faith and health:** a project commissioned by Southwark Council to develop projects with local faith groups to improve the health of their congregations. (p25).

Alongside our work to promote stronger public engagement within the **Lambeth and Southwark Strategic Partnership (LSSP)**, we also undertook engagement about its initiatives directly by running an event, 'A Healthy Future in Southwark and Lambeth' (p27).

Finally, we also took on some engagement work as **commissioned projects**. This enables us to address topical issues in a timely and targeted way by working closely with commissioners and providers who are developing services.

## Priority area: Help in a mental health crisis

During our priority setting exercise in early 2017, mental health in general was ranked highly among the areas needing our attention. Crisis represents the most acute end of this spectrum of need. Healthwatch Southwark was aware of longstanding concerns in South London about the services available to people in mental health crisis. During the past few years there have also been changes to local services.

### How we listened to people's views and are having an impact

Having spoken to professionals and interviewed five patients about their experiences during the previous financial year, in the summer of 2019 we interviewed another six patients and one support worker.

We built on our previous efforts to recruit patients to the project (through King's College Hospital A&E, a Wellbeing Hub survey, and our signposting service) by working with local voluntary groups. This included attending the Southwark User Council Meeting with Lambeth and Southwark Mind as well as contact with Sporting Recovery, a Southwark Carers mental health group, and a local minority ethnic community group.

We held an event in November to present our findings and find out the views of a broader range of people. 37 people signed in, of whom 17 were there as members of the public, 11 as representatives of the voluntary sector, 3 as representatives of statutory organisations/providers, and 1 from the office of Harriet Harman MP.

We received 32 evaluation forms:

- 91% said the event as a whole was excellent or good
- 84% said presentations were excellent or good
- 97% said the venue and location were excellent or good
- 91% agreed that they had had a chance to share their views about mental health crisis services
- 91% said they now knew more about issues in mental health crisis in Southwark.

In order to build relationships which will enable stronger influence in this area, we met with the Council/CCG Senior Joint Commissioning Officer for Mental Health.

Our main findings were presented to the King's College Hospital Mental Health Board in December.

## **What we discovered**

Definitions of 'mental health crisis' were very broad, ranging from immediate suicidal feelings and paranoia to a spectrum of thoughts about self harm or obsessive worries, to issues with daily functioning and not being able to see a way forward.

Several of the interviewees talked about difficult social circumstances (such as being a carer, parenting issues, housing and employment problems), often coming in combination, that preceded their crisis.

Our interviewees also accessed a range of services, with 6 of the 11 starting with a GP surgery or SELDOC, and A&E chosen more as a last resort.

We heard that those who did go to A&E found it a difficult environment while waiting to be seen. Interventions provided in A&E did not feel very decisive for some of the people involved, who would have liked more signposting or support at the point of discharge. However, one patient was complimentary about King's A&E, from where she was admitted to the Ladywell Unit, also a positive experience. We heard some positive feedback about staff in GP surgeries, including specialist mental health nurses, although one person had felt very dismissed by the GP when suicidal.

We received a huge amount of feedback about talking therapies, as something the patients were trying to access prior to their crisis, or using or waiting for following crisis. It could take many months to access support, though some chose to go to group therapy to help reduce waiting times. There was some sense of scepticism about the modalities on offer, mainly Cognitive Behavioural Therapy (CBT). Where the interviewees had accessed community support services, this had been helpful in supporting them to deal with stresses, engage with others and find purpose. There was glowing feedback from one interviewee about The Listening Place at Pimlico.

### **Further work to extend our impact**

Reporting on this project and the event in December is nearly complete; we have agreed submission to the CCG's Engagement and Participation Committee and will seek to share the report through other routes such as Overview and Scrutiny. We anticipate that one of the most important outcomes of the project will be to inform further work around Talking Therapies.

### **Priority area: Southwark's nursing homes**

Nursing homes were felt to be 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 is the only public nursing home in the borough open to

local residents and is therefore a crucially important facility. Most of the residents are aged over 65 and many are very frail or unwell, and/or live with dementia.

## **Nursing home procurement and initiatives: engagement and influence**

We helped plan, and co-hosted with Southwark Council, two engagement workshops to seek input into new 'I Statements' for nursing care in the borough, as part of a new approach to commissioning. We met with the Joint Commissioner for Older People and Complex Needs to discuss care home charter proposals. We attended an exhibition around the build proposals for a nursing home, and provided patient centred feedback.

We are also participating in discussions, training and publicity around the Red Bag Scheme - for example we spoke at Southwark and Lambeth Joint Care Home Forum on the scheme's importance.

