



Annual Report 2021 – 2022

healthwatch
Staffordshire

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Message from our Chair

As we entered into 2021 any optimism that the worst of the Coronavirus crises might hopefully have been behind us did not blind us to the profound affect on daily living and, in particular, the way the pandemic has massively impacted health. So many people have suffered either through illness or bereavement. Many others have faced mental health challenges because of the impact of lockdown.

We all want to continue to cheer on all the staff in the NHS and the wider care sector who have worked so tirelessly during this crisis. However, we are all aware that even if we transition to a Covid-free living, the future looks grim with the knowledge of growing operation waiting lists and a concern about the number of serious health conditions going undiagnosed.



I'm proud that Healthwatch Staffordshire has worked tirelessly to ensure that we address the concerns of local people. Of course, our aim isn't just to "catch people doing it wrong" and so we have also endeavoured to compliment when we hear stories of good practice and excellent customer service. We have also sought to make sure that we connect with those underrepresented groups within our communities as we know that they are often less likely to be heard by these service professionals and decision makers.

Thankyou to our Healthwatch staff and volunteers plus all who have supported and contributed to the work of Healthwatch Staffordshire.

Every Blessing

Lloyd Cook

Healthwatch Staffordshire Chair



The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."

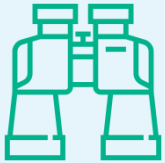
Sir Robert Francis QC, Chair of Healthwatch England



About us

Your health and social care champion

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



Our vision

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



Our mission

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



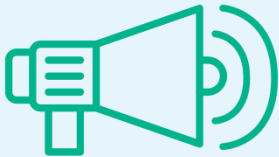
Our values

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

Our year in review

Find out how we have engaged and supported people.

Reaching out



2,400 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

965 people

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

Making a difference to care



We published

13 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

Coronavirus Pandemic - Returning To Normal

which highlighted the anxieties people had on coming out of lockdown and vaccinations. .

Health and care which works for you



We're lucky to have

33

outstanding volunteers, who gave up 30 days to make care better for our community.

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

£205,338

Which is **the same** as the previous year.

We also employ

7 staff

who help us carry out this work.



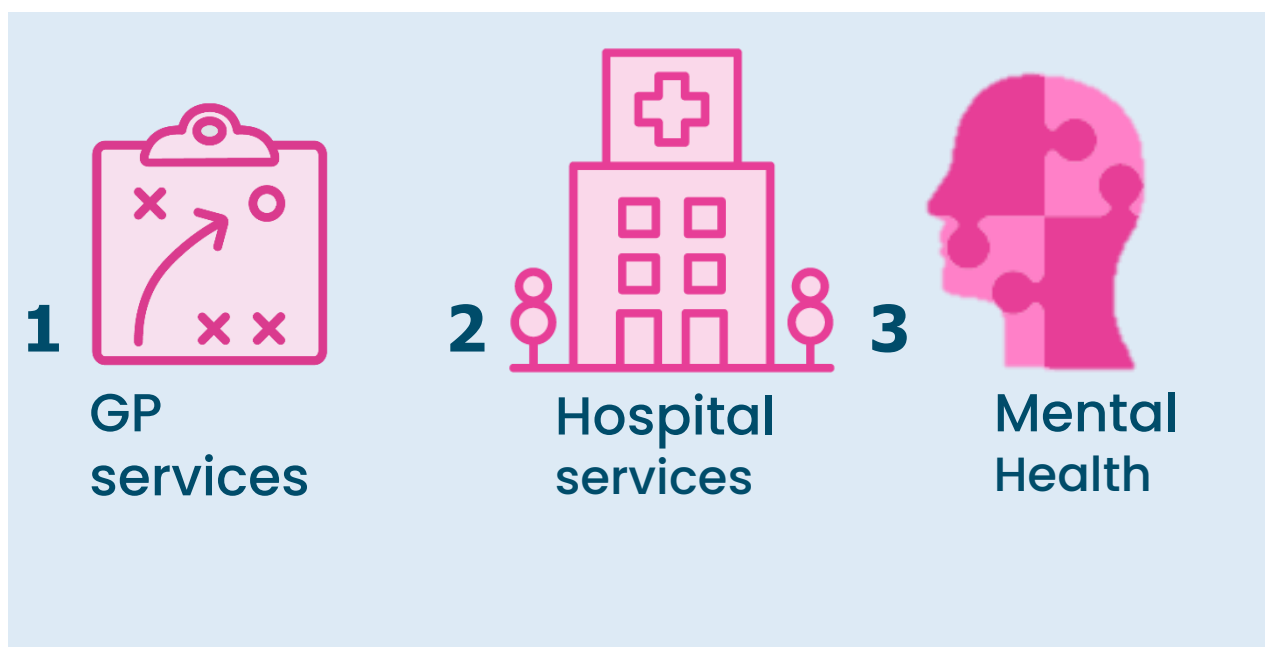
Our Priorities

Public surveys

Our priorities during 2021/22

At Healthwatch Staffordshire we want to ensure peoples views and experiences are listened to and are heard. We encouraged people to tell us their stories of Health and Social Care in Staffordshire and how they were different during the global pandemic.

During 2021/22 we published several surveys, based on what people in Staffordshire highlighted as most urgent in our public priorities survey and promoted them via our website, emails, social media, face to face engagement and third parties.



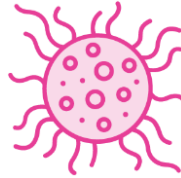
64% of respondents who considered themselves to have a long-standing health condition chose GP surgeries as a key priority.

Our 2021-22 projects.

These are the surveys we have published from April 2021 to March 2022.



We asked the public to tell us what health services were most important to them. We held a series of online Zoom sessions to interact with people and discuss their feedback and ideas.



Adjusting to life during the Covid-19 pandemic was difficult for everyone. We wanted to know what people thought about life returning to normal and was there still a risk in their area.



During Covid-19 numerous people complained about accessing dental care. We carried out a survey asking people to tell us about their experiences accessing dental care during the pandemic.



Our Primary Care survey was developed so we could learn what people thought of enhanced services as part of the Integrated Care System. Did they want further health services?



With so many people struggling with their mental health and wellbeing due to Covid-19, we wanted to find out just how people's health had been affected. This was a key priority for our residents in our first survey.



We asked people for feedback on their hospital appointment cancellations during the pandemic and had they been offered any support whilst they waited.





Our published reports this year

- Hospital Services Report
- Addendum Hospital Services Report
- Primary Care Services Report 2
- Mental Wellbeing Report
- Addendum Mental Wellbeing Report
- Primary Care Report
- Addendum Primary Care Report
- Access to Primary care and Digital Exclusion
- Hospital services Report
- Dentistry Report
- Public Priorities Report
- Public Priorities Summary
- Coronavirus Pandemic – Returning to normal

[View the reports here](#)

Digital exclusion

The global Covid 19 pandemic led to one of the biggest surges in digital communication and engagement during the past 2 years with record numbers of people continuing to utilise digital systems and mobile apps to access healthcare.

2021 continued in the majority with online and telephone appointments for GP surgeries, Mental Health, Maternity, Children's services and Hospital appointments as we responded to further lockdown periods and government measures.

Many services were under immense pressure as the need for healthcare increased.

Less appointments were available, staff shortages grew bigger whilst hospitals cancelled 1000's of patient procedures and operations.

In our Digital exclusion report based on our previous Primary Care survey as well as feedback from residents of Staffordshire, we highlighted the difficulties people faced when trying to access appointments.



9

We partnered with 8 other Healthwatch areas to complete the Digital Exclusion Project

The Coronavirus Pandemic – Returning to normal

For well over eighteen months we had experienced anxiety, suffering, tragedy, restrictions on our activities and employment – not to mention the challenges to our health and social care systems that no one could have foreseen in our lifetimes.

We have also seen great community spirit, marvelled at the ingenuity and resilience of front-line health and social care workers and those that support the delivery behind the scenes, not to mention Public Health, Local Government and an army of volunteers that have stepped up to the plate.

But how do people feel about returning to normal?



Key findings

- Staffordshire residents reported that they felt safest in their own area followed by Staffordshire county and then the United Kingdom.
- Over 81% of respondents said they were confident in the ability of the NHS to effectively treat those who have contracted coronavirus.
- Around 64% of respondents said they were currently or intend to take part in the home testing initiative, with just 18% reporting that they will not take part.
- 87% of respondents said they were confident in the vaccination programme in Staffordshire to reduce coronavirus transmission and the number of new cases.
- Over 96% of respondents said they have already had or would have the coronavirus vaccination.
- Over 67% of respondents reported feeling anxious and/or cautious with the easing of lockdown restrictions.
- Over 36% of respondents admitted to missing at least one health or social care appointment for fear of catching coronavirus since January 2021.
- Over 61% of respondents said that the pandemic has had a negative impact on their mental wellbeing, with young people (18- 24) reporting the worst impact.

Primary Care Reports

The aspect of accessing a face-to-face appointment at an alternative GP practice was explored, 72% said they could do so easily, though 12% of people said they would find it hard or very hard. Most said they could travel by car or identified a range of alternate methods.

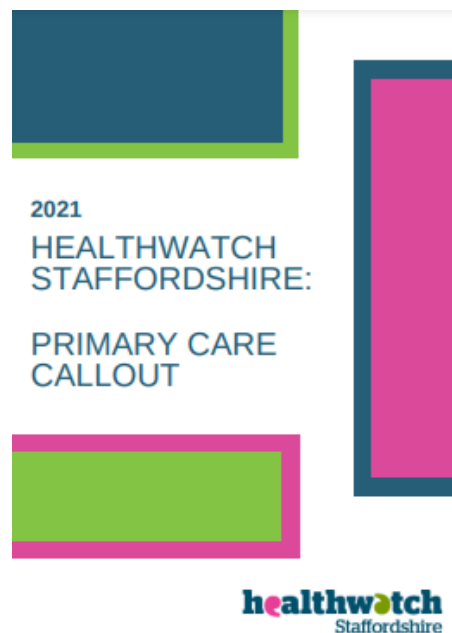
On the aspect of having a digital or telephone appointment instead of a face-to-face, 64% said they would but 24% said they didn't get a choice. 43% said they would be able to take a call at any time but 37% said they would not be able to. 58% of people who would not accept a video call said they didn't think it right to have a video call rather than a face-to-face appointment with their GP. Equal numbers, 21%, said they did not have a suitable device or didn't know how to operate it. Less said they could take a video call at any time with over half saying no.

Doctors were considered the most essential service out of the listed primary care services with 97% of respondents maintaining they are essential for themselves or their community

Dementia services were considered the most essential service out of the listed community care services with 60% of respondents maintaining they are essential for themselves or their community.

While face-to-face appointments were considered as essential by a much higher proportion of respondents than digital appointments, large differences could be seen when breaking this down by the age of the respondents.

When asked what they thought could improve current services in Staffordshire, again respondents proposed a range of changes, but most notable were an increase in staffing and number of appointments, a full return to face-to-face care, and better communication.



