

NHS LONG TERM PLAN

Engagement Programme Report

Local Healthwatch - South Yorkshire & Bassetlaw

Sucha Singh

Long Term Plan Co-ordination Lead and Board Member – Healthwatch Doncaster

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whot

would you do?

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1. Executive Summary

1.1 Background and Approach

1.1.1 Purpose

Following the formal launch of the NHS Long Term Plan in January 2019, each co-ordinating Healthwatch (for its respective ICS area) was commissioned to co-ordinate engagement programme activity with its local population. This was carried out through the Healthwatch organisations represented in this Integrated Care System (ICS) area. For South Yorkshire and Bassetlaw, this covers five Healthwatch organisations - Barnsley, Bassetlaw, Doncaster (Co-ordinating Healthwatch), Rotherham and Sheffield. The purpose of this report is to summarise and present the key outputs and findings from the NHS Long Term Plan Engagement Programme undertaken in the South Yorkshire and Bassetlaw ICS area.

The purpose of the engagement programme was twofold. Firstly, to engage and consult with the local population, including the hard to reach and seldom-heard groups, in order to better understand what matters most to them in agreeing the local implementation of the NHS Long Term Plan. Secondly, to communicate the key findings from across the ICS area to influence the local strategy and implementation plan developed at a SYB ICS level. The Long-Term Plan areas that this report focuses on are consistent with areas of importance identified by members of the public from South Yorkshire and Bassetlaw in a previous engagement exercise in 2017.

1.1.2 Engagement Programme Objectives

The key objectives of the local engagement programme in South Yorkshire and Bassetlaw is summarised as follows and are consistent with the Engagement and Research Plan previously shared with Healthwatch England in March 2019.

- a. Promote and enable the completion of the locally developed NHS Long Term Plan survey with a target of 250 respondents for each Healthwatch in the SYB STP/ICS footprint.
- b. Analyse the results and capture the key findings and observations in this report.
- c. Identify and summarise existing insight and evidence that is relevant for the SYB Local Plan.
- d. For each Healthwatch to carry out at least two public engagement events or focus groups involving a minimum of ten participants in each of the following criteria:
 - i. One with the general public
 - ii. One with a specific group or communityThemes and topics were locally agreed by the Co-ordinating Healthwatch with the SYB ICS and SYB Healthwatch to reflect local needs.
- e. Carry out any other reasonable activities collectively agreed with the ICS and co-ordinating Healthwatch.
- f. As co-ordinating Healthwatch, meet and work in partnership with other local Healthwatch in the SYB ICS area during the engagement period.
- g. Regularly update Healthwatch England through its monthly reporting process as well as providing progress updates to the ICS
- h. Each Healthwatch in the ICS area support the Co-ordinating Healthwatch to analyse its data, insight and findings by providing them in an agreed format, utilising tools provided by Healthwatch England.

1.1.3 Local Objectives and Approach

Discussions with local Healthwatch Leads and ICS Engagement Leads identified an engagement approach with groups and communities based on the three life stages:

- a) Starting Well (Making sure everyone gets the best start in life)
- b) Living Well (Delivering world class care for the major health problems)
- c) Ageing Well (Supporting people to age well)

Discussions also highlighted three key theme areas identified to be most relevant for the SYB area:

- 1) Mental Health,
- 2) Choice & Control, Prevention, and Maintaining Independence
- 3) Care near where you live

A fourth overarching theme identified was the increasing role digital technology could adopt in a future NHS. It was acknowledged by SYB Healthwatch that Digital technology was an overarching theme that would impact and affect many aspects of the long-term plan delivery including the three key themes highlighted above. This is evident throughout this report.

Having reviewed both the NHS Long Term Plan and the national survey made available by Healthwatch England in relation to local priority areas identified in South Yorkshire and Bassetlaw, it was agreed locally that engagement activities in South Yorkshire and Bassetlaw would encompass the three theme areas highlighted above and that a new single questionnaire/survey would be developed to encompass the three theme areas and segmented by the life stages.

1.1.4 South Yorkshire and Bassetlaw Survey

The survey was developed locally in South Yorkshire & Bassetlaw and is included in the appendices. The key research questions were developed collectively by local Healthwatch leads (covering all five Healthwatch organisations) and shared with the local ICS Engagement leads to ensure that their input and contributions were taken on board. The final agreed questions were incorporated into a single survey adopted across the SYB ICS footprint.

The SYB Survey was promoted by local Healthwatch using a range of media including their websites, social media accounts and local media press release to encourage members of the local population to have their say. The SYB Survey was also shared with Health and Social Care partner organisations and the ICS to encourage Health and local authority staff to complete the survey. The survey was further promoted at Healthwatch engagement events and meetings attended including those that did not directly relate to the NHS Long Term Plan. Although the outputs from the SYB survey for the purposes of this report have been defined and extracted, the survey has been kept open for the SYB ICS. This will give the ICS access to an increased volume of survey responses which will further enhance and contribute to the richness of the intelligence they hold as they look to implement the NHS long term plan locally.

1.1.5 South Yorkshire and Bassetlaw Engagement Events and Focus Groups

South Yorkshire and Bassetlaw Healthwatch collectively conducted 15 Focus Group engagement activities involving a total of 230 attendees. Although the number of attendees varied across the focus group sessions, the average equated to over 15 attendees per session. The specific engagement activity undertaken at place level, were determined and delivered by each respective Healthwatch. However, all engagement activities have been documented in a consistent manner using a standard report template developed by Healthwatch Doncaster as the co-ordinating Healthwatch. This was deemed necessary to ensure consistency in how the activity was recorded and presented. From a co-ordinating Healthwatch perspective, this facilitated review, analysis, observations and comparisons. The table below summarises the comprehensive nature of the engagement work undertaken by Healthwatch in the SYB area. It is worth noting from the table:

1. This part of the engagement programme has targeted both condition specific groups and more general community groups. This has ensured that views and opinions have been sought from a wider cross section of the local population and not just from those with specific conditions.
2. All three Life Stages have been addressed by SYB Healthwatch in determining where to focus their engagement.
3. All the theme areas, which were locally identified as priority areas for South Yorkshire and Bassetlaw, have been addressed during the focus group sessions.

	Focus Group	Description	Life Stage	Theme area	Attendees
1	Barnsley Macular Support Group	Macular Degeneration	Living Well, Ageing Well	Mental Wellbeing, Independence, care where you live	12
2	Barnsley Asylum Seekers and Refugee Women's Group	Women and Children	Starting Well, Living Well	Care near where you live, Choice & Control, Mental Wellbeing	6
3	Barnsley Refugee Council Men's Group	Refugee and Asylum Seeker men	Living Well, Ageing Well	Mental Wellbeing, Choice & Control	6
4	Bassetlaw Residents Group	Residents living in Bassetlaw	Living Well	Mental Wellbeing, Choice & Control	10
5	People Focused Group 1 (Doncaster)	Regular peer support group	Living Well, Ageing Well	Mental Wellbeing	18
6	People Focused Group 2 (Doncaster)	Regular peer support group	Living Well, Ageing Well	Mental Wellbeing	20
7	Doncaster Prison Healthcare Reps - Lindholme Prison	Supporting prisoners to access healthcare and support services	Living Well	Mental Health and Wellbeing	8
8	Renew Bentley 123 (Doncaster)	Community Group	Starting, Living and Ageing Well	Mental Wellbeing, Care near where you live	10
9	Doncaster Sea Cadets	National Youth Charity	Starting Well	Mental Health Services	19
10	Healthwatch Doncaster Volunteers	Healthwatch Volunteers	Living Well, Ageing Well	General	13
11	Rotherham Be Cancer Safe Event	Be Cancer Safe Community Engagement Event	Living Well, Ageing Well	General	30
12	Deaf Futures Focus Group (Rotherham)	Deaf Residents in Rotherham	Living Well, Ageing Well	General	20
13	Rotherham Military Veterans Group	Military Veterans	Living Well, Ageing Well	General	30
14	Burton Street Foundation Focus Group (Sheffield)	Adults with Learning Disabilities	Living Well	Mental Wellbeing, Choice, Control & Independence, Care near where you live	15
15	Sheffield Futures Young Advisors & Young Cabinet Focus Group		Starting Well	Choice, Control and Independence, Prevention	13
					Total: 230

1.2 Summary of Findings

1.2.1 What matters most to people in South Yorkshire and Bassetlaw?

The information from the completed surveys together with the outputs from the focused engagement work have resulted in a rich and comprehensive set of data and intelligence which has provided a valuable insight into how current services are perceived as well as a vision of what attributes NHS services are desired to demonstrate going forward.

Over 1300 participants have completed the locally developed South Yorkshire and Bassetlaw survey. This has been further complemented by the 15 focus group engagement sessions undertaken by SYB Healthwatch. The detailed findings are highlighted later in the report. This section summarises some of the more resounding and recurring messages from the people of South Yorkshire and Bassetlaw who participated in our NHS Long Term Plan Engagement Programme.

