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Listening to Hastings

A *Healthwatch East Sussex* (HWES) draft report on what people told us about health and care services in the Hastings area during our Listening Tour in October 2017.

“It takes a minute to feedback, but the difference could last a lifetime”

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This main report is also supported by a series of 8 supplementary appendix reports, which will be released after this and provide more detail about the specific activities undertaken and their findings.

These appendix reports are;

- Report on formal and informal engagement opportunities
- Sussex Coast College -Student feedback
- Social isolation Focus group findings
- **Night time engagement activity report**
- **The experiences of people with multiple complex needs**
- Enter and view - Maternity Services
- Case study - Peers In Partnership focus group
- Listening Tour feedback event

Background

The purpose of the Hastings Listening Tour was to gather and share community input and views into how local health, care and well-being services are meeting the needs of local communities. An independent evaluation of the Tour was commissioned to help inform future Tours in other areas of East Sussex going forward

Healthwatch East Sussex has many tools and resources available to engage with local people and in the past, has been creative in how it engages the community. One example involved taking a decommissioned London Red Bus around the county in 2015 and 2016 on a whistle stop tour to raise the profile of Healthwatch, gather people's views and provide opportunities for partners to 'come on-board' and talk to local people.

This was deemed successful for two years. However, with the health and care landscape on a huge change agenda as part of the NHS Five Year Forward View and other reforms, a refreshed approach was required.

HWES identified the need to build a more sustainable programme of community engagement that reached deeper into local communities and aligned itself more to some of the gaps and barriers to accessing local services people encounter.

Objectives

In collaboration with local people, statutory, public, voluntary sector organisations and community partners, to enable local people to have access to safe and effective health and care services when they need them; especially where there are high levels of health inequalities and diverse socioeconomic communities.

Through creating simple but insightful evidence to help decision makers understand unique challenges each area has and the views of local people.

By providing opportunities that enable HWES to work with local people to create local solutions.

The formal remit of local Healthwatch; its role in tackling health inequalities

From its inception, local Healthwatch has been given a role in helping to tackle health inequalities. This model of community engagement will assist HWES to build knowledge about health inequalities generally and how they are experienced by local people. It can use its influence to help shape local policy and practice, as well as encourage action that will help tackle health inequalities, by local groups and by local and national bodies.

Delivering the Listening Tour

A comprehensive programme of engagement was developed and delivered using a variety of methods.

These included:

- **'Here to Listen'** sessions - these were 'pop up stands' in community locations such as community centres, public areas and sessions added on to existing events. These included events for people with learning disabilities, Parent and Toddler groups, Women's Hour, Adults using mental health services, mental health awareness sessions with young people and other public events. *(For full report see Appendix 1).*
- **Focus Groups** – two sessions bringing together diverse members of the community to talk about specific concerns HWES already knew about:
 - a) mental health awareness amongst young people not in education, employment or training; *(For full report see Appendix 2)*
 - b) to better understand the extent of social isolation in the local area (predominantly but not exclusively experienced by older people) *(For full report see Appendix 3).*
- **'Walking the Patch'** - two early morning and two-night time engagement sessions saw HWES staff, partners and volunteers going out into the community to engage with people whose voices are seldom heard at different times of the day and night and at locations they frequent. *(For full report see Appendix 4)*
- **Commuter Runs** – reaching the working population, two days were identified to focus on opportunities to gather feedback from the working population (those leaving Hastings and those coming into to work in Hastings). This was achieved by having a visibility at early morning and evening commuter runs from Ore, Hastings and St Leonards Stations. Surveys were handed out with free post envelopes and volunteers boarded trains at Battle station to support the return journeys.
- **Working with Partners** – opportunities were built into the programme for partner organisation to become involved as part of their remit in engaging with local people. A Lead Inspector from the Care Quality Commission (CQC) joined the night time activity in Hastings town centre and also joined HWES in a night time enter and view activity at the Accident and Emergency department at the Conquest Hospital. In total, representatives from five organisations, supported numerous activities. *(For Full report see Appendix 5)*

- **Enter and View activity;** Maternity services, Conquest Hospital. HWES's trained authorised representatives visited the maternity unit on two occasions as part of enter and view activity to engage with women and their partners' families using the service. Prior to the enter and view activity, residents were encouraged to complete an online survey capturing local people's views on using the service. (*For Full report see Appendix 6*).
- **Social Media** – the listening tour was supported by online platforms including Facebook, Twitter and the HWES website for communicating information about the tour and for people to share their feedback, A combined social media reach of 68,500 views was achieved, with the targeted 'call for action' on maternity services generating the most reach of 36,000 views.