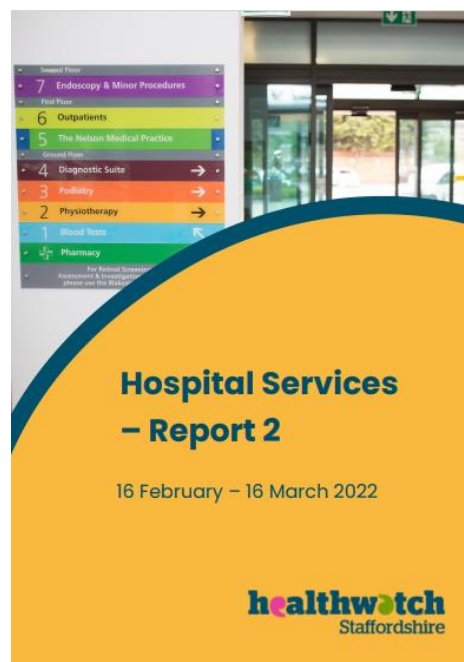
Hospital Services reports

People were in hospital for either less than a week or between one and four weeks. The majority of people said communications from Doctors and Nurses were either excellent or very good.

Over a third of people reported being given less than six hours' notice of being discharged with just over a fifth less than one day's notice and a similar amount one to two days' notice.

Over two thirds of people did not have support needs on being discharged. The remainder said they needed aids or adaptations to be as independent as possible at home. People rated the discharge experience at an average of 6.9 out of 10, six respondents rated it as being a 10.

The majority of people rated their care as excellent overall with five saying it was mixed and one as very poor.



It is clear that responders have experienced lengthy delays, which range from 3 months to a year with some over a year and some indicating indefinitely, to have an appointment or treatment.

When exploring in greater detail what impact the cancelled or postponed appointment had on the responders, there was a range of answers that expressed negative feelings. For example, responders noted that they suffered pain, discomfort, stress, anxiety, depression, less independence and longer recovery times. Furthermore, responders mainly stated that no alternative support was offered in the interim while waiting for a new appointment date.

This is clearly an opportunity for hospitals to consider how they liaise with patients to offer timely updates, provide advice on self/pain management and relieve some anxieties when the need may arise to delay or postpone treatment.

Mental Wellbeing report

It is clear that people believe that the Coronavirus Pandemic has deeply impacted their mental wellbeing. However, in stark contrast, choosing whether to have the COVID-19 vaccinations and booster vaccines appeared to have much less of an impact on people's mental health. In some cases, the reason for this was because of the trust in the NHS and belief in the communication strategies applied by the NHS.

The majority of people had not had a break in education or work.

When asking people to contemplate future feelings, people's views on this were mixed across the range with more feeling concerned about the future than those not so much or not at all.



On reflection of people's responses in other questions some responders indicated the ideas around 'what the future entails' brought out some anxieties due to changes in jobs, finances and adaptations to social lives.

It does seem that overall, the Coronavirus Pandemic has increased widespread anxiety levels. People clearly indicate they've spent a lot less time with their family and friends on the whole since the beginning of the Coronavirus Pandemic. Likewise, people spent a lot less time on activities and hobbies which supports the idea that the Coronavirus Pandemic has caused greater loneliness. Overall, nearly 75% concluded by sharing that they do not believe they have a healthier work-lifestyle balance since the Coronavirus Pandemic began. Although, it is clear that this does not relate to increased alcohol or drug usage. On balance, it could be argued that this less healthier work-life balance is because of greater social isolation, not being provided professional support or by simply not being heard, to openly talk and offload personal feelings. It should be noted that the main sources of emotional support came as a result of family and friends. Unfortunately, whilst some people had some means of support a considerable number of responders stated they were still anxious and worried.

NHS Dental Services



Experiences

Advice and information

Dental Survey Report

NHS Dental Services

Healthwatch have received several enquiries every week about NHS Dental Services, with the majority of calls from people trying to find an NHS dentist. People were given advice and information. Some people contacting Healthwatch had current problems with their teeth, often being in pain. Healthwatch were able to direct them to the Community Dental Service where they could be triaged and appropriate appointments given for urgent dental treatment.

Healthwatch received a call from a Social Prescriber seeking information to assist an elderly gentleman who had no teeth and no dentures. The Social Prescriber asked Healthwatch if they knew of any local dentists taking on NHS patients.

Healthwatch discussed how this was a major issue on a national level and advised that it may be worth calling dentists in the area and although it is most likely that they are unable to take new NHS patients at the current time, ask if it is possible to be put on a waiting list. Healthwatch also advised about the Community Dental Service and how, if the gentleman was having health problems because of difficulty eating for example, the Community Dental Service would be able to help. At the very least they would be able to make a professional assessment of the importance or urgency of treatment for this gentleman and if they considered that he could not wait too long to have dentures fitted they could make arrangements for him to receive treatment. Healthwatch provided the telephone number for the Community Dental Service Advice line. The Social Prescriber said that the information was helpful and that they would call the advice line.

Healthwatch received a call from a lady explaining that she and her husband have been unable to find an NHS dentist. Her husband had lost a filling and was in considerable pain. Healthwatch gave advice about asking to be put on waiting lists at local practices for the longer term and gave details of the Community Dental Service for urgent treatment needs. The caller said that she thought her husband had called them yesterday and they had given advice and tips on how to cope, but these had not helped at all. Healthwatch explained that they are making a telephone assessment so need to be given full information on how the problem is affecting the person, such as the amount of pain, if it is causing problems eating or sleeping etc. The caller said that she thought her husband would not have fully explained the difficulties he was experiencing and that they would call again.



A caller told Healthwatch that they had made a complaint after dental treatment went wrong, explaining how root canal work had not been properly completed leaving ongoing problems and a tooth requiring small filling being broken by a clamp. When the patient looked at the tooth at home they found that it had been filed down to leave a small stump - they were not aware that this had been done as they were numb from local anaesthetic and the dentist had not explained what they were doing. The patient told us how they had made a complaint and were subsequently refused dental treatment. They had rung around 20 dental practices in their area, and none were taking on new NHS patients. The patient was still having problems with the failed root canal treatment and was, prior to having treatment refused, prescribed antibiotics by a different dentist at the same practice, but this had only provided temporary relief and the patient felt that the infection was back and having a bad effect on their health. Healthwatch discussed Advocacy support in respect of the complaint and the Community Dental Service for help in gaining urgent treatment as required.

A caller explained that they were unable to find an NHS dentist. They had previously had a dentist but had been de-listed as they had not visited for a period of time. Healthwatch explained the current difficulties and advised that it may be worth asking local dentists if they could be put on a waiting list. The caller advised that one practice had indicated that they may take on some patients in November so Healthwatch advised that it was worth calling them back and asking to be put on a waiting list. During the conversation that caller advised that they had a problem which was causing some discomfort, but it was unclear how serious this was and whether it would be considered an urgent need for treatment. Healthwatch explained about the Community Dental Service and how the advice line could make an assessment and refer for urgent treatment if required. Healthwatch provided the telephone number to the caller and they confirmed they would ring the advice line.

Healthwatch Staffordshire Dentistry Report

We were constantly hearing from Staffordshire residents who told us about issues in accessing dental services and getting treatment. We decided to look deeper into this and developed a dental services project which intended to explore and share Staffordshire residents experiences

What people told Healthwatch about their experience of dental services during the pandemic.

The modal number of dental practices the respondents tried when attempting to register with a dentist was 6. 100% of those who were unable to register as an NHS patient were told they would be able to register at that practice as a private patient. 17% of these people went on to register at a dental practice as a private patient.

'All the dental practices I phoned said they had no space for NHS patients, but you could join as a private patient'

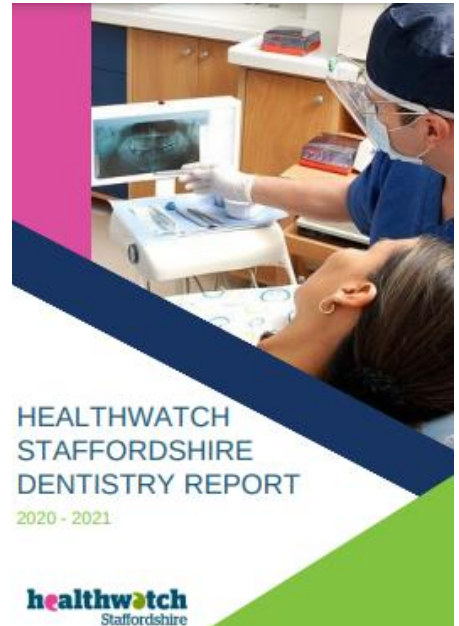
'Plenty will take you on as a private patient, but I cannot afford it'

80% of respondents said emergency treatment options were restricted due to some procedures not being available at the time they needed treatment.

'Only temporary fillings could be done'.

'They could take the tooth out but that was the only treatment. I still need an urgent filling but do not know where to go'

- Many respondents were not able to make a suitable appointment with an NHS dentist to suit their needs, in addition to this, the majority of respondents also maintained that they were not given a time-frame of when they may be able to do this or even triaged by dental receptionists.
- Some Staffordshire residents have experienced restricted treatment options in both emergency and routine care due to the pandemic.
- The majority of respondents were satisfied with the emergency or routine treatment they received
- Most respondents were satisfied with the covid-19 precautions they experienced at their dental practices.





Responding to COVID-19

Vaccination experiences

Advice and information

Covid Vaccinations

Throughout the year we have received constant enquiries concerning Covid vaccinations, from how to arrange or book a vaccination, lost property at vaccinations sites, through to issues with recording of vaccinations and obtaining a Covid passport. A selection of enquiries we have assisted people with, helping them to resolve their problems, follows.

We received an enquiry through the Healthwatch Staffordshire website saying "I have booked an appointment via the NHS site for my wife for tomorrow (10th) for her booster jab, at 14.15. When I tried to book myself, it came up at a different venue. As my wife is partially sighted and unable to drive, I want to book the same venue at roughly the same time. Would it be possible to get my booster when I take my wife tomorrow." Healthwatch telephoned the enquirer as the submission had been made the previous evening and time was short as the appointment was for the following day. Healthwatch established that the wife's appointment was at the Kingston Centre in Stafford and the husband's online attempt to book a vaccination had only offered a location in Derbyshire, which was entirely unsuitable for these Staffordshire residents. The Kingston Centre were not currently advertising any walk-in availability; therefore the couple were directed to 119 who would be able to make a suitable appointment for the husband and rearrange the wife's appointment if necessary. The husband was pleased to have some advice as he had been unaware that the 119 phone-line would be able to resolve this problem.

A caller was looking for a telephone number for the Kingston vaccination centre as when attending their appointment they thought they had lost a medical bracelet and it was a long way to go with limited transport available to them. Healthwatch advised that they are not aware of a direct telephone line into the vaccinators at the Kingston Centre, but were able to advise that the vaccination service is now being run by GP First and provided their telephone number and that they should be able to assist the caller in seeing if they are able to locate the lost medical bracelet.

Healthwatch received a call from a gentleman who wanted to know how to cancel his booster vaccination as he was feeling unwell. During the conversation, he explained that he had a very bad headache and was feeling giddy. Healthwatch advised that the appointment could be cancelled and rearranged by calling 119, but further advised the caller that it would be sensible to call his GP and due to his age (76) and previously having had a stroke many years ago, that a medical opinion was important and appropriate and that the GP may decide to do a check-up and possibly tests in relation to the symptoms he had. The caller said that he usually didn't like to make a fuss but having talked to Healthwatch thought that it would be advisable to call the GP and he would do that straight away.