1.2.2 South Yorkshire and Bassetlaw Local Survey - Key Messages

1. In relation to the NHS Long Term Plan's commitment towards 'prevention, choice and control, and promoting independence and self-care', a significant proportion of survey respondents - 88%, said they agreed that it was right for the NHS Long Term Plan to focus on this.
2. In relation to staying healthy - a significant proportion of survey respondents - 92% - said it was either important or very important that they work in partnership with their GP/other health professionals to get the care that is right for them.
3. In relation to staying healthy - a significant proportion of survey respondents - 80%, said it was either important or very important that their family and friends have the knowledge and skills to support them.
4. In relation to Mental Wellbeing and Emotional Health, over a third of survey respondents said they or someone they cared for had used local services and support to manage their mental wellbeing and emotional health.
5. In relation to the commitment areas highlighted for Mental Health Service investment. A very high majority of survey respondents - 93%, agreed that these were the right areas for the plan to focus on.
6. In relation to joined up care, a significant proportion of survey respondents - 85% - agreed that people's physical and mental health should be treated together.
7. A significant proportion of survey respondents also directly supported a number of key proposals in the NHS Long Term Plan relating to Mental Health Services. This includes mental health support for children and young people being available and in place in schools and colleges, the availability of different options for people in a mental health crisis e.g. where to access support to manage their crisis, and the availability of more services in communities.
8. In relation to the NHS Long Term Plan's commitment to improving 'local, in your neighbourhood, care' (such as new urgent community response services), a substantial majority of survey respondents - 95% supported the key commitments highlighted to be the right areas for the plan to focus on.
9. In relation to local neighbourhood care - over 90% of survey respondents said that each of the key proposals were either important or very important. These proposals included developing more rapid community response teams, improving the recognition of carers, giving more people more say about the care they receive and where they receive it and easier access to primary care - including GP surgeries and community pharmacies.
10. In relation to the NHS aim to increase the use of more digital ways of using local services, the following proposals were considered very important when interacting digitally.
 - Having access to services using my phone or computer
 - Being able to make appointments online and my options are not limited
 - Absolute confidence that my personal data is managed well and kept secure

- Having results communicated to me quickly making best use of technology
- Being able to talk to my doctor or other health care professional wherever I am

1.2.3 Focus Groups - Key Themes

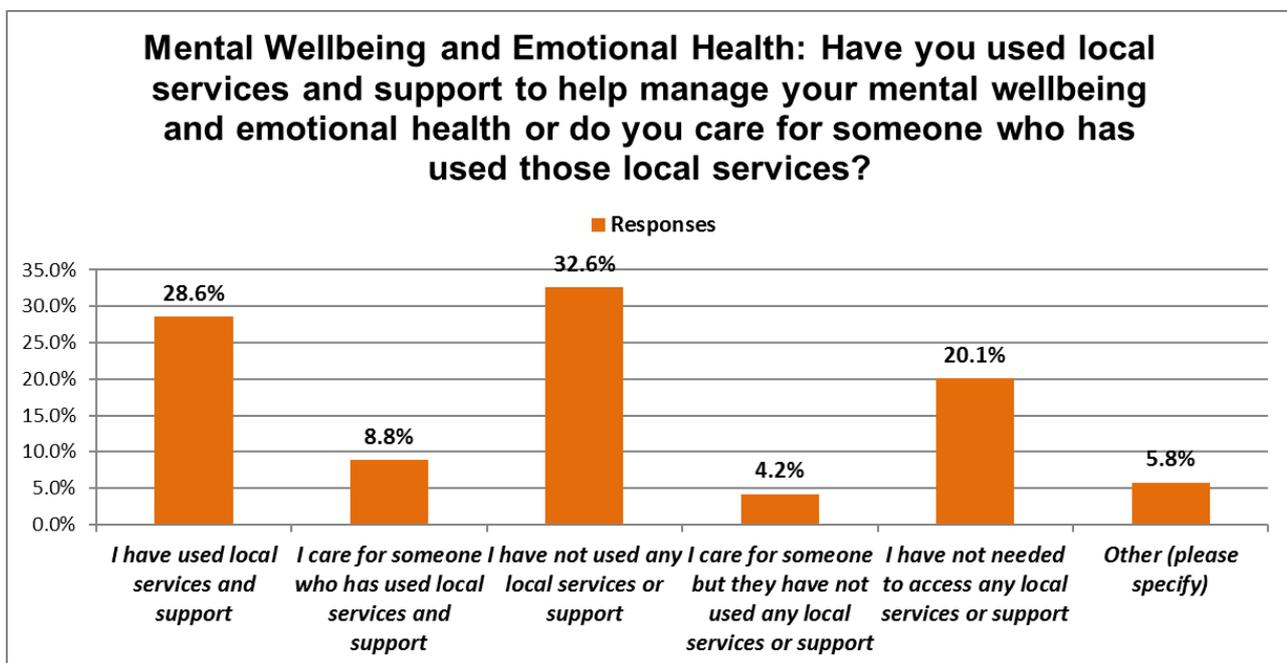
1. Significant emphasis on the future role for schools, colleges and communities in the Mental Health Wellbeing of children and young people in terms of early intervention, prevention and raising awareness of mental health issues. This includes greater collaboration and partnerships between Health and schools, colleges and universities.
2. Greater role for primary and community care providers in supporting people's health through the provision of integrated community-based healthcare, lessening the pressure on some of the most significantly stretched NHS services. For example, more and better use of local pharmacies could alleviate the pressure on GP surgeries.
3. The role of GPs and GP surgeries. Better access to GP appointments, a wider provision of services provided including some that are traditionally delivered in a hospital setting, importance of working in partnership with your GP or other health professional in getting the care that is right for the individual.
4. Better use of digital technology, smart phones, computers and other devices to facilitate how people access and use healthcare services. This includes for booking and managing appointments (GP and Hospital), receiving test results more quickly, and improved communication/interaction with healthcare providers.
5. Significant support for investment in 'prevention' to help people live longer and have a better quality of life. This includes more effective use of services to manage low-level health conditions and better and easier access to information and support around prevention. The development and use of 'social prescribing' highlighted to support mental and general health wellbeing. The idea that this can also reduce the dependency on the NHS and act as a preventative tool in the long run.
6. Support for a joined-up approach to Physical and Mental Health - a belief that physical and mental health are harmonious and interrelated and that good physical health can support good mental health and vice versa. Also contributes to a better patient experience as the individual is not being passed from service to another.
7. Better use of technology to support patients and improve the patient experience. This was one of the strongest themes to emerge from the SYB engagement programme.
8. Support for a person-centred care approach to enable individuals to exercise choice and control and live independently. This also includes the use of personalised care through a personal health budget approach.
9. More investment towards increasing frontline staff at all levels and providing more training and development. Acknowledgement that the NHS may not be able to achieve many of the ambitions of its long-term plan without staff infrastructure being in place. Investment in the local health and care workforce is also a key enabler in supporting the delivery of care near where you live.
10. The importance of addressing and tackling the 'stigma' and stereotyping that has always been associated with mental health and learning disabilities. More focus on education and raising awareness in schools, in the workplace and in communities. Better support mechanisms for families, carers and the general population.

2. Mental Health

The South Yorkshire and Bassetlaw Healthwatch through their initial conversations collectively identified and agreed Mental Health as one its key priority areas. This area has featured strongly in both the focus group engagement activity and the SYB developed survey. Questions 10 to 15 of the survey relate to MH, a clear indication of the emphasis placed around Mental Health by local Healthwatch. The table on page 5 further reinforces this. It shows that mental health was a key theme identified in 10 out of 15 focus group engagement session undertaken. Some of the views, opinions and key messages that have emerged in relation to the long-term plans references to Mental Health are notably pronounced and clear. Some of these are detailed below. A full view of the outputs from engagement can be accessed in the appendices at the end of this report.

Question 10 in the survey asked participants ‘Have you used local services and support to help manage your mental wellbeing and emotional health or do you care for someone who has used those local services?’

The chart below shows what people have said to their Healthwatch.

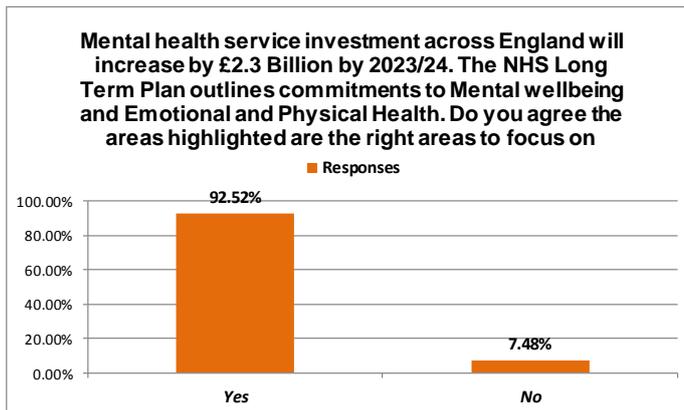


Nearly 29% of respondents said they had themselves used local services and support and just under 9% said they had done so whilst caring for someone who has used local services and support. Effectively just over 37% of respondents had used local services and support to help manage either their own mental wellbeing / emotional health or that of someone they care for. This equates to a significant percentage of survey respondents using local services and support. This also means that 63% of respondents have not used local services or support. What is not clear is whether the 37% would be higher if there was an increase in the availability of local services and support as a result of more investment in mental health services infrastructure. Some of the feedback from local engagement strongly suggests that there is increasing demand as well as current challenges with access to mental health services. This is strongly evident in this section and throughout this report. The NHS Long Term Plan, through its commitments relating to Mental Health also acknowledges there is a growing demand for more mental health support.