All the above methods are available to HWES to not only promote the range and reach HWES can achieve, but also the model of delivering a community listening tour. Every opportunity was maximised to engage with local people by:

- handing out surveys.
- having one to one conversations
- providing details on how to access HWES services; and
- signposting people to our online platforms for sharing feedback.

Observations and findings

Emerging trends and themes across all the activities

Surveys – a total of **237 completed surveys** were received from over 800 printed/handed out as a result of face to face interactions with local people. This equates to an approximate 30% response rate. When it was not always possible for people to take a copy of the survey, they were signposted to complete the online version or complete a Speak Out form.

A total of **108 on line** entries were submitted and a further **18 Speak Out** forms were received.

What people told us - positive feedback:

- Pharmacy services, well received including access, advice and online repeat prescriptions where offered.
- Some good experiences of getting appointments e.g. at opticians for an individual with a learning disability.
- Some good experiences using mental health services.
- Acknowledgement of TEXT reminders for appointments where offered.
- Staff in general across services; - 'helpful' and 'understanding' (whilst acknowledging the difficulties facing staff).
- Some good examples where people have been involved in decisions about their care.

- ‘Specialist services’ e.g. Multiple Sclerosis Nurse, Screening services and Diabetic services

Not so good feedback:

- Appointments, predominantly GP access and waiting times.
- General trend to go to Accident and Emergency (A&E) department over trying to get a GP appointment.
- Access to appointments for people who work out of the area.
- Long waits for mental health services - generally good once you can access the service.
- Medication - some delays with prescriptions.
- GP closures/relocation issues.
- Registering with a GP; and
- Access to appointments for those with mobility needs and those using public transport.

Some barriers people reported

- Waiting times and accessing GP appointments (predominantly).
- Long waiting times for hospital appointments.
- Registration with a GP.
- Discharges - examples of medication being incorrect.
- Access to mental health services, long referral times.
- Waiting lists and time to diagnosis; and
- Access to services by a member of the transgender community.

Suggestions - what people would change

- GP appointment access, waiting times and better systems to enable patients to see the same GP.
- Access to mental health services/referral process.
- Transport links and parking facilities.
- Better use of technology - Skype, on line appointment.
- Gender specific clinics; and
- Carer support needs.

It is no surprise that access to GP services generated the most, largely negative feedback from the Hastings area given all the recent challenges and changes. However, in Rye, people mostly spoke about good and excellent GP services with Ferry Road Practice receiving particularly positive mentions.

HWES also heard from diverse groups of individuals during the listening tour how access to GP services has particular impact based on their (and some people who support them) experiences. Examples included:

One group of young people spoke about the importance to:

- Build a relationship with their GP.

- To see the same GP.
- Have time to talk about their problems; and
- Not always being offered medication as the outcome of a consultation.

Several spoke about not trusting the medication being prescribed as not enough time was allocated to explain to the young person, what the medication was for. Other young people in the group spoke about avoiding the GP system and would choose going straight to A&E as their preferred option, if they needed help.

Care workers supporting people with multiple, complex health needs described a system that had many challenges and barriers for their clients to access routine GP and hospital appointments i.e. for Diabetic clinics.

Other examples included:

- Challenges for clients registered with the Special Patient Scheme
- Alcohol dependent clients presenting at A&E in crisis
- Individuals living in St Leonards on Sea who require alcohol screening prior to receiving prescribed medication having to travel to Hastings due to no pharmacy in St Leonards offering this service. (a greater problem over the weekend period).

Individuals with reduced mobility also spoke about some of the challenges they encounter, as too did young parents (mostly young Mum's with another school aged child) and people working out of the area.

Feedback gathered from other activity

Focus Group

A small number of individuals and community group representatives came together to explore the best ways to generate local discussions on social isolation. All attending recognised this issue is widely and frequently discussed, however they also highlighted that conversations are not always maintained.

The topic of social isolation is a peer led project initiated by HWES volunteers who are out and about in their local communities and networks. From their interactions and local information gathered, they concluded that many conversations on social isolation begin in primary care and are not exclusively applicable to older people.

In order to test this theory, the volunteers drafted a survey (with the support of HWES Evidence and Insight Manager), as a starting point to clarify if and how frequently, conversations about feeling socially isolated happen in primary care settings for practice staff. However, due to pressures and demand around the capacity of practice staff, this did not generate the opportunities for engagement anticipated.

To maintain the conversations, HWES will look to identify other partners and organisations it can work with to ensure these conversations are maintained.