## **Tower Bridge Care Centre: How we listened to people's views**

In October 2018 we received an alert from a concerned visitor at Tower Bridge Care Centre (TBCC) about rodent infestation there. We contacted the Care Quality Commission (CQC) and departments of Southwark Council urgently to try to establish the nature of the infestation, and measures being taken to ensure the residents' health and safety. (See p33 for information on the CQC's response.) We never received a response to an email to the Southwark Council Health and Safety team explaining the issue and requesting information and urgent contact (and were unable to contact the team by phone).

However, we had detailed conversations with the commissioning team in Adults' Services, who confirmed that the infestation was mice not rats, shared the pest control reports and action plans with us, and assured us that they would continue to visit the home frequently to monitor the situation. We emphatically recommended further measures such as cleaning regimes, checking for contaminated clothing/bedding, and better storage of food in bedrooms, and understand that these were taken up.

Around the same time, we resolved issues with obtaining DBS checks for our Enter and View representatives. We decided to carry out our planned Enter and View visits at TBCC as fast as possible.

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

We carried out one visit on Friday 23 November and one on Sunday 25 November, each for three hours with 5-6 staff/volunteers. We carried out very extensive observations, and interviewed eight residents, five friends/family, and ten staff.

After the visits we also conducted an interview with one final relative about the experiences of her recently deceased loved one at TBCC.

We posted a paper version of the friends/family interview to 313 people (those of our members aged over 45 or with no email address), asking for feedback from anyone who visited the home.

## Tower Bridge Care Centre: What we discovered



Most residents we spoke to were positive about the nursing home, and most visitors were confident in the care provided, with staff generally considered to be helpful and caring. Staff interviewed generally expressed confidence in current leadership.

However, several visitors mentioned varying staff quality and management oversight, combined with issues of low pay and stretched staffing. We received mixed responses from staff about staffing levels and time available to spend with residents, an issue impacting the care sector generally.

Staff reported taking part in a broad range of mainly online training and several mentioned a need for more dementia training. A family raised concerns that manual handling equipment was not used properly.

We observed the home's physical environment to be mainly safe, pleasantly decorated and clean with appropriate points of interest. However, we noticed occasional less dementia friendly elements and items in disrepair. We also highlighted building security issues.

We did observe signs of recent mouse activity, and a visitor said they had recently seen live mice. We saw that bins in the bin yard were overflowing, including some containing biohazard waste.

We were told of some positive activities for residents, and outings assisted by volunteers for some. However, residents' and visitors' comments on activity levels

were variable, with some saying they were never able to go out. Some staff also wanted to be able to offer more activities.

Food was generally praised and was served in balanced, adequate portions. Staff were observed helping and reminding residents to eat and drink. However, the menus we observed were traditional British food and one person said they wanted more culturally appropriate food.

We did not see any visible signage identifying managers or staff in charge to residents and visitors. Some staff and volunteers were not wearing name badges or uniforms. The home later confirmed that information about the manager was already on display.

We saw no safeguarding, complaints or whistleblowing information displayed in the home and were told that this was included in residents' individual information packs. Some families expressed dissatisfaction at responses received to specific concerns raised.

### **Tower Bridge Care Centre: Having an impact**

In order to build relationships to enable influence ahead of our Enter and View visits to TBCC, we met with Southwark Council's monitoring officer and the home's manager.

Following the visits, we wrote up our findings (in summary/verbatim form) and provided these to the CQC within five days in order to inform their imminent inspection.

We produced a detailed report with recommendations which was sent to the provider and commissioners for comments on 27 February 2019. Responses were received within the statutory timeline of a month. In its response, the provider confirmed 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.

### **Further work to extend our impact**

Since the end of the financial year, this report with the responses has been published on our website and shared with the CQC, the provider, commissioners, other statutory service representatives and stakeholders. It can be found at [healthwatchsouthwark.co.uk/sites/default/files/tower\\_bridge\\_care\\_centre\\_-\\_healthwatch\\_enter\\_and\\_view\\_report\\_-\\_march\\_2019.pdf](http://healthwatchsouthwark.co.uk/sites/default/files/tower_bridge_care_centre_-_healthwatch_enter_and_view_report_-_march_2019.pdf).

This report has since featured in local news: [london-se1.co.uk/news/view/9943](http://london-se1.co.uk/news/view/9943).

We met with Southwark's 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 (CHIT)) and reviews of some clients' individual needs.) The food safety and environmental health teams had inspected the home and were reassured that the rodent problem had been successfully resolved and that hygiene standards were acceptable.

To ensure that the recommendations are acted upon, we plan to make a follow up visit to the home's manager in the autumn.

## **Priority area: The impact of caring on 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 be vulnerable, of disadvantaged socioeconomic status, and have few opportunities to be heard. We wanted to make sure we heard from young carers in particular.

### **Supporting initiatives to help carers**

We hope to be able to increase awareness of support options for carers in the borough and connect important initiatives.