2.1 Is the NHS Long Term Plan investing in the right areas?

The Long-term plan advocates a £2.3billion increase in Mental Health Service investment by 2023/24 and highlights a wide range of commitments including:

- A single point of access available 24/7 for adults and children
- The creation of mental health support teams in schools and colleges
- Creating the best care environments for people who need to stay in hospital to receive mental health care and support
- Expanding employment services to support those with mental health conditions
- Introduction of new waiting time targets for emergency mental health services by 2020



Question 11 of SYB survey draws attention to these commitments. Almost 93% of all respondents said they agreed these were the correct areas to focus on, indicating significant support for these investment areas detailed in the NHS Long Term Plan in relation to mental health.

Question 11 also gave survey respondents the opportunity to ‘explain’ why they agreed or disagreed with the commitments highlighted. This intelligence has highlighted some recurring themes and messages. Not all themes and issues can be detailed here, however some of the key ones are summarised below. So, what did people tell Healthwatch?

- More support is needed for children and young people in schools. This was a major theme in the feedback received.

What people said included:

Health Education is very important for schools and colleges, to raise health awareness, while people are still young.

Raising mental health awareness is very beneficial to the students, parents and school staff, hopefully less bullying incidents, parents and staff have better skills and knowledge to deal with mental health issues.

There are increasing problems in schools and universities - suicide, bullying, eating disorders, therefore the investment commitments highlighted are very important.

More needs to be done in schools to give children the resilience to cope with the modern demands of life.

- More focus and investment needed towards raising awareness, early intervention and prevention.

What people said included:

People need to be seen very early on in diagnosis not months later. More staff and resources to avoid/reduce long waiting times. Will prevent unnecessary suicides and hospital admissions.

They all look practical, preventative measures. Anything which reduces waiting for mental health support has to be good for the individual.

Raising awareness of mental health is very important to the patients, family members, friends and employers.

Expansion of crisis services, including ensuring they are available 24/7 for adults and children, play a vital part in saving people lives and supports people to cope and solve problems before matters come into crisis.

- More needs to be done to tackle the ‘Stigma’ associated with mental health.

What people said included:

Normalising the discussion by having mental health teams in schools will reduce the stigma that older generations associate with discussing their mental health.

For too long now, there has been a stigma attached to mental health wellbeing. This has been the case in all age groups and at so many different levels. By 'normalising' or acknowledging the fact that it is actually okay to seek help and support with regard to mental health wellbeing, more people will have the courage to ask for help and support and more people will benefit. This is the case whether at school, in the workplace or at home.

Starting to educate children about mental health may remove the stigma.

Many people do not realise the severity of mental health conditions. Stigma around mental health needs to be combated.

- Waiting times are too long in mental health services and need to improve.

What people said included:

Nature of mental health problems means reaching out for help is incredibly difficult, therefore, making appointments and getting help should be an easier and more accessible process.

Waiting times for these services are too long.

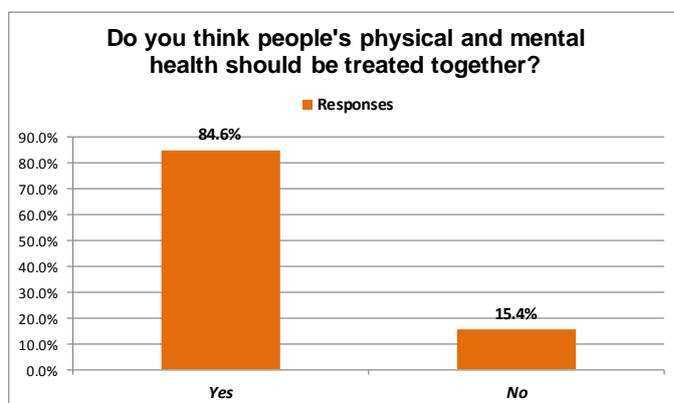
Waiting times to see a counsellor is too long.

Many of these services offer long appointments which are not well attended - wasting time and resources.

The focus group engagement outputs further support these key messages.

2.2 Treating physical and mental health together

An important consideration for how mental health services should be delivered is whether physical health and mental health should be treated together. Outputs from local engagement have identified this concept to be a recurring theme with significant support.



Question 12 of the survey directly asked the question 'Do you think people's physical and mental health should be treated together.'

Nearly 85% of respondents agreed the two should be treated together. Some of the survey comments as well as outputs from the focus groups also support this concept.

Question 12 also gave survey respondents the opportunity to 'explain' why they agreed or disagreed with the people's physical and mental health being treated together. Not all themes and issues can be detailed here, however some of the feedback is summarised below. So, what did people tell Healthwatch?

- A significantly high proportion of people said physical and mental health are inter-related and inter-dependent and should therefore be treated together.
What people said included:

People's physical and mental health are inextricably linked. Having a physical health condition will have an impact on a person's mental health whether they are aware of it or not. Services should be offered to help deal with these issues. Conversely, mental health can affect how you are feeling physically and may even convince someone that they have something physically wrong with them.

Mental health is often connected to physical wellbeing and treating them both holistically is very important.

Sometimes issues can be interlinked with the other and everyone should be treated as a whole. I don't want to be going from pillar to post initially to visit different clinics and doctors to get something diagnosed.

- Many highlighted there was a favourable effect on patient experience and outcomes, as well as direct benefits on NHS resources, as a result of treating physical and mental health together.
What people said included:

Accessing healthcare services and going through each journey can bring different challenges and concerns to varying degrees for each individual. Treating physical and mental health together, not only improves the patient experience, it has the potential to allow for the better use of valuable NHS resources in more cost effective and value for money ways.

If the people's physical and mental health is inter-related, then it should be treated together, and result in saving the NHS cost, waiting time, and the treatment can be more effective. Patient can be recovered more quickly and thoroughly.

Patient can be treated in a holistic approach and this will help the patient have a confident and positive attitude to manage their health conditions.

People will take longer time to recover if they have physical and mental related health issues and being treated separately. Being treated together can promote faster recovery.

- Respondents also highlighted the requirement for clinicians to be adequately equipped with the necessary skills, knowledge and training in order to treat physical and mental health together.

What people said included:

The 'correct' answer is yes but this would require a complete change to how GP's are trained and a lot more recruitment as the current 10 minutes per patient is insufficient time.

As long as the GP has the expertise and is able to spend sufficient time on both health aspects.

They are connected, and more training should be given to physical healthcare workers about mental health.

I feel separate services is beneficial as staff require specialised training for each individual area.

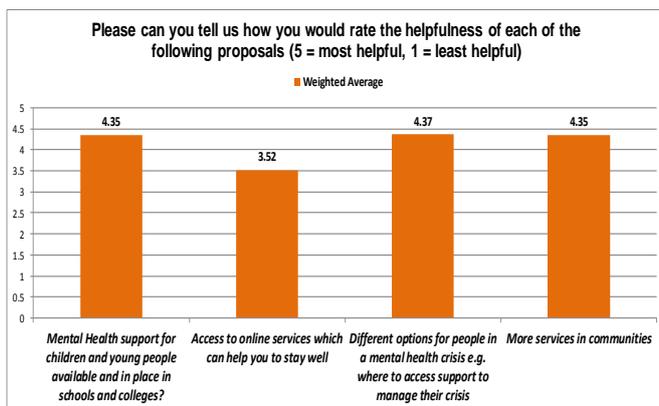
2.3 Accessing help and support for mental wellbeing and emotional health

So, how should mental health services be accessed in the future?

The Long-term plan details its proposals on how mental health services will be delivered in the future. This includes:

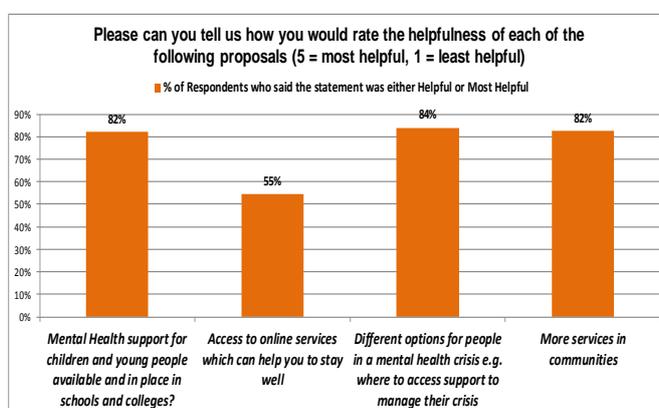
- Mental Health support for children and young people being available and in place in schools and colleges
- Access to online services which can help you to stay well
- Different options for people in a mental health crisis e.g. where to access support to manage their crisis
- More services in communities

Question 13 of SYB survey asks survey participants to indicate their level of support for each of the above proposals.



