

Championing what matters to you

Healthwatch Southampton
Annual Report 2021–22



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Message from our Chair

Welcome to this year's annual report from Healthwatch Southampton. As I stated last year, Covid-19 has made it difficult recruiting a new Chair and so it remains my pleasure to write this year's introduction.

Not surprisingly, Covid-19 has continued to dominate and affect all aspects of health and social care and the work of Healthwatch. Just as we were hoping to a return to some degree of normality, we were hit with the Omicron strain. Although considered less virulent, it spread rapidly and once again, hospitals were stretched to near capacity. Despite this, Healthwatch Southampton (HWS) continued to meet monthly but of course remotely.

We have been unable to visit organisations as in previous years and thus have not been promoting the use of our feedback centre. As a result, contact from the public was not as high as previous years. In 2021 there were more negative comments than positive. Despite the relatively low numbers contacting us, the monthly use of the website was about 2000 per month.

Staffing has proved very challenging this year. Amanda Kelly agreed to work as Healthwatch manager on Thursdays and Fridays. We have carried two vacancies for some time now and that has seriously affected the amount of work that we have been able to do. Also, due to the pandemic, we have not been able to use our volunteers. However, we have now recruited two members of staff to commence shortly, and we hope to again visit health and care locations and that our volunteers will again support us.

Our advocacy service is with a company called The Advocacy People (TAP). In 2021 they opened 127 new cases of which 102 were health complaints, the others were requests for signposting. 45 used the self-help pack provided by TAP and 57 were allocated an advocate. Overall, there was an increase of about 20% compared to previous years. There was a large increase in the number of complaints against GP practices possibly reflecting the difficulty in making GP appointments.

Cooperation between local Healthwatch from Portsmouth, Hampshire, The Isle of Wight and Southampton has been greatly strengthened and the Chairs and Chief Officers meet monthly. Approximately every quarter we meet with the designated chair and Chief Executive Officer (CEO) of the Integrated Care System (ICS) and/or the communication lead.

Regrettably, we were unable to arrange an AGM in 2021 but held an AGM via Teams in March 2022. Our constitution requires 3 members of the Strategic Group to stand down each year but



"We worked with several other organisations including Carers in Southampton, Alzheimer's society, Age UK etc. to develop a realistic project plan for the care homes project. The report makes a number of recommendations should we be faced with another pandemic."



be eligible for re-election. However, we took the decision that all members would stand down and we would seek nominations for new members of the strategic group. Despite advertising to our membership, there were no other nominations from public members. We received one nomination from Sarah Brightwell of Citizen's Advice for the voluntary sector position.

Major changes in health and social care are in hand for July 2022 and we asked Stephanie Ramsey, then Managing Director of the Southampton Local Team of the NHS Hampshire, Southampton, Isle of Wight CCG, to speak about the changes at our AGM. We also invited Sarah Herbert, Deputy Director of nursing for quality, University Hospital Southampton Foundation Trust (UHS) to speak about the hospital experience of the pandemic, highlighting patient outcomes and overall performance, and to comment on staff well-being, plans on living with covid and their overall recovery plan.

Despite our low staff numbers, we managed to complete two major projects. The first related to how care homes fared in the pandemic and the second regarding hospital discharge.

HWS worked with several other organisations including Carers in Southampton, Alzheimer's society, Age UK etc. to develop a project plan for the care homes project. The report makes a number of recommendations should we be faced with another pandemic.

The second project looked at discharge from hospital. The project was granted funding via the Better Care Fund, small grant programme, to explore the local impact of the Government policy. The work was coproduced by HWS, Carers in Southampton and The Alzheimer's Society. The discharge to assess process has the potential to benefit patients where it has been well implemented but the findings suggest that improved communication is required to fully engage with patients, carers, and relatives.

I am pleased to report that UHS has included a quality priority for the coming year to 'ensure patients are involved and appropriately communicated with on discharge'. The accompanying dialogue cites the HWS report to which I have just referred.

Most recently, we have received several concerns about the continued visiting restrictions and the effect on patients especially those with dementia. We have contacted the hospitals and social services and have received a favourable response from the hospitals stating that they will introduce more flexible arrangements for vulnerable patients

I conclude by thanking our small staff who have worked under difficult circumstances and have managed to deal effectively with issues confronting the public.

I hope you will find this annual report interesting and informative, and I commend it to you.

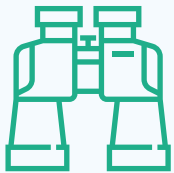


Harry Dymond MBE
Healthwatch Southampton Chair

About us

Your health and social care champion

Healthwatch Southampton is your local health and social care champion. From Millbrook to Thornhill and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



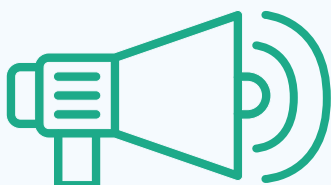
Our values

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



23,267 people

visited our website to access guidance on services, consultations and to leave their feedback on services

407 people

engaged with us for clear advice and information about topics such as mental health and COVID-19.

