

Annual Event

15 December 2014 ~ Event Report

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of local Healthwatch is to be an independent health and social care watchdog; to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Local Healthwatch gives children, young people and adults in each borough a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Local Healthwatch functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Work with other Healthwatch organisations at local and national level, to promote a wider understanding of shared issues,
7. Work with the Health and Wellbeing board on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Healthwatch Lewisham was established on 1st April 2013 as managed service delivered under contract to Voluntary Action Lewisham until the end of March 15.

On Monday 15 December, Healthwatch Lewisham held its 2nd annual event. Over 110 people attended including over 35 representatives from organisations and community groups, a reflection of the powerful voice Healthwatch Lewisham provides for service users of health and social care locally.

This is the 6th public event held to date commencing with our launch on 25 November 2013 where over 100 people helped us identify our priorities for the forthcoming year. As well as launch, Healthwatch Lewisham has held a public priorities workshop; 6 volunteer training events and 4 public Your Voice Counts events. Healthwatch Lewisham committee meetings are held at least bimonthly in public.

The main topic of the day was the Care Act 2014 and the implications of the act on local people. The annual event focussed on the following areas:

- Celebration of Healthwatch Lewisham activities and achievements
- Recognise and thank Healthwatch Volunteers
- Consider priorities for the following year
- Chronic Obstructive Pulmonary Disease (COPD) project launch
- Health and wellbeing workshops and health checks

Healthwatch Lewisham would like to thank everyone who came along to support and participate in our annual event on Monday 15 December, 2014.

The Healthwatch Lewisham team would like to say thank you to all our volunteers who helped on the day.

Celebration of Healthwatch Lewisham activities and achievements

Appreciative Inquiry into Winning the Best Community Health Care

Healthwatch Lewisham, the Save Lewisham Hospital Campaign, Carers Lewisham and others worked together in 2014. We collected over 100 stories from community care service users, clinicians and managers to find out what are the key features that make good community healthcare so valuable. People told us what they value most: Time; Accessibility; Smooth Proactive Pathways of Care; Listening; Professionalism, Skill, Sensitivity; See The Person & Social Situation; Not Just The Condition; Empowerment Of Patient.

The inquiry targeted people from the 9 protected equality groups to make sure that we had a fair representation of our local community.

We shared our findings and the themes identified in the Appreciative Inquiry with commissioners. Our findings were accepted as valid by both the CCG and the South East London Commissioning Strategy Board. It was agreed that they chimed with other measures. Both the CCG and the Strategy felt that it was likely that they could incorporate the themes into ongoing planning. Appreciative Inquiry measures are recognised by SEL Commissioning Strategy, to include staff and patient measures.

The next steps of the Appreciative Inquiry is to identify the gaps between the good practices identified in the Appreciative Inquiry and the reality on the ground in community healthcare in Lewisham by engaging with as many people and groups as possible.

Analyse all the data Healthwatch has concerning community healthcare. To engage more people to find out if their experiences are matching up to the 7 themes identified by the Inquiry to measure to what how services are meeting our standards.

Access to Primary Care

Between January and October 2014, Healthwatch Lewisham spoke with over 450 local people to find out about their views on accessing primary care services in Lewisham.

People that spoke with Healthwatch Lewisham shared similar views and the most talked about themes were:

- Accessible Care, General Practice
- Continuity and Coordination of Care
- Awareness of Primary Care Services

With more than 450 local people expressing their views on primary care, less than 200 people were aware of exactly what primary care services were on offer to them. This left over 200 people telling Healthwatch that they were unsure what other services they could use other than their GP.

Lots of people that spoke with Healthwatch were full of praise when talking about their GP however Healthwatch heard over 200 examples of people having difficulties when accessing their GP. Issues were mainly around appointment making and advance appointments.

Over 200 people raised issues around the quality of their GP appointments, examples were given of misdiagnosis, not being listened to or understood, language barriers and not being referred onto other services.

People felt that there was often an inconsistency between General Practice and also an inconsistency between other health and social care providers. A big topic for discussion from local people was about the lack of communication between health and social care services.

