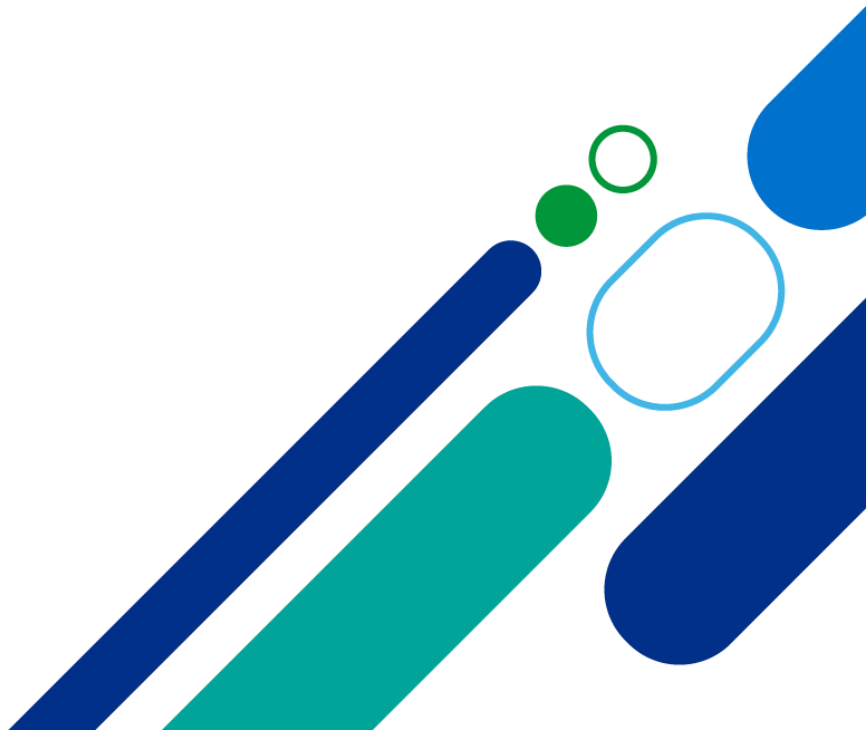


Joint Forward Plan

Insight from people and communities

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Introduction

This report details a range of findings from recent health and care engagement with people and communities conducted in the six boroughs that are covered by the South West London Integrated Care System: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

The insight is being used to inform the development of our **South West London Joint Forward Plan**, detailing how the ICB and our partners will work together over the next five years to meet the needs of local people. The review builds on the previous people and communities insight analysis work which looked at key themes to help inform priorities for the Integrated Care System¹ in October 2022.

The review has examined nearly 200 reports submitted by Healthwatches, voluntary and community sector organisations, NHS Trusts, local councils, and Place-based public and patient engagement teams. Partners were asked to submit relevant engagement reports published in the previous 18 months. Because of the timescale for inclusion, the reports provide up to date information about public experiences of local health and care services, but they do not create a comprehensive picture of all care pathways for all groups of patients. Many of the findings are specific to a particular borough. The time period covered by the review means service provision and access may have been affected by the pandemic.

This report is structured by care settings, collaboratives and spotlights to reflect the structure of the Joint Forward Plan. The same information may be included in multiple sections where it is relevant.

Methodological approach

Phase 1

A request for evidence and insight reports detailing findings and recommendations from Place or South West London based was sent to South West London Integrated Care System partners in September 2022. The request for reports written or published in the previous 12 months to inform a rapid review of resident, patient and stakeholder insight to develop our Integrated Care Partnership priorities.

Phase 2

A second request for evidence and insight reports in January 2023 asked for additional or more recent reports to provide insight for the Joint Forward Plan.

This resulted in the submission of 130 reports in phase 1, with a further 80 reports submitted in phase 2.

An initial filtering of the reports was undertaken to make sure the focus was on reviewing reports that contained useable, contemporaneous insight and recommendations. The following types of reports were filtered out:

- Qualitative and quantitative raw data reports without analysis;

¹ SWLICS (2022) *Informing our South West London Integrated Care System: Review and analysis of community and patient feedback and insight about health and care services across South West London*

- Detailed engagement events without insight findings or recommendations;
- National survey quantitative findings without further analysis to inform local insight;
- Strategic plans and annual reports including some without detailed findings from their engagement;
- Reports based on data and statistics not derived from engagement insight;
- Updated reports following previous engagement conducted outside the 18 month inclusion period;
- Engagements with single participants.

Additionally, following phase 2, only the most recent version of a report has been included if the same engagement has resulted in multiple report versions or committee reports.

Reports on engagements that were conducted outside the timeframes were reviewed and included in the analysis if they contained findings which had broader implications.