Survey participants were asked to select from a scale of 1 to 5 how helpful each proposal was with 5 being most helpful and 1 being least helpful.

The top chart shows the weighted average of all responses for each proposal and demonstrates significant support for all 4 proposals. 3 of the 4 proposals scored an average weighting of around 4.3 out of 5. The highest being for ‘different options being available for people in a mental health crisis’.



The bottom chart shows what percentage of respondents for each question selected a rating of 4 or 5 indicating more clearly positive support for any one proposal. On this basis 84% of respondents significantly favoured ‘different options being available for people in a mental health crisis’. This proposal was closely followed by ‘mental health support in schools and colleges’ and ‘more services in communities’.

What did people tell Healthwatch worked well and what could be improved when accessing help and support in relation to mental wellbeing and emotional health?

Questions 14 and 15 of the SYB survey directly asked people to specifically tell us more about the help and support that has been accessed in relation to mental wellbeing and emotional health. A further insight is also gained from the outputs from the focus group engagement sessions. Some of the key themes and messages are summarised below.

What did people say worked well?

- **Counselling and Therapy (including CBT and IAPT)**
Many favoured having face-to-face conversations with a trained professional on a one to one basis or in a group basis.
What people said included:

Supportive GP and workplace provision of counselling.

Counselling and meditation via IAPT helped me to manage my own condition. Mainly by helping me to recognise trigger points and when to seek more help to prevent relapse.

I had counselling following a bereavement and found this invaluable.

IAPT service for managing long term condition. The right intervention at the right time.

CBT at local GP rather than at hospital or in town where it is less accessible.

- Availability and access to community services. Those using community services found these easily accessible and met their needs, particularly those whose first language is not English.

What people said included:

Community services are more friendly to use and more easy to access.

Receiving support from my local community centre, as I need people to understand my cultural and language needs.

Support from voluntary community organisations which are far more easily accessible and no waiting list.

Local community group i.e. the Chinese community centre play a very important role to offer support to patient to access the mental health and well-being services. The community centre helps the patient to build a better communication and connection with the service providers; to enable the service providers to understand the patients' needs and to help them to make choices.

The services in communities, because the local community centre always offer support to non-English speaker to access help and support. Also, relevant health information support is easier and quicker to be accessed as information has already been translated in community languages and the community centres usually offer drop-in service without appointment booking.

- Mental Health Support services in schools. People have said such services work well, where they are available and in place.

What people said included:

Mental Health support for children and young people support is very comprehensive and effective. This type of support should be available and in place in ALL schools and ALL colleges. Our children spend most of their time in school and college, their emotional and mental health well-being should be well looked after at there by the health professional

Mental Health support for children and young people available and in place in schools and colleges

Early education and awareness are important than treatment. People should be made aware when they are young

- Other things people said worked well.

On-line services can offer support to people whenever and wherever they want.

Mental health workshops and events to raise the awareness and to break the discrimination and stigma. Home visit and person - centred support to promote recovery.

Local community service group can offer regular home visits, listening service can help to promote patient's recovery.

Community health workshops and home visits, as there is no language and cultural barriers.

Local community organisations & charities (e.g. Ship Shape; Flourish; Mind); support from Early Intervention team.

Listening and befriending chat services and access to groups and activities in the local area.

What did people say could be improved?

- Waiting times and treatment times.
This was the most common area highlighted by question 15 respondents.
What people said included:

Waiting times for both initial referrals and follow up appointments need to be minimised.

Access to services quickly for people in crisis.

Better access - quick access/referral systems - greater investment in real terms. Appropriate consultation time afforded to all interventions.

Shorter wait times, more open discussions about options, diagnoses, treatments. Better informed professionals.

Quicker appointments more information about availability and support groups.

- Improving communication between patient and the health professional.
Particularly highlighted as an issue for those whose first language may not be English, but also an issue for those who may have a disability.
What people said included:

Improve the communication between patient and health service providers especially for the non-English speakers; it is better to work together with the ethnic minority voluntary sector.

It is very important for the non-English speaker be able to access the mental well-being and emotional health support and services. NHS needs to employ more mental health professionals who can speak the community languages and communicate directly with the patients who need mental health treatments.

Non-English speaker should have support to access mental wellbeing and emotional health support and services.

Communication is poor for deaf people because of the lack of BSL interpreters to explain letters and make calls. The deaf community are often ignored.

- Counselling Services.
Access to counselling was highlighted as a key area for improvement.
What people said included:

Waiting times for both initial referrals and follow up appointments need to be minimised.

Less waiting time to access the counselling service. Seeing someone in person is better than online support.

Counselling service should have language support.

Talking works very well, but the limit on the number of sessions detracts considerably from the success of the therapy. I find it takes me some time to establish a rapport with a therapist and only after this can I begin to open up. This means the point where I feel the therapy is beginning to benefit me the sessions come to an end.

- Access to more mental health services in the community.
Community services have been earlier highlighted as something that has worked well. Some have said there should be more community services available.
What people said included:

More services in communities to enable easy access to services and supports. Different options for people in a mental health crisis can meet different needs.

Community services can offer more advocacy support for the patient to voice out their needs and access the relevant health care services, especially for the patient with language barrier and lack of health knowledge.

More access to community services and not being dumped back to a GP because you have used up the required number of appointments.

Local community activities and services are diversified to meet individual's different needs. Voluntary sectors work together with school to raise the health awareness to the children, parents and school staffs.

More drop-in sessions, easily accessible within the community. Somewhere that you can call in to speak to a professional to then book an appointment face to face.

- Other things people said could be improved.

Continuity of service. Not having to keep repeating yourself and going over same ground. Same with GP - having to see a different doctor. You spend your 7 minutes telling your problem and history where you built up a good working relationship with one or two GPs and you built confidence to enable you to discuss your problem.

A one stop mental health all age access route with support from all agencies. We need to stop people being passed from pillar to post based on service criteria. The focus should be what can we do to help not why you don't meet the criteria and passing on to another service who is likely to say the same.

More information available for families or friends on how to support someone with mental health problems and where to go to in a crisis. Continuity of support for family.

Better information about the condition - allowing people to understand what is happening to them, giving them power in the therapeutic relationship, and giving real choices about treatment.

Longer appointments for counselling, but this is challenging with an already huge workload. More access to counsellors and psychologists.

3. Choice and Control, Prevention and Maintaining Independence

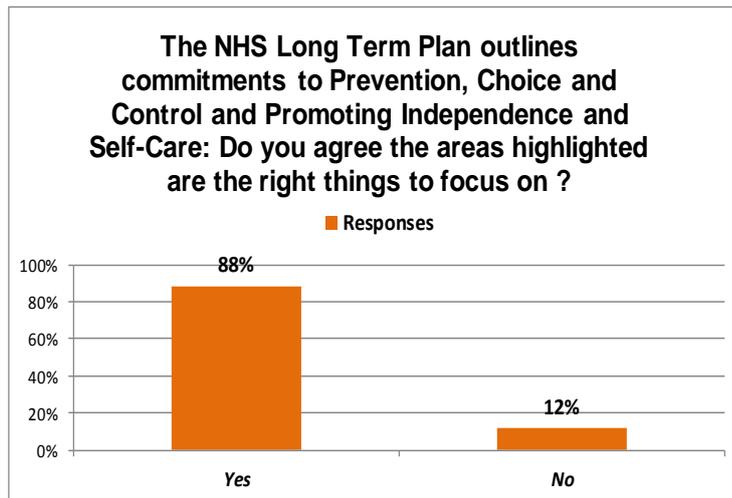
This is the second key priority identified as a focus area in South Yorkshire and Bassetlaw. The NHS Long Term Plan emphasises an increased shift towards a shared responsibility for health so that patients have an increased input into their care and they are able to work in partnership with health professionals. This includes personalised care model approaches to give people more control over their health complemented by help and support in relation to prevention and to enable individuals to better manage their own health. A key consideration in managing your own health and care needs is the availability of and access to local services and local support groups. The long-term plan also emphasises the importance of digital technology in the provision of digital enabled care. This is significant itself as a key enabler for exercising patient choice and control as well as supporting prevention and maintaining independence.

This theme area has also featured strongly in both the focus group engagement activity and the SYB developed survey. Questions 4 to 9 of the survey relate to this second theme area, highlighting the importance placed around by local Healthwatch in South Yorkshire and Bassetlaw. Six out of 15 focus group engagement sessions also identified this as a theme area. A full view of the outputs from engagement can be accessed in the appendices at the end of this report. The main body of this report summarises the key outputs and findings in terms of what people have told Healthwatch.

3.1 Is the NHS Long Term Plan investing in the right areas?

The Long-term plan outlines commitment to Prevention, Choice and Control, and Promoting Independence and Self-Care, including:

- Prevention of avoidable illness and stopping them from getting worse. This extends to better support for patients, carers and volunteers to enhance supported self-management.
- Speeding up the rollout of personal health budgets to give people greater choice and control over how care is planned and delivered. This extends to community-based packages of personal and domestic support, including for mental health, learning disabilities and specialist end of life care.
- NHS 111 Service directly booking patients into GP practices as well as referring patients onto local community pharmacies who support urgent care and promote patient self-care and self-management. This also extends to GPs being able to refer patients directly to a local community pharmacy.