Although opticians and dentistry fall under primary care services, this is something that was not often spoken about to Healthwatch. Healthwatch will be carrying out more in depth engagement about these two services in 2015 to find out more about what local people think of the services, and how services might be improved.

Enter & View

Healthwatch Lewisham has conducted Enter and View visits to Accident and Emergency departments and Maternity services at Lewisham and Greenwich NHS Trust; 7 wards at the Ladywell Unit, South London and Maudsley Mental Health Trust and 3 Learning Disability Registered Care provisions. Reports are taken seriously by commissioners and providers. Healthwatch monitors actions following enter & View recommendations, meeting with providers. South London and Maudsley Mental Health Foundation Trust have responded to all the recommendations of the Healthwatch Enter and View Report on the Ladywell Unit. Key impacts include: redecoration of wards; ward and service manager surgeries;

staff safeguarding competencies; consultants now see inpatients throughout the week; staff restructuring with new staff in post.

Healthwatch Lewisham formed a network with Local Healthwatch across South East London including Bexley, Bromley, Greenwich, Lambeth and Southwark. Healthwatch Lewisham leads on Enter & View training across the network.

The SEL Healthwatch Partnership has carried out joint Enter and View visits to monitor A&E and Maternity Services across the boroughs.

Healthwatch Lewisham trained six young people to be Healthwatch Enter and View Young volunteers. Following the Enter and View Training Healthwatch Lewisham's Youth Champion volunteers promoted the need for intergenerational activities in Lewisham, which was subsequently added to their priorities and budget proposals. Healthwatch Lewisham then organised an intergenerational event with older residents of a sheltered housing scheme with our youth champions and the Young Mayor's Team.

Healthwatch Volunteers

Healthwatch Lewisham values and celebrates all our volunteers. All regular volunteers were presented with certificates and Spice Time Credit vouchers that can be exchanged for day outings.

Chronic Obstructive Pulmonary Disease (COPD) Champions Project Launch

Healthwatch Lewisham has been commissioned by the Lewisham Clinical Commissioning Group to deliver the COPD Champions Project. We aim to recruit and support 10 - 15 volunteer champions to increase awareness of COPD and its risk factors to those who are directly at high risk of the disease and its complications and their families and carers.

The champions will receive training and work at grassroots level to deliver relevant messages and signposting to community support. They will support people with COPD to self-manage their condition better.

Care Act 2014

Tim Miller, Lewisham council gave a presentation of the Care Act in relation to Carers and Advice & Information.

Carers: The Act creates new duties which clarify requirements to provide assessment, prevention and support; the extension of involvement - where appropriate- in the assessment, planning and services of the person they care for; information, advice, preventative support, new personal budgets, new respite arrangements; harnessing people's strengths and the move to neighbourhood based integrated care and support.

Advice and information: 'information' means the communication of knowledge and facts regarding care and support; 'Advice' means helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support.

Following the presentation people joined discussion workshops

Care Act: Carers Discussion workshop

There are an increasing number of carers. The Carers Act is to ensure carers needs are recognised and carers are central to provision.

Carers will own personal budget.

Discussion notes

Where is the funding for the Care Act coming in an era of ongoing funding cuts?

Who will be carrying out assessments? Are assessments just financial or are they looking at the quality of support?

How will you ensure that Carers are aware of the content of the Act? Must be an alternative to electronic versions and will it be translated into other languages. The right professionals must be informed.

If carers employ their own carer they have to pay VAT and insurance etc. which is a deterrent.

People may hire a person they know which is difficult if the relationship breaks down.

People unaware of the support that is available for employing people on personal budgets. What would the cost of this be?

Cost

One of the points raised was when the care services provided were not adequate, the question was asked, "could you not arrange your own carers". It was mentioned that it was a lot of work to become an employer, but what was not mentioned was the cost.

How will the Care Act impact on cross borough issues, e.g. the carer lives in Lewisham but cares in Bromley

A need for private transport and transport arrangements - would improve the lives of carers

Carers Assessments

People not always aware that they are being assessed, sometime just a conversation, too informal, carers should be offered a carers assessment automatically, not just if you ask and know how to navigate the system.

