

Staffordshire Health and Wellbeing Board – 07 September 2023

Healthwatch Staffordshire progress and update on our 3 Deep Dives

Recommendations

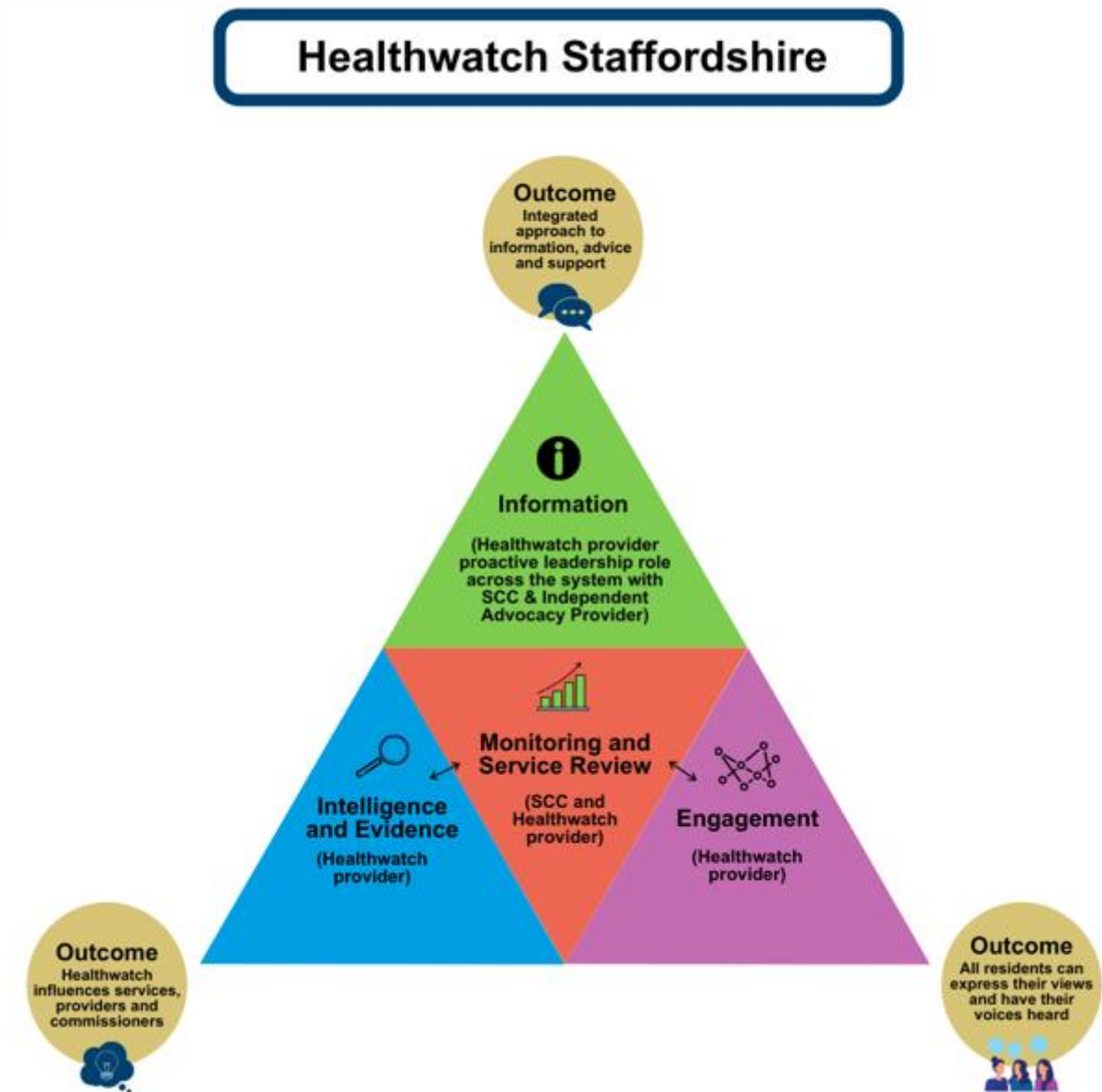
The Board is asked to:

- a. Consider and comment on the progress made by Healthwatch Staffordshire service on the three Deep Dives;
 - Root causes of good and poor teenage mental wellbeing and health outcomes when you've been in care as a child
 - Access to Primary Care
 - Seldom Heard Groups

Background

1. Under the Health and Social Care Act 2012, the Healthwatch network is required to involve and engage with the general public as to their experiences of health and care services. In Staffordshire, Support Staffordshire holds the contract to deliver the Healthwatch service on behalf of Staffordshire County Council.
2. The purpose of this report is to update members of the Health and Wellbeing Board on Healthwatch Staffordshire's progress of **3 deep dives** as part of their priorities.
3. The overarching vision is 'To help people get the best out of their local health and social care services; both to improve them today and helping to shape them for tomorrow', and high-level outcomes (see also figure 1) are:
 - a. **Engagement** - all patients/residents can express their views and have their voice heard.
 - b. **Intelligence and evidence** – harnessing the patients/residents voice to influence services, providers and commissioners.
 - c. **Information** – an integrated approach to information, advice and Support (including through the Staffordshire Integrated Advocacy Service).

Figure 1– Healthwatch Staffordshire approach 2022-2023



Theory of Change

4. Healthwatch Staffordshire reached out to Healthwatch England on their priority deep dives. Healthwatch England offered training to the Healthwatch Staffordshire team on using the **Theory of Change Model** to help us to focus our resources in the areas most needed.
5. **Theory of Change** is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out what has been described as the **"missing middle"** between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired

long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur. These are all mapped out in an Outcomes Framework. The Outcomes Framework then provides the basis for identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal. Through this approach, the precise link between activities and the achievement of the long-term goals are more fully understood. This leads to better planning, in that activities are linked to a detailed understanding of how change actually happens. It also leads to better evaluation, as it is possible to measure progress towards the achievement of longer-term goals that goes beyond the identification of program outputs. The diagram below illustrates the toolkit provided by Healthwatch England.



The purpose of using this toolkit has helped us to:

- Increase chances of successful outcomes
 - Identify what is working, and what is not, so we can adjust our approach and target resources
 - Measure and communicate the effectiveness of our work
 - Evidence the outcomes we achieve
6. Healthwatch have been using surveys (online and face to face) and working with steering groups to get user experience of health and social care services 'good and bad' to ensure we are offering a more reflective

view of those services. Healthwatch is getting resident feedback as an independent organisation and working with partners as a '**critical friend**'.

7. Healthwatch are working with residents and partners to co-produce the deep dives. These are; **Staffordshire County Council** and those commissioned through Staffordshire County Council, the **ICS** (Integrated Care System) and the **VCSE** (Voluntary Community Social Enterprise). Further we have been engaging with **PPG's** (Patient Participation Groups) and '**Seldom Heard**' communities that are otherwise not heard from at appropriate levels, **Young People, PRIDE events, Neurodiverse** and those living in **rural parts of Staffordshire**.
8. The aim of the 3 deep dives is to draw out 'what the experience are for residents/patients' how these are impacting the patient experiences 'good and bad'. Our final reports will reflect what the services are offering to meet the needs of the residents and co-produced recommendations.
9. The 3 deep dive reports are due to be completed in November 2023 and will be published on Healthwatch Staffordshire website.

Root causes of good and poor teenage mental wellbeing and health outcomes when you've been in care as a child

10. Healthwatch has been working with Staffordshire County Council and the ICS to co-ordinate and contribute to the development of a new '**Staffordshire Joint Mental Health Strategy**'.
11. We recognise the current joint strategy being developed in partnership took place with people who have **lived experience**, their families and carers, as well as a range of organisations across the public and private sector, the voluntary and community sector. Healthwatch has observed that the revised and updated strategy takes into account a range of national changes, the impact of the Covid-19 pandemic and compliments the existing strategies and work programmes to address mental ill-health and wellbeing.
12. To address and help to improve the mental health and mental wellbeing of young people, the joint strategy aims to use the following '**six key outcomes**' identified from engagement activities. These outcomes are;
 - a. Everyone can look after their own mental well-being and find support in their communities when they need.
 - b. People have access to services when needed.
 - c. A timely response to crises.
 - d. There is equal access to support to improve mental well-being and services to manage mental health problems.