Question 4 of SYB survey draws attention to these commitments. 88% of all survey respondents said they agreed these were the correct areas to focus on, indicating significant support for the investment areas detailed in relation to Choice and Control, Prevention and Maintaining Independence.

The supporting feedback from question 4 respondents together with the outputs from the focus groups have highlight a wide range of common or related themes and messages. Some of these are summarised below.

- Prevention is cheaper than treatment.
What people said included:

Prevention and having better health management will benefit the individuals as well as ensuring that valuable NHS resources are used more effectively in the right areas.

Disease prevention help people to avoid unnecessary illness and also help reducing NHS cost for treating serious illness. It is important to let the population know prevention and management are better than treatment.

I agree that prevention and access to information that supports a healthier lifestyle is potentially more effective than just post condition and medical intervention.

I think preventative health is very important and could potentially save the NHS millions of pounds.

- Support for Social Prescribing as an alternative to traditional NHS services,
What people said included:

I particularly support social prescribing. The Healthy Living Centre approach is an important aspect of enabling people improve their health.

Social prescribing is very important for overall well-being, preventing isolation & reducing the impact of certain illnesses (e.g. depression).

Social prescribing is a great idea - people will get out more, therefore meeting new people, making new friends hopefully will improve mental health as well as physical health.

Social prescribing is great but need to invest in the community and voluntary organisations that provide the activities to prescribe into - otherwise we'll have lots of

NHS Social Prescribers with nowhere to prescribe people to! Social prescribing is good if you have good places to refer people.

- People should take greater ownership for their own health.
What people said included:

People need to take responsibility for their own health and wellbeing. There are lots of free activities that people can take part in without having activities prescribed by the NHS.

We have a responsibility to maintain our own health and lead a healthy lifestyle.

People should take responsibility for their own health but quite often are unable to find the health and support they need to enable them to do this.

I think it's a good idea for people to be given help to manage their conditions and to rely less on doctors and hospitals.

- Other key messages / recurring themes.
What people said included:

The people who have long term health conditions and disabilities will be benefit from the increase of Personal Health Budgets. As they can have more choices to meet their personal needs.

End of life personalised care additionally enables choices and options and recognises one size doesn't fit all.

Potential to provide more person centred, individualised care. One size does not fit all.

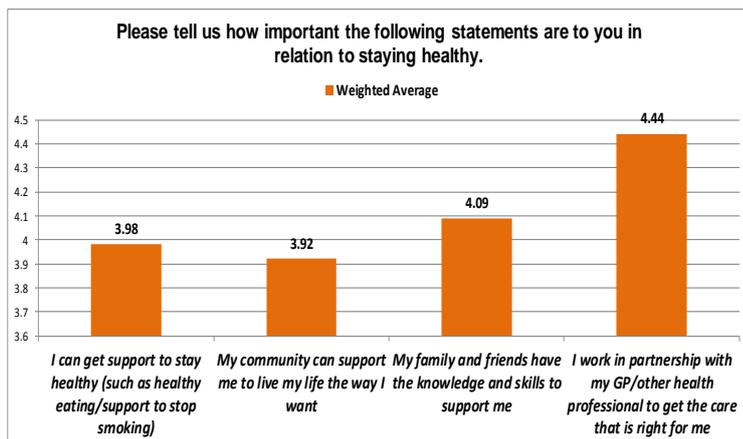
This plan is very comprehensive and can meet the idea of prevention is better than cure. I hope it will be an accessible plan to everybody, especially to the vulnerable group, ethnic minority group, the hard to reach group, and the non-English speaker group.

Better health management can help prevent further health problems and help to save life; and help to promote better quality of life when people are getting older.

Personal Health Budgets and social prescribing give people more control and therefore are likely to be more effective than being told what to do through public health leaflets.

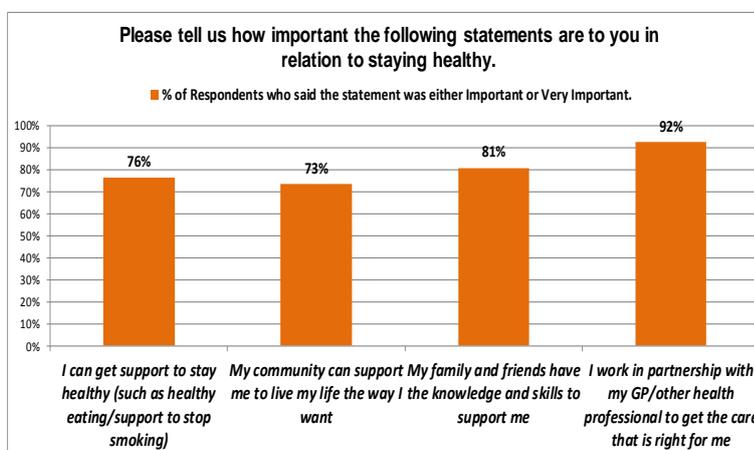
3.2 What matters most to people in relation to staying healthy?

Having choice and control, being able to maintain independence, and exercise self-care and prevention - all mean different things to different people. What really matters and makes a difference is often an individual perception. The long-term plan engagement programme in South Yorkshire and Bassetlaw has looked to address this and seek the views and thoughts of its local population through both the focused engagement and the SYB local survey. Question 5 directly asks what may be important to people in relation to staying healthy.



Survey participants were asked (in question 5) to select from a range of responses (from ‘not important at all’ to ‘very important’) how important each statement was to them.

The top chart shows the weighted average of all responses against each of statement demonstrating varied support in overall terms. However, ‘working in partnership with my GP or other health professional to get the care that is right for me’ scored 4.4 out of 5



The bottom chart highlights that 92% of said ‘working in partnership with my GP or other health professional to get the care that is right for me’ was considered very important or important to them.

Although working in partnership stands out in percentage terms, there is also a significant level of importance placed in relation to the other statements. The high percentages are an indication that all four statements matter to people.

3.3 What changes could help people take better care and control of their health?

The aims and objectives of the NHS Long Term Plan are wide ranging. A key aim is for patients take greater responsibility for their own health through more self-care, through having more choice and control and through adopting more preventative health measures. How this translates in practical terms hugely differs from individual to individual. This variation is very much reinforced from the intelligence gained from question 6 of the SYB survey. The survey asked people, what do you require to take greater care and control of your health and what services could do differently to support this. It is worth noting that some of the more common themes to emerge have been highlighted throughout this engagement programme. So, what did people tell Healthwatch?

- Better access to GP appointments and changing requirements from GP practices.
What people said included:

Easier accessible GP appointments. More online appointment bookings for GP's, Nurses and other Health workers.

Timely appointments with GP Information to enable me to access relevant services. Staff trained in providing information and helping fill forms in to enable me to access services. Everything online so this is preventing a lot of people accessing help.

Extended opening hours, easier access to appointments, range of staff to see.

Periodic health and wellbeing MOT with GP or nurse practitioner. Regular health check could prevent serious illnesses.

Mental Health nurses at the GP surgery.

Mental Health advice e.g. open discussions with GP and specialist with shorter waiting list.

GP's should have the right to refer directly for specialist tests such as MRI without having to refer you to a consultant first. They should also be able to send you for any sort of blood test without referral to A&E or a consultant.

I want my GP to be more involved. Not just seeing us, treat and discharge. Refer us to a provider that can further help/support us when it is necessary or if they are not equipped to do so.

- More health promotion and prevention programmes, and support to access these.
What people said:

More resources should be allocated to the local community health screening workshops and health events which can enable people from the local community to have better awareness, better understanding and better management to their own health.

I can get support to stay healthy, such as healthy eating from qualified dietitians. I hope NHS can produce more health education videos with choices of community languages to support people to manage their health conditions and to prevent diseases developing.

Community centre provides health talks and health events; advocacy and interpretation services; English classes. These are the supports to empower people to take greater care and control of their health with a good understanding by using their own community languages.

Local community can work in partnership with the GP surgeries to help the local people to have better understanding of health management and prevention.

I can be supported by my local community centre to understand how to get a healthy lifestyle; how to prevent avoidable diseases and how to manage the health conditions for my family and for myself.

- More accessible sports and activities to lead healthy lifestyles, where cost is not a barrier. One way to achieve this would be through the idea of social prescribing which has been highlighted earlier.
What people said:

Different ways of supporting people to keep healthy for example working with community partners. Less focus on the medical profession.

Cheaper access to exercise classes and affordable gym membership for all.

Free Access to sports, recreation and other facilities.

Cheaper and wider range of sport activities.

Being able to stay and keep physically fit by using sporting facilities that are not too expensive.

- Other key messages/recurring themes.
What people said included:

Greater personalised care for every individual who desires this at any point in their journey. This includes at primary and secondary care and in relation to aftercare. Health and care services increasingly need to be individual or patient focused. Individuals need to have greater understanding of what options are available to them with regards to their journey and pathway and have greater influence over the choices made by clinicians.

Each person who needs support should have a personal plan involving all agencies with whom they are involved so all can work together to achieve success- all areas of life impact on other areas, so just a focus on one area of health would probably not be enough.

