

## Healthwatch Southwark's Public Forum: "You said, we did!" Event Report



**Date/time:** Thursday 19 March, 4pm – 7.30pm

**Venue:** Methodist Church, Walworth Road, London, SE5 0EN

**Attendees:** There were a total of 70 people - 54 attendees for the presentations and 16 people joined us for the group discussions (15 of which were young carers). Attendees included Southwark residents and representatives from voluntary and community organisations.

**Purpose:** The purpose of this public forum was to:

- 1) Update and inform the public about Healthwatch Southwark
- 2) To give attendees an insight into how Southwark's Health and Wellbeing Strategy was formed
- 3) To feedback findings from a focus group we ran with carers about social care support
- 4) To feedback findings from a workshop we ran with young people on sexual health

Attendees were also given the opportunity to discuss health and wellbeing – particularly the role of GPs, promoting healthy living, social care support, and sexual health.

## Key issues from discussions...

### Health and wellbeing

- ✓ **Early detection** – people shouldn't just go to their Doctor when their health is worsening. A change in culture is needed.
- ✓ **GP is first point of contact for most people and they should be aware of all of your needs** – but the current NHS does not allow for this to work effectively
- ✓ **Eating healthily is not expensive** – need to change perception that it is. Schools are a good place to target people at a young age
- ✓ **Sense of community needed** – strong link between isolation and not eating well
- ✓ **GPs to signpost** – so local people know what is available to them in the borough
- ✓ **Access to information not equally available** – older people, people whose first language is not English, people who do not use modern technology were acknowledged
- ✓ **Continuity has been lost** – people miss seeing one GP that knows them well
- ✓ **Lack of understanding about self-managing care** – the government plays a key role in explaining this to people

### Sexual health

- ✓ **People tend not to go to their GP for sexual health advice** – as they feel assumptions are being made about them
- ✓ **Health professionals should be open about sexual health** – and encourage people to speak about it and offer information and support
- ✓ **Sexual health advice should be targeted** – depending on needs of different people e.g. pregnancy, STI, HIV
- ✓ **A need to reduce stigma** – so people can access services without fear
- ✓ **Sexual health services should be made more accessible** – i.e. opening times, better online information

### Social care support

- ✓ **GP to signpost** – about social care support, so not just given it when in hospital
- ✓ **Social care assessment process better face to face** – when in community (e.g. back at home) this gets lost and slows process down
- ✓ **If not eligible for social care support you should be signposted elsewhere**

## Healthwatch Southwark Update

Aarti, Manager at Healthwatch Southwark, spoke about Healthwatch Southwark – what it is, what it does and how people can get involved. Aarti explained what Healthwatch Southwark is and what work we are involved in, such as:

- Our 'Enter and View' visits where we get to speak to staff and patients and observe the environment
- Our representation on decision making boards at Southwark CCG (Clinical Commissioning Group) and the Health and Wellbeing Board.
- Upcoming CQC (Care Quality Commission) inspections that are happening at Southwark GP practices and at King's College Hospitals NHS Foundation Trust in the next couple of months.

To see this presentation, please visit our [website](#).



## Southwark's Health and Wellbeing Strategy



Rachel Flagg and Jin Lim from Southwark Council spoke about Southwark's Health and Wellbeing Strategy and how it was influenced by the experiences of local people.

They explained the Health and Wellbeing Board's role which is for local leaders in health and social care (including Healthwatch Southwark) to work together to improve health and wellbeing and reduce health inequalities. Rachel explained what the 1000 Lives project was about – to collect stories from local people about their health and

wellbeing so this could inform Southwark's plan to tackle health inequalities and improve wellbeing of residents. Jin spoke about the Joint Strategic Needs Assessment which is a process that identified the needs of the Southwark population. This is used to inform the commissioning and delivery of health and social care services.

To see this presentation, please visit our [website](#).

## Q&A

A member of the audience asked Southwark Council about the cuts to services and how this will affect the Health and Wellbeing Strategy particularly for people with mental health problems.

Jin responded by saying that the Council needs to be financially resilient to ensure that people have access to the right support in the appropriate setting. Jin said that effective commissioning is needed and that difficult decisions will need to be made about our local services, especially considering the cuts that are being made to services. Jin urged people to be aware of the Mental Health Group by SLaM (mental health trust in Southwark) and to get involved in this.