- e. People with severe mental health problems are supported to live in the community and have good quality, integrated care.
 - f. More integrated, good quality services for young people that focus on achieving independence in adulthood.
13. Engagement with young people - Healthwatch is able to highlight some early key 'root causes' of teenage mental wellbeing such as:
- a. Family disfunction, sometimes resulting in Child neglect, abuse, trauma.
 - b. Instability of family placements, including foster placements, with frequent moves.
 - c. Having a long-term health condition or physical/ sensory disability
 - d. Severe or long-term stress
 - e. Social isolation and/ or (severe) loneliness
 - f. Experiencing discrimination or stigma, including potential forms of racism.
 - g. Social disadvantage, poverty, or debt.
 - h. Bereavement
14. Further Vulnerabilities:
- a. Long exposure to deprived areas resulting in more risk-taking behaviours, such as:
 - b. Anti-social behaviour or criminality,
 - c. Substance use (of prohibited substances – drug use)
 - d. Alcohol dependency.
15. Most common examples of ill mental health in children looked after and/ or care leavers:
- a. Anxiety
 - b. Depression
 - c. PTSD (Post Traumatic Stress Disorder)
 - d. Isolation
 - e. Low self-esteem
 - f. Suicidal ideation/ thoughts.
16. The Service Provision available to Young People and those leaving care;
- a. Leaving Care Services from the Local Authority
 - b. Mental Health Services, including Children and Young People Mental
 - c. Health Services (CYPMHS) and the transition into Adult Mental
 - d. Health Services (AMHS).
 - e. Accommodation Support Services
 - f. Education, Employment and Training) – EET Support Services

g. Substance use (abuse/ misuse) Support Services, such as: Adsis, STARS (Staffordshire Treatment and Recovery Services).

17. **Engagement and Feedback** we received at Healthwatch;

a. Young People would primarily like to have face to face appointments when it comes to their Mental Health and Emotional Wellbeing. Young People have also said due to the complex factors they would like to have the flexible options to attend appointments on-line via Zoom or similar platforms, as and when needed and via phone call.

18. The ICS have adopted a 'Single Point of Access' into services, via calling the number provided online. This allows a parent/carer, or a specialist, such as a GP to refer that person into the service, for MH assessment.

19. Healthwatch has been investigating the patients' perspective and experiences of the CEYP (Care Experienced Young People) in the deep-dive.

20. We have established important contacts for this research, by liaising with Staffordshire County Council (Children Looked After & Care Leavers teams), the Virtual School, NHS, VCSE: ASIST, SCVYS, Concrete in Stoke area.

21. We have two surveys currently live on our website to gather resident feedback on their experiences.

22. Healthwatch is doing a total of 4-6 focus groups and 1-to-1 sessions with young people at the Voice Project and Hive to gain their experiences of Mental Health services. The insights will be highlighted in the completed deep-dive with patient stories.

Early emerging Key Themes and Recommendations:

23. **Transitioning from CAMHS** (Child and Adolescent Mental Health Services) into adult mental health services needs to be smoother

24. Reduce the risk for vulnerable people of '**slipping through the net**', thus potentially having exacerbated problems, or even reaching crisis point.

25. **Reducing waiting times following an initial referral, should be a high priority within the NHS services.** This can be done by considering using other providers, to reduce patients' frustrations. For example, services such as: Changes, MIND, Action for Children, Your Emotional Support Services (YESS), Starfish Health and Wellbeing, STARS – for people suffering from addictions.

26. **Face-to-face appointments to be kept as the main form of intervention**, as this is what the majority of young people have told us they prefer, while also maintaining the option of benefiting from the flexibility of on-line sessions, for those who need them, when they need them; in other words, there should be a **choice**.
27. Increase overall effectiveness of one-to-one appointments. **Improving initial assessment methodology, and early intervention**, to increase its productivity, with less focus on medication alone and more on emotional support (counselling sessions, talking therapies, CBT, advice on self-help, and support groups in the community etc.)