We visited St Christopher's Hospice to discuss Coach4Care, an initiative that trains ex-carers to become coaches of carers looking after someone with a life limiting illness. Coaches help carers develop positive coping strategies to improve their resilience, and provide them with opportunities to reflect on their situation and take action to improve their own wellbeing and that of those they care for.

We also visited Bell House to discuss Learning to Care, a project which educates people on various aspects of caring for and supporting elderly family members, friends and neighbours, through a series of talks and short films.

### **How we listened to people's views**

The Healthwatch manager sat on a panel at Southwark Carers, along with medical professionals, a local Councillor, and a representative of Neil Coyle MP, to hear about challenges faced by carers of people with mental illness.

We developed a detailed survey to investigate the experiences of unpaid carers, the support they receive and further support they would like, and the impact that their role has on their life and wellbeing. The survey was launched in late December online and with a paper copy posted to 313 people (aged over 45 or without an email address).

In order to publicise the survey and identify possible focus group candidates, we:

- Distributed a flyer at community venues and via Southwark Carers
- Used our websites and social media
- Connected with about 25 voluntary organisations
- Attended events including Southwark Carers' Christmas Party, Southwark Carers' Mental Health Forum and Carers' Café, Hub for Older People, Disabled and Carers engagement workshop, King's College Hospital patient engagement meetings
- Presented/circulated information via both King's College Hospital and South London and Maudsley Trusts, Southwark Council and Community Councils, and the two GP Federations
- Requested our Advisory Group's support to publicise the survey opportunity via their networks, including at Southwark Disablement Association.

By the close of the financial year, 54 survey responses had been received.

Three focus groups were conducted in Q4: two each with a mixed group of four carers (at Southwark Carers), and one with a group of 11 young carers (at Imago Community, Surrey Quays). Participants included parent carers, young carers, and carers of people with mental health problems, learning disabilities, frailty, complex needs, and at the end of life.

## What we discovered

Early findings have told us that:

- Carers are often facing significant challenges both in their own role and in helping their loved ones to navigate the health and care system.
- A large proportion of our survey respondents were not receiving a carer's allowance.
- Half felt that their physical health had been negatively impacted since they became unpaid carers.
- 59% felt that their mental health had been negatively impacted.

**Are you caring for someone?**

Healthwatch Southwark are looking into the impact of caring on unpaid carers and the support available.

Are you one of the thousands of people in Southwark looking after somebody else?

We would love to hear from you.

Please take this survey online:  
**bit.ly/HWScarers**  
Your responses are anonymous

If you would prefer to speak to someone, please contact Bron or Rosa on 0207 358 7005

0207 358 7005  
info@healthwatchsouthwark.co.uk  
www.healthwatchsouthwark.co.uk

**healthwatch**  
Southwark

Healthwatch Southwark is a project within Community Southwark, a registered charity (no. 1105835)

## Future work: Having an impact

Engagement work continued into Q1. The findings are now being analysed.

Once completed, the detailed report containing findings and recommendations will be shared with Southwark Council and other relevant organisations for comments. These will be published together with the final version of the report.

An awareness event with local residents, including unpaid carer participants in the project, is planned for later in the year. We hope that this event will have a signposting role in helping carers to find more support.

Healthwatch Southwark has also been invited to attend the Southwark Council Carers' Project Board, overseeing development and implementation of a pathway for adult carers in the borough. We will also be inputting into upcoming Joint Strategic Needs Assessments (JSNAs).

## Listening to seldom heard people: LGBTQ+ community consultation

Southwark is anecdotally known for having a significant LGBTQ+ population, both historically and currently. Office for National Statistics (ONS) experimental research suggests that the borough is the local authority area with the second highest LGBTQ+ population in the UK, after Lambeth, at around 5% of the population.

Healthwatch Southwark partnered with the Southwark LGBT Network, a local community organisation, to maximise opportunities to reach out to local residents and seldom heard communities.

Through this project, we aimed to:

- Develop better relationships with organisations that provide services for or support LGBT+ people
- Highlight the impact/extent of known inequalities faced by LGBTQ+ people in Southwark, particularly those affecting health
- Gain intelligence on the health and social care needs of LGBTQ+ people in Southwark
- Include local residents in a project that could influence decision making around how mainstream and LGBTQ+ organisations deliver services.

### How we listened to people's views

To ensure that the project was community led, Southwark LGBT Network held two open meetings in January and March 2018. Local residents and Network members discussed topics they felt the survey should address. Healthwatch Southwark consulted with a plethora of individuals from local government, universities and colleges, and the voluntary and community sector, to ensure that the style and language were appropriate. This resulted in a survey that was long, but covered a breadth of issues currently relevant to the LGBTQ+ community.