Making a difference to care



191 people

contacted us needing specialist advice information and support. This represents an 85% increase in case work for the service.

Through this work we've helped to improved access to mental health and dental services, visitation access to patients with dementia, streamlined prescription queries for vulnerable people.

Health and care that works for you



We're lucky to have

7

outstanding volunteers, who gave up almost 140 days to make care better for our community.

We're funded by our local authority. In 2021–22 we received

£133,251

to deliver the statutory requirements of local Healthwatch. We were also funded an additional £57,889 to deliver independent health complaints advocacy and additional projects.

We also employ

3 staff

who help us carry out this work.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.



Care Homes Report

The Covid-19 pandemic and subsequent lockdowns caused particular problems for care homes and Healthwatch Southampton undertook research to identify points of learning and in particular to acknowledge the enormous effort made by care home staff.

HWS worked with several other organisations including Carers in Southampton, Alzheimer's society, Age UK and care providers to develop a project plan. Although the numbers involved was relatively small, the report provides valuable evidence to illustrate the issues involved.

The project was conducted in 3 phases. All public engagement was carried out using ZOOM, phone calls or a public survey online.

1. Focus groups were held with care-home owners, managers, and staff.
2. An online survey was directed at carers, unpaid carers and family and friends of residents.
3. Interviews were conducted with residents. This was done in person with our staff wearing full PPE, and the residents being assisted by care home staff.

Importantly, it showed that the Public understood and appreciated the hard work care home staff were doing to support vulnerable people. Staff found their work stressful but rewarding Residents were very grateful for the care received and appreciated the difficulties of the staff. The wearing of PPE by staff impacted badly on residents who were in effect living 'at home'. Not surprisingly the biggest effect of the pandemic on residents was the lack of, or control of, visiting. Communication between hospitals and care homes was an issue in the early days especially in relation to discharge.

The report makes a number of recommendations should we be faced with another pandemic.

1. Greater awareness of support, especially mental health support needs to be available to all staff.
2. Care homes need time to prepare for Government restrictions.
3. Partnership working should be recognised and encouraged.
4. Greater recognition and support should be made available to unpaid carers.
5. Residents to have an easy read version of regulations to help them understand restrictions and promote greater independence.
6. Where possible, there needs to be more privacy in designated visiting rooms.



“During the pandemic I am proud to know that I'm making a difference through this hard time.”
- Care Home Staff, Care Home Report



Hospital Discharge Project

The project was granted funding via the Better Care Fund, small grant programme, to explore the local impact of the Government policy issued in March and August 2020. This required acute and community hospitals to discharge all patients as soon as it is clinically safe to do so. The guidance was updated into a national policy, which confirmed that Discharge to Assess (D2A) would continue for the foreseeable future.

The work was coproduced by HWS, Carers in Southampton and The Alzheimer's Society.

The intention was to make recommendations for the Southampton Discharge Hub, based on the experiences of patients and carers and consider how to collect ongoing feedback.

Engagement was carried out either through TEAMS and ZOOM, phone calls, an online survey, or a paper survey. Coproduction meetings were held with Carers in Southampton and Alzheimer's Society. This was followed by interviews with staff involved in the new system and addressed their experiences in adapting to the new government regulations around discharge, including challenges, successes, frustrations, and the involvement of patients and carers.

An online and paper survey was directed at patients and their unpaid carers to gain valuable feedback about their experience of being discharged from hospital during June and July 2021. All surveys were anonymous.

The surveys, which were sent out in paper form, with a prepaid return envelope, were sent out to 200 patients. These were people who required care on discharge, either a reablement package of care, or a more complex package of care, or an interim placement in a residential/nursing home. We received a 15.5% response rate (good for this type of survey) which gave us a good amount of data.

The report contains detailed comments from both staff and patients. Interestingly, staff and patients made a number of similar comments. The final report has yet to be published but draws the following conclusions:

The discharge to assess process has the potential to benefit patients where it has been well implemented. It can speed up discharge from hospital while providing care and support to patients and their carers. It also enables more collaborative working between social care and health staff.

However, for it to be successful, it also requires timely assessment of needs and provision of appropriate packages of care in the community. Our survey responses indicate that this has not happened in a significant proportion of cases. This created stress for patients and carers and increased the risk of poor recovery, hospital readmissions and admissions to care homes.

The findings suggest that improved communication is required to fully engage with patients, carers, and relatives. When conditions permit, face-to-face contact should be the norm. Better support is required for carers who should be asked if they are able and willing to provide the necessary support to the patient.

