

# Healthwatch Enfield 2020 Annual Conference

**“The Changing Shape of Health Services in Enfield”**

Key messages for Post-Covid service planning

Healthwatch Enfield Annual Conference, March 4<sup>th</sup>, 2020

**Healthwatch Enfield**

Registered Office  
Room 11, Community House  
311 Fore Street  
London N9 0PZ

Tel: 020 8373 6283

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## Executive Summary

The 2020 Healthwatch Enfield Annual Conference focused on the impact for residents of **Primary Care Networks** and **Social Prescribing**, two recent changes to service provision for Health and Social Care. It was held just before the lockdown came into force. Despite emerging worries about whether it was safe to come to the conference at that time, there were 150 attendees who wanted to understand more about how health care works. We are grateful to commissioners, primary and secondary care providers and social prescribers for supporting the conference and explaining the current system. Feedback was gathered through round table styled workshop discussions.

Participants highlighted the need:

- to involve and engage with communities in developing new services
- to provide clear information accessible to all communities, including those with hearing, sight impairment and speakers of other languages
- to ensure that changes do not disproportionately affect BAME and vulnerable patients
- to share resources across the system particularly with the voluntary sector
- to ensure that digital information was shared across the systems to support continuity of care

*“A thought: information to residents explaining the changes - eg may not see GP but this suits you better”*

*“I am not digital savvy will I miss out?”*

*“Info not explained clearly enough and adds to more confusion”*

*“In an ideal world with appropriate funding could be just what we need”*

*“As well as money following patient, to ensure that services exist for the patient to choose from, there needs to be basic, funding to ensure the VCS services exist for patients to choose from.”*

We also asked for suggestions on how these new services could be improved. The participants struggled because they felt that they lacked knowledge of the changing systems and therefore contributed their own questions and suggestions. The main request was improved information and communication. They had some interesting insights:

*“You need genuine engagement of local people so you can develop services and support that will really reflect what different local communities need and what will work for them. E.g. will cooking classes work for them and if not, what would?”*

*“Get more of a community vibe (wider perspective) not just what’s in it for me? share the word/support”*

*“Genuine engagement should be the community discussing ideas - not just choosing from a set of options provided by a professional. Trusts need to make this community*

*investment to be able to develop programmes that will work on a long-term basis and lead to real changes in lifestyle and health”*

*“Employ local people to provide/support eg local smoking cessation services - those local people are much better able to go around and recruit local volunteers to support others and to get the message out there.”*

The detailed findings are set out in this report. The next steps should be to ensure continued involvement of communities. Since the conference and the emergence of Covid-19, services already going through a significant change have had to implement additional new ways of working, to keep communities and healthcare staff safe.

Our communities appear to be keen to understand service changes so that they can make best use of services and receive health and care in a timely way. Given their interest and support, it is important to ensure that patient voices are heard at this post Covid-19 time, and that new ways of working are informed by the views and priorities of Enfield communities.

Recommendations for health and care service commissioners:

1. The involvement of communities in shaping the design of services will help to ensure services are accessible and reduce inequalities.
2. Clear, jargon free, easily ‘accessible for all’, information about services should be made available in various formats such as Easy Read, and key languages. These should cover proposed services changes, new ways of working:
  - Primary Care Networks: what they are and how they work
  - Social Prescribing: providing information on the role of link workers and what services they are able to refer to
3. Health and social care services, as well as the voluntary and community sector should work together to promote this information as widely as possible in the borough.
4. Primary Care Networks should further increase their community engagement, actively involving members of the community and acting on the feedback that is gathered.

*“Good to hear what’s going on and be more knowledgeable. be better connected, here you can talk things through communication concerns.”*

*“Realisation that the community need to work together for support NHS and vice versa”*

*“People will need to have clear understanding of how the process works”*

We think that this feedback should be taken into consideration in the current work around the ‘recovery phase’ and the ‘new normal’ ways of working, following the Covid-19 pandemic. Community insights and feedback feel even more relevant today.

