



## Healthwatch Update to Health and Wellbeing Board – 7<sup>th</sup> Sep 2023

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# Deep Dive Progress and Update

- 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

# Theory of Change Model



## Theory of Change Model

- Healthwatch Staffordshire worked with HWE and used the '**Theory of Change Model**' to help us to focus our resources in the areas of the deep dive most needed.
- 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

# Methodology



How we carried out the deep dives



Face to face and events such as PRIDE, PPG's & Carers Groups



Surveys and Questionnaires.



Focus Groups



Case Studies



Social Media



Desktop Research



Partnership working

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

- Healthwatch has been working with SCC and the ICS to help co-ordinate and contribute to the development of a new 'Staffordshire Joint Mental Health Strategy'
- 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;
  1. Everyone can look after their own mental well-being and find support in their communities when they need.
  2. People have access to services when needed.
  3. A timely response to crises.
  4. There is equal access to support to improve mental well-being and services to manage mental health problems.
  5. People with severe mental health problems are supported to live in the community and have good quality, integrated care.
  6. More integrated, good quality services for young people that focus on achieving independence in adulthood.

# What do we know so far

Root Causes	Mental Health	Service Provision Available to YP to support their Mental Health
Family disfunction, Child neglect, abuse, trauma.	Anxiety	Leaving Care Services from the Local Authority
Experiencing discrimination or stigma	Depression	Mental Health Services, including Children and Young People Mental Health Services (CYPMHS) and the transition into Adult Mental Health Services (AMHS).
Having a long-term health condition or physical/ sensory disability	PTSD	Accommodation Support Services
Severe or long-term stress	Low Self Esteem	Education, Employment and Training) – EET Support Services
Social isolation and/ or (severe) loneliness Bereavement	Isolation	Substance use (abuse/ misuse) Support Services, such as: Adsis, STARS (Staffordshire Treatment and Recovery Services).
Social disadvantage, poverty, or debt.	Suicidal Ideation	‘Children and Families Single Point of Access’ (CaFSPA). Telephone <b>0808 178 0611</b> Email: <a href="mailto:CaFSPA@mpft.nhs.uk">CaFSPA@mpft.nhs.uk</a>
Instability of family placements, including foster placements, with frequent moves.		

# Early Key Themes/ Recommendations

- Primarily Young People like to have face to face appointments with the flexibility of other means to engage.
- Transition from Child Adolescent MH Services into Adult MH Services need to be smoother.
- Reduce the risk of vulnerable people 'slipping through the net'.
- Waiting times can be reduced by more referrals to other providers such as: MIND, Action for Children, YESS, Starfish, STARS and Changes.



# Access to Primary Care

- 92% of NHS consultation take place at the GP and where Healthwatch is receiving most feedback along with Dentistry
- Nationally the **Fuller Report** published in May 2022 by NHS England sets out a road map for Primary Care Improvement
- Access: Patients calling us are struggling with the getting appointment on the day or having to wait long periods of time to speak to someone
- Patient Feedback: *'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'. '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.'*
- *Treatment once seen by a GP is positive*
- *Engagement Strands – Healthwatch have been working with: PPG's, Carers Groups, ICB Primary Care Managers, NHS 111, District Nurses, Pharmacies, GP's, District Nurses, HWE and Social Prescribers*

# Additional Reimbursable Roles (ARRS)

- Healthwatch has been supporting the ICS with their '**Primary Care Access Campaign**' In line with the new 'Delivery plan for recovering access to primary care', by promoting the Additional Roles Reimbursement Scheme (ARRS).
  - Social prescriber role** - 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. [Tim - Social Prescriber - YouTube](#)
  - Clinical pharmacist role** - 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. [Becky - Clinical Pharmacist - YouTube](#)
  - First contact physio role** - Physiotherapy for muscular skeletal issues. IAPT mental health services. Other proposed going forward [Steve - First Contact Physio - YouTube](#)
  - Paramedic role** - paramedics can support population health management through on-the-day acute visits and telephone triage; treatment of minor ailments and injuries; and medicines supply via patient group directions (PGDs). They can also undertake home visits and support the Enhanced Health in Care Homes Service. [Amanda - Paramedic - YouTube](#)
  - Care co-ordinator role** - First point of contact when patient contact the Primary Care Networks and will be directed to appropriate professionals to meet the needs of the patient. [Jess - Care Coordinator - YouTube](#)
- Overview from Dr Paddy Hannigan** - Clinical Lead for Primary Care within the ICB and also the partner member for primary care on the Board [Paddy Hannigan Introductory Video - YouTube](#)