Caller rang hoping to find a direct telephone number to the Kingston Centre. Healthwatch explained that there was no direct number and enquired whether the caller wanted to rearrange an appointment which could be done through 119. The caller said that they had an appointment that they intended to keep but they wanted to know which vaccine would be offered for their booster. Healthwatch explained that generally the Moderna or Pfizer vaccines were being used for booster and advised that personal experience of a booster vaccination the previous day at the Kingston Centre was that the Pfizer vaccine was administered and that the caller could enquire of the vaccinator which vaccine was being used and discuss any concerns that they have. The caller said that this was reassuring to them and the information was helpful.

Caller contacted Healthwatch on behalf of her mother, an 80+ year old who is housebound. She had received the first dose of her coronavirus vaccination around 14 weeks previously and had not been contacted for her second dose. Her family had tried contacting the Practice Manager and vaccination centres to no avail. Their GP Practice had told them it was nothing to do with them although the caller said that both 119 and the district nurse had told her it had to be booked through the GP. Healthwatch Staffordshire contacted the Practice Manager several times to try to resolve this issue. The GP practice said MPFT were arranging all of their housebound vaccinations and alluded that they were behind on all of their second vaccinations and that there was nothing they could do. The GP Practice would not share contact details for MPFT housebound vaccination team with Healthwatch Staffordshire. Healthwatch Staffordshire contacted the vaccination co-ordination centre and subsequently the mother received her second vaccination.



Healthwatch received a call from a Senior Manager of a Staffordshire food manufacturing company who employ seasonal migrant workers. These workers, numbering about 120, are in the UK on six month visas issued specifically to assist the food industry. They told us that Staffordshire County Council had arranged covid vaccinations for these workers under their "hard to reach" vaccination programme. As the time neared for these workers to leave the country, they would like to have vaccination certificates which will ease travelling issues. The caller advised that peoples details were taken at the time of vaccination, such as name and date of birth. The caller has been in touch with the County Council who have not been able to provide information. Healthwatch discussed how, although the County Council have been involved, it is likely to be mainly in identifying businesses where mobile vaccinations for migrant workers may be appropriate and it is extremely unlikely that the Council oversee the vaccinations and hold individual records of vaccination.

Healthwatch researched about mobile vaccinations and found information confirming that there had been a programme, for mobile vaccinations at the type of business concerned, run by Staffordshire Fire (planning, logistics and transport) and Midlands Partnership Foundation Trust (MPFT) who provided vaccinators. It had been established that in order to download vaccination certificate via the NHS app, that people needed an NHS number, which these workers did not have. It had also seemed that the only way to obtain a NHS number is by registering with a GP practice. The company had been in touch with their local GP surgery who had refused to register these migrant workers.

Healthwatch advised that the body holding the records of these vaccinations would be MPFT and it needed to be established how they have recorded the vaccination and whether individuals were given a NHS number in order that the vaccinations could be recorded. If this were the case, then accessing certificates could be easier if NHS numbers were allocated and known. The caller confirmed that they would make contact with the MPFT Mobile Vaccination Team to gain further information and assistance. Healthwatch advised caller to call again if they were still struggling in making contact and gaining information as at that stage Healthwatch would try to obtain further information through their contacts at the Trust.

Healthwatch had further discussion about registering migrant workers with a GP which should be possible, whilst advising that if the workers had been allocated an NHS number already because of receiving vaccination, this could complicate matters and therefore the information from MPFT was of vital importance in order to know how to proceed. The caller expressed their gratitude for gaining an understanding of how things worked and that they would now be able to make appropriate enquiries and resolve this issue.





Healthwatch Staffordshire

Advice and Information

Advice & Information

An important part of Healthwatch activities is providing advice and information to members of the public who contact us by telephone, email and via our website multiple times, every week. We are able to give information, signposting and advice to people to enable them to resolve the issues they are facing.

Healthwatch were contacted by someone who was about the travel to Europe working on an extended entertainment tour, at least 4 months which meant that they would not be in one place for long enough to easily register with a local healthcare professional in order to have their regular medication prescribed. The caller had asked their GP for 6 months supply and had been told that they could only have 3 months (although when they collected the prescription it was only for 2 months). Healthwatch discussed how legislation does not normally allow the GP to prescribe more than 3 months supply in these circumstances. During the conversation Healthwatch established that the caller actually needed a 4 month prescription rather than six to cover the tour, and therefore the caller really needed an additional 2 months supply, one of which was within the normal prescribing criteria. The caller understood that this was quite reasonable although Healthwatch advised that they would look into this further to see if there was a solution for this problem. Healthwatch contacted the Director of Primary Care to see if any assistance could be provided in these unusual circumstances. The Clinical Commissioning Group considered the circumstances and were able to liaise with the GP Surgery and reported, "The issue about extended supply for medicine whilst travelling abroad has been resolved. The GP surgery have supported the patient, based on assessment of case and individual circumstances. The practice follow strict criteria based on NHS policy, they were happy to support as long as this was considered exceptional and deviation supported by CCG."

The patient was very grateful for the assistance provided by Healthwatch knowing that she could go on tour and have her medications available for the duration of the trip.



Healthwatch received a call from social worker regarding a teenager placed in foster care. The child was unable to register with the GP of the foster carers as restrictions on their movements were in place and this excluded this practice. Other local area GP's had refused to register the child saying that a parent or carer needed to be registered at the surgery.

Healthwatch discussed the reasons for being able to refuse to register and how these individual circumstances are not covered by the information available. Healthwatch explained that in some circumstances people can be allocated a GP and advised the social worker to contact NHS England Customer Contact Centre who would be able to provide assistance with this. The social worker was relieved to have been referred to someone who could resolve this worrying issue.

Caller explained that her 99 year old mother has been ill for about 3 weeks with a urinary tract infection and that the GP originally prescribed a 3 day course of antibiotics and when the condition did not improve prescribed a further 5 days course over a telephone consultation. The caller says that her mother is hallucinating, imagining people in the house, but also sometimes locking herself in the house and not letting family in. The daughter lives fairly local with her brother just a few hundred yards away and they usually provide a considerable amount of support to their mother, but her continuing health problems were making this really difficult and they are very concerned for her health and wellbeing.

Healthwatch discussed how it could be advisable to contact the GP and update them on the situation, expressing their concerns and explaining how severe the hallucinations are and how it is making it very difficult for the family to provide the day to day support that they normally do.

Healthwatch advised asking the GP if there are further tests that could be done or a referral to a specialist if the GP is unable to treat this. Healthwatch discussed how if there was no meaningful response from the GP, that it would be a good idea to contact IHI for further advice. They may be able to send paramedics to assess the mother and decide whether she needs to be admitted to hospital (or they may make contact with the GP to request the surgery to see this patient in person). The caller said that they were relieved to be able to discuss this with Healthwatch and now felt confident to take follow up steps as discussed.



A patient had recently had a 12 night stay at Royal Stoke hospital, where they were told that they needed heart bypass surgery. They had been advised that the waiting list is a year long and that it was currently not moving. The patient and their spouse were worried about what a long wait for surgery could mean for their health. They had done a bit of research and thought that indications were that other hospitals in the country indicated much smaller waiting list times and they also told us that they had been advised that they could have the procedure done privately if they wished. They were unsure what to do and wanted to know if they could go to a different hospital and if so how to go about that.

Healthwatch discussed how coronavirus had impacted waiting lists and that Trusts were being quite cautious in raising people's expectations around waiting lists as they were unsure of how hospitals would be impacted over the winter by the virus. Healthwatch explained that they should have recovery plans in place and that if the coronavirus admission figures remain relatively low through the winter, they may be able to deal with the waiting lists better.

Healthwatch also discussed how it must be worrying, facing a long delay for surgery, when it is unclear about how this may impact the patients' health and whether there would be any increased risks to the patients' health whilst on a long waiting list.

Healthwatch explained that they were also entitled to a second opinion and that they may be able to be referred elsewhere by their GP. Healthwatch discussed consulting their GP and asking them for their opinion of any increased risk based on the information from the hospital that would have been given to the GP. They could also ask about how their condition would be monitored whilst waiting for surgery so that any deterioration could be found with a chance of being moved up the waiting list if necessary. They could also ask about the possibility of being referred to another hospital, with the GP maybe being able to provide additional information about other hospitals and waiting lists. Caller was also concerned about how they would know how good another hospital or private hospital was - Healthwatch explained about CQC (Care Quality Commission) and how they could look up services on the CQC website to see their ratings and read reports. The caller said that it had been really helpful to talk it all through with someone, that they would discuss this with their GP and that would assist them in being able to reach some conclusions and make some decisions.



Healthwatch had received some serious concerns from a service user of a domiciliary care company. The service user had reported various concerns, some ongoing such as cancelled visits / frequent changes to time of visits, with it appears very little in the way of care to be provided in the run up to Christmas. There was a sense of staffing difficulties. Cancelled and missing care slots were creating difficulties and worries for the service user. On a more serious note, one of the regular care givers appeared ill (and the service user said that the carer had told her of illness and the difficulties she is having) and the quality of the care was suffering greatly. The carer was frequently unable to complete tasks, was getting muddled up, complaining about being ill but still working (citing zero hours contract / no sick pay, so forced to continue working). The most recent incident is that the carer having assisted the service user to retire for the night left the house leaving the door open, putting the service user at risk. There was a concern about the carer operating the hoist with their current health difficulties.

The service user had periodically contacted the provider about the ongoing issues but nothing had changed. The service user had spoken to their social worker who appears to say that there is nothing they can do and that the service user will “have to live with it”. Healthwatch advised the service user to contact Staffordshire Cares – the Local Authority helpline and discussed reporting this to CQC as Healthwatch has found CQC Inspectors to be very responsive during the pandemic. Healthwatch were concerned about the quality of care being provided and would hope that an Inspector from CQC may be able to investigate this with the provider and therefore contacted CQC about this matter. The CQC Inspector reacted very promptly and after discussion with Healthwatch spoke directly with the service user and the provider. This resulted in a personal visit from the Manager of the provider to the service user assuring them that improvements would be made.

A patient called Healthwatch as she was having trouble booking medical transport to a hospital operation. The patient transport providers had recently changed and she could not get through using their phonenumber. The caller was very distressed and worried she would not be able to book in time for her operation. Healthwatch made contact with the provider on her behalf and requested they called the patient to make appropriated arrangements. The caller subsequently advised that the service had got in touch and they have been able to arrange her transport and that was very thankful to Healthwatch Staffordshire.