The areas covered included mainstream and LGBTQ+ specific health services, sexual health, mental health, community safety, socialising, feelings about one’s gender identity and sexuality, and a free text section about life experiences.

The survey targeted LGBTQ+ people who lived, worked, and/or socialised in the borough. It specifically addressed questions around choices to use venues and services here despite not being resident, or conversely residents choosing to use services elsewhere.

The survey was open from 4 July to 31 October 2018. Social media was used to promote it, and we also undertook substantial engagement with local statutory and voluntary organisations by:

- Attending events at: Making it Real LGBT Inclusion event, London LGBT Forums Pride event, two Naz BAME sexual health events, ‘Is being Black and Queer bad for your health?’ with Black Out UK and Terrence Higgins Trust, HEAR Network, and Naz Hub.
- Liaising with around 17 voluntary organisations, Southwark Council, and local universities and sexual health centres.

An intergenerational engagement event was held with Opening Doors London and The Challenge in August 2018. Young people aged 16-18 asked five LGBTQ+ residents aged 50+ about their experiences, and assisted them in completing the paper survey.

210 responses were received.

## What we discovered

Some of the key findings of the project included:

- 55% of respondents felt that their experience of healthcare could be improved.
- 26% of respondents felt that mainstream health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.
- 23% of respondents felt that sexual health services in the borough were inclusive and appropriate for LGBTQ+ people, but the majority were unsure or felt they were not.

- 71% of respondents stated that there should be LGBTQ+ specific services. 82% were not aware of any LGBTQ+ specific healthcare services in Southwark.

### **Future work: Having an impact**

Survey analysis continued into Q1 of 2019/20 and a report was finalised and published online in June. It can be accessed at [healthwatchesouthwark.co.uk/sites/default/files/southwark\\_lgbtq\\_community\\_consultation\\_2018-19.pdf](http://healthwatchesouthwark.co.uk/sites/default/files/southwark_lgbtq_community_consultation_2018-19.pdf).

On 29 June, Healthwatch Southwark and the Southwark LGBT Network hosted 'Strong In Southwark', a launch event for the report. 63 people attended. The event was an opportunity to share the research findings with the public, local health professionals and commissioners and the voluntary sector. Panellists who live, work and socialise in Southwark, including a Councillor, reflected on the issues covered, the recommendations and other additional needs not covered by the survey.

Attendees suggested further recommendations that they thought were relevant, and how they could help to deliver them.

An executive summary of the report's qualitative findings and overall themes will now be added. This will take into consideration the discussions at the event, and the topics and findings with which attendees most engaged. The draft recommendations will also be developed in light of the discussions.

The report will be widely shared among health and social care providers and commissioners, relevant Southwark Council departments, the police, Transport for London, the voluntary sector and voluntary sector funders. We have been invited to present it to our Overview and Scrutiny Committee.

### **Listening to seldom heard people: Faith and health**

Southwark has a vast number of faith groups, which are a central part of the lives of many residents - particularly many from BAME backgrounds. We need to work more with faith groups in order to reach out to seldom heard residents, in order to hear their views and to support them in staying healthy and using health and social care services.

As a commissioned project, Community Southwark, including Healthwatch, worked with Southwark Council to deliver small grants to faith groups to improve the health of their congregations and communities.

This included running a grant development workshop, networking with and supporting suitable groups, running an event to help groups to develop ideas, and helping to interview groups bidding for the fund.

Five faith groups were allocated funding: Dulwich New Testament Assembly, the Muslim Association of Nigeria, St Michael's Eritrean Church, St Faith's Church, and Youth Rally Mission.

We supported these groups, including attending health events for some of their congregations. Debrief meetings were held to help them evaluate and learn from the project.

In partnership with the Council, Healthwatch then ran a final Faith and Health Summit. This event provided an opportunity to showcase the impact of the projects, the role that faith groups can play in sharing public health messages, and potential resources to support a legacy for this work. The report 'Testing Faiths' was launched at the event along with a directory of resources. They can be found at [healthwatchesouthwark.co.uk/news/thank-you-all-who-attended-faith-and-health-summit](http://healthwatchesouthwark.co.uk/news/thank-you-all-who-attended-faith-and-health-summit).

There were 36 attendees. They said that the most notable parts of the event were the faith leaders' discussion panel, the opportunity to network with people from other faith groups, and discussion of the challenges of getting health messages across to congregations.

We have also been contributing via the Southwark Council Faith Strategy Steering Group, which aims to set out a new relationship between faith groups, the Council, and the wider community and voluntary sector.

## Future work

This project has helped build better relationships and networks with seldom heard communities, and is being built upon by the Community Southwark engagement and development teams.