## Introduction

Healthwatch Enfield exists to ensure that patients and the public are at the heart of service delivery and improvement across the NHS and social care services.

We aim to amplify the voice of the local population in key issues that affect their use of health and social care services and provide accessible up-to-date information.

Every year, Healthwatch Enfield holds an annual conference for local people and stakeholders to get together and share information, ideas and experiences to improve local services. This year's annual conference focused on the changing shape of health services in Enfield with a focus on Primary Care Networks (PCNs) and social prescribing. It was a useful opportunity to test local people's understanding of recent changes.

Given the current pandemic and the necessary and urgent implementation of new ways of delivering service, key messages from the conference should be considered when evaluating and embedding these changes in the post Covid-19 'recovery phase' and onwards.

Over 150 residents of Enfield and local stakeholders gathered to discuss how the changes in the organisation of health and social care services would impact them and give their feedback. The conference was divided in two parts:

1. An introduction to Primary Care Networks and social prescribing, followed by workshops with a focus on Primary Care Networks in one and social prescribing in the other. This gave attendees the opportunity to discuss how these changes impact on them and how they access care. In addition to they were able to give feedback on how they thought they could be more involved in these changes, with an opportunity to raise any questions they had.
2. An update from local hospital trusts on how Primary Care Networks/social prescribing can support their work, as well as an update from Public Health Enfield on and how Primary Care Networks can support local people to stay healthy. Another workshop followed, to discuss what these changes mean to local people, in what ways they can be involved in these changes, and an opportunity to raise any concerns they have.

This report aims to provide a summary of the feedback collected during the workshops with recommendations on how this feedback can be utilised by local organisations in planning service developments during the 'recovery phase'.

## Background

‘As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years’ time we have a service fit for the future’<sup>1</sup>. The NHS Long Term Plan was set up to ensure that the NHS is able to evolve and meet these changes in a sustainable way. Part of the NHS Long Term Plan’s aim is to alleviate the current pressure on existing health and social care services, encourage self-care and a better integration of health and social care by developing links with community services.

The NHS Long Term Plan laid out many changes in the organisation of services, which included asking that Clinical Commissioning Groups<sup>2</sup> be part of local Primary Care Networks and introduced social prescribing.

**Primary Care Networks** consist of ‘groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations’<sup>3</sup>

**Social prescribing** is a way for people to get support by being referred to ‘link workers’ who will connect them to community groups and statutory services. This is to encourage a ‘holistic approach to people’s health and wellbeing’<sup>4</sup>.

These two aspects of the health and social care system have a specific focus on the involvement of the community in supporting individual’s wellbeing. It is important to engage with local people both to discuss these changes and how they felt they would be impacted, and to gather their feedback on what can be done to make sure these changes are effective and adapted to the needs of Enfield people.

Since the outbreak of the Covid-19 pandemic, this feedback is more valid than ever, and should be taken into consideration when planning and developing services further.

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<sup>1</sup> [NHS website](#) [Accessed 13/05/2020]

<sup>2</sup> Clinical Commissioning Groups are the organisations responsible for the ‘planning and provision of health care services of their local area’ [NHS Clinical Commissioners website](#) [Accessed 11/05/2020]

<sup>3</sup> [Healthwatch Enfield Annual Conference slides](#) p.20 [Accessed 7/05/2020]

<sup>4</sup> [NHS website](#) [Accessed 7/05/2020]

## Findings

The workshops conducted at our annual conference were aimed at identifying local people's understanding of the changes in the health and social care system, in particular, Primary Care Networks and social prescribing. We also sought to explore how these changes would impact people in the community and what they thought should be done, in order for these changes to work for them.

From the feedback three overarching themes emerged throughout the workshops:

- Increase community involvement and awareness
- Provide accessible and inclusive information
- Questions and concerns around the funding of the changes in health and social care services and pressure on the voluntary sector

### 1. Increase awareness of existing services and community involvement

It was agreed that there was a lack of awareness of both social prescribing and Primary Care Networks and how this would improve services to patients. This also raised the question of how the services referred to, would cope with increasing demand.