A caller explained that his daughter had been to A & E and following treatment was advised to go to her GP for pain killers and a sick note (fit note). On contacting the surgery, she was told that they could not supply a fit note as there were no GP's on site and that a fit note had to be signed by a GP. She could have an appointment with the Advanced Nurse Practitioner, but the fit note would have to wait until the husband / wife GP team were back from their holidays the following week. A locum GP was listed on the practice website, but the patient was told that no fit note could be issued before the main GP team returned due to no GPs at the surgery. The lack of a fit note was worrying the patient as they were receiving pressure from their employer to provide one as their pay would be affected if it was not supplied. The caller was very concerned about no GPs being available for a period of time and wanted to know how he could raise this issue. Healthwatch discussed how he could raise this issue and about the advocacy support available if they wanted to make a formal complaint. Healthwatch raised this issue with the Clinical Commissioning Group



Healthwatch received a call from a lady in New Zealand on behalf of her mother who lives in Staffordshire. She was concerned that her mother had not been able to see a doctor in a very long time. She explained that her mother has ongoing health problems and needed medication reviewed but felt she was just fobbed off by unhelpful reception staff.

Healthwatch made contact with the Practice Manager to raise this with them and asked if someone could call the mother to arrange an appointment. The mother was called and had a consultation with a doctor who said she might have an infection and requested she visit the surgery and provide a sample for testing so that any treatment required could be organised.

A caller had moved house, only a few miles, but their GP Surgery has said that they had moved outside of their catchment area and they would have to find a new surgery. The caller said they had tried about 9 local practices without any success, some saying that she is located outside of their catchment area and some saying that they are not taking on new patients due to Covid. The caller was quite anxious as she had a 5 month old child and had a fear of being without GP services. Healthwatch were able to reassure her that everyone is entitled to be registered with a GP and that, where a patient is having difficulty in registering, NHS England could instruct a GP practice to register a patient. Healthwatch advised the caller to ring the NHS Customer Contact centre for assistance in finding a new GP and provided the telephone number. The mother was relieved to know that she and her child would not be left without GP services.

Caller explained that she had been experiencing difficulty trying to register her partner with her local GP. She advised that her partner had moved in with her at the beginning of the first lockdown and is on the electoral register. They filled out a form for him but the surgery refused to register saying that they need a utility bill and photo ID but her partner does not have either of these. The caller wanted to know their rights with this and also get him the coronavirus vaccination.

Healthwatch responded informing the caller that they should be able to register with a GP without having any form of ID and should not be refused registration for not providing this. The caller was advised to get back in contact with the GP surgery and ask them to formally explain their reason for refusing to register and explain that Healthwatch had advised that documents requested were not a requirement for registration. Healthwatch also advised that the partner should still be able to obtain their Covid vaccination as this was something that was worrying them and directed them to the 119 helpline to make appointment arrangements.



WAITING ROOM





Healthwatch
Staffordshire

Community
Outreach

Community Outreach

North Staffordshire

We have visited Newcastle and Moorlands groups based in Clayton, Newcastle, Chesterton, Madeley, Bradwell, Kidsgrove, Cheadle, Biddulph and Leek and partnered with local organisations on community projects.

We have spoken with people who have young children, who experience mental ill health, who have dementia, who are on the autistic spectrum, who are carers, who are elderly, and people who experience physical health issues. We have also made people who are blind aware of what we do through articles in the Staffordshire Moorlands Talking Newspaper.

We have also attended the following meetings:

- Midland Partnership Foundation Trust's (MPFT) Service User and Carer Forum
- MPFTs Community Engagement Group
- North Staffs and Stoke-on-Trent CCGs Patient Congress
- North Staffs Combined Healthcare's Service User and Carer Council
- MPFT's Communities 2gether Meeting
- Support Staffordshire's Newcastle Locality Meeting
- Support Staffordshire's Moorland's Locality Meeting
- The Dementia Network for Stoke and Staffordshire
- University Hospitals of North Staffs Hospital User Group meeting
- SENDIASS' SUN Sessions
- Better Health Staffordshire's Obesity Workshops

Community Outreach

South Staffordshire

We have met with various groups and attended meetings, both face-to-face and online sessions to hear of people experiences of health and social care services and to provide information, signposting and advice. We have also been partnering with local organisations on community projects.



- Stafford District Cup a Cha
- Better Health Staffordshire
- Together for Carers
- SUN – Staffordshire Umbrella Network
- Everyone Health Coffee Morning
- House of Bread
- Help a Squaddie, Rugeley
- Stafford Macular Support Group
- Cannock Time to Change Hub
- South and North Staffordshire Mental Health Forum

Community Outreach

East Staffordshire

An information update about Healthwatch Staffordshire was sent out to the majority of Parish and Town Councils across the locality as a way of contacting representatives of as many communities as possible. This resulted in several requests for further information and for presentations at Council meetings.

A presentation was given to Burntwood Town Council outlining Healthwatch activity and achievements. A useful discussion followed on issues of patient safety and a working relationship was established going forward.

Patient Participation Groups have been affected by the Covid restrictions with some continuing to meet virtually. Healthwatch has a standing agenda item on the East Staffordshire District PPGs' six weekly meetings and, as some groups started to meet face to face again, and we have met with individual groups in Uttoxeter and Tutbury. We have also linked in with Burton and District Diabetes Groups which is now reaching out across Southeast Staffordshire.

We have regularly attended carers groups in Tamworth, Burton and Lichfield, taking up and resolving issues raised by group members either by providing information or referring matters through the CCG or the patient experience team at UHDB (University Hospitals of Derby & Burton). We attend a monthly quality meeting with UHDB and a UHDB Patient Governor where each directorate reports over the course of the year. The Trust shares its monthly quality reports and there are opportunities to raise specific issues of both of concern and appreciation.

The profile of mental health services has been raised considerably recently and in Staffordshire the mental health strategy is being implemented with significant investment in community services. MPFT are currently looking at the long term re-provision of services that were delivered at the George Bryan Centre in Tamworth prior to it being severely damaged by fire in 2019. We have linked in with the Trust and the CCG to feed in comments and concerns we have received from individuals and groups to ensure that they are considered and addressed when preparing for public consultation. We have also partnered with two local charities who are addressing some of the local issues raised by the Covid pandemic.





Healthwatch Staffordshire

Community Projects

mind Burton and District

Young Persons 'Focus on Mental Health'

The support provided by Healthwatch Staffordshire has provided Burton and District Mind with the opportunity to host a programme of Emotional Wellbeing workshops for young people (16-24) and for people with learning disabilities.



The goal of this project is to ensure young people or people with learning disabilities understand what mental health problems are, how to prevent them, how to discuss them and who to discuss them with in order to access services efficiently, with collected insight into how Staffordshire can support further.

Initially, this project was to look at the views of young people exclusively; however, with the consent of Healthwatch Staffordshire, we extended the remit to include people with learning disabilities – evidence informs us that people with a learning disability diagnosis are more likely to have a co-morbid mental illness.

We have engaged with the pastoral teams and staff of the partners and have followed the safeguarding procedures of those teams in all cases of abuse being disclosed.



The project allowed for three volunteer facilitators with their own lived experience of mental health problems to develop new and existing skills whilst taking leadership responsibility which has added value to their personal development, self-value, and employability.

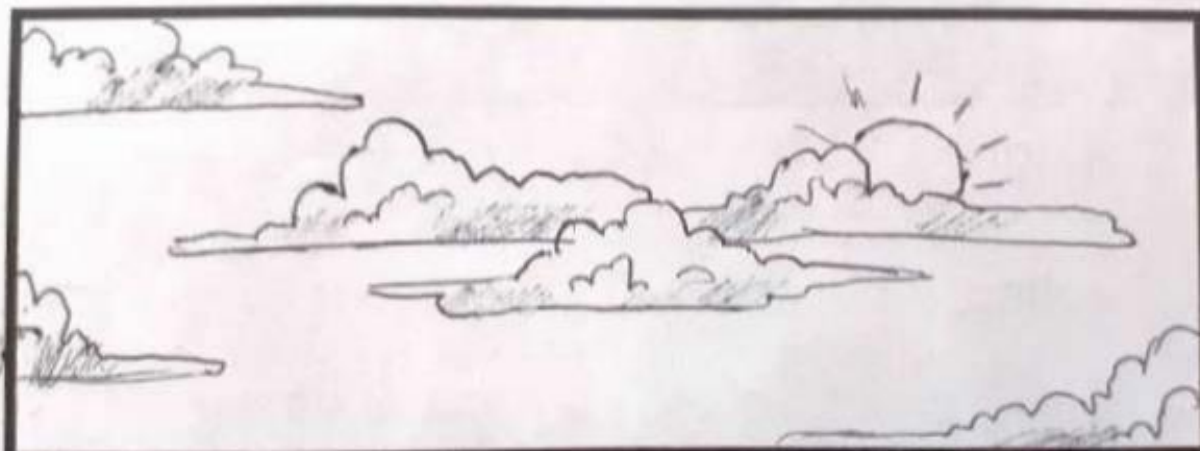
Working with local schools and colleges, and with a local established learning disability service, Burton and District Mind have facilitated a bespoke programme of Emotional Health Introduction workshops, co-authored by our Development and Sustainability Team and our specialist young person's counsellor, and coordinated with the pastoral teams within the education settings. The partnership organisations have included:

- De Ferrers Sixth Form Academy
- Burton and South Derbyshire College: Health and Social Care Department
- Cherry Orchard Garden Service

Sessions were delivered by our excellent team of trained and experienced community volunteers, who were overseen by our PTTLS qualified Development and Sustainability Officer. The participatory sessions maximized engagement and involvement, being delivered across two phases: Phase one: Workshop sessions, delivered in January and early February 2022, were open to all students and have been presented as part of enrichment sessions. These provided information on:

- Emotional Wellbeing and Mental Health
- Self-Care
- Discussing mental health
- The roadmap of local mental health services

The weather in my head is...



Phase two: Focus Groups, delivered in February and early March 2022, invited young people with existing mental health problems, or identified at risk of developing mental health problems by the pastoral teams, to a 90-minute session which explores further engagement and identification of community need. The sessions provided quantitative data exploring the impact of the pandemic on mental health and the access to provision of services.

Phase two will be further supported by a community involvement survey, open throughout the project, to ensure we have also captured the views of the wider young person community, people unable to attend Phase 2 sessions, and young people not in education. This was promoted across the partnerships, on Burton and District Mind’s website and social media channels, Community Together CIC, and through the Kind Minds newsletter published by Staffordshire County Council.

A report on findings, “Young People and People with Learning Disability Development Report March 2022” has been published and used by Burton and District Mind and the schools/colleges for further business development.

To read the full reports follow these links.

[Burton and District Mind Healthwatch Staffordshire Community Cash Fund Project Report](#)

[Young People and People with Learning Disability Development Report March 2022](#)

Views were gathered through the results of participatory sessions and focus groups. A summary is provided on the following pages.



Further details and analysis with discussion points are published in the companion paper “Young People and People with Learning Disability Development Report March 2022”. In phase one, views were collected from group sessions targeting young people and people with learning disabilities about their general perception of mental health and mental health services.

Noted views from workshops and focus groups

1) Greater understanding of how participants define thoughts, feelings, and behaviours, with insight into positive and negative triggers.

Awareness of the processes between thoughts, feelings and behaviours were generally low, with particular reference to the differences between thoughts and feelings. There was widespread misunderstanding between the difference between emotional wellbeing and mental health. Without insight in these processes, people largely struggled to identify triggers personal to them, although had a general awareness of commonly noted stimuli or determinants of mental health, such as:

- social media
- worry about the pandemic
- money (or lack of)
- having people to share problems with
- feeling connected to friends/family

2) Greater insight into how participants engage with varying levels of emotional wellbeing.