The Deep Dive on Access to Primary Care

28. **Background – Access to Primary Care** has become a major issue for the public and was exacerbated by Covid-19. It is where 92% of NHS consultations take place. As almost everyone is registered with a GP practice, access to Primary Care when and where they want is everybody's business. Along with NHS Dentistry this is reflected in the most amount of feedback to Healthwatch Staffordshire.
29. **National view and local strategy** - We have looked at the National GP Patient Surveys for 2021/22 and 2022/23 which can be downloaded by the ICB and by individual practices and at the ICB Primary Care Improvement Plans. **Nationally the Fuller Report published in May 2022 by NHS England sets out a road map for Primary Care Improvement.** In early March 2023 NHS England have published changes to the GP contract to address Access followed the National Primary Care Improvement Plan in May. These developments were reported to Health Care Overview and Scrutiny Committee in June 2023.
30. **Engagement Strands** – Access to Primary Care deep dive focusses on patient and provider experiences in Staffordshire with the aim of reducing some of the stress in the system for both patients and primary care providers. The following strands of engagement have been undertaken by Healthwatch:
- a. Analysis of feedback through the Healthwatch Enquiry Line and events we are attending.
 - b. Contact with 25 Patient Participation Groups by engagement officers
 - c. Carers Groups around the County
 - d. South Staffordshire Councillors
 - e. Staffordshire Social Prescribers
 - f. "Enter and View Visits" to a district nursing team and an integrated mental health team looking at how they interact with primary care colleagues in Lichfield.

- g. Meeting with NHS 111
 - h. National GP patient surveys
 - i. Regular meetings with the ICB primary care managers to understand both countywide and local issues
 - j. Joint Medicines Optimisation Group linking into pharmacy issues.
31. **Additional Reimbursable Roles (ARRS)** – Healthwatch will be working with partners such as PCN’s to feedback the effectiveness of the new roles to support patient access. These being:
32. **Pharmacy** – patients are increasingly discovering the benefits of pharmacy input in the surgery particularly with medication reviews and renewal of repeat prescriptions. Increasing role of community pharmacies in advising and treating minor illnesses/conditions.
33. **Mental Health** – offering the chance to link mental health and physical health together.
34. **Social Prescribing** - Availability increased across the county and successfully dealing with the wider social needs of patients and linking them into resources in the communities. Releasing GP appointments for other patients.
35. **Direct Access Services** – Physiotherapy for muscular skeletal issues. IAPT mental health services. Other proposed going forward.

Early Key Themes Emerging from Patients Feedback:

36. **Telephone access** remains an issue for some patients at present despite some GP’s upgrading to new phone systems. Patients want to access their GP via phone but find the waiting times very frustrating. There are also concern about appointment capacity too.
37. Patient Feedback:
- a. “I made 210 calls over 2 days before I got through but once I did, I was booked in and got the treatment I needed.”
 - b. “I rang my surgery booked my place in the queue and waited two and a half hours for a call back and then no appointment was available.”
38. The challenges of adapting to **digital communications** including the use of the NHS App produces a mixed reaction from patients. For many it is empowering but for those who are digitally excluded, an alternative should be available.

39. Reasonable adjustments required for patients with **communication** needs. **Neurodiversity** was raised by some patients as an issue. This is also cross referenced with our seldom heard deep dive.
40. **Enhanced Access**- evening and weekend appointments now bookable and are popular for those who cannot get to the surgery in the working day.
41. **Cost of Living** making it difficult to afford prescriptions and to travel to appointments.
42. **Patient Registration** - specific issues in Burntwood and East Staffordshire
43. Mixed views on patient experiences with **NHS 111** positive and negative
44. **Potential Role of PPGs** – supporting changes in local practices, helping with patient communication and promoting health and wellbeing.
45. Next Steps for this deep-dive:
 - a. To continue meeting with the ICB primary care managers to understand countywide implementation of the **Primary Care Improvement Plan** and how it will be promoted to the public.
 - b. To develop a simple guide for patients which sits along the changes to assist them in securing the best out of Primary Care.
 - c. Look at an event to share and refine.
 - d. Consider looking at patient feedback early 2024 on effects of changes on patients. Possibly use the national survey again.