Examples of carers left isolated without assessment, act says they must have an assessment.

Difficulties getting through the social services for assessment, example of waiting for 40 minutes on hold, being told they will call back and when they do if the individual is out they do not leave a message

Respite

No one seems to touch on respite for either the carer or the cared for in order that they may have time away from each other.

Personal Budgets

Confusion about the personal budget and whether it included the carer at all, as personal budgets were referred to in the workshop, but I am not sure how they affected the carer.

“I have direct payments for my 11 year old son for short breaks, which amounts to £20 per week. There is no way that I could get someone to take my son out for 3-4 hours for £20, so I do not do. I too would have to employ someone or use a care service and even then it would not be every week as the funds would not stretch that far.”

Home Carers

Paid carers should carry ID at all times

Carers are being put to bed at anti-social times; the times suit the staff rather than the service user

Poor calibre of carers, high turnover of care providers

Always in a hurry

Inappropriate forms of address, e.g. address by first name rather than last

Quality of domiciliary care impacts of quality of unpaid carer's life

A decent living wage is needed for paid carers. Access to parking permits needed similar to community therapists.

Monitoring

Who's monitoring care services and the care process to ensure clients are not left without support?

Questions for Tim to respond

Cross boundary caring. I live in Lewisham I'm supporting 2 people in Bromley, how does it work?

Does the Care Act put any compulsion on employers to combine caring with employment?

What about respite care?

People unaware of the support that is available for employing people on personal budgets. What would the cost of this be?

Information and Advice Workshop

Task One: When was the last time you sought information?

When I was moving into my house

When I needed help with work

Community Centres for BME groups

Miriam Long

Manager, Healthwatch Lewisham

I usually just go on google

I look on the CQC website

I looked on the British Heart Foundation website

I sought information about care

I use the Spanish

I use CAB

I use my trade union for information

I went to the pharmacy for information

I went to my GP for information

I asked my family and friends

I contact the Shelter Helpline

I contact the Albert Kennedy Trust

I contact Stonewell Housing

Where would you prefer to go for information? What would you like to happen when you ask for information?

I expect the person helping me to read information to me

I would like to access information from going to my pharmacy

I would like to access information from a walk in or urgent care centre

I would like to access information from Age Concern or other advocacy groups

I would like to access information from my local Councillor

I would like to access information through my GP

I would like to access information from Lewisham Speaking Up

I would like to see posters displayed at pharmacies, GPs, libraries and shops

I want someone to help me to understand the information that is provided to me

I would like my family and friends to give me information

I like to speak face to face to a person when they give me information

Older people don't access internet

Some people don't have contact with ANYONE

I want to see information in local newspapers

People like to have a phone number where they can get hold of someone

Miriam Long

Manager, Healthwatch Lewisham

Some people have no idea where to access any information at all - how do you reach them, these people are often the people that need the help the most

Information needs to be available, face to face, telephone, internet and consistent

Advice and information needs to be accessible to people with learning disabilities

Some people have communication difficulties

GPs need to take some responsibility and provide information

I want leaflets that are in plain English to be posted to me

I want to be effectively signposted

Unless you push you don't get what you need

My support provider (3 Cs)

I want to ask my lunch club for information

Often people have to rely on family and friends for information and there can be confidentiality and safeguarding issues

Pathways to be given by GP or nurse

An information triage system might help that provides information and time scales

Don't exclude the elderly and expect them to contact you - sometimes they are too intimidated to or don't like to admit they need help

Hospital discharge should provide signposting and information

I want faith groups to provide signposting and information

Social media should play a role in signposting and information

Don't forget information and guidance on employment

Social Services need to provide better and more accessible information

When I ask for information I don't want to be waiting weeks and months to hear back

There needs to be a 'one stop shop'

There needs to be one access point

Need more in depth information

Need the people giving the information to give the correct information and to be confident when providing information

Ask Healthwatch to help provide information days and events - it is a good way of getting to local people

Young people need to be involved

Miriam Long

Manager, Healthwatch Lewisham

Unpaid carers need to be provided with the right information that they understand
The Council should provide timescales and stick to them

Task Two

Housing: What sort of information do people need?