## Engagement on strategic issues: ‘A Healthy Future in Southwark and Lambeth’

As part of our work with the Lambeth and Southwark Strategic Partnership (LSSP) (p13), we designed and delivered a large scale event to invite the public to comment upon its four programmes of work: Local Care Networks (LCNs), Local Care Record (LCR), 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.

This event took place on 20 March at Ortus Conference Centre in Camberwell. It was attended by 92 people, a quarter of whom were voluntary sector staff, a quarter NHS or council representatives and at least half independent members of the public.

Clinical Effectiveness Southwark’s (CES) Clinical Lead gave a presentation about health inequalities, the work of CES, the Vital 5, and the NHS Long term Plan. Table discussions then sought feedback on the work of the programmes in light of the Long Term Plan.



A wide range of feedback was gathered on topics such as:

- **Mind & Body:** interactions with GPs, education and self management, effective social prescribing and peer support.
- **CYPHP:** where to reach out to families who may not trust traditional services, barriers to use of internet portals and English, signposting to the voluntary sector and peer support.
- **Local Care Record:** consistent use of the record by hospital staff, patient access to records.

- **LCNs:** inclusion of more people with fewer conditions, the importance of prevention, questions around neighbourhood working and the potential for this programme, the importance of carers' needs, involvement of BAME communities in the programme.

87% of attendees felt they had learnt about health and care programmes and 91% felt they 'had had their say'.

### Future work

A report has since been written and will be published on our new website in early 2019/20. A very positive review of the event has been published by the CYPHP: [cypHP: cypHP.org/whats-new/241-a-healthy-future-in-southwark-and-lambeth-public-event](http://cypHP.org/whats-new/241-a-healthy-future-in-southwark-and-lambeth-public-event).

## Commissioned project: Local Care Networks' Coordinated Care pathway

Local Care Networks (LCNs) are a new way of working which bring together a range of healthcare professionals in the community, working as a team. In October 2017 Southwark's LCNs launched the 'Coordinated Care' pathway for people who have three or more long term health conditions. In December 2017, the LCNs commissioned Healthwatch Southwark with Community Southwark to understand patients' experience of the pathway in its early phases.

Our previous Annual Report described how between January and May 2018, Healthwatch and supporting staff from Community Southwark conducted 12 interviews with patients in their homes, and ran a workshop to reflect on findings so far.

In Q1 of 2018/19 we completed the final two interviews, and finalised the report to incorporate these discussions as well as those at the workshop: [southwarkccg.nhs.uk/get-involved/Shaping-services/Developing-care-coordination-for-people-with-long-term-conditions/Documents/HW%20report%20co-ordinated%20care-patient%20experiences%20-%20Final%20-%20Aug%202018.pdf](http://southwarkccg.nhs.uk/get-involved/Shaping-services/Developing-care-coordination-for-people-with-long-term-conditions/Documents/HW%20report%20co-ordinated%20care-patient%20experiences%20-%20Final%20-%20Aug%202018.pdf)

We presented the report at the Southwark LCNs Leadership Group, highlighting areas where potential improvements had been identified. We then continued to provide input at future LCN workshops based on the project's findings.

## Commissioned project: Clinical Effectiveness Southwark

Last year we worked with Clinical Effectiveness Southwark (CES) in a successful bid for funding from the Health Foundation for a programme to ensure high standards of care for people with common long-term conditions. The programme pulls together large amounts of guidance and best practice for GPs and develops 'templates' to attach to GP systems which act as checklists.

This year, we planned and ran a small workshop to investigate patients' experiences of discussing health conditions with their GPs, and the potential impact and format of CES's guides for GPs. This workshop focused on asthma and cardio-obstructive pulmonary disorder (COPD). Unfortunately CES faced challenges in recruitment and only one patient attended on the day, so one of the Healthwatch staff with relevant personal experience also participated. The feedback was very detailed and insightful despite the small numbers.

We produced a report on our workshop to inform the development of this and future GP guides. This also influenced the development of patient facing materials to accompany the guides.

## 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'. Developing social prescribing is a strand of the Local Care Networks' (LCNs') work. In early 2019 we were funded by Guy's and St Thomas' Charity to work alongside Community Southwark colleagues to look into the current state of social prescribing in Southwark, prior to further development of models. Healthwatch's role was to ensure that patients' perspectives were heard.

We launched a brief public survey asking anyone with a medical condition about their experiences of being signposted to support in the community by anyone involved in their care. During Q4 we received 15 responses; the survey remained open.

Four interviews took place with patients who have accessed voluntary sector services via social prescribing (Pembroke House, Age UK SAIL, Paxton Green Time Bank, and Time & Talents). Work also took place to set up three more interviews for Q1.