*“Raise awareness of what social groups are available”*

*“Better awareness of the services provided”*

*“Knowledge of other services, not just A+E”*

*“How will existing services cope and manage the influx/increase?”*

Most of the feedback we collected concentrated around the need to increase community involvement. This was looked at in various angles: it was thought that the reorganisation into Primary Care Networks and the introduction of social prescribing could help increase community involvement. It was stated repeatedly that there was little awareness of these changes within the community and that there had been little engagement i.e. asking people what they wanted and that this was key to making these changes relevant and efficient.

*“Networking: more vibrant about it.”*

*“Take part in more community groups. Council meetings.”*

*“Volunteer, engaging with neighbours”*

*“The community need to have a sense of responsibility when obtaining and looking for information- not just relying on the information falling on our laps”*

*“Patient participation groups to learn more”*

As the role of a ‘link worker’ is defined as “to connect people to community groups and statutory services for practical and emotional support”<sup>5</sup>, suggestions were made as to which services or groups could utilise social prescribing.

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<sup>5</sup> [NHS website](#) [Accessed 21/04/2020]

*“Elsing Estate. Turkey St - building a new community centre to meet huge needs- funded by Methodist church. Want to use local people's stalls - hope to tap into social prescribing e.g. by providing services or having services provided by others there to help local people. We'll especially like to see inter-generational work.”*

*“Free gardening area behind John Wilkes house could be used be social prescribing.”*

*““men in sheds” might be good for Enfield can be used by social prescribing. can bring young and old together”*

## 2. Provide accessible and inclusive information

The second main theme that emerged from these workshops was the need for accessible and inclusive information to be shared widely in the borough. This would be necessary to increase people's involvement in the community.

It was suggested that information from services and support groups should systematically be up to date and ready to share, well communicated between services. There was an emphasis on the availability of interpreters (whether British Sign Language or foreign languages) when accessing care.

*“Patient may have a real problem that is misunderstood if interpreting is not in place”*

*“Make information more accessible. publication. more inclusive”*

*“Clearer language. Less jargon.”*

*“Multilingual Engagement Information”*

*“Voluntary organisations working together to inform local community”*

## 3. Questions around funding of these changes

The question of funding was raised consistently throughout the workshops. As primary care services and social prescribing aim to link individuals with existing services in the community, there were concerns that these in turn would not be sufficiently funded to cope with an increasing demand.

*“In an ideal world with appropriate funding could be just what we need”*

*“As well as money following patient, to ensure that services exist for the patient to choose from, there needs to be basic, funding to ensure the VCS<sup>6</sup> services exist for patients to choose from.”*

### Concerns identified for:

#### Primary Care Networks:

- **Continuity of care/accessibility:** the feedback we gathered showed there was some uncertainty as to how Primary Care Networks would affect accessibility and continuity of care: there was worry around health professionals changing from one appointment to another and that detailed knowledge on medical history and established relationships with GPs might suffer from the new organisation of Primary Care Networks.

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<sup>6</sup> VCS: Voluntary and Community Sectors



*“GPs becoming consultant being pulled away from day to day work patients”*  
*“May not be able to see my GP”*

There was also concern around communication links between different healthcare professionals and that Primary Care Networks could make access to appointments with GPs more difficult, adding processes such as screening before appointments or increasing waiting times.

*“Longer waiting time see GP”*

*“A different kind of continuity of care could impact on the quality of care. Will GPs have time to look back through history of notes for new patients?”*

*“Pharmacy: is there a link to GP, referral link or follow up?”*

- **Exclusion of vulnerable groups:** There were concerns that the increased use of new technologies and digital tools in access to healthcare could exclude certain groups in the community, such as those who are unable to use technology or those who are unable to access technology. Language and disability barriers need to be overcome.

*“Older people could be directly excluded.”*

*“I am not digital savvy will I miss out?”*

It was thought that referring individuals to different services rather than reverting automatically to GP consultations might discourage certain groups from accessing the care they need, making the system confusing for those who are still unsure about how to access health services.