My family and friends play an important role to help and support me to manage health issues. It will be better if they have the knowledge and skills to support me. The main health service provider should offer support to enable my family and friends to have better knowledge and skills.

Interpreting services are needed to improve communication with doctors during treatment.

Quicker response to mental health services when people are in crisis.

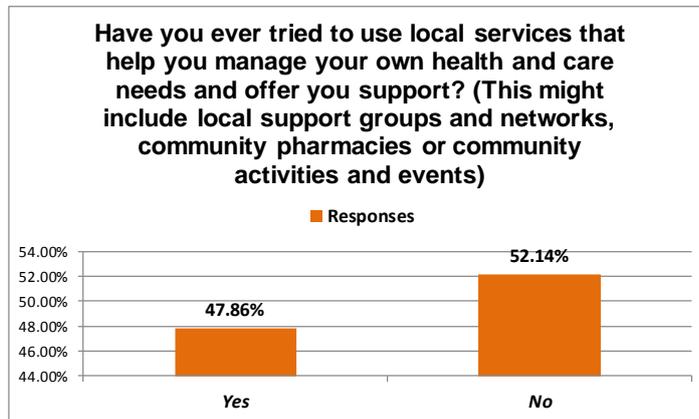
Shorter wait times for mental health services / mental health support.

Give more choice during a mental health crisis, instead of dictating what they want you to have or dismissing you completely when capacity is questioned. Taking control away can impact greatly on the crisis and cause greater distress.

Doctors need better training to help people with dementia and their families.

3.4 Accessing local services and support groups to help manage health and care needs

Having access to more local services and support services is considered a key enabling factor in supporting individuals to better manage their health and care needs. This may include local support groups, local networks, community pharmacies and community activities and events. This also links into and is complemented by the concept of social prescribing which improves access to a wide range of local activities as a way of improving health.



Question 7 in the SYB survey asks survey participants if they have tried to access local service and local support groups to help manage their health and care needs. Almost half (48%) of respondents said they had. Quite importantly, this suggests such services are widely accessed in South Yorkshire and Bassetlaw and are an important complement to traditional primary and secondary healthcare services.

Feedback from both the survey and focus groups has highlighted significant appreciation for some of these services in terms of their relative ease of access and their ability to provide a more person-centred approach.

Based on experiences of accessing these services, survey respondents have fed back in questions 8 and 9 respectively what they thought worked well and where improvements could be made. Key observations have also been sourced from intelligence from the focus groups. Some of the key messages are summarised below:

What worked well when accessing local services and support groups?

- Access to community pharmacies, advice and support. This was the most frequent area highlighted by people in relation to using local services that worked well.

What people said included:

If I have something minor, I will always seek advice from my local pharmacy before booking a GP or nurse appointment.

Pharmacy was well resourced and staff helpful. Would be useful if they could prescribe antibiotics etc for infections rather than having to see a GP.

Being able to discuss health needs with the local community pharmacy when the GP Practice is closed e.g on a Saturday.

Pharmacists can support low level conditions.

Local Pharmacy was really knowledgeable and helpful.

Used pharmacies for advice when GP is unavailable.

Pharmacy advice and support and pharmacy home delivery service.

Pharmacies are a great source of help and information.

- Local groups and services give people access to peer support, which help people to better understand and deal with their health condition.

What people said included:

Group therapy for dealing with anxiety worked well, meeting others in the same situation.

I joined a fitness group and it helped that everyone was friendly and there for the same thing.

I had counselling sessions as a group that work very well listening to other people's ideas.

Being with people with similar issues, the support was good.

Talking to people who have the same condition, they understand.

The chance to meet people with the same issues and learn from each other.

A peer group exercise class led by physiotherapists for obese people.

- Community based services work well. People have described such services to be approachable, helpful and supportive.

What people said included:

I will prefer to use the local community groups and services than approach the medical professional in clinical settings. The staff who work for the local community groups are more friendly and they have better understanding of my cultural needs and language needs. There is no waiting time to use the local support groups and services to help me manage my health needs; the services are very easy to access.

The Chinese community centre offers the advocacy service and language supports to enable Chinese patients to get better communication with the health professional and to be able to make choices to meet their health and cultural needs.

Community activities support general wellbeing e.g. adult education classes on special interests not necessarily directly health focused e.g. dance, drama, community intercultural festivals in local outdoor space.

Voluntary services provided greater level of care and knowledge of their specific areas compared to GPs / Health visitors.

Local churches and faith communities offer a wealth of support for isolated and vulnerable people.

Health events from the local community centres, which can meet the health and cultural needs of the local people.

- Other key messages relating to what worked well when using local support groups and services.
What people said included:

Health visitor services have been fantastic. Amazing social groups for both myself and my baby.

People listened to what I had to say, and I was able to have continuity by seeing the same person instead of having to start at the beginning every time.

GP and medical professionals working together with the voluntary sectors, e.g. local community centres.

They were quicker than waiting to get to see doctor to refer me.

Advocacy services, health talks and health workshops, exercises classes.

Support and services offered by local community centres and pharmacies.

Health advice with language support. Advocacy service to support people to choose the services to meet their needs.

What could be improved in relation to local services and support groups?

- More funding and resources for local support groups and services.
What people said included:

More funding to voluntary services/ community groups to enable them to continue their work.

More staff and resources. Limited support available and staff are overstretched and are unable to give you the expert support and empathy that is required.

More resources and funding allocated to the local community.

More resources can be invested into the local support groups and community centres, e.g. more manpower.

More funding to the community and voluntary organisations. More manpower.

- More Mental Health Support for people accessing local services.
What people said included:

More services out there for mental health more help for people.

More mental health support at a local level.

Better connections between the services in the community to improve mental health and wellbeing.

Waiting times too long for mental health support. Only limited number of sessions for counselling and these ended just as I felt the sessions were becoming useful to me.

Services need to respond quicker to people's health, in mental health services to see a counsellor can take up to 12 weeks waiting list, people who are in crisis need a much quicker response to be kept safe.

- Better awareness and communication of local services.

What people said included:

Information on support groups and networks should be advertised in the surgery waiting rooms.

Clearer signposting to all - people take no notice of these facilities until they need them, then they need to be able to find the information immediately

A lot of local support groups and services are not advertised very well this could be changed. Also, a lot of them are only during the week when people work. Access to these groups and services could be improved.

A directory of groups and ones with quality marks so to identify which are able to deliver a good service that works.

More access and information. Evening events and weekends. Drop in session peer support. Online networks to help me connect.

More advertising of available resources and what is offered.

- What else did people say could be improved in relation to local services.

What people said included:

More local support groups and places to go for older people.

Walk in centres and pharmacies should be able to prescribe medication required.

Quicker and shorter waiting time to obtain a GP appointment.

Increased access to emergency dental appts with shared patient information.

Community groups should be recognised and valued for their work.

More support groups for people trying to stay in work with long term health conditions.

Sustainable language support to enable me to build a good communication and connection with the NHS service providers.

Health professionals being aware of community support.

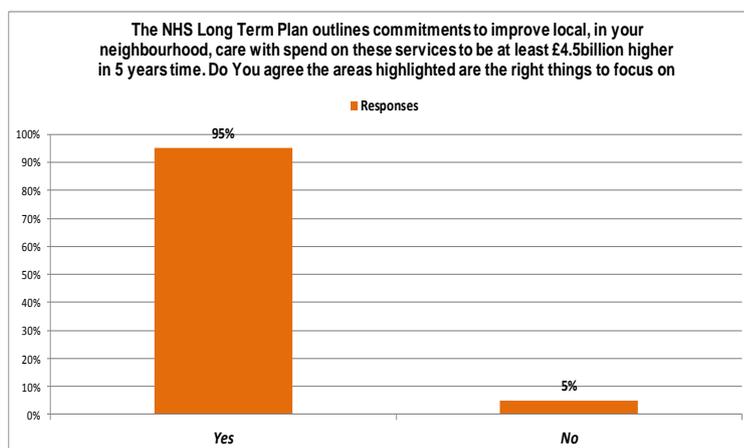
4. Care Near Where You Live

This is the third key priority area identified as a focus area in South Yorkshire and Bassetlaw. Questions 16 to 18 in the SYB Survey relate to ‘local, in your neighbourhood, care’ or care near where you live. This is also identified as a theme area in four of the focus group engagement sessions.

4.1 Is the NHS Long Term Plan investing in the right areas?

There is a huge emphasis in NHS Long Term Plan to improve local, in your neighbourhood, care, with spend on the services to rise by £4.5billion in 5 years. This is part of the long-term plan’s aim to improving care outside the hospital. Some of the key proposals include:

- More investment in primary and community health services, including an increase in primary care networks to support the needs of their neighbourhoods. In addition to GPs the primary care network teams would include pharmacists, district nurses, community geriatricians, dementia workers, physiotherapists, podiatrists, chiropractors, social care and voluntary sector staff
- New Urgent Community (based) response teams to support people with the highest needs and reduce the chances of them needing admission to hospital
- More investment in developing digital services. For example, access to a digital primary care service so patients can have GP consultations over the phone or online from the comfort of their own homes, and digital enabled care allowing people to be supported and cared for remotely. This is part of the NHS plan to extend independence as we age.
- More NHS support to care home residents - including ensuring each care home is supported by a consistent team of health professionals, that residents get regular pharmacist led medicines reviews, and providing more timely, responsive emergency support
- Improved reablement care - giving people the care they need within 2 days to help ensure timely transfer from hospital to community.