## Commissioned project: NHS Long Term Plan



**The NHS is changing.  
Share your views and  
help to shape its  
future.**

**what**  
would you do?  
It's your NHS. Have your say.

We agreed a grant from Healthwatch England to promote its nationwide surveys on the implementation of the NHS Long Term Plan in each Sustainability and Transformation Partnership (STP) area (in our case, South East London). During Q4 we developed local messaging and materials around this and began online outreach.

## Continuing to have an impact in previous priority areas

One theme in our 2017 report on **GP access**

([healthwatchsouthwark.co.uk/sites/default/files/appointment\\_systems\\_at\\_southwark\\_gp\\_practices\\_-\\_are\\_they\\_working.pdf](http://healthwatchsouthwark.co.uk/sites/default/files/appointment_systems_at_southwark_gp_practices_-_are_they_working.pdf)) was access to over-the-counter medications for those entitled to free prescriptions. Extensive feedback was therefore submitted this year regarding CCG proposals to reduce the Pharmacy First scheme. We expressed concerns over the decision making process and the issues being taken into account. As a result the implementation of the decision has been delayed and our comments are being considered. We also provided brief feedback about a letter being handed to patients about non-prescribing of over-the-counter medications.

Our previous commissioned report on **Enhanced Rapid Response, Supported Discharge and Reablement Services** (2018) had a crucial impact on the design of the new integrated Intermediate Care service, with a report on ‘lessons learnt’ from the merger 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.’*

([southwark.gov.uk/assets/attach/8990/Intermediate-Care-Southwark-Key-Messages-from-Lessons-Learned-Sept-18-Final.pdf](http://southwark.gov.uk/assets/attach/8990/Intermediate-Care-Southwark-Key-Messages-from-Lessons-Learned-Sept-18-Final.pdf))

Our previously commissioned report on the experiences of **Older People in King’s A&E** (2017) was presented at several internal King’s meetings, including its older people’s committee, in order to establish what can be done to improve services. It was also considered in reviews of transfer of care (discharge) processes and information, and at a stakeholder event on older people’s care.

We attended and contributed patient perspectives at a consultation event on the new **Lambeth, Southwark and Lewisham sexual health strategy**, and attended the subsequent launch event. We drew on evidence from our previous work on sexual health ([healthwatchsouthwark.co.uk/sites/default/files/young-voices-on-sexual-health.pdf](http://healthwatchsouthwark.co.uk/sites/default/files/young-voices-on-sexual-health.pdf)). Concerns about access to sexual health clinics were also raised by email.

In 2017/18 we had heard that there was a risk of funding to **Child and Adolescent Mental Health Services (CAMHS)** being significantly reduced due to budget pressures. We raised our significant concerns about this which played a part in ensuring that a full review process was begun. This year, we attended five meetings of the Review Steering Group, plus a meeting with the author of the review report, a review engagement event and a public meeting on the issue. Our role was primarily to support engagement with young people and their families and reflection of this voice in the report. We also submitted our previous report on children and young people’s mental health as review evidence:

([healthwatchsouthwark.co.uk/sites/default/files/young-voices-on-mental-health-final.pdf](http://healthwatchsouthwark.co.uk/sites/default/files/young-voices-on-mental-health-final.pdf)).

In previous years, we worked closely with the CCG and Council to inform development of the **Joint Mental Health and Wellbeing Strategy** for the borough. In

2018/19, we attended a workshop on the delivery of the strategy and also met with a commissioner about its implementation so far.

## Our ongoing impact

As well as sharing the findings of our focused engagement activities proactively, we also draw flexibly on our entire evidence base in order to influence commissioners and providers on an ongoing basis. This can mean passing on feedback from our signposting function, and providing evidence based, patient focused insights to discussions about key service developments and local needs.

### Working with our Health and Wellbeing Board

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

The manager of Healthwatch is a member of the Board, which meets quarterly. Our manager is able to draw on the full range of Healthwatch's engagement intelligence.

### Working with commissioners

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

- CCG Governing Body
- CCG Integrated Governance and Performance Committee (attendance now discontinued due to lack of capacity)
- CCG/Council Joint Commissioning Strategy Committee
- CCG Primary Care Commissioning Board and Committee
- CCG/Council Adults Commissioning Development Group
- CCG/Council Serious Mental Illness Commissioning Development Group
- CCG Engagement Advisory Group
- CCG Engagement and Patient Experience Committee (EPEC)
- CCG Equalities Leadership Group

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 recently commenced **quarterly meetings** with the Council's Director for Commissioning for Children's and Adults' Services, and the CCG Head of Engagement, to share intelligence, concerns and engagement plans.

We also responded to the following **requests for intelligence and feedback** from commissioners:

- (Briefly) concerning the CCG's review of interpreting services in primary care
- About a particular GP practice, to the CCG's Head of Primary Care

- About proposals on ‘supporting resilience in general practice’
- From the Southwark Council Brexit panel regarding potential challenges for health and social care
- From the Public Health England Healthy Living Pharmacy Task Group.