*“Loneliness, need coaxing to use other services*

There were also some concerns regarding access to British Sign Language (BSL) interpreters for appointments.

*“Refusing to book interpreters sign video not booked working”*

### **Social prescribing:**

- **Defining the role of link workers:** one of the most prominent themes in the feedback we gathered on social prescribing was around the lack of clarity of the role of link workers. There was confusion as to how this new role would be different to social work, where the limits to link workers' capacity was, and what training they would have.

*“A thought: information to residents explaining the changes - eg may not see GP but this suits you better”*

*“Definition & promoting - role of SP -engagement-clarity of role - define what SP does?”*

*“More clear information in 'no jargon' format for residents and the lay person”*

*“Multilingual Engagement Information”*

- **Implementing social prescribing:** as well as a desire to better understand the role of link workers, there were questions around when and how social prescribing would be

implemented, such as: what the process for referrals would be, what targets link workers would have or who they would be working with.

Although these were the overarching themes that were clearly visible when looking at the feedback from the workshops, additional comments and concerns were raised:

- **Encourage self-care:** some individuals expressed that social prescribing would reinforce self-care and encourage people in the community to become more active, giving individuals more responsibility for their own health.

*“More responsibility for our own health + wellbeing”*

*“Greater emphasis on self-care”*

*“Social Prescribing very beneficial - supportive self-care”*

- **Develop technology use:** it was suggested that developing use of new technologies would be beneficial to improve access to care. A “Directory of Services” identifying community groups and services in the borough is a useful tool, if kept updated and accurate.

However, the use of technology in health and social care raised the question of digital exclusion. A proposed solution was to involve schools in working with older people to ensure they are able to access services through technology.

*“Schools involved with older people for tech education”*

- **Improve health and social care integration:** the feedback we gathered referred to the need to ensure that health and social care be joined up, enabling effective health and social care integration.

*“More joined up care”*

*“Integration needs to work better”*

*“Health and social care integration? CCG/LA/PCN<sup>7</sup>”*

*“Social care + health joining up properly.”*

- **Encourage prevention and early intervention through education:** it was also suggested that earlier intervention through education could help people take responsibility of their health and improve health prevention.

*“Education for the public. Prevention better than cure: how to explain situation plans”*

*“Need earlier intervention for e.g. healthy eating from age 5/with schools”*

*“Education such as cheap fruit and vegetable available. Cooking classes for parents, awareness of hidden sugar”*

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<sup>7</sup> CCG: Clinical Commissioning Group; LA: Local Authority; PCN: Primary Care Network

## Recommendations

Following the feedback gathered at the 2020 Healthwatch Enfield Annual Conference, our recommendations for health and care service commissioners are that:

- 1 The involvement of communities in shaping the design of services will help to ensure services are accessible and reduce inequalities.
- 2 Clear, jargon free, easily 'accessible for all', information about services should be made available in various formats such as Easy Read, and key languages. These should cover proposed services changes, new ways of working:
  - Primary Care Networks: what they are and how they work
  - Social Prescribing: providing information on the role of link workers and what services they are able to refer to
- 3 Health and social care services as well as the voluntary and community sector, should work together to promote this information as widely as possible in the borough
- 4 Primary Care Networks should further increase their community engagement, actively involving members of the community and acting on the feedback that is gathered

This is more important than ever, given the current climate, so that we can ensure that communities are fully engaged and understand the benefits of new service developments and how they access these effectively, in a fast-changing environment.

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

**Healthwatch Enfield**

Registered Office  
Room 11, Community House  
311 Fore Street  
London N9 0PZ

Tel: 020 8373 6283

Email: [admin@healthwatchenfield.co.uk](mailto:admin@healthwatchenfield.co.uk)  
[www.healthwatchenfield.co.uk](http://www.healthwatchenfield.co.uk)  
Twitter: @HealthwatchEnf  
[www.facebook.com/healthwatchenfield](https://www.facebook.com/healthwatchenfield)  
Instagram: @hwe\_young\_adults

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