



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Judy Robinson, Chair Healthwatch Sheffield

Date: 16th June 2020

Subject: Healthwatch Update Report

Author of Report: Lucy Davies, Chief Officer Healthwatch Sheffield

Summary: Since the outbreak of COVID 18 Healthwatch has produced reports drawn from its inquiry service, feedback from individuals and from partner organisations. It is a snapshot not a population study. A summary of these reports is attached here.

Questions for the Health and Wellbeing Board:

The Board are asked:

- Can we work out an engagement plan together?
- How can representation reflect the city better?
- How can services work with Healthwatch to provide information more quickly?
- How can good practice be shared to improve some of the difficult situations experienced, as described?

Recommendations for the Health and Wellbeing Board:

The Board are asked to:

- Note the report from Healthwatch Sheffield on the impacts of Covid-19
- Consider how to address the issues raised

Background Papers:

- *How is covid-19 impacting on people's access to and experience of health and social care services in Sheffield? Health and Wellbeing Board Summary*

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

All, in different ways.

Who has contributed to this paper?

This paper reflects the work of a range of Healthwatch Sheffield staff and the members of the public who have given their time.

HOW IS COVID-19 IMPACTING ON PEOPLE IN SHEFFIELD

1.0 SUMMARY

- 1.1 Since the outbreak of COVID 18 Healthwatch has produced reports drawn from its inquiry service, feedback from individuals and from partner organisations. It is a snapshot not a population study. A summary of these reports is attached here.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 The issues mentioned in this paper and the appendix are specifically concerned with some of the most marginalised people and communities in the city. Healthwatch aims to help them have a voice about the impact of health inequality on their lives.

3.0 KEY POINTS FROM OUR WORK

- 3.1 Board members are recommended to read the appendix to this paper in full, but below we highlight some key messages:
 - 3.1.1 Lack of clear information is a consistent concern for example what might be provided in mental health crisis care or what shielding means in different situations. Services sometimes do not explain how provision has changed, what other choices there may be or how their care may change. Some services, however, have communicated well.
 - 3.1.2 Carers for people with dementia have been affected badly by the closing of day centres, sitting services etc.
 - 3.1.3 Care packages: these have sometimes changed but in inconsistent ways so some providers have been flexible and creative but some people have lost support that was very important to them.
 - 3.1.4 Care homes: PPE supplies were a concern a month or so ago. It was often staff members who contacted Healthwatch about their concerns: people discharged to homes without testing, PPE etc. (Healthwatch isn't primarily aimed at staff so this maybe indicative of blockages in staff feedback).
 - 3.1.5 Dentistry has been of great concern and Healthwatch has found it impossible to get clear information to share.
 - 3.1.6 Digital services work for some people but not all *and* for different reasons.
 - 3.1.7 Healthwatch is currently running a general survey about the impact of COVID and people's experiences of it and of services which will report at the end of June.

- 3.1.8 In addition, surveys, interviews and engagement are being carried out with excluded communities for example refugee and asylum seekers, disabled people, carers and with BAME people about their particular experiences.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

4.1 Our work has highlighted a number of areas where we believe more needs to be done, as follows:

4.1.1 **Engagement:** More *systematic* work to broaden and deepen *work* with voice and VCS organisations at different levels is vital because they have critical characteristics which will be needed in the aftermath:

- Reach
- Trust
- Volunteers

4.1.2 Healthwatch Sheffield is working on new ways to engage with citizens, not face to face.

4.1.3 Empowering patients and citizens means they are involved, knowledgeable and can discuss policy dilemmas and trade-offs. This will be vital to keeping people on board and to buy-in to new ways of living because they understand the choices etc.

4.1.4 **Communication & messaging:** especially to excluded communities needs a range of players working together & particularly those close to communities. Using volunteers from those communities is critical too.

4.1.5 **Improving information for the public:** Information has been hard for many people to find and, whilst it is important to be accurate it has proved difficult sometimes for system partners to accept that getting some information out is as important as it being absolutely watertight.

4.1.6 **Widening representation and perspectives:** Improving the range and depth of people and communities involved in the H&WB Board and its Strategy will bring new perspectives and help services to plan appropriately but it needs a commitment, new ways of working and, in some cases, resources for example front line community groups providing a service cannot attend strategy meetings without back fill funding. And, in general, widening the representation on decision making bodies so these bodies reflect better the makeup of the city.

5.0 QUESTIONS FOR THE BOARD

5.1 The Board are asked:

- 5.1.1 Can we work out an engagement plan together?
- 5.1.2 How can representation reflect the city better?
- 5.1.3 How can services work with Healthwatch to provide information more quickly?
- 5.1.4 How can good practice be shared to improve some of the difficult situations experienced, as described?

6.0 RECOMMENDATIONS

6.1 The Board are asked to:

- 6.1.1 Note the report from Healthwatch Sheffield on the impacts of Covid-19
- 6.1.2 Consider how to address the issues raised

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