The Deep Dive on Seldom Heard

46. This deep dive has been focusing on 3 Seldom Heard:
 - a. Those from the Trans Community (LGBTQIA+)
 - b. People with Neurodiverse conditions
 - c. Those in rural areas (rurality)
47. **Gender Affirmation** - We have already published our Gender Affirmation report on our webpage and this will be included in the final Seldom heard deep report. We have continued to attend further Pride events to support a good level of engagement with this Seldom heard community. Any new insights will be reported through our regular newsletter.
48. The key aspects of the Gender affirmation were:

- a. Patients felt GP's generally were unsure how to support them when they wanted to transition.
 - b. Patients were promised transitions will take a set amount of time (4 years) however, in practice this was closer to 6 years+. This is causing a lot of anxiety and depression to this community due to the delays. [Gender-Affirmation-Jan-2023.pdf \(healthwatchstaffordshire.co.uk\)](#)
 - c. A patients feedback: 'I feel like I've been waiting for ages and I haven't heard anything back which is effecting me a lot as I can't get the changes I need to be happy and comfortable in my own body, I feel like I've just been forgotten'
49. **Early Key action for Healthwatch Staffordshire** has been to further to attend PRIDE events and engage with the Transgender community to offer good AIG and further understand the issues they are facing. We have been sharing our report with the **Healthwatch England networks**. This has been done by presenting our report and findings to other local Healthwatch and Healthwatch England. The report has been well received and encouraged wider work to support this community across the country. We have shared this report with Staffordshire wide partners including the VCSE, ICS and SCC.
50. **Neurodiverse (Co-occurring Needs)** – Neurodiversity refers to the diversity of all people, but it is often used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities.
51. We formulated surveys after consultation with staff who work with people with neurodiverse conditions, we were advised that people with such conditions prefer to have their condition referred to as a '**co-occurring needs**'. The wording of the survey was also amended following their advice. All surveys were promoted on Healthwatch Staffordshire's website and Social Media and via the HWIN (Healthwatch Intelligence Network), Newcastle South Primary Care Network (PCN).
52. There has also been communication with partners such as: Lifeworks, North Staffs Autism Asperger's Association, North Staffs Autistic/Autism Society, Wolstanton GP Surgery, SENDIASS.
53. We have so far received over 65 responses from our survey. 80% of respondents are carers. Of these 80% of the respondents were telling us about an Autistic Disorder (ASD) condition. They went onto say that this condition affected them a lot when visiting a GP, hospital or dentist. The patient feedback highlighted they wanted professionals to have more understanding of Co-occurring needs would improve access to services. The final report will also include examples of policies that are already in existence plus good practice, such as the **Health Passport (Appendix 2)**.

54. **Rurality – (people living in rural areas)** We have received over 35 completed surveys mostly from 50 years or older and white British backgrounds. Most of the respondents said they travel under 11 miles to visit a GP, optician, pharmacist and health centre. The majority said they travelled more than 11 miles to visit a hospital. Around 35% of respondents travel over 11 miles to visit a dentist. Residents said that travelling over 11 miles for appointments means they incur additional fuel costs, and also means they have to spend more time planning when they will have time to attend appointments. Residents said that it would make a difference to their lives if services were closer as they would save time and money, and have to rely less on other people for transport. In addition the surveys highlighted feedback around the lack of public transport was an issue to get to appointments.

Early Recommendations:

55. To use Health Centres more for additional services.

56. To work with partners and highlight the need for improved public transport to make it easier to access services further away from their homes. This is being fed back to the ICS Systems Quality Group and SCC.

57. More training for professionals - The patient feedback highlighted they wanted professionals to have more understanding of Co-occurring needs and this would improve access to services.

58. **All 3 deep dives are due to be completed by November 2023.** They will be completed with co-produced recommendations from both patients and partners.

List of Background Documents / Appendices:

Appendix 1 – Primary Care Access Campaign

Appendix 2 – Health Passport

Contact Details

Report Author: Baz Tameez, Healthwatch Manager

Telephone No: 07563397802

Email Address: Baz.Tameez@healthwatchstaffordshire.co.uk