## Group discussions

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There were two groups that discussed health and wellbeing. In total 16 people took part in this discussion. This discussion was about health and wellbeing focussing particularly on:

- What it means to have good health and wellbeing
- What more could be done to promote healthy living
- The role of health professionals, particularly GPs
- Understanding of self-managing your care



### What is good health and wellbeing?

Prevention and early detection was discussed. This was felt to be much more than '*diet and exercise*'. Early diagnosis was felt to be very important, for example the effect of long terms conditions like diabetes can have if they are not detected early.

People tend to visit their GP when their health has deteriorated. We need to change this culture so that people are well informed and know the signs of declining health. Even when you are healthy, you should receive health checks.

There was a lot of discussion around the importance of a good diet, and the link between poor health and poverty. GPs should be aware of all of your needs – physical, mental and social. It was agreed that they are the first point of contact for most people, but the 'system' is fragmented the way it works currently.

People need access to healthy food. This means education on what is a healthy way to eat and also tackling the presumption that eating healthily is costly. Schools were suggested as a good place to do this so people learn this from a young age.

## Making positive changes to your lifestyle

A few suggestions were made on how and what changes people need to make to their lifestyle in order to become healthier:

- Swimming – some pools in the borough have closed and it would be good to have more alternatives
- Group activities – encourage people to exercise in groups as they maybe more likely to take it up
- Incentivise exercise for the first time – let the habit form and people will be more likely to continue with it
- Tackle culture of recreational drug use
- Target people who have long term conditions - such as arthritis
- Target people with specific lifestyles – such as those who are at home as they tend to snack a lot and overeat.
- Target parents with young children – support to cook nutritious dinners that children will enjoy and that do not take long to prepare
- Set up food cooperatives for housing blocks – people can form groups, buy food together, prepare meals together and eat together

Isolation and poor health and wellbeing was a strong point of discussion. If people are isolated and lonely, they may be less likely to eat healthily and regularly. There is a need to making mealtimes a sociable activity so that people can be brought together and encouraged to eat well and build relationships with their neighbours. It was felt that a 'community feel' would motivate people to live healthier lifestyles.

## Role of health professionals

People felt education on healthy lifestyles would encourage them to stay safe and make informed choices, for example use of drugs and having safe sex. It was acknowledged that whilst many people will take part in 'risky' behaviours, the health system could help minimise the harm caused.

Local people need to know about things going on in the borough. Health professionals, particularly GPs, have a key role in signposting patients to specific services and helping people to network and establishing a basis for people to develop a 'community' of support. It was suggested that a directory of services is needed to help with this – Age UK is putting this together. Some barriers to this are...

- Not always knowing where you stand or what is available to you – sometimes you do not get a follow up letter from your GP
- Need for continuity - if you move house within your borough or between boroughs this can cause problems for people with health conditions

## Professional intervention

There was some discussion about how systems need to be better 'integrated' – whilst it is important to let patients know who and where their information will be shared, it is important to share information if it means that patients receive a better service.

It was suggested the group sessions could encourage people to make positive lifestyle changes, such as smoking cessation or losing weight. This way there is peer support and encouragement. If GPs have spare rooms, this is where groups could meet. The sessions could be advertised through social media and Patient Participation Groups (PPGs) could also be a way of promoting.

There is a need to target people that are vulnerable to poor health, for example those that drink, smoke or are overweight. GPs do not have time to do this, but they are able to flag these people as vulnerable on the 'system'. There is a role here for someone to identify these patients and contact them about prevention measures and also social activities that are available to them.

## Does everyone have access to information about health and wellbeing?

There was a consensus on this – no.

When asked who may not receive information about keeping healthy and staying well, the following were suggested:

- Older people, especially those that live alone
- People's whose first language is not English e.g. refugees, immigrants – we live in a very ethnically diverse borough so need to explore what support individual communities receive
- People with learning disabilities
- Also should not forget about people that work long hours and who may not have the time to access their GP on a regular basis
- People that do not have access to a computer or a mobile phone

In this discussion, a member of the group shared a story of when she accessed her GP but was refused treatment because she was told that she could afford to receive treatment privately. Everyone is entitled to have support from the NHS and health professionals should not judge you or make assumptions about your situation.