Generally, people defined mental health/mental illness as a binary issue (you are either mentally well OR you have mental health problems, assuming crisis). The understanding of the continuum of mental health was only understood when explained during the sessions.

3) How participants consider the importance of self-care in their own lives and what actions they take.

The participants demonstrated that they understood and participated in a range of activities that could be considered self-care, although they may not have thought of these activities in this way – activities included:

- Spending time with friends, which declined during the pandemic.
- Spending time with family, which has increased during the pandemic.
- Spending time with hobbies or being outside – with walking being a common suggestion.

4) How participants talk to each other and to adults regarding topics of mental health. How they communicate their needs and what to do if someone talks to them about their needs?

Participants generally noted speaking to friends as the first place to turn regarding mental health, then typically making use of the internet. Despite this, there was an indication that participants would not necessarily know what to do if they were approached by a friend on this matter.

Participants from the learning disability service would turn to staff for support.

People who have had experience of using mental health services noted this as somewhere they would ask for support.

5) Greater insight around how participants access information about mental health, if this has changed during the pandemic, and what they know about local service provision.

There was limited knowledge around mental health to understand if matters had changed over the two years of the pandemic.

In phase two views were collected through open-ended involvement workshops targeting participants with lived experience of mental health problems, or with close experience within their households. Responses to questions summarised below:

1) What did you do to look after yourself and your wellbeing before the pandemic? Has this changed? Why? How have you coped?

The participants from COGS highlighted walking, looking after family, and using local amenities (gym, shops, pubs, music events). They also mentioned the GP, family, and church groups. They noted a change to bus services as impacted on their ability to stay well, as well as changes to shops and amenities closing due to lock down. The closure of COGS had a profound effect with participants reporting sadness, loneliness and experiencing 'a loss of feeling needed' by the service. There were reports of developing relationships with family members, and use of virtual/digital platforms to meet up.

The participants from the college and De Ferrers highlighted using social media to stay in contact with friends and social activities. They noted that school closing had an impact on their emotional wellbeing, and interrupted sleeping patterns. There was an increase in using hobbies such as mediation, walking and horse riding.

There was a consensus that people lost their social skills and struggled to know what to say to each other after the pandemic. There were also many reports of people 'closing down' and not speaking to others, becoming more isolated as a coping mechanism. This was at odds with some others reaching out for mutual support from friends.

2) Where would you have gone to seek help for mental health problems before the pandemic? Has this changed? Why?

The participants from COGS noted the access to GP services was reduced. They noted that they had to find new ways of keeping busy or making new use of skills developed at COGS, such as gardening and joinery.

The participants from the college and De Ferrers noted that they would make use of the pastoral teams (Head of Year) and helplines. They noted being more aware of charities such as Mind.

Some people felt it was now easier to talk about mental health and emotional issues – that people had more compassion to discuss this. Although it was noted by some that existing mental health problems worsened, with additional feelings of stress, depression, and isolation.

3) Has the pandemic changed things within your household which might affect your mental health (e.g. social networks, employment, access to money, food, housing, stigma and discrimination, anti-social behaviour, risk of abuse, successes.)? Has there been any successes or positive things to come out of the pandemic?

At COGS some participants have been affected by bereavement and they felt supported by family and church groups. Some COGS participants noted that they had made personal achievements due to the pandemic using the skills developed at COGS. These achievements centred around hobbies such as garden projects, writing, and development independent living skills. Some also noted new volunteering opportunities emerging from the community response to the pandemic. There was a consensus that there was a slower pace of life, that it was quieter (no planes for instance) and that there was a burst of nature (reports of deer entering people's gardens), and people had an increased sense of gratitude. In the large part, participants from COGS didn't report long term negative effects on the wider determinants of mental health or mental illness.

The participants from the college and De Ferrers noted that there was a negative impact on their finance within their household, with some noting a drop in income from absent parents who had been furloughed/made redundant. There was mixed reaction to having to spend more time with family – some noted that this had brought the family closer together, others expressed it caused more conflict. Some mentioned that they lost contact with an older relative and that dementia had worsened after the restrictions had lifted. One participant noted that it felt like they had been forced to grow up quicker to support their household.

However, participants from the college and De Ferrers also noted that they had more time to consider aspirations, take up volunteering and spend more time on university applications. One person noted developing skills around writing lists of activity to provide more structure to the day. Others noted that they spent more time considering their identity and aligning to subcultures. Some noted having more time to spend with absent parents.

Noted views from the involvement survey results

There appears to be a significant decline in self-esteem caused by the pandemic

There was proportion who wouldn't seek support at school/college or workplace. This may be down to lack of understanding of the support available or worry about stigma.

The results highlighted the use of information websites. This in turn provide risk of inappropriate self-diagnosis.

Noted that the pandemic may have brought people closer to family and/or relatives for support.

Impact and Lasting Improvements

250 people have benefited from the following four workshops with instruction and handout.

Emotional Wellbeing and Mental Health

Discussing mental health

The roadmap of local mental health services

Self-Care

They will have greater understanding that having negative emotions, such as feeling nervous, or angry isn't itself a mental health problem and that there are self-care tools available both within the community and within their lives already. They will have a better understanding of what local services and support is available and what to do if somebody approaches them about mental health problems or emotional wellbeing. Partners will have a greater understanding of the needs of the community – with reference to the need for more psychoeducation in the community and the needs of young people and people with learning disability.

Sustainability – The project has had calls for repeat work from Burton and South Derbyshire College and from Cherry Orchard Garden Service. In addition, we have had requests of delivery from Friends to Friends, another learning disability service operating in Lichfield and Burton on Trent. A Burton and District Mind Community Help Associate has been deployed with COGS on fortnightly visits to further connect with the group and identify new opportunities. One opportunity being considered is Recovery Worker service utilising workers with skills sets to work alongside the households of people with learning disability. This could be funded by Transformation of Community Mental Health funding in the future, or by National Lottery grants.



Christchurch First School, Stone Children's Wellbeing Garden

Christchurch School in Stone, supported by Healthwatch Staffordshire, wanted to create a new garden area to enable children to get outside and access the outdoors, which is great for their mental health and to grow their own fruit and vegetables from seed, nurturing and harvesting them. The aim of the project is to enable children to understand where their food comes from, observing the growth process and teaching them how to develop a more sustainable lifestyle

A key aspect of the project is to develop an outdoor seating area annexed to the KS2 classroom to enable access to a quiet area for the children who have struggled to settle back in school post-covid. The area is sited away from the main yard and will give space for quiet reading, small group work and quiet reflection that many children will enjoy and benefit from. By interspersing seating with planters, they can grow some aromatic herbs that will make the area more appealing and calming. This additional area will make a real difference to the children who need the most support.



The area earmarked had a dilapidated green house and was a storage area for all things that had no home. This area was a bike store and a scooter store and the containers had all the gardening equipment in them.

As a Victorian school in a terraced street, there is little outdoor green space and they were unable to share a love for gardening and growing with the children. Now they have 4 fabulous planters and wonderful plants donated by the local community to allow the children to see where fruit and veg come from and taste the end results. They have also developed a wonderful wellbeing and refection area, allowing children space away from the busy playground where they can relax.



During British Science Week in March, each class sowed seeds to see how things grew. They had a wide variety of examples from herbs to tomatoes and beans. Many of these have been transferred to the planters.

In Key Stage 1, the children grew lettuce, tomatoes, chives and basil. These would be planted out in the new outdoor planters once they had arrived so the children can enjoy the fruits of their labours!

In Key Stage 2, the children were looking at germination and each child planted a bean seed to watch the growth. They also planted herbs and vegetables to be transferred to the planters when they were put in place.

The children were very excited about all the changes that were being planned.

Alice said, "It's going to be really great. We will see our seeds grow into plants and then we can eat them."

Jude said, "This will attract insects who can pollinate the plants and make them grow."

Annabel said, "I can't wait to see if everything grows because then we'll be able to eat the things we have planted"



The children have cleared an area of ground next to the garden to create a lovely border complete with flowers. This space once had raised beds but they had moved and become misshapen due to the tree roots. Now it looks much nicer and they can use this space to grow more plants and flowers to add colour to the playground.

This next part of the project was to turn a disused area of the playground into an outdoor classroom/wellbeing and reflection area. This involved clearing the areas, building the bespoke seating and sourcing plants and pot. This area is hidden behind the main building and the mobile classrooms and provides the perfect escape for children wishing to avoid the hustle and bustle of the busy playground which can be overwhelming.

The old, dilapidated greenhouse was dismantled, the area cleared of rubbish and the storage bins and bike racks were removed to make space for the seating area. Thanks to generous parents who did all the prep work, the area was cleared.



The final stage was to get the bespoke seating constructed and fitted. There are four planter spaces to allow the children to grow aromatic plants and herbs as well as flowers and climbers.

To see a presentation with all the pictures follow this link:

[Christ Church First School Garden Transformation](#)

What the children told us about the project



"I liked looking at the strawberries because they were growing and I like when things grow. I like the fountain because it works!"
Zac – Year 2

"I really enjoyed planting the lavender and especially like the garden because it looks like a calm fairy garden."

Daniel – Year 2

"I liked gardening because it makes me happy. In the garden, I like the grass to meditate."
Riley – Year 2

"I enjoyed digging holes and putting the plants in the soil. I like the tomatoes in the garden."
Aidan – Year 2

"I loved planting because we got a bit dirty and it was really nice. My favourite part of the garden is the fountain because the sound was relaxing."
Fraya – Year 2



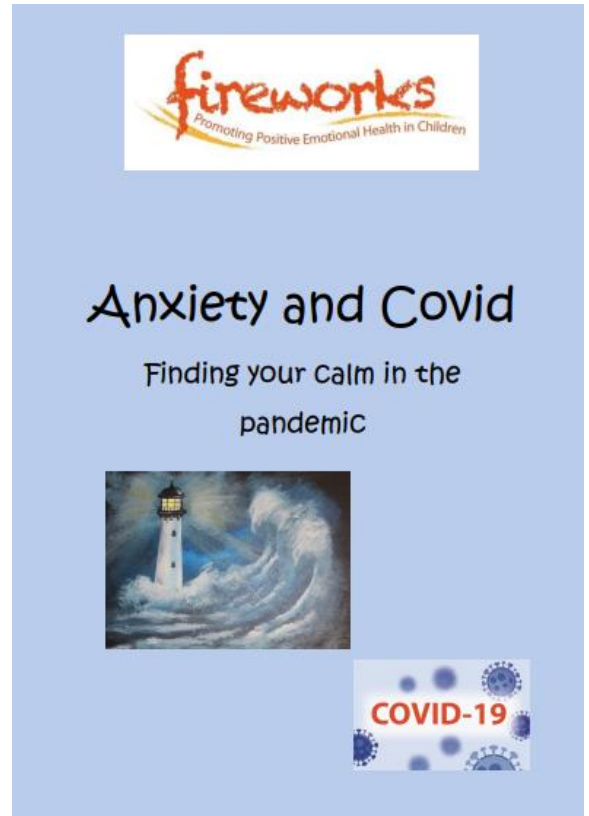


Anxiety support to help children and young people with the effects of Covid

Fireworks are running a project, supported by Healthwatch Staffordshire, to provide a forum for young people, Year 7s, over 7 – 10 weeks, focussing on anxiety that has come about due to Covid.