Help and heating

Repairs

Housing benefits

Council tax

Benefits

What housing options are available, EG extra care, supported living

List of housing with care options

List of housing vacancies

Adaptions, care and repair services

Shared lives

What rights tenants have

Private sector rights

I want to know who my housing officer is and be able to

Where do they currently go to get advice?

The council but it is a battle, they often don't have the right information

The council but they can never give me an answer

The council but I have to wait weeks and sometimes months to get an answer or hear back

The customer service when trying to access information through the council is poor

The council but they always give conflicting and confusing information

Can't understand the information on the website

The council have told me to look at their website which isn't very helpful

The auto recordings that the council provide on the phone line are terrible and very unhelpful

The language that the council use is confusing

I get advice from Carers Lewisham

Keeping Well: What sort of information do people need?

I needed information on: How to go to the gym; Advice on exercise; Help with arthritis

How to exercise and the best type of exercise for me

How to keep mentally well and to look after myself

What healthy foods I can eat

What activities I can take part in across Lewisham

Where do they currently get information and advice on this?

Voluntary Sector

GP

Council but difficult to get information and sometimes information not even right

Healthwatch Lewisham's Annual Event Priorities workshop

Discussion Notes Write-up

Six discussion tables were available for participants to choose:

1. Access to Primary Care
2. Mental Health
3. Integrated Care and Enablement
4. Children and Young People -
5. Planned Care, Urgent & Emergency Care
6. Maternity, Carers, Any Other Issues

There were three main questions that participants were asked to discuss as part of the table discussions:

1. What are the key issues or problems you would like to highlight relating to this discussion table
2. What do you think the possible solutions could be to resolving these issues
3. What can Healthwatch do to address these issues?

Children and Young People

Key issues	Possible Solutions	What can Healthwatch do?
Sexual health Underage sex, vulnerability, underage sex, sexting revenge Underage drinking Mental health issues Reluctance to be labelled Lack of Social Activities	Education: creation of more secure, empowering educational PSHE sessions, access to counselling and confidentiality Schools to impose dress code, e.g. none revealing clothing Monitoring of corner shops and pubs. Education, schools to provide education. Use subtle ways to address issues, drama projects like those provided in HeadStart Raise awareness of youth provision, e.g. XLP, very	Links with schools PHSE and citizenship teachers' network. Work with HeadStart to develop information service, accessible to young people. Healthwatch to recruit more young volunteers

Low-self esteem Gangs	well received, TNG	Healthwatch could promote experiential learning about domestic violence
Cuts to CAMHS and youth provision	Tender projects that use drama to address issues like Domestic Violence, Baseline.	Promote workshops to raise self-esteem like yoga, massage, reiki.

Enablement and Integrated Care

Key issues	Possible Solutions	What can Healthwatch do?
<p>Prevention is key</p> <p>Follow-up phone call or check-up needed for disabled patients receiving community care to make sure they are following treatment/care plan</p> <p>Additional needs of disabled patients often not perceived by doctors - need to involve/ask carers</p> <p>Not enough support for voluntary groups with innovative ideas Projects for BME groups needed - hard to get funding off the ground</p> <p>Lack of activities in hospital and high cost of TV</p> <p>Patients and families not prepared for the recovery time</p>	<p>Need for integrated, holistic care, looking at physical, social, mental and spiritual health.</p> <p>Care Co-ordinators at GPs - to carry out phone calls and follow-up work. Proactive from the GP centres. This should happen automatically.</p> <p>Making sure carers are included with care co-ordination. Call carers - they understand the needs of the service user.</p> <p>Pop-in centres providing information and preventative support that's holistic.</p> <p>Patients need an informational pack in preparation for an operation so they are fully prepared and can put care in place for discharge. Always give hard copies, more likely to be read</p> <p>Move physiotherapy out of the hospital into the community so care can be</p>	<p>Work with GPs to find out whether GPs are giving patients care co-ordination proactively</p> <p>Healthwatch must offer joined-up thinking and analysis. Collate and analyse individual issues to feedback themes and trends in a joined up way to providers and commissioners.</p> <p>Healthwatch is in a good position to provide an overview of services.</p> <p>Healthwatch to talk to patients about their experience in hospital and their plans for discharge and recovery to assess what preparation has been planned</p>