Question 16 draws attention to ‘local, in your neighbourhood, care’ commitments. 95% of all respondents said they agreed these were the correct areas to focus on, indicating significant support for the investment areas detailed in the NHS Long Term Plan relating to improving care near where you live.

The supporting feedback from question 16 respondents have highlighted significant support for the ‘local, in your neighbourhood, care’ commitments. However, what did they say specifically about the proposals? Some of the key themes are detailed below.

- Being supported to live in your home and be cared in your own home was hugely valued. What people said included:

Important that people can stay in own home as long as possible with appropriate support, freeing up hospital beds for those that really need it and also keeps people with families etc

It is more cost effective to care for people at home and they fare better staying within their usual supportive environment.

I would like to see more help to keep people in their own homes.

Enabling frail and acute patients to live in their own home.

Especially more housebound vulnerable elders can benefit from the above services.

- Having the availability and access to care close to where you live (in your community or neighbourhood) was welcomed. What people said included:

Being cared for close to home is very important especially as you get older. No-one wants to have to go into hospital if you can be treated near to home.

Current services in acute departments are struggling with the capacity of patients, many can be given treatment in the community and not have to be seen at the hospital or take up bed space. A lot of patients will improve quicker and not become institutionalised when they are in their own surroundings.

People don't like to go into hospital so any help in the community will help them

If support is offered in the community, then there is no need for people to access the wrong services or hospitals.

Having services closer to home is a huge help for people who don't drive, or public transport is limited. Any initiative that help people be treated in their community and out of hospital is surely a step forward.

- Improving care and outcomes for the elderly, as a result of the commitments detailed, was particularly notable. What people said included:

It is very positive to see more resources are invested to the above services and support, in which lots of elderly people will benefit from these services and support to maintain their independence.

The elderly should have adequate and appropriate services and supports to meet the individual needs, in which to help them stay healthy and stay well.

The above strategy can meet the vulnerable people's needs; especially the elderly.

Aging population need good support and management systems to avoid admission and make it possible for people to stay in their own homes.

As an 80 years old widow I value my independence and this can only be achieved by primary care networks working together to support older people in their own home, especially when transferred from hospital to home and can prevent older people from being admitted into a care home.

- Greater recognition and support for Carers, as a result of the commitments detailed. What people said included:

Carers do an amazing job and should receive more help.

Many carers are overlooked and are providing 24/7 care with little financial and physical support.

Carers not properly recognised by their employers (if they are still in work, have to balance work and caring). They lose income and pension benefits.

We need more recognition for carers especially as lots of older people are now being diagnosed with dementia.

Carers help the NHS and we go unrecognised and our health suffers.

Most important thing is to encourage carers as they have a dreadful task.

Carers need more support. My experience of Care homes shows they need a lot of help and support, being able to stay in your own home is much better.

Without carers the NHS would collapse, carers need support urgently.

- Other key messages / recurring themes. What people said included:

Community approaches are the way forward in a fast approaching time when the population will be elderly and reliant on home care. Community based services will be necessary support networks to enable care in the community.

Face to face contact for the elderly and infirm is very important for the wellbeing of that person. Gadgets do not deliver the human touch.

Improved reablement care is good as people can get back to their own community as soon as possible.

The above key areas can provide support and help to the patient and the family, which can help the patient to manage their health issues independently without putting the family members in stress.

More focus on elderly people and people living in isolation.

Good to focus on people who need care most.

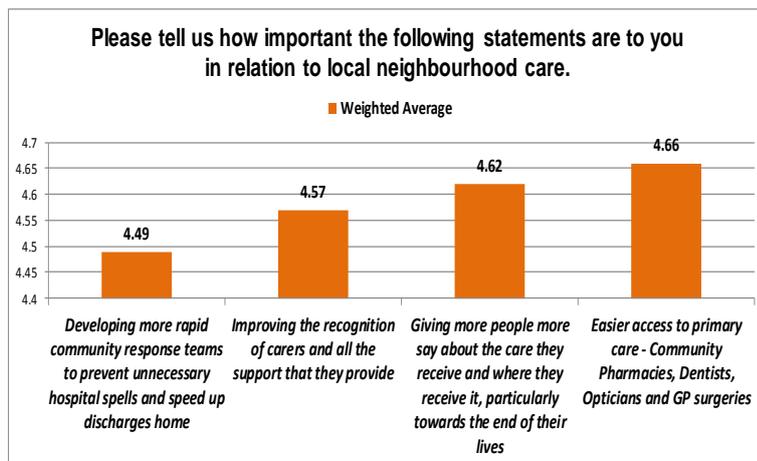
It is good to have services on your doorstep then you don't have to travel and find your way around large hospitals and it's good that we recognise people who care for ill or elderly people.

People need to be able to get home from hospital with the right care package in place quickly. I have seen people staying in hospital 7-10 days longer than necessary because the care package couldn't be organised.

Increasing aging population will mean that more care of the elderly will be in their own communities and by families.

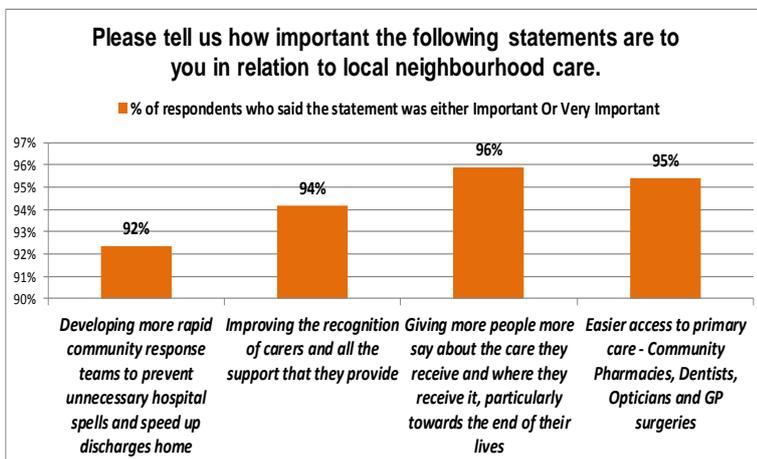
4.2 What matters to people in relation to local neighbourhood care?

Having identified above significant support for the commitments relating to care near where you live, Question 17 asks survey participants to indicate the level of importance they place with regards to some of these commitments.



Survey participants were asked to select from a range of responses (from 'not important at all' to 'very important') how important each statement was to them.

The top chart shows the weighted average of all responses against each of statement demonstrating varied support in overall terms. However, 'easier access to primary care' scored 4.66 out of 5.



The bottom chart shows what percentage of respondents for each statement selected a rating of important or very important. Although all the percentage was high for all commitments, 96% said giving more people say about the care they receive and where they receive it was very important or important.

4.3 Improving how health and care services in your community/local area can work better together

Traditionally there has been much debate about the relationship between health and social care and in particular, how they work together more effectively to deliver the best outcomes for patients and service users. Question 18 asks survey participants what could facilitate health and care services in their local area working better together. The key themes from this intelligence are detailed below.

- More integration of services.

What people said included:

They could all be based together in one location to give a more integrated service.

Seamless transition from one health professional to another, more joined up working when a person has more than one health problem.

More multidisciplinary team working to create plans for each patient so during a crisis all the relevant information is to hand to enable informed decisions to be made.

More use of shared premises/facilities/staff resources.

Join up the services, split the areas between them, too many agencies do the same things, one needs to focus on one area and refer to the others.

Access to social and health care together in one place.

- Better sharing of information and integration of patient information systems.

What people said included:

Health professionals should be able to look at health records (all of them) of each patient they are involved with including other specialities the patient may be seeing to get a fuller picture of all the patient's needs, so the patient gets the best treatment.

Sharing of information between GPs and hospitals and other health providers could be better. Information is not always available when needed.

My GP should be able to see what treatment I received in hospital and vice versa.

Joined up IT systems to share data and information.

Better links between all the services which would be supported by better use of digital support and easier access to records.

Everyone has access to the same source of information.

A workable database they could all access and feed into for continuity & consistency would help.

- More simple and effective communication.

What people said included:

Better communication between various agencies and professionals.

Better communication between GPs and local services.

Better communication between GP surgeries and pharmacies.

Inform each other what processes have occurred and combat the same issues together during follow ups.

Talk to each other, involve the community.

More communication between teams/services.

There needs to be a recognition and promotion of what is available and where so that services and those in need are aware of one another.

Improved communication between the services. Improved availability of information and communications to patients and their carers.

- Other key messages/recurring themes.
What people said included:

Collaboration between the health and care services with community voluntary organisations.

Better working with local authority, local CCG & Community services.

Local hubs where services are brought together, including using GP Surgeries as hubs.

Easier access to primary care - Community Pharmacies, Dentists, Opticians and GP surgeries. We need more flexible choices of appointment time; out of service hours support.