HWS will work with the commissioners on improving patient and carer experience and the discharge hub on gathering of patient and carer feedback.

PLACE Inspections and the University Hospital Southampton Foundation Trust Clinical Accreditation Scheme

In last year's annual report we commented on PLACE inspections in some detail. Regrettably, our normal commitment to perform PLACE inspections in all sites providing health services in Southampton, has been suspended for the duration of the pandemic. There is a possibility that these will recommence later this year and if so, we will again play our full part.

The Clinical Accreditation System (CAS), operated by University Hospital Southampton FT UHS, is locally structured scheme to evaluate wards and departments within UHS to ensure they provide a high degree of care for patients. A key part of the scheme involves patient representatives speaking to patients and observing various aspects of care. This is followed by a panel discussion with the inspecting team and ward/department leaders to discuss findings and if required identify points of learning. Traditionally, although not a Healthwatch initiative, members of HWS played an important part as patient assessors. This scheme has also been suspended for the duration of the pandemic. We have been in consultation with UHS, and we are hopeful that it will re-start in July.

Both PLACE and CAS were discussed by the UHS Quality Governance Steering Group and HWS proposed and it was accepted that both schemes should be reviewed to provide minimum overlap and to ensure maximum benefit to improve patient care.



"Thanks for help in registering with GP surgery."

"Thanks for info re dentist willing to take new patients."

"Thanks for all your help and advice."

"Thank you for helping people to make their voices heard and get some hope."

- Feedback received from the public about our work



Quality Accounts

A Quality Account (QA) is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are important for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided. The Department of Health and Social Care requires providers to submit their final QA to the Secretary of State by June 30 each year.

Providers are required to share draft QA with, and seek comments from, NHS England or relevant Clinical Commissioning Groups, Overview and Scrutiny Committees and local Healthwatch. Local Healthwatch is not obliged to comment but if it does, comments received must be published in the final published QA. HWS believes these are important documents and has always commented. Regulations state that NHS providers should send the QA to the Healthwatch in the local authority area where they have their registered or principal office. In some cases, Trusts send to more than one local Healthwatch.

We reviewed the quality accounts of:

University Hospital Southampton FT.

As in previous years, Healthwatch Southampton was consulted on the priorities to be set for the coming year and support them. We are pleased that our report on Discharge to care resulted in proposals for action in 2022/3

Solent NHS Trust.

Solent NHS trust is a complex organisation, delivering Community and mental health services for Southampton, Portsmouth and parts of Hampshire and the Isle of Wight. We were particularly pleased that our suggestions for layout last year have been incorporated this year. We hope to be involved if the trust decides to review the format again next year.

Southern Health FT.

Although not obliged to consult HWS, we were pleased to receive the quality accounts for comment.

South Central Ambulance Service Trust FT.

SCAS covers a very wide area and as well as providing a 999 service is also responsible for the 111 service. We were pleased to receive the quality accounts for comment

Mountbatten Hampshire.

The QA for Hampshire is amalgamated with the QA for the Isle of Wight which is understandable. It is good to see that despite the obvious problems created by Covid-19, there has been sound progress made and provides the reader with a good insight into the principles that make Mountbatten 'special'.

Three ways we have made a difference to individuals

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



Access to mental health support

Paul would visit HWS looking for help and support with his mental health, he also regularly visited his GP practice. With our support Paul was able to get the help and treatment he needed.

HWS contacted all the services Paul had worked with. Working in partnership and ensuring good communication with services was vital for Paul, a multiagency team coordinated by the community mental health team, GP, practice manager, Yellow Door, and HWS, all agencies agreed a course of action to help Paul get better and get the services he needed at the right time.



Specialist dental care

Thanks to the help, advice and persistence of HWS Mark has had his dental treatment approved that he required.

Due to previous cancer treatment Mark needed specialist dental care that his dentist was unable to provide. He previously had work completed on dentures and needed specialist treatment again. HWS spoke to NHS England and Mark's dentist to enable the specialist treatment to be approved and a plan agreed for the treatment to start to allow Mark a better quality of life.



Visiting patients with dementia

We received a number of anonymous contacts regarding visiting patients in hospital with dementia.

HWS contacted Southampton General Hospital, and Adult Social Care to seek clarity about visiting and how this is communicated to the public. We received confirmation that visiting restrictions were more flexible for patients with dementia and continue to raise concerns on behalf of individuals when we receive them.

Volunteers

We have been supported by 7 active volunteers to help us find out what people think is working, and what improvements people would like to make to services. Previously the majority of our volunteers have undertaken face-to-face roles out in the community, which have not been possible during the pandemic restrictions. Over the coming months we look forward to reinvigorating our volunteer programme.