The Healthwatch Chair participated in the CCG’s annual **360 degree stakeholder survey**.

We met with the CCG’s Chair, Managing Director, and Lay Member for Patient and Public Involvement, to discuss the changing governance landscape and how Healthwatch can best have an influence. We met with the CCG’s Head of Quality about our input to quality monitoring. We gave feedback to the Head of Primary Care Commissioning about a recent procurement exercise. We also met with representatives of the Southwark Council Public Health team to discuss how they work.

## Working with hospital trusts

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

We have worked with these hospitals as ‘critical friends’ by submitting responses on all three of the **Quality Accounts** for 2017/18 and their priorities for 2018/19. These may lead to adjustments to plans, and are published as part of the Accounts. Our scrutiny aims to hold the trusts to account for meeting their targets. We also contributed at the KCH Quality Priorities Marketplace event to help set priorities for 2019/20.

We **meet every quarter** with each of the Trusts and our neighbouring Healthwatches to discuss service developments and challenges, patient engagement plans, and feedback we have received from the public. We are now providing the latter in a more systematic way.

This year we have also attended individual **meetings** of the KCH Trust Mental Health Board (to present our mental health crisis report) and its Patient Experience Committee.

We responded to an **intelligence request** from KCH regarding patient transport.

## Working with multi-borough programmes

Please see p13 and p27 for information about our work to support strong public engagement within the **Lambeth and Southwark Strategic Partnership (LSSP)**.

**Our Healthier South East London (OHSEL)** aims to implement the NHS Sustainability and Transformation Plan for the six boroughs of South East London. From 2019, it will also lead on local implementation of the NHS Long Term Plan.

We have limited capacity to work with OHSEL, but this year we aimed to stay informed as it increased in importance through attending a Stakeholder Reference Group meeting and meeting the new engagement manager.

**Guy's and St Thomas' Charity (GSTC)** are a major local organisation tackling health challenges affecting people living in urban, diverse and deprived areas. The Healthwatch manager contributes via a research planning group for a project looking into patients' development of Multiple Long Term Conditions - one of the most important challenges facing local people and our health and care system.

The Healthwatch manager acted as 'discussant' on a panel at the **Health Inequalities Research Network (HERON) conference**, hosted in the borough, connecting research papers with our work.

## Working with the Care Quality Commission (CQC)

Healthwatch works alongside the Care Quality Commission (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.
- We twice submitted intelligence and feedback regarding South London and Maudsley NHS Foundation Trust (SLaM), ahead of two sets of inspections there.
- We later contributed a short response to the CQC's worrying inspection findings at SLaM's acute and psychiatric intensive care wards to an article published in Southwark News: [southwarknews.co.uk/news/maudsley-acute-wards-report-failure-on-checks-physical-restraints-and-staff-struggling-with-high-demand/](https://southwarknews.co.uk/news/maudsley-acute-wards-report-failure-on-checks-physical-restraints-and-staff-struggling-with-high-demand/)
- We submitted intelligence and feedback regarding King's College Hospital Trust (KCH) prior to inspections there.
- We responded to a stakeholder survey about the impact of the CQC's work.

In October, following contact from a visitor at Tower Bridge Care Centre (p18) concerned about rodents there, we contacted the CQC inspectors for the home urgently and asked them to investigate. We suggested that an inspection might be appropriate. The inspectors contacted the home and obtained copies of pest control reports and action plans. They were already planning to visit the home in December and decided not to bring forward their visits (these took place on 30 November and 3 December). We asked if it might be possible to combine our planned Enter and View visits with the inspection, but were told this was not appropriate. This is a possibility we may explore with inspectors in the future.

## Working with Healthwatch England (HWE)

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

We responded this year to specific requests for intelligence about Care Opinion, local experiences of social care reviews, Healthwatch involvement in Sustainability

and Transformation Partnerships (STPs), and regarding general issues of current concern.

We attended quarterly Healthwatch England London Network meetings to share and learn about issues of concern and plan joint working - for example, to discuss the nationwide engagement on the Long Term Plan (p29).

We attended a Healthwatch England Quality in Research workshop and have joined the Intelligence and Informatics Reference Group to discuss changing expectations, standards, opportunities and training in Healthwatch research.

## Working with our MPs

We met this year with Helen Hayes, MP for Dulwich and West Norwood, to discuss concerns raised by constituents across health and social care.

The manager and Partnership Coordinator attended a Healthwatch England Westminster Parliamentary Reception in order to further develop our partnership with MPs. Unfortunately the MPs were waylaid in the House by a Brexit debate.