Walking the patch

To have a truly ‘around the clock engagement’ programme was a key focus of the listening tour. It enabled the team and our partners to be where local people go at times of the day (and locations) that were especially challenging for them.

Two research activities to walk the patch identified groups of individuals and locations that would provide good engagement opportunities as well as useful sites to display information about Healthwatch and to develop sustainable community relationships for the future.

During the early morning and night time sessions, the team engaged with very diverse individuals, with over half willing to take a survey and/or talk about their experiences. Conversations were often lengthy and in some circumstances, individuals shared very detailed accounts of their experiences.

We observed a good example of positive citizen involvement that involved two residents volunteering informal support to homeless people on a weekly basis. They were very keen for HWES to return more frequently, as several of the homeless and rough sleepers are ex-service personnel that would welcome more dialogue.

There were other examples shared and observed of how homeless people and rough sleepers often require urgent acute intervention, because primary care pathways and preventative services do not always work for them.

Working with partners

HWES supported by Peers in Partnership (PiP) co-hosted/delivered two sessions to gather peoples feedback on local adult mental health services. (*see Appendix 7*) Some of the key themes that emerged were the need for:

- Health and care services to engage more male clients and provide services that meet their needs/preferences.
- GPs, Pharmacies and some practitioners to provide more information on the side effects of prescribed medication; and
- Services that supports clients before their health deteriorates/reaches crisis.

A second session with young people not accessing education, training or employment was co-hosted at Sussex Coast college.

Other sessions in the community were supported/hosted by representatives from the following organisations:

- Sussex Partnership NHS Foundation Trust
- SeAp - providing NHS Independent Health Complaints Services
- East Sussex Healthcare NHS Trust;
- East Sussex Fire and Rescue Service
- The Bridge Community Centre
- Fulfilling lives project, Hastings

Enter and View; Maternity services at the Conquest Hospital

Over two sessions, authorised representatives from HWES visited the Maternity Unit to speak to women and their partners/families about their experiences using the service. HWES undertook a similar activity in March 2016 and was keen to follow up those visits in 2017 as part of the listening tour.

During the visits, a total of **17 women** were spoken with. Most shared positive experiences during this time frame. Some comments gathered include:

- *‘...care worked well, taking care of me and the baby. Staff friendly and helped with breast feeding’*
- *‘same midwife from start to finish was excellent’*
- *‘perhaps more knowledge of special diets for women who have diabetes’*

HWES was especially pleased to receive feedback that women were getting help with breast feeding, as previously this was not always the case. Also, appearing in feedback from the last activity was more consideration/knowledge of special diets for women who have diabetes, which will be taken forward.

Prior to this enter and view activity a ‘call for action’ was run for 14 days asking people who had used the service during a specific timeframe to complete an online survey. A total of **133 responses** were received. HWES will work with East Sussex Healthcare NHS Trust in the form of a working group to assess all the on-line responses and report separately.
(For full report see Appendix 6)

Conclusions

A vast amount of rich information was gathered by HWES during the listening tour. It is critically important that on behalf on local people, HWES uses its influence to ensure the rich data is shared appropriately with those who provide, plan and pay for local services and that any recommendations made are followed through.

To help draw the conclusions and shape the recommendations, a Listening to Hastings Feedback event was hosted on the 29th November to share the emerging headlines contained in this report and secure the commitment and suggestions from local people / leaders to continue the discussions.

The event was well attended with a good mixture of statutory, voluntary and local representation including: Sussex Police, Hastings and Rother Clinical Commissioning Group (CCG) voluntary sector representatives and some local people.

Key themes from the feedback event include:

- HWES to share the feedback it has gathered with organisations and review long term, has anything changed because of this activity? for example:

We Heard...

We did...

This Happened...

And report back frequently to people!

- Build on contacts already made, some protected characteristics missing
- Work with other organisations to ensure better information is available in the community.
- Professionals should be where people are.
- Publishing the results of the listening tour is essential, people will feel it is worthwhile giving Healthwatch their opinion.

(For full report see Appendix 8)

Learning for Healthwatch East Sussex

- Build on contacts already made, some protected characteristics missing
- Work with other organisations to ensure better information is available in the community
- Professionals should be where people are
- Publishing the results of the listening tour is essential, people will feel it is worthwhile giving Healthwatch their opinion

The final version of this report will be made available publicly in March 2018 and will be supported by individual reports from each activity (where applicable). The results of the independent evaluation of the Hastings Listening Tour is also being made public.



With special thanks to the service users who provided such valuable insights.

Contact us

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Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

A final version of this report will be publicly available by March 2018 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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