## Role of the GP

The group discussed the importance of continuity, and how this seems to be lacking when you visit your GP practice. The issue isn't just around the use of locums, but that you tend to see a different GP each time you have an appointment. It is very different to how we once used to have a 'family GP' who knows you well.

The group felt that their GP doesn't have a full understanding of their situation because they do not have enough time to listen to your needs – in order to prevent people getting ill, a GP needs to give you information about what to do to stop you getting ill. However, it was felt that GPs do not

have the time to give knowledge on preventative measures. If a GP refers you to another service, this can sometimes feel like you are being palmed off and that they do not have time for you so they just signpost you to another service.

It was also felt that GPs should encourage people when they make good lifestyle choices. One person spoke about her experience of losing weight and her GP not being responsive to this, even though she had made a positive change to her lifestyle.

The presence of friendly, smiley, and approachable staff was important to people so that they felt welcome and comfortable.

### Self-managing care

The group generally did not understand what was meant by self-management or how this would affect them. It implies that you will not get help from your GP and that you may be left alone to deal with your health conditions.

When the concept was explained - *a person's role in managing their own care by making informed decisions, being aware of choices, and engaging in healthy behaviours* – they then understood that this meant you would still receive help and support from your Doctor but that the patient would be central and in control.

The group suggested that the Government plays a key role in raising awareness about how GPs should be used and ways that you can self-manage your care. It was also suggested that the workplace plays a key role – as if you aren't able to take time off work to learn about self-management, then you do not get the support that you need. Diabetes care was raised as an example for this.

## Views of young people on sexual health



Kenya and Saffron presented findings from a workshop Healthwatch facilitated with young people at Young Minds (an organisation that supports young people with their mental health and wellbeing). The workshop focussed on what it was like for young people to access sexual health services, what ideas young people had about improving services and what influences their sexual health behaviour.

To see this presentation, please visit our [website](#).

### Q&A

A member of the audience asked the speakers about Young Minds involvement with self-harm. Saffron and Kenya informed the group that Young Minds have a campaign around self-harm, sex, and self-value. Young Minds runs this in schools, but funding has now run out so they need to campaign for further money.

Another member of the audience said that she felt we should let young people 'be young people' and give them time to grow as she felt this was important for good mental health. She said that she had not heard of an organisation that allows young people to do this.

Saffron and Kenya responded by saying that Young Minds is a charity for young people, and even though it is led by adults they try to involve young people in everything that they do i.e. having a Youth Panel. Young Minds also have regular training so that staff are aware of how to communicate and work with young people.

Saffron and Kenya also spoke about the remit of Young Minds and said it is not just about conditions such as Schizophrenia, but about raising awareness and sharing information about mental health.

### Group discussions

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There were two groups that discussed sexual health. In total 19 people took part in this discussion, 10 of these were young people. This discussion was about sexual health focussing particularly on:

- Thoughts and attitudes about sexual health behaviour
- Access to sexual health services

- Information and support available about sexual health – and the barriers to getting information and support

The group were shown the definition of sexual health by WHO (World Health Organisation) which is: *“Sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”*

The group were also shown some facts and figures about Southwark which shows that the borough has high rates of HIV diagnosis and STIs (sexually transmitted diseases). There are people in Southwark presenting with late stages of HIV. There is also a high rate of under 18s having abortions and a high rate of under 25s having repeat abortions.



### What is sexual health?

When the groups were asked what comes to mind when they think about sexual health, they told us that it was not just about having ‘safe sex’ but about being healthy and free of infection, as well as other areas such as puberty, pregnancy, abortion, relationships and also looking after yourself.

The group discussed where they would get advice about their sexual health, particularly around STIs and contraception. Some interesting discussions took place. It was felt that sexual health is not seen equally, as other types of health related problems. Someone said that if there is no parity between mental health and physical health, then there certainly is even lower parity of esteem for sexual health.