<p>Physiotherapy - heard examples of poor care</p>	<p>more joined up with other community services like district nurses</p> <p>Laughter can aid recovery</p>	
<p>Falls prevention work is important</p> <p>Care isn't always joined up, professionals missing signs and symptoms that should be obvious</p>	<p>All health professionals should be given training on key areas that are cross-cutting like nutrition - helps continuity and joined up care</p>	<p>Healthwatch to research and share examples of good practice and successful joined up work from other areas in London/England</p>

Mental Health

Key issues	Possible Solutions	What can Healthwatch do?
<p>Waiting lists</p>	<p>More funding More efficiency Create groups that are peer-led rather than just NHS/statutory (non-hierarchical, non-labelling)</p>	
<p>CAMHS - long delay to be seen after referral, 3 months</p>	<p>CAMHS need to provide a more streamlined access to services for children and adolescents</p>	<p>Undertake a survey of CAMHS service users to ascertain data and establish facts and figures</p>
<p>CBT - is it proven to work? Is it oversold as a solution? What about alternatives</p>	<p>Improved training opportunities - educate employers to understand the issues around mental health and to help provide opportunities</p>	<p>Engage with employers to make sure staff have proper diversity training, understand different ways of thinking about mental health</p>
<p>Getting into employment, paid or voluntary</p> <p>Difficult to access some services when you work - have to tell work when you're out of work</p>	<p>More co-working with BME groups</p>	<p>Work with employers to best support employees with difficulties. Support rather than dismissal/disciplinary.</p>
<p>Poor mental health for minority groups (BME and LGBT)</p>		<p>Healthwatch to write things in different</p>

<p>Lewisham Mental Health Users Forum is underfunded</p> <p>Dementia - the time it takes to identify, recognise and diagnose the problem. This delay results in the client being stigmatised and lose valuable time in receiving appropriate attention</p> <p>Out-of-hours services, i.e. after 5pm Monday - Friday and the weekend</p> <p>Community Treatment Orders do they work?</p> <p>Misdiagnosis, a problem over medication, difficult to challenge a diagnosis</p> <p>After care, follow-up discharge</p>	<p>Ladywell Unit to provide out-of-hours emergency service for outpatient units</p>	<p>languages (working with community groups).</p> <p>Healthwatch to consider engagement with BME groups cross borough. Look at statistics on access and use of services by minority groups</p> <p>Healthwatch to visit Lewisham Mental Health Users Forum has been going since 1988 based at Lee Community Centre</p> <p>Be a link between service users and Service User Forum and commissioners</p> <p>Look at whether more services can be offered in evening and weekends</p> <p>Support the people caring for the patient.</p> <p>Conduct the necessary tests/engagement</p>
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Maternity, Carers, Any Other

Key issues	Possible Solutions	What can Healthwatch do?
<p>Carers (unpaid)</p> <p>There is a threat that the support for carers will be affected by the cuts</p>	<p>Ensure that the carers receive a proportion of the money and are not missed out</p>	<p>Raise awareness of the value of unpaid carers, especially of the value they bring to the society and the savings they provide for the commissioners of health and care services</p> <p>Raise awareness of carers. Ask everyone if they are a carer. Inform people and</p>