## Our resources and collaboration

### Our volunteers

This year our volunteers have generously given up their time and contributed their skills to support our mission through:

- Taking part in Enter and View visits at Tower Bridge Care Centre

- Helping to host our public events
- Assisting at interviews and focus groups with carers and with recipients of social prescribing in the borough by taking notes and supporting the discussions
- Representing us at CCG boards and committees
- Forming our Advisory Group (see below).



We surveyed our existing volunteers in the summer to find out about their current availability and interests. In addition to our eight Advisory Group members, four people said they were still available to support us.

The Engagement Volunteer role description was refreshed and further volunteers who had expressed interest were formally invited to apply. We recruited and inducted four of these volunteers and have trained one in Enter and View. This brings us to a total of 16 volunteers.

Our former Advisory Group volunteer Gaby Charing received a Southwark Stars award for ‘Outstanding Contribution to Southwark.’

Thank you so much to all of our volunteers for everything you do to help us to reach out to our communities and ensure their voices are heard.

## Our Advisory Group and governance

Healthwatch Southwark is part of Community Southwark, which is the umbrella body for voluntary and community organisations in the borough. The Advisory Group is a subcommittee of Community Southwark’s Board of Trustees.

The Advisory Group consists of eight volunteers (one more stood down in the autumn due to ill health), who are representatives from voluntary and community organisations as well as local residents. Members are non-executive and all legal and financial responsibility for Healthwatch lies with the Community Southwark Board of Trustees.

We use the Healthwatch Southwark Advisory Group to help us make decisions. This year we have covered topics including our new strategy, volunteering refresh, principles for consultancy work, findings from our engagement work, strategic engagement with NHS system change, and priorities for 2019/20.

The Advisory Group meets quarterly and receives updates on our work and areas for consideration in advance of each meeting. We also contact the group in between meetings on issues of importance, and the manager meets regularly with the Chair.

The Healthwatch manager has provided quarterly verbal updates to the Community Southwark Board.

We produce a quarterly monitoring report and meet quarterly with the Council contract monitoring officer. We publish an Annual Report as a legal requirement. This was presented at the Community Southwark AGM.

## Working with other local Healthwatches

The South East London Healthwatches are Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark. The boroughs share many services as well as approaches to resolving pressing challenges. We also share a mental health trust with Croydon. It makes sense for us to share resources and knowledge. In 2018/19:

- We worked with Healthwatch Lambeth through the Lambeth and Southwark Strategic Partnership (LSSP) shared post.
- Several of our stalls were held jointly with Healthwatch Lambeth. We also met with them to discuss our mental health crisis work, and for a work planning morning to discuss local concerns and alignment of priorities.
- We attended quarterly liaison meetings with all three hospital trusts alongside the other local Healthwatches, sharing our plans, findings and concerns.
- We had a meeting with three other South East London Healthwatches to share local concerns and compare our different ways of working.

## Our finances

Income	
Funding received from the London Borough of Southwark to deliver local Healthwatch statutory activities	£120,080
LSSP contract	£45,425
Consultancy	£900
Sundry income	£612
<b>Total income</b>	<b>£167,017</b>
Expenditure	
Salaries + on costs	£127,231
In-kind contribution from Community Southwark (communications and management)	£11,395
Rent contribution	£6,842
Healthwatch office costs*	£2,786
Engagement activities	£1,551
<b>Total expenditure</b>	<b>£149,805</b>

\*This does not yet include Healthwatch Southwark's allocation of core office costs as part of Community Southwark. Allocation of these costs is being reviewed and will be audited in August 2019 prior to Community Southwark's Annual Report.

Healthwatch Southwark also co-delivered the **Faith and Health project** alongside other Community Southwark colleagues. Joint income and expenditure for this was:

Income	
Funding received from the London Borough of Southwark	£11,761
Funding to be passed directly on as grants to faith groups	£2,417
<b>Total income</b>	<b>£14,178</b>
Expenditure	
Grants passed directly on to faith groups	£2,417
Event speakers, venues and catering	£1,178
<b>Total expenditure (not including office costs and staff time)</b>	<b>£3,595</b>

## Contact us

### Get in touch with Healthwatch Southwark

**Address:** 1 Addington Square, Camberwell, London, SE5 0HF

**Phone number:** 020 7358 7005

**Email:** [info@healthwatchsouthwark.co.uk](mailto:info@healthwatchsouthwark.co.uk)

**Website:** [www.healthwatchsouthwark.co.uk](http://www.healthwatchsouthwark.co.uk)

**Twitter:** @HWSouthwark

**Facebook:** @healthwatch.southwark



### Get in touch with Community Southwark

The contract for Healthwatch Southwark is held by Community Southwark.

**Address:** 1 Addington Square, Camberwell, London, SE5 0HF

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**Twitter:** @cosouthwark

**Facebook:** @communitysouthwark



We will be making this annual report publicly available by 30 June 2019 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, 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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