Fireworks wanted to run this pilot programme to deal with anxiety caused by the pandemic and deal with the consequences that pupils felt after the pandemic.

They wrote a draft for a pilot programme which they could use across key stages and covered different areas such as ‘What is anxiety?’ ‘How does anxiety feel?’ ‘How can I deal with my anxiety?’ ‘How has the pandemic affected me?’.



The programme has so far been run with three different groups and plans are in place for further groups starting after Easter 2022. The groups cover age ranges from 8 to 13 years.

Fireworks reflected on the pandemic and how it affected children, looked at what anxiety is and what triggers make us anxious. Activities that the children have undertaken include creating an image of their safe place using nature, making fidget toys, learning to spell their name in sign language, analysing lyrics to recognise what they mean and what message we can take from them.

As they continue to run the programme to its completion, they will be introducing resilience and finding out more about how children can become resilient, learning techniques such as breathing to calm anxiety, mindfulness, nature crafts and donkey therapy. By the end of the programme, they hope that they will have taught the pupils what anxiety is, why they felt more anxious due to the pandemic and how they can use the techniques we have taught them when they feel that their anxiety has been triggered.



They can also use this subscription as a training resource for their volunteers. They have created and printed mindfulness cards so pupils can have a quick reference that they can turn to if they want an idea for a mindful activity to do.

Initially, this is being run as a pilot programme with the intention it can be rolled out to other schools.



Fireworks told us how, with the support of Healthwatch Staffordshire, they have been able to write and print their own Well-Being Journal which they can now give to all the pupils taking part in their programme



They have been able to buy resources for mindful crafts and bags which the pupils use to create their own nature sensory packs. They have also been able to take out a year's subscription with Fischy Music so that they can show music videos and teach participating children some new songs accompanied by sign language which are specifically designed for children and young people with mental health difficulties.



S.A.G.E

Sexuality And Gender
Empowerment

How Covid has impacted the LGB&T+ community of Staffordshire

SAGE (Sexuality and Gender Empowerment), the LGB&T+ charity provides 1 – 1 and age-appropriate peer support in Staffordshire including Stoke on Trent. Support is also there for families and friends as well as those who question their gender or sexuality.

The project aimed to provide 1 – 1 and age-appropriate peer support in a variety of locations around the county. With this particular project people could discuss any concerns they may have on health and social care related issues in particular how Covid has impacted them. The project supported by Healthwatch Staffordshire aimed to provide support to 40 people whether face-to-face or via Zoom.

Nine drop-in sessions were offered at various locations in Staffordshire. These included Burton, Biddulph, Stafford, Newcastle Under Lyme, Stoke and Tamworth. There were also several zoom meetings which were organised by a charity in Stoke on Trent that supports older LGB&T+ people in Stoke and North Staffordshire.

The youngest person in the programme was fourteen and the oldest was in their late sixties, with one who is a carer (of the fourteen-year-old).

One participant has stated how Covid has impacted accessing hospital treatment, they were waiting to have their wisdom teeth and their gallbladder removed. This had an impact on their everyday life, especially the gallbladder with pain and discomfort as well the impact this has had on their mental health.

People said that they were awaiting appointments for counselling and that the service providers offer very few face-to-face appointments and do not offer therapy on zoom or telephone etc.

Two people have said how Covid has impacted their waiting time for their initial appointments at the Gender Identity Clinic, this has gone from two to four years.





Welcome to Lifeworks

History Lifeworks told Healthwatch Staffordshire that to date there isn't a care pathway for people with the primary conditions of Autism, ADHD or Dyspraxia in North Staffordshire. Most will have secondary mental ill health in adulthood. Currently, academically it is thought that 70% of adults with Autism and ADHD have depression. These figures in truth fall far short as Lifeworks Staffordshire have over 600 clients and most identify as having had depression at some time. Most, naturally, have high levels of anxiety and there seems to be a predisposition for some conditions such as ADHD towards paranoia and less so with autism. The occurrence rates of having one or more of these conditions academically runs as 50%.

Purpose The project was to support people with Autistic Spectrum Conditions and secondary mental ill health who identified as suffering due to the impact of COVID. Through one to one meetings to receive specialist life-coaching in the form of practical strategies and through discussion, via zoom and face to face, people had completed a survey to identify who was struggling to understand themselves and to improve their mental wellbeing in the face of pandemic.

Survey The survey was offered to clients seeming to be struggling the most. Out of 20 selected, 16 were completed, the 4 that weren't were followed up in individualised discussions.

The questions asked were:

1. What impact has COVID had on your mental well-being?
2. Have you been able to access mental health services?
3. Are you eligible for access to health and social care services ?
4. What support for your mental ill health would be useful?
5. What area in life are you struggling with and what would help you understand yourself better?

Of the 16 completed surveys 5 Females and 11 Males took part



Survey Responses

Q 1 What impact has COVID had on your mental well-being?

- Self harm increase 4
- Formed bad habits 9
- Lacked routine, structure and motivation 8
- Don't want to go out at all 1
- Stopped eating properly (eating disorder) 3
- Negative thinking focused on abusive past 2
- Anger issues 2

Q 2 Have you been able to access mental health services?

- Appointment cancelled/ moved with psychiatrist 2
- Stopped seeing my psychiatrist 1
- Was given an STR (Support, Time & Recovery) worker 1
- No access currently 9
- On a waiting list 1
- Receiving counselling 2 (1 also seeing psychiatrist)



- Q 3 Are you eligible for access to health and social care services ?
- Got a social worker because of Louise 1
- Had support from an OT and Physio after hospitalised due to not eating 1
- Can't get a social worker but would like one / No access because no service 7
- Wouldn't want one 3

Q 4 What support for your mental ill health would be useful?

- A named person I could speak to 1
- Signposting to support agencies for food 2
- A Personal Assistant to help me access the community 4
- Don't know what's available CBT didn't work 2

More Social activities 2

Service for our people 10

Q 5 What area in life are you struggling with and what would help you understand yourself better?

- Over thinking, depression, negative thoughts, intrusive thoughts and anxiety 16
- Phobia of men - coping strategies 1
- Unemployment – getting and sustaining a job 4
- Limited lifestyle – broadening my life 3
- Learning to close the door on the abuse I have suffered 2
- Coping with people better 2
- Anger issues 5
- Make friends and keep friendships 2

Clients also reported that traditional mental health services don't work for them as their mental ill health is looked at and not their primary condition of Autism, ADHD, Dyspraxia which you never recover from. If their primary condition isn't supported, their secondary mental ill health rarely gets better in the long term. This is not recognised by existing services as the national strategy is to employ more mental health workers for this client group and not more people trained and qualified in their primary conditions with secondary mental health training.



Each client was given a time slot suitable for their needs with Louise Zandian, CEO (Pictured above) to discuss their issues and develop positive ways of coping by improving thinking and developing strategies or making changes to their lives.

Outcomes

One female client, who is agoraphobic, stays in bed all day and self neglects with a very poor diet now has a befriender and goes out once a week to the local shop and has increased her range of food. Not previously been out for three years. – 4 sessions, total 7 hours, 2 face to face, others telephone/text.

One female client now has a befriender to phone and meet with to discuss life as and when required. 1 hour session face to face and two phone calls of 30 minutes. She was struggling to get employment and was ready to give up and needed to understand her conditions as was newly diagnosed. Now actively seeking work..

One female is continuing to have one to one zoom meeting to close down abusive past relationships (ongoing) 1 hour session. Following session was cancelled due to physical illness.

One female client has come off her medication and is using a herbal remedy and a healthy eating plan and exercise to maintain her wellbeing. She is no longer seeing her psychiatrist (personal choice). She contacts Louise by text most days to inform of her progress, the issues she has, to vent where necessary, and to ask for advice. 5 half hour sessions by phone, text and email.

One female client is having a review with social worker to get her a support worker due to her level of vulnerability and they have taken over her finances. Originally said she wasn't eligible for support through care assessment.. Having ongoing telephone support for gambling issue and to discuss issues. Had 5 sessions 1 hour sessions either face to face or by phone.

One male client is applying for PIP, struggling with money and keeping a job | 2.5 hour session, evening home visit.

One male client has stopped drinking, using cannabis and cocaine, and has found a 2 day a week job in security. 6 sessions over 5 hours face to face, by phone and text. Discussed anger management. Ongoing phone support.

One male referred to food bank, has massive anxiety and anger issues and is sleeping on his sofa. Worried about his benefits stopping. Have lodged a complaint as scored no points for PIP. 3 half-hour sessions by phone. Ongoing support by phone.

One male client has stopped self harming and discussed emotionally abusive relationship and has set positive goals which he is now working towards. He now smiles. Applying about gym membership via GP. Supported with ESA medical assessment carried out by telephone by Louise. 4 sessions. 3.5 hours, face to face.

One male client considering becoming a trustee to give him self esteem. Has had his college course terminated – discussed future options, his anxiety and mental health dominating his life, 3 sessions, 2.5 hours, face to face.

Two male clients have a befriender to talk about their personal circumstances, both are looking after elderly mothers. One in Leek needs reassurance, very anxious, has had 8.5 hrs over 5 sessions by text/phone including 1 home visit. The other had 1, 2 hour, face to face and 1 email/text support sessions for half an hour to discuss family situation and his own low mental wellbeing due to pandemic isolation, loss of structure and routine. This is continuing through befriending.

One male client would like a social worker and a PA, this is on going. Just been awarded UC (ESA) and is in the support group. Medical conducted on their behalf with myself and his mother. He has an eating issue, very complex needs. Liaised with his job coach who he will no longer need to have and has been signposted to SAEDS (Specialist Adult Eating Disorder Service). 1 hour session face to face and two support calls with mother. A call with his job coach.

One male client would like to become a befriender. Has had long covid and had to finish work. Left him physically disabled struggling to walk and with brain fog. Have lodged a PIP tribunal for him. 4 sessions, 3.5 hours.

April's list of social activities for clients increased with rambles, cinema visits, tenpin bowling, kiln pub drop in once a fortnight. Investigating an allotment and working with WildLife Trust to do a series of activities to improve mental well being.

All clients were asked if they felt that the support they had had had made a difference. They all felt it had made them feel less isolated and that they had someone they could turn to if needed., Zoom was not as popular with people preferring face to face phone and text/ email support. This is due to the conditions they have and concern that someone else might be there or listening.



The Childhood Cancer Parents Alliance (CCPA) Project

With the support of Healthwatch Staffordshire the Childhood Cancer Parents Alliance instigated a project providing 8 weekly wellbeing sessions for parents/carers of children with cancer via Zoom ending in March 2022.



Following the online sessions, the CCPA held bespoke follow up with parents to ensure that any issues prompted during the sessions were addressed. These would focus according to each person's needs to try and help them understand themselves and to learn strategies to help their mental health and wellbeing and support parents to explore journaling as a way of expressing feelings with different techniques and topics covered each week.