		services about carers issues and signpost as appropriate
<p>Transport allowance for carers (unpaid)</p> <p>Some carers face many transport barriers. Carers who do not qualify for a car need to spend a lot of their time on travels on the public transport. It is difficult for them and for the people they care for. It impacts on their own mental and physical health especially that many carers are unwell</p> <p>Car allowance is only up to 65. A carer applied for a car at 60 and after waiting for a long time she reached 65 and was declined one due to the age limit</p> <p>Why this age limit if one have a driving licence at this age?</p>	<p>When a carer applies for a car, instead of having an age limit, look at individual circumstances</p>	<p>Raise the issue to appropriate decision makers</p>
<p>Waiting times for medicine and transport at discharge</p> <p>Ill and recovering patients waiting for long periods of time (often many hours) for their medication and transport</p> <p>This is not a new issue. It's been talked about for many years, however still nothing has been done about it. No one department takes responsibility and puts</p>	<p>Respect and have sympathy for the ill people</p> <p>Develop better systems that work</p> <p>Employ pharmacy runners</p> <p>Doctors could prescribe medicines the day before so they can be ready when the patient is discharged</p>	<p>Highlight the issue to the appropriate people (hospital chief executive, transport managers and pharmacists)</p>

<p>blame on others</p> <p>Maternity</p> <p>The same issue applies to maternity services and women being discharged after their c-section</p>		
<p>Housing/ integrated care</p> <p>A need to assess needs of ill residents and rehouse them as appropriate</p> <p>A severer asthma sufferer was living on the fourth floor and struggled to get to her house due to breathing problems</p>	<p>A better communication between accommodation providers/council and health professionals</p>	<p>Highlight the issue to the appropriate people</p>
<p>Maternity</p> <p>Not enough service users involvement in maternity services.</p>		<p>HWL could help in recruiting MSLC members/ help to promote the MSLC</p> <p>Have a regular attendance at the MSLC meetings and HWL could also attend the Breastfeeding Working Group meeting every two months.</p>
<p>Maternity/ breastfeeding</p> <p>Breastfeeding rates in Lewisham are improving, however the community support (breastfeeding cafes) funding is under threat. This could have an impact on breastfeeding rates and childhood obesity levels (breastfeed children are less likely to be obese).</p> <p>Breastfeeding cafes often provide social support for new mums decreasing the threat of postnatal</p>	<p>Keep the funding for the breast feeding cafes. This support affects many health issues (both mental and physical) that are on the current health and social care agenda in Lewisham such as obesity, increasing breastfeeding reducing postnatal depression.</p>	<p>Flag the issue to appropriate decision makers.</p> <p>Support the MSLC in ensuring the cuts doesn't happen.</p> <p>Promote the roles of the breastfeeding cafes.</p>

depression.		
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Planned, Urgent and Emergency Care - Acute Hospital

Key Issues	Possible Solutions	What can Healthwatch Lewisham do?
Cleanliness of wards	Follow up on complaints	<ol style="list-style-type: none"> 1. Enter & View Visits 2. Work with the Patient Welfare Forum 3. Monitor CQC improvement plan
Bed Capacity	<ol style="list-style-type: none"> 1. Review how this is currently managed, including discharge procedures 2. Learn from other trusts that are doing better. Visit well performing trusts/ boroughs e.g. Frimley Park and Homerton hospitals Recognising that it is easier for general hospitals to get it right, more difficult for specialist hospitals 3. Trust and commissioners need to understand the issue, the flow and what can support discharge including housing issues 4. Improve capacity post discharge - mitigate when decisions are made affecting care - ensure contingency planning 5. Identify and use resources within borough eg. St. Mungo's step down beds and sheltered care housing 	Raise issue and awareness of unused capacity within borough

	provision with capacity to support hospital discharge	
Waiting times at outpatients	<ol style="list-style-type: none"> 1. Priority cases should be clearly displayed 2. A simple visual system to call people recognising that not everyone likes to have their name displayed 3. Nurses should not just call people's names from one area of the clinic as people can't always hear 4. Let people know if there is a reason for delay and give them the opportunity to go and get a drink etc if there is long delay 	Monitor patient experience
A & E: lack of information; can't hear when name is called; people using A & E following excessive drinking	<ol style="list-style-type: none"> 1. Make sure patients know when it is their turn, a sign or number display 2. Priorities need to be clearly explained and displayed 	
Aggression	Ensure adequate staffing levels, staff training	

Access to Primary Care

Key Issues	Possible Solutions	What can Healthwatch do?
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