### Getting advice about sexual health

People should be able to go to their GP about all health related issues, and this includes sexual health. It was felt that assumptions are sometimes made when you do access your GP for such an issue – depending on if you are male or married with children, an STI test may not be suggested. It was suggested that health professionals should not avoid asking questions about sexual health. Some of the places where people would go to for advice about sexual health:

- Youth clubs
- GUM (genitourinary medicine) Clinic
- Parents
- School / teacher
- Charity organisations

- Pharmacy (for emergency contraception)
- Google
- Church

Some people said that they would not go to their friends for advice.

When discussing access to information and advice about sexual health, there was a general presumption that if you are older you would visit your GP and if you are younger you would go to a sexual health clinic for a STI test.

Some young people said that they have been turned away from receiving a test. They felt it was important to understand that young people are able to speak about their sexual health problems and health professionals should feel comfortable to approach this. Young people said they would find it easier to access services if they felt they were not being judged.

A suggestion was made that sexual health advice and information should not be 'blanket advertised' – it should be tailored to the needs of the people so that it leads to an uptake in healthier behaviours (such as more STI tests, use of contraception).

### Awareness of sexual health and services available

Suggestions were made to improve awareness of sexual health and services available:

- A need to reduce stigma surrounding sexual health so that people feel they can access services without fear
- Appropriate hours for younger people to access services
- Improved online information about available GUM clinics
- Online forums about sexual health services
- More places to access free contraception – for instance a barrier to using the C-Card at a local pharmacy to get free condoms is not used as much as it should be because you may know the people that work there or they may know your family.

The group felt there was a need for better promotion of sexual health:

- Through TV, for example advertisement and also presence in programmes
- For everybody and not just specific communities such as leafleting at gay bars/clubs
- More presence in GP practices and schools and youth organisations
- Raising awareness of the morning after pill for contraception use, especially in GP practices and emergency departments. The same applies to PEP (Post-Exposure Prophylaxis) to prevent risk of HIV infection.

Everyone should be made aware of services that are available to them, but ultimately it is the individual's responsibility to access the service.

## Access to sexual health services

The group agreed that there are enough sexual health services in Southwark; however they are not very accessible – for example the opening hours. A comment was made that only one of the clinics is open 7 days a week. The group discussed where they would go to a clinic, and it seemed that they would choose one that was not near their work place or where they lived so they could avoid being seen by someone they knew.

The group discussed barriers to going to a service for advice and support. The following were mentioned:

- Sex is still not an openly discussed issue and there is stigma about accessing a sexual health service
- There is fear and shame regarding a positive diagnosis of an STI
- You may face discrimination because of your sexuality
- Different age groups accessing services, for example a pregnant woman receiving a check-up and a teenager waiting for an STI check

Some said there are no barriers, other than ignorance about sexual health.

## Keeping sexually healthy

When asked what more could be done to keep young people sexually healthy, these suggestions were made:

- Stop sex being a taboo subject
- Sexual health should be considered as important as other health issues
- Sex education should target both males and females and the same information should be given to everybody, regardless of gender
- Sex education to start at an early age – children/young people should be told about the 'underwear rule' so they know what is not right and feel able to speak to report behaviour
- Sex education should include information about symptoms of STIs and the risks associated with it
- 'Safe sex' and other sexual health issues should be promoted widely in schools, colleges and universities
- Travelling sexual health clinics
- Improve the way parents talk to their children about sexual health
- Regular checks should be promoted – or should be made compulsory
- Making people aware that condoms cannot protect you 100% from pregnancy or STIs
- Sex education should incorporate - emotional needs, relationships, and respecting yourself and your health

## Social care support for carers

Sec-Chan, Development Officer at Healthwatch Southwark, presented the findings from a focus group Healthwatch carried out with carers on 28 January 2015. The discussion focussed on social care support for the carer and for the person that they care for.

Sec-Chan spoke about the discussions that took place at the Carer's focus group:

- The experience of a Carer's Assessment
- The assessment outcome
- The Cared-For Person's experience of social care services
- Sources of information / referrals
- Any other arising issues

To see this presentation, please visit our [website](#).



## Q&A

A lady raised a concern about a care agency in Southwark. She used to be a carer for an elderly lady who has now passed away. She was concerned about the care provided by this care agency and said that she has raised this issue many times so that the agency is looked into.

Healthwatch Southwark said that they would get the details of this agency and follow up. The lady was directed to the Southwark and Lewisham Age UK stall as they run a home care inspection service, so they may be able to get involved.