**NHS**  
Staffordshire and Stoke-on-Trent  
Integrated Care Board

**Who helped you today?**

The Social Prescriber at my GP surgery connected me to community groups and activities for emotional support that suited my individual needs.  
*Evie, patient*

**The new GP team.**  
Discover how the roles can help with your healthcare needs.

**NHS**  
Staffordshire and Stoke-on-Trent  
Integrated Care Board

**Who helped you today?**

The Clinical Pharmacist at my GP surgery found new medications that work better for my diabetes.  
*Kevin, patient*

**The new GP team.**  
Discover how the roles can help with your healthcare needs.

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**Who helped you today?**

The First Contact Physio at my GP surgery assessed my back pain and prescribed me the exercises and medications I needed.  
*Marie, patient*

**The new GP team.**  
Discover how the roles can help with your healthcare needs.

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**Who helped you today?**

The Paramedic at my GP surgery visited me at home to check up on my condition. I was reassured of a swift recovery.  
*Maureen, patient*

**The new GP team.**  
Discover how the roles can help with your healthcare needs.

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**Who helped you today?**

The Care Coordinator at my GP surgery created my personalised care plan and organised my referrals and appointments.  
*Muhammad, patient*

**The new GP team.**  
Discover how the roles can help with your healthcare needs.

## Early Key Themes Emerging from Patients Feedback and next steps

**Neurodiversity** – Reasonable adjustments required for patients with **communication** needs.

**Cost of Living** making it difficult to afford prescriptions and to travel to appointments.

**Telephone access** remains an issue for Patients. Patients want to access their GP via phone but find the waiting times very frustrating. There are also concern about appointment capacity too.

**Patient Registration** – specific issues in Burntwood and East Staffordshire

The challenges of adapting to **digital communications** including the use of the NHS App produces a mixed reaction from patients. Some find it empowering and others feel its too difficult.

There are mixed views on patient experiences with **NHS 111** positive and Negative. Healthwatch is working with the ICS to feed back the patient experience to the **ICB Urgent and Emergency Portfolio**.

### Next Steps for this deep-dive:

**Potential Role of PPGs** – supporting changes in local practices, helping with patient communication and promoting health and wellbeing.

To continue working 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. (above slide on ARRS roles)

To develop a simple guide for patients which sits along the changes to assist them in securing the best out of Primary Care.

Look at an event to share and refine.

Consider looking at patient feedback early 2024 on effects of changes on patients. Possibly use the national survey again.

# Seldom Heard

This deep dive is focused on 3 Seldom Heard:

1. Transgender Community (LGBTQA+)
2. People with Neurodiverse Conditions (Co-occurring Needs)
3. Those in Rural Areas (Rurality)

# Seldom Heard

Transgender Community Gender Affirmation Survey/Report –

Gender Affirmation Survey findings:

- Patients felt GP's generally were unsure how to support them when they wanted to transition.
- 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 \(healthwatchstaffordshire.co.uk\)](#)

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'*

**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.

# Seldom Heard

**Neurodiversity (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.

We formulated surveys after consultation with staff who work with people with neurodiverse conditions. We were advised by patients, that people who are Neurodiverse 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).

Partnership Working: Lifeworks, North Staffs Autism Asperger's Association, North Staffs Autistic/Autism Society, Wolstanton GP Surgery, SENDIASS.

**Co-occurring Conditions** – 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 Spectrum Disorder (ASD). The feedback was the condition effected 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).

# Seldom Heard

## **Rurality** – People who live in rural areas

- We have received over 35 completed surveys mostly from 50 years or older and those from 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
- Concerns around Time and Money
- Services closer to home
- In addition the surveys highlighted feedback around the lack of public transport was an issue to get to appointments

## **Early Recommendations:**

- To use Health Centres more for additional services
- To work with partners and highlight the need for improved public transport to make it easier to access services further away from their homes

**Thank you**