The sessions went ahead with most participants completing the course – 2 families dropped out but these were for personal reasons (sadly, for one, a young patient relapsed and the other another close family member had become very unwell). One family joined half way through the course due to a house move and issues with setting up an internet provider but that participant was talked through the other weeks of the course by the CEO.

In addition to being introduced to journaling as a positive activity, the participants were introduced to other coping strategies to combat stress, anxiety, overwhelm and low mood, which many of the families the CCPA support experience as a result of their child's cancer diagnosis. The CEO offered follow-up after each session should participants need it and this was necessary for a number of participants.

The sessions were a real opportunity to share feelings in a 'safe' environment and a way of encouraging sharing and exploration of emotions with a peer group who all understood what each participant was experiencing. The sessions were generally upbeat with laughter being a part of each week and at times a few tears which were to be expected. The meditation part of the weekly sessions proved popular and this very much helped the creativity as the course leader set a writing task after the meditation.

Most participants have stated that they wish to continue journaling as they found it cathartic, but a couple of participants said they would have to make sure that they continued the routine of journaling when they did not have prompts provided by the course leader. One participant suggested that the course could be improved by weekly 'homework' being set for participants rather than just journaling tasks during the weekly session.

What participants said about the course

'I enjoyed the interaction with other families that are or have been in a similar position to us. I enjoyed learning something new in a group environment and exploring how journaling can have a positive impact on mental health. It was also nice to have a 'protected' hour of 'me time' each week that had a specific focus. (rather than having a bath or watching television).'

'I have always loved writing and have written social media posts documenting my child's cancer journey but I never thought that journaling about different topics would be so enjoyable. Thank you for introducing me to journaling, I think it's my new favourite thing!'

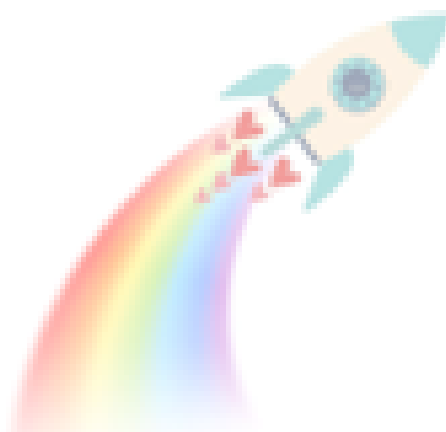
'On behalf of our families we would like to thank you for supporting this project to allow us to provide an activity that the families of children with cancer that we support have found interesting and also valuable in terms of improving mental health and also enabling them to gain peer support from the safety and convenience of their own homes.'

Rachael Olley, CEO of the Childhood Cancer Parents Alliance (CCPA)



BLAST

Burntwood and Lichfield Autism Support Together



With the support of Healthwatch Staffordshire, BLAST ran a series of activities between January and March 2022.

- Fortnightly youth club style sessions for CYP (Children & Young People) with autism
- Parent only support sessions with a guest specialist speaker
- Superskills sports-based activity
- Adapted cinema screening
- Outdoor Adventure Day

The project supported school-aged CYP who have autism (diagnosed or awaiting assessment) and the parent carers who support them.

The sessions built and reinforced the support network of families within the community.

The sessions included discussion with CYP and parents around health and social care services. Attendees were encouraged to give feedback.

BLAST provides support to help families who are waiting to access statutory & NHS services which has been delayed or reduced due to the impact of COVID 19.

By supporting, helping and signposting, they helped families navigate services and provided social opportunities to reduce isolation.

The project successfully met its aims and this is reflected in the feedback received by families.

Impact: Families felt well supported and less isolated. Blast were also able to reach new families who were in need of support including families of children who had had a recent autism diagnosis. The children engaged in a safe non-judgemental environment (which they often struggle to usually access).



Project Feedback from families



“Amazing thank you”

“We loved it, thank you”

“Brilliant, thank you”

“This was great - he can be himself”

“Lovely to see my child smiling and enjoying time with friends”

“We feel more relaxed attending BLAST events. It’s great for the children and adults to get to know each other ”

“My son enjoyed superskills though he does struggle to do sports. Of all the activities he really enjoyed the adventure day, being allowed to do things he loved but in an inclusive and forgiving environment with his new friends and just being able to be himself is his idea of heaven. ”

“I cannot overestimate that in normal life these things are hard or often unavailable as groups tend to have too many rules or leaders who don’t really get it and he is often asked to leave after a few weeks, or the other kids pick him out as different. ”

*“Just to let you know how much ***** enjoyed the Blast half term activities.”*

“Encanto is his current favorite film and to be able to do the cinema trip in such a relaxed and unpressured environment was fab, in addition thanks to Blast he now knows a lot of the other autistic children and has started to make those friendship connections (he chose to sit with a friend) which is really important as he gets older”



“Our child has a whole new group of friends he can meet in a non-judgmental environment, but do grown-up activities, so he’s not sat in his room (he is very sociable so needs to be around other people), I can tell how much he likes what BLAST do because he never says no when I ask him to go to any event.”

BLAST Feedback Jan – March 2022				
How important are BLAST social activities to families	essential	Important	Not very	not necessary
	40%	60%	0%	0%
Impact activity has had on child and parent	helped us feel less lonely and isolated	boosted my child's confidence	I feel more confident	
	100%	91%	100%	x
Would like to do more of this type of activity	yes	no		
	100%	0%	x	x
Main barriers to families accessing activities	lack of support /understanding	not enough regular events	cost	child too anxious to attend non supported activities
	91%	100%	36%	82%



Overcoming isolation and improving mental wellbeing project

Tri-Services and Veterans Support Centre is a registered charity (1159599) based in Staffordshire. We use a hub-based approach to meeting the needs of veterans and their families. We have formed strong working partnerships across a variety of sectors that include the third sector, business, the Armed forces, and the public sector. One of our core duties is offering drop-in facilities for the Armed Forces Community, providing a safe space with clear pathways for those in need. We also provide projects and activities that have included battlefield tours and museum trips, but during COVID our biggest project has been our foodbank which includes a community ‘free food’ event that has delivered in excess of 225,000 meals as well as a veterans food bank delivering 25,000 meals. These projects continue to run due to the impact of COVID in our region.

The Tri-Services and Veterans Support Centre is a member of COBSEO (Confederation of British Service and Ex-Service Organisations), ASDIC (Association of Ex-Service Drop-In Centres) and has been awarded the Defence Employer Armed Forces Employer Recognition Bronze Award. We aim to be an excellent provider of services for the Armed Forces, their families, and the community.

Within Staffordshire there are approximately 5% of the community who are veterans, many are isolated, most are over 65 years old and have additional physical and mental health needs.

Throughout COVID-19 pandemic, the lockdowns have led to increased loneliness and impacted many people's mental health and wellbeing. This, when combined with reduced access to healthcare services, such as mental health services, have further impacted the health and wellbeing of the community we support.



This project aimed to overcome isolation and improve mental health and wellbeing across those in need within the veteran's community. This project support allowed us to undertake veterans' 'check-ins' and peer support utilising telephone calls or for those who are able, utilise technology to provide support.

The results from this project are both quantitative and qualitative in nature. The data gathered included details on the calls, geographic spread as well as testimonials.

Demographics:

- Predominately Armed Forces Veterans and this includes Veterans widows.
- Predominantly Male cohort.
- All three services.
- Geographical Spread: Across Staffordshire. Penkridge – South Cheshire – Stafford – Burton on Trent.
- 'Check in' volume: Average number of 'check-in' calls per week = 25 calls. Individuals may receive more than one call over the period.
- Call duration: 5 – 20 minutes.
- Average calls over the period = 250 calls.

The impact from this project is challenging to fully quantify due to the nature of the impact being focused on individuals' quality of life, which, unless measured formally as pre- and post-measures are difficult to imply causation. That said, as part of this project we believe the key data presented below demonstrate firstly the need of those included and the testimonials demonstrate the impact on the quality of life.



Onwards Referrals: Calls often led to onward referrals for formal support including SSAFA (Soldiers, Sailors, Airmen and Families Association) RBL (Royal British Legion), Regimental Associations, Age Concern, Veterans UK and DWP.

Additional Benefits of calls: 3 individuals now regularly attend the Drop-in service on offer. Reports of reduced isolation.

Client Feedback – All clients consented to this data being shared.

100% of clients rated the care calls as 10 / 10.

1 person recommended improvements for the service and this included provision of a portal earlier in the process.

All of those asked felt the calls has positively impacted their health and wellbeing.

We also asked clients if they wished to share views on local health and social care provision, the responses show great variation, which may reflect the client's interaction with healthcare. Below is some of the feedback from clients regarding local health and social care provision:

'GP good but social care is very poor.'

'Don't have much to do with them but the district nurse is lovely.'

'No comments.' – *'GP surgery is not good.'* This related to poor appointment access.

Testimonials:

'This service of support is a great way to build rapport and is vital to the veterans and their families especially for those who live alone, to know that there is always someone there who cares.'

'The service is brilliant; all I can say is it's amazing.'

'The service is a good idea, but I like to speak face to face so the portal is helpful.'

'The service is very good it's, important to hear from people.'

'I am very happy with the service.'

'It is comforting to know that someone is always at the end of the phone, this gives me security'

'They have been brilliant and getting these check-in care calls is so important'



Christmas Lunch for lone elderly residents of Silverdale

Healthwatch Staffordshire were in touch with a resident of Silverdale who was very active in her local community, providing weekly meals to lone elderly people in Silverdale and taking her dog to Royal Stoke Hospital as a therapy dog for patients to interact with. Celia told us how she and a small group of volunteers already provide weekly and monthly meals to these residents, explaining that the social interaction is as important as the meal itself. She told us how she wanted to provide a special lunch for these elderly people at Christmas, who would otherwise be on their own and was hoping to make it extra special although they were limited with what they could achieve with the small contributions that people made towards these meals.

Celia told us “It is fairly clear that these weekly meals contribute a lot to the mental wellbeing of these local people. There are a lot of people who are lonely and live on their own. Covid has had an impact on their lives and the isolation and lack of social interaction has been difficult for many older people to cope with. Being together and belonging to a society of people who care is so important.”

When talking about providing a special Christmas lunch, Celia explained “We have the equipment, the communal room which Aspire housing let us use and the volunteers to help. The people who will benefit from the meal are (with the exception of 2) all over 80 years age. We already provide them with soup, a hot roll and a pudding each week and a three-course meal once a month.”

When asked about the benefits of providing meals for local people, Celia said “Social interaction is so important, and it is a good incentive to get them physically out of their home for a few hours. Our priority is to avoid elderly people from feeling neglected and isolated. At the meals they often talk about local issues and personal problems as they have no one else to share things with.



You only have to look at the smiles after the luncheon. One gentleman told me today that the only hot meal he had each week was when he was with us and he is so looking forward to spending Christmas day with us.”

We would all like to thank Healthwatch Staffordshire for sponsoring our Christmas day lunch.

Amy x, Louise, Russell, Maurice
 Judy, Sharon, Tony
 Jackie, Margaret, Andy
 Dorothy, Bob
 Kerry M.
 Jane

Healthwatch Staffordshire wanted to support this special luncheon and raised some moderate funds, enough to make the difference, turning this meal into a celebratory occasion.