Since the public forum Healthwatch Southwark have contacted Southwark Council to find out more information about this care agency.

## Group discussions

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### *Social care support group*

10 people took part in this discussion which was about their contact with social care services – how they heard about support available to them, their initial contact with services, and the assessment process.

To contextualise their views, we asked attendees why they were here today. Just over half wanted either information or what support was available or to understand how things work, the rest were due to either a bad experience, living in supported housing or a general interest.

### Awareness and Initial contact

When asked how they first came to hear about social care support, responses varied. Some said it was through their GP, some said through Southwark Carers, and some said that this conversation was the first they had heard about it or that it did not apply to them.

When asked about their initial contact with social care, a couple said that it was through a hospital admission (one through the Maudsley Hospital and the other was following a son's hospital admission and subsequent comprehensive care plan).

When asked what would have made their experience better, they suggested more *interaction with GP*, *more information* from social workers and *better networking and communication* amongst hospitals and community services.

### Experience of the assessment process and what happened after

Some members of the group shared their experience of the assessment process. One said that it was good face to face contact with a social worker in the hospital, assessment was organised quickly between health and social care and information was immediately available, but that once 'out' in the community it became harder as communication became slow.

Another said that she was eligible and cared-for when she was in an institution, she found signposting and referral happened more quickly and felt more supported. However upon leaving hospital, '*processes took longer and I had to do more myself*'. One person said they were not eligible for support and once they found this out, they were not signposted elsewhere.

In response to what was important in the assessment and what do you know now that you would have wanted to know at the start, they responded with the need for information materials and information from professionals.

We asked attendees to rate their experience out of five (1- bad, 5- excellent) based on a) awareness, b) information and c) communication / support. The group ranked a) awareness with the score 3 citing that they had to seek the necessary professionals themselves. 'Information' scored 1 because information was rarely available outside of primary care institutions. 'Communication' scored 3 because communication to service users was good within institutions; however communication to carers in all processes needed a lot of work.

### Wider social care system

**Discharge:** We asked about discharge planning, follow up care, contacts provided and satisfaction. One person said that discharge needed to be authorised with the consent of all parties including

carers and all health professionals. They felt that service provision after discharge i.e. reablement and rehabilitation, was good but needed expanding to support more. They felt that appropriate contacts were not given enough attention and typically given a discharge pack with lots of leaflets.

### *Young people who are part of Southwark Young Carers Project*

8 young people took part in this discussion. They joined the Healthwatch Southwark Public Forum after a group session with Action for Children – Southwark Young Carers Project. The group of young carers meet weekly. The project is to help young people who have a caring responsibility to ensure that they have access to the same opportunities and experiences as everyone else their age. The project provides information and advocacy, befriending and outreach services. If aged between 8 and 18, the young carers can take part in social activities throughout the year which are free of charge. We spoke to this group about how they came to be involved with Young Carers, what support it provides and what could be done to make this even better.

When asked why they meet with the Young Carers Group, there were mixed responses: they did not know why, it is part of a respite project (support for family), it was because of the weekly meetings in particular, and it was because of the social activities. A couple mentioned it was to *'get away from it'*.

When asked how they heard of Southwark Young Carers, the following were mentioned: School, the council, friends and key workers at the Kid's Company (an organisation that provides practical, emotional and educational support to vulnerable children, young people and families).

Their first contact with Southwark Young Carers was varied – contact through their parents. One saw a youth worker and said they were 'alright'. Another said their initial contact was with a random person and it was 'awkward'.

A key part of the Young Carer's Group is the weekly youth sessions and we asked what would have made their initial experience of these sessions better, they suggested that people could be more sociable and introduce themselves, although this varied as some did not mind whereas others felt that knowing someone would have made the process easier. The group said that they could benefit with help with their homework and one suggested support with driving lessons.

Mental health was also discussed – support for people, places for them to go, and a suggestion was made for more training for people that are in contact with people with mental health problems and also substance misuse. We asked one thing that should be improved that would help their role and lives, and group agreed on better public facilities such as local activities, parks and youth clubs. They also agreed on social activities and trips at the youth sessions should not be limited to school holidays and should take place outside more, as well as more choice in the activities.