All the services could link together - GP can recommend Health Visitor, Health Visitor could recommend Physio, Physio could recommend chiropodist etc, make sure patients have a Team of Professionals not just one.

True multi-disciplinary approaches where all professionals come together at the same time to inform decision-making.

More rapid access to support for carers.

Break down boundaries between professionals.

More community working and mental health teams in GP practice - mental health nurses working in practices and a team of professionals working together.

5. Valuing people's contribution in developing the local NHS plan

This report established early on, that a key outcome from the engagement programme is to enable the people of South Yorkshire and Bassetlaw to be able to influence the local implementation of the NHS Long Term plan. This report and the supporting evidence and intelligence will be shared with the SYB ICS so that the views and opinions of the local population can be considered and incorporated as appropriate.

The SYB Survey also includes a specific question asking survey participants to highlight anything further for those who are planning the NHS Five Year Strategy for South Yorkshire and Bassetlaw. Effectively the aim of this (question 20) was to gather focused intelligence (messages and themes) for the ICS to review and consider. It is unsurprising to note that the outputs identified included some areas that are consistent with themes already detailed earlier in this report. The breadth of suggestions from people were wide ranging. A summary of some the key things that people have emphasised are detailed below:

1. **Make sure the five-year strategy is sustainable and delivered on time.** Good effective planning of financial resources and robust control and governance arrangements will be important factors in ensuring the final strategy is sustainable and can be delivered without any delays. What people said included:

Make sure the strategy is sustainable

Good monitoring and control of budgets and finance, good planning of resources

Implementation of the long-term plan proposals need to happen quickly

2. **Invest in more clinical staff.** People have emphasised that waiting times to access appointments and services are too long, both in primary and secondary care. The recruitment of more frontline clinical staff is seen as a solution. This also extends to improving the mix of clinical staff and improving how staff are deployed in certain services. For example, more nurse practitioners in GP practices may help to reducing the pressures placed on GPs. What people said included:

More investment / focus on NHS workforce

More GPs in GP Surgeries

Concentrate on staffing GPs and hospitals to a much higher level

Waiting times for appointments too long

Better use of and consultation with nurses in GP practices

3. **Improve primary care access.** More investment in primary care is required to support improved access. This includes more doctors and nurses, better opening hours, and more services available to access in GP practices. What people said included:

When you call to see a doctor, you need the appointment within 48 hours not 3 weeks

GP opening hours do not reflect life in the 21st century, perhaps A&E would not be abused if people could access care easier

Having other services working out of GP practices

4. Continue to communicate and engage with patients, service users and carers. What people said included:

Ensure draft document (5 year strategy) is shared with local people so it can be commented on and amended before the final strategy is published

Always stay in touch with patients and listen to their views

Communication is key to a happy patient - please remember to keep them informed throughout

NHS needs to do more to help local people to understand the 5 year strategy including those whose first language is not English

More consultation with patient participation groups

5. Digital technology does not work for everyone. Although the long-term plan places much emphasis on 'digital' solutions in healthcare, this should not be universal. In some cases, traditional face-to-face interventions should be retained. What people said included:

Not all groups can access technology including some vulnerable people such as the elderly. Face to face interaction is often better for some and gives them confidence to access services

Do not neglect those that have no online facilities

Don't make everything digital, keep some of it human

Please don't over rely providing access to digital services, most of the time talking in person to a trained professional is all that works

6. Increase investment in local, community and voluntary sector services. This includes strengthening relationships and partnership working between local healthcare services and local community and voluntary sectors. What people said included:

More investment in local and community services, more partnership approach between the NHS and local voluntary sectors to give local people more awareness of existing services and facilities

Take into consideration the use and funding of local community services. These are embedded in the community and understand the needs of the local community

NHS needs to work closely with local voluntary community groups to engage local people to understand why/how/where to access health services and support. Some people just don't know what is out there

7. **Investment towards better supporting carers.** Support for carers translates into different things including better pay, more training and development, more involvement, and emotional and respite support. What people said included:

Value the work of carers, pay them more and give them developmental training

More help for carers of all people with all disabilities. More help for bereaved parents. Continuing and follow up support after diagnosis for parents of children with disabilities

Carers need to be involved in the process (5 year strategy) especially around mental health or drug addiction, carers need more respite and local groups (who support carers) need access to funding to stay open

Carers should be paid a more decent wage to recognise the difference they make and the essential services they provide

6. Next Steps

The Healthwatch organisations in South Yorkshire and Bassetlaw, coordinated by Healthwatch Doncaster have played a key role in the engagement activity that South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) has undertaken with patients and the public.

From the earliest stages, Healthwatch Doncaster and the SYB ICS met to ensure our approach was joined up. A survey was developed locally in South Yorkshire and Bassetlaw to best meet the needs in our area, and was developed by the Healthwatch leads collaboratively but incorporating the input and contributions of the ICS to ensure that the outcomes of the engagement are meaningful to the local picture and in the development of the ICS 5 year plan.

It is reassuring to hear from the public that commitments towards prevention, mental health and local neighbourhood care are the right things for the Long Term Plan to focus on. The findings of the Healthwatch engagement confirmed that the public in South Yorkshire and Bassetlaw see the priorities that the Long Term Plan has set out as the right ones for our communities, and confirmed thinking that it would be entirely appropriate for these to filter through into the 5 year plan.

The ICS has continued to seek the views of patients and public past the closing date of the Healthwatch survey, and Healthwatch Doncaster have continued to host the survey on behalf of the ICS.

The ICS engagement team looked at the seldom-heard communities that Healthwatch had covered in their engagement exercise and scheduled in further focus groups to encompass a wider range of voices from the seldom-heard communities. The ICS has also led on staff engagement, and has hosted two region-wide open events.

When the ICS survey and focus groups close on 24 June 2019 it is anticipated the reach of the whole engagement activity will be approximately 2000 members of the South Yorkshire and Bassetlaw population. The Healthwatch organisations gathered around 1500 of these views via their survey and focus group activity.

An independent analysis company will compile all of the findings from the engagement activity, including that conducted by Healthwatch organisations and the resultant report will be used to focus the development of the SYB 5 year plan.

The ICS is committed to ensuring the key themes that arose out of both the Healthwatch engagement and the wider engagement activity are used to shape the SYB 5 year plan.

The ICS is planning to develop a South Yorkshire and Bassetlaw ICS Assembly, made up of key stakeholders and in line with the national NHS Assembly membership. Progress on both the Five Year Plan and the views of stakeholders who shaped it will be key areas of discussion for the Assembly.

South Yorkshire & Bassetlaw Long Term Plan Engagement and Anticipated Publication Timescales

Timeframe	Action
March - June 2019	Engagement taking place across SYB
July/August 2019*	Draft SYB 5 Year Plan
August/September 2019*	Revisit draft plan with stakeholders
September/October 2019*	Final SYB 5 Year Plan published

*subject to timescales for the publication of the LTP implementation framework remaining as currently predicted

7. Appendices

All the supporting information and feedback from local people who participated in the survey and the focus groups can be accessed via the link below:

<https://www.healthwatchdoncaster.org.uk/appendices-nhs-long-term-plan/>

The information contained in the appendices online includes:

1. SYB NHS Long Term Plan survey - a copy of the survey can be accessed by following the link above
2. Focus Group Reports - all the reports can be accessed by following the link above
3. Data and charts from the SYB Long Term Plan Survey - the information can be accessed by following the link above
4. Qualitative responses to the questions in the SYB Long Term Plan Survey - the information can be accessed by following the link above
5. Word Cloud pictures summarising the qualitative responses to the questions in the SYB Long Term Plan Survey - the information can be accessed by following the link above

8. Acknowledgements

The NHS Long Term Plan Engagement Programme for South Yorkshire & Bassetlaw and this subsequent report has been made possible with the help, support and cooperation received from many individuals and local groups, as well as also local organisations and their teams and staff. Healthwatch Doncaster as the local coordinating body for this work would like to specifically acknowledge the following:

- Healthwatch England
- Healthwatch Bassetlaw
- Healthwatch Barnsley
- Healthwatch Doncaster
- Healthwatch Rotherham
- Healthwatch Sheffield

- South Yorkshire & Bassetlaw Integrated Care System (SYB ICS)

- All Survey participants throughout the SYB area

- All groups who participated in the focused engagement sessions:
 1. Barnsley Macular Support Group
 2. Barnsley Asylum Seekers and Refugee Women's Group
 3. Barnsley Refugee Council Men's Group
 4. Bassetlaw Residents Group
 5. Doncaster People Focused Group 1
 6. Doncaster People Focused Group 1
 7. Doncaster Lindholme Prison Healthcare Reps
 8. Renew Bentley 123 (Doncaster)
 9. Doncaster Sea Cadets
 10. Healthwatch Doncaster Volunteers
 11. Rotherham Be Cancer Safe Event
 12. Deaf Futures Focus Group (Rotherham)
 13. Rotherham Military Veterans Group
 14. Burton Street Foundation Focus Group (Sheffield)
 15. Sheffield Futures Young Advisors & Young Cabinet Focus Group