Celia told us how well received the Christmas lunch had been and sent us a thank you card signed by many members of the community who had received a special Christmas lunch.





Digital Communication

Digital Highlights throughout 2021 – 22

We are committed to providing up to date, appropriate and helpful information via social media and our website.

We provide information and signposting help online to help people make the right decisions about health and social care.



3475 Social media followers

11619 Tweets

2131 Facebook posts



59378 Website Users

60032 Users

91401 Page Views

New and returning users



New Users

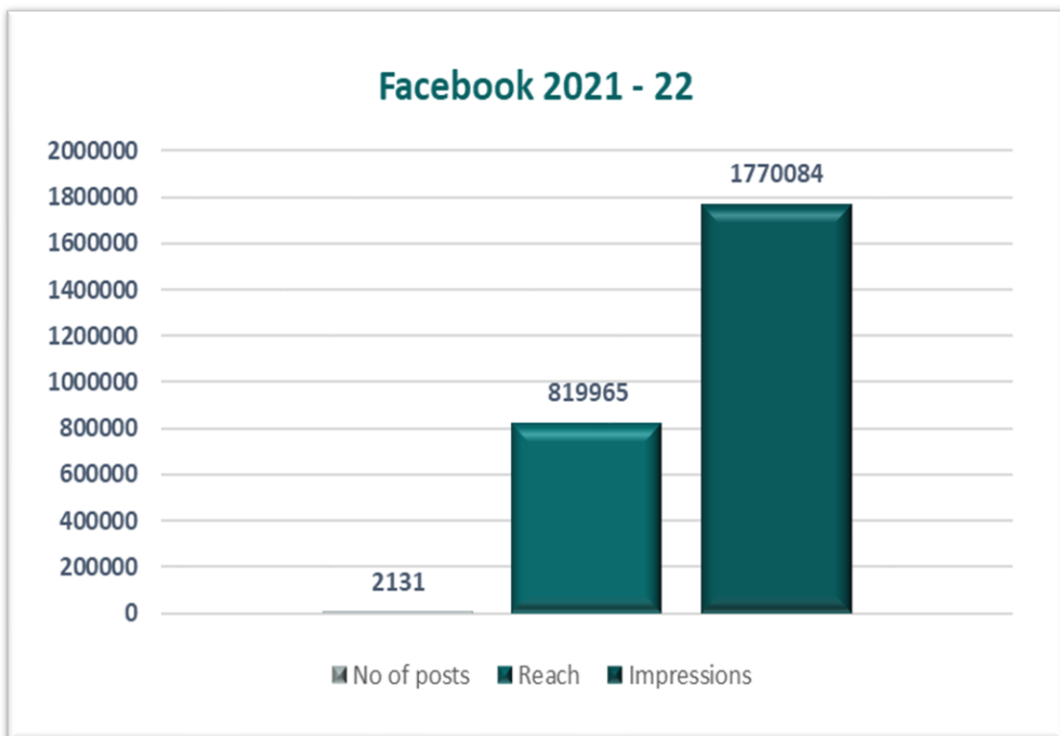
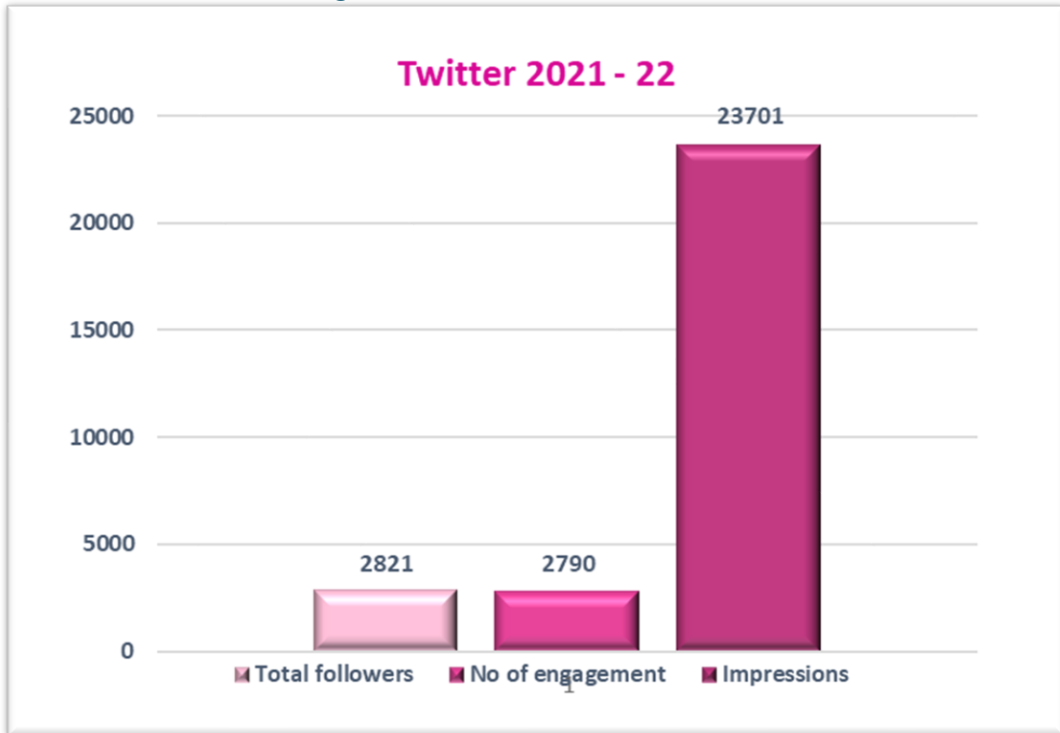


Returning users

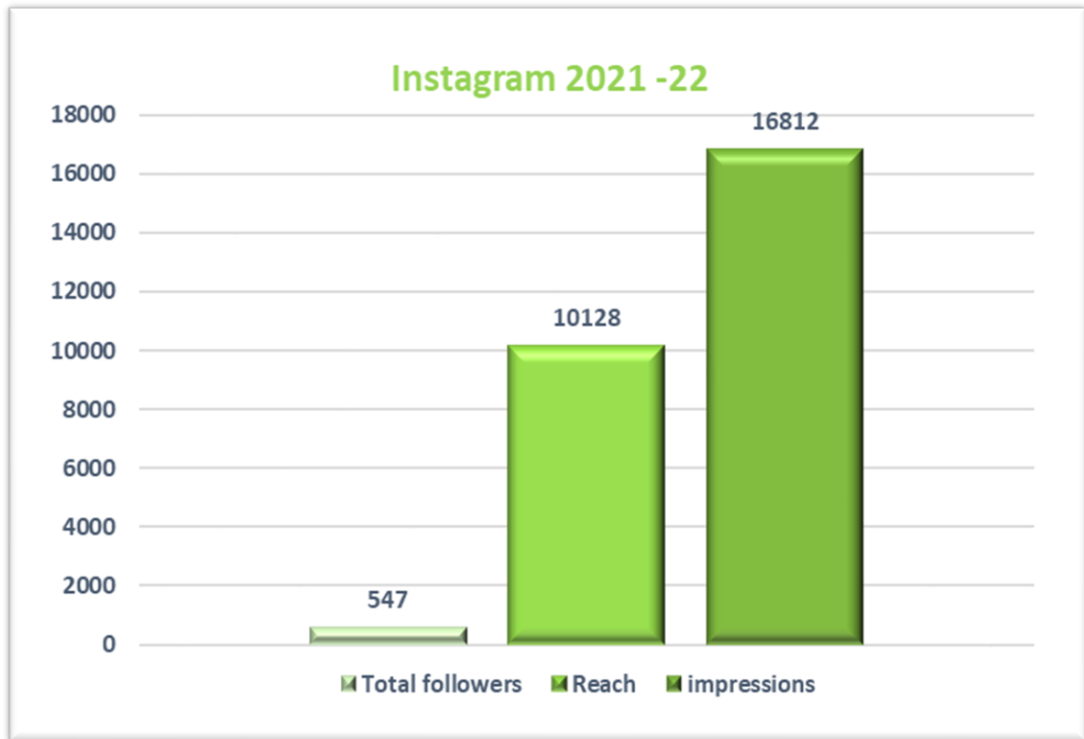
60,032

Social Media Figures

An overview of our 3 main social media platforms Twitter, Facebook and Instagram



Social Media figures cont.



The number of visitors who visited our website and browsed through the content.



Finance

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

Income

Funding received from local authority	£205,338
Balance from 2020-21	£11,169
Additional income	£0
Total income	£216,507

Expenditure

Staff costs	£154,167
Operational costs	£20,277
Support and administration	£36,658
Total expenditure	£211,101

Next steps

- The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.
- Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

Statutory statements

About us

Engaging Communities Solutions CIC is the organisation holding the Healthwatch Staffordshire contract for 2021 – 2022.

Blakenall Village Centre, 79 Thames Road, Blakenall, Walsall, WS3 1LZ

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



The way we work

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

Our Healthwatch board consisted of 4 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met and made decisions on matters such as agreeing our 2021/22 Work Programme Priorities and gained approval and feedback on the public reports.

We ensure wider public involvement in deciding our work priorities. The public helped shape our priorities by attending online Zoom sessions which were purposely designed to collect information about real-time local issues, and we also used our monthly intelligence reports to identify commonly reoccurring themes that were shared by the public.

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

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers.

This year we have done this by, for example, **using a funding system to enable smaller grass roots community groups to undertake engagement work on our behalf through the Community Cash Fund.** We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website under our reports section.

Responses to recommendations and requests

We had 0 providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we were unable to make use of our Enter and View powers due to national guidance and rules in force at various times.

Health and Wellbeing Board


Healthwatch Staffordshire is represented on the Staffordshire Health and Wellbeing Board by Simon Fogell, our Chief Executive. During 2020/21 our representative has effectively delivered the role on the Health and Wellbeing Board using the statutory seat to ensure the public's voice was heard.

2021–2022 Outcomes

Project / Activity Area	Changes made to services
Primary and Community Care Services	We collected 143 survey responses to explore how residents felt about the existing set of primary care services and what could be further added to improve the service range, whilst further learning about how accessible local primary care services are for people across the county.
Hospital Services	We collected 50 survey responses that collected residents' views on how cancelled or postponed appointments have impacted their physical and mental welfare. We also explored how effective the discharge processes have been for residents.
Mental Health Services	We collected 85 survey responses which individually reflected residents' views on what mental health services are needed in the county and how they can help people recover from the Coronavirus Pandemic coinciding impacts.
Returning to normal	People went through so much, had restrictions on their lives in addition to the challenges to our health and social care systems that no one was prepared for. We saw great community spirit, marvelled at the ingenuity and resilience of front-line health and social care workers and those that support the delivery behind the scenes, not to mention Public Health, Local Government and an army of volunteers that have stepped up to the plate. But how did people feel about returning to normal? Over 500 people told us...



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www.healthwatchstaffordshire.co.uk

The contract to provide the Healthwatch Staffordshire service during 2021 to 2022 was held by Engaging Communities Solutions C.I.C. .
www.weareecs.co.uk
t: 01785 887809
e: contactus@weareecs.co.uk
 [@EcsEngaging](https://twitter.com/EcsEngaging)