This year our volunteers:

- Contributed to our monthly strategic group meetings to enable the staff team to prioritise their work
- Played a central role in staying in touch with local service developments as Southampton CCG merged into the larger geographical footprint of Hampshire, Southampton, and Isle of Wight CCG
- Led on key areas including Mental health, Hearing loops, and Learning Disabilities





Healthwatch Southampton Strategic Group

Healthwatch Southampton would not be possible without our volunteer Strategic Group. This group of experienced people, who are both elected and appointed, enable us to make decisions about the issues we explore based on the data and narrative we collect from communities.

They also play a key role in representing HWS at a strategic level within our place-based health and care system, whilst also keeping a finger on the pulse of rapidly changing NHS systems and structures. This year has been another challenging year for our Strategic Group who have continued to meet monthly online and have worked hard to drive work forward.

We have welcomed guest speakers to the meeting, including representatives from The Advocacy People, Southampton University Hospital Trust, Southern Health, Southampton City Clinical Commissioning Group. On behalf of HWS I would like to extend my personal thanks to each and every one:

Harry Dymond Chair

Rob Kurn

Steve Beal

Anne Cato

Lesley Gilder

Matt King


Sarah Brightwell



Do you feel inspired?

We are always on the lookout for new volunteers and strategic group members, so please get in touch today.

 www.healthwatchsouthampton.co.uk

 02380 216018

 healthwatch@southamptonvs.org.uk

Message from our Manager

I was delighted to join HWS in June 2021 as an interim appointment working 2 days a week, which has now been made permanent.

I joined an experienced team of staff, Rachel Hart and Maria Kelly who are both passionate about health and care services and ensuring patients and carers get the support they need.

We worked on two big pieces of work this year, firstly looking at the experiences of Care homes during the pandemic which I was fortunate to help with, speaking with residents of a care home and listening to their unique stories and experiences.

Also working with the discharge hub and Carers in Southampton and Alzheimer's Society we produced a piece of work on hospital discharge, looking at patient and carers experiences with further work planned this year on looking at improving patient and carer feedback and experiences.

I am grateful for the hard work, and dedication of the HWS staff team. Rachel Hart community development worker worked with us until November 2021 when she moved to work on patient and public involvement within the NHS. Maria Kelly (no relation) has been seconded to work for HWS and remains as a part time community development worker being involved in both casework and project work.

Recruitment to fill the vacant posts has been a challenge however I am happy to announce we have two new members of staff, Hannah and Jo joining our team in July.

We are looking forward to continuing our work with colleagues in Healthwatch in Hampshire, Portsmouth and Isle of Wight. In May and June this year we collaborated on gathering patient feedback on waiting for elective surgery and peoples' thoughts on a new hospital hub in Winchester. Moving forward we are planning to work jointly on a dentistry project to gain further insight into the NHS dental situation, its impact regionally and on the city residents as they seek to get registered and gain treatment as an NHS patient. We are also working closely with Hampshire colleagues to ensure patient voice and representation into the wider system as the new Integrated Care System takes shape and begins its functions on 1st July 2022.

Having had our Annual General Meeting (AGM) in March I look forward to working with the strategic group on a forward plan. In September we will set priorities for HWS, including feedback from the general public, and using a prioritisation tool to help us set our forward plan.

I am grateful for the support of the strategic group who are passionate, knowledgeable, patient and determined to find solutions for both individual and system wide issues.



Amanda Kelly
Healthwatch Southampton Manager

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
SCC Contract	£133,251	Support and administration	£25,061
SCC The Advocacy People	£45,640	Staff costs	£96,264
Additional funding	£12,249	Advocacy	£45,640
		Operational	£9,774
Total income	£191,140	Total expenditure	£176,739

2022–23 priorities

Work will commence in September with the strategic group to set priorities for the coming year we have already agreed to take part in the following work:

Elective Care Waiting Times Survey – to gain the views of the public about elective surgery waiting times and getting consider treatment at an alternative hospital in Winchester if it was available.

Dentistry project – to gain further insight into the NHS dental situation, its impact regionally and on the city residents as they seek to get registered and gain treatment as an NHS patient.

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

Statutory statements

About us

Healthwatch Southampton, Southampton Voluntary Services, St Mary Street, SO14 1NW.

Healthwatch Southampton uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Strategic Group consists of 7 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Strategic Group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met 12 times and made decisions on matters such as the care home project, and the hospital discharge project. We ensure wider public involvement in deciding our work priorities through a number of means, including public engagement events, surveys and interviews, analysis of data trends regarding signposting and cases, analysis of complaints, and system data. We also work closely with voluntary and community organisations to better understand the needs of their beneficiaries.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual engagement, and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website www.healthwatchsouthampton.co.uk

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

Health and Wellbeing Board

Healthwatch Southampton is represented on the Southampton Health and Wellbeing Board by Rob Kurn, strategic group member. During 2021/22 our representative has effectively carried out this role by attending 2 formal meeting that were held.



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