In total, around 210 reports were submitted with about 180 being included in the review for the Joint Forward Plan.

The engagement reports were analysed and reported on differently in the two phases as the below outlines.

Phase 1

The first was a rapid review based on summaries of key findings and recommendation. A pro forma was prepared for each report, detailing Place or area covered, methodological approach, relevant findings, key recommendations and any findings on health inequalities or disparities in or between different communities. This phase identified key cross-cutting themes and priorities for the ICS, such as the role of the voluntary and community sector or issues around digital and social exclusion.

Phase 2

Phase two was a deeper review focused on specific, defined care settings and priority areas. These were:

- Addressing Health Inequalities
- Preventing ill health and supporting self-care
- Primary Care
- Community Care
- Mental Health
- Acute Care
- Spotlight on Cancer
- Spotlight on UEC
- Spotlight on Maternity
- Spotlight on Diagnostics
- Workforce
- Estates and Green Agenda
- Data and Digital
- Supporting Wider Social and Economic Development

Some reports were specific to a particular care setting but the majority covered multiple care settings, health inequalities, workforce and digital issues. Pro formas were developed for

each report, with findings and recommendations coded by care setting and priority area. These coded findings were then re-analysed, themed and written up as care setting specific reports. The themes and priorities identified from phase 1 were incorporated into each care setting or priority area where appropriate. The findings were originally presented as a series of 13 care settings and priority areas before being amalgamated into this report. Relevant key engagement has been included for our Diagnostics Spotlight rather than a need for a new analysis section.

Evidence and insight reports submitted in both phase 1 and 2 were all reviewed and analysed for the Joint Forward Plan.

Due to the separate nature of the original reports, all relevant insights were included in every report for each setting of care section. This meant some of the same insights have been presented multiple times. For example, health digital exclusion insights relating to self-care were included in the 'Prevention and Self-care' report as well as the 'Digital' report. Every report contained a 'health inequalities' section as well as this being a separate overview report. While efforts have been taken to minimise the repetition of findings across this report, some duplication is inevitable and may be useful for readers to focus on a specific care setting.

Limitations of the review

This is a review of recent engagement reports rather than a comprehensive review of patient experience by care setting. As such, the findings and recommendations contained in the report reflect the engagement undertaken and those reports that have been shared with us for the purpose of this review. In particular, the review is limited by the:

- Self-selecting nature of report submission, leading to different levels of insight for different care settings, services and issues;
- Rapidly changing context for service provision and residents' needs, from the impacts of Covid-19 to the more nascent issues arising from the cost of living crisis;
- Timescale to ensure the review influences decision making process, limiting the time available for analysis of each report;
- Variation of reports on issues and services undertaken across each Place and for different groups of patients, limiting ability to compare across boroughs and by characteristic;
- Breadth and variation of reports included in the review – from small engagements on specific topics to borough-wide engagements on priorities for the area to South West London wide insight.
- Variety of methodologies and robustness of insights.

Health inequalities

A range of health inequalities were mentioned in the reports submitted for review. The key points are highlighted here. It is important to recognise the findings reflect the engagement undertaken over the last two years and are not a comprehensive review of all health inequalities.

People with a disability

Healthwatch Richmond found people with a disability were more likely to suggest they faced emotional and psychological difficulties to changing their diet.² Disabilities and fatigue were sometimes cited as barriers to more active lifestyles. Isolation and loneliness may be caused by disabilities which limit access to services and socialising³. Wandsworth Healthwatch found people with sight loss are more likely to suffer from social isolation, including encountering barriers to using technology for accessing services and needing support for independence⁴.

The Healthwatch Wandsworth report on services for people with sight loss highlighted that information, including around appointments, needs to be provided in accessible formats or have some form of accompanying support. They recommended that barriers to accessing technology and digital support need to be understood further as well as identifying potential digital solutions.⁵ Clearview Research highlight that some disabilities, particularly for those who are hard of hearing, meant referral from a GP or NHS 111 to a GP hub could be exclusionary.⁶ Healthwatch Croydon recommended the need to explore variations in satisfaction with Urgent and Emergency Care services for those with a disability.⁷

People with a learning disability or neurodiversity

Richmond's engagement to develop their strategy for people with a learning disability suggested that additional help is needed for preventative health. Exercise, diet and knowledge about healthy lifestyles required more support from a range of stakeholders to enable people with a learning disability or autism to learn about and access activities. This is particularly important as social interaction and activities are identified as being key to mental

² Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

³ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*

⁴ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

⁵ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

⁶ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

⁷ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

wellbeing⁸. Additionally, the number of people with a learning disability who receive breast cancer screening is significantly lower than among those without a learning disability.⁹

There is a need to ensure public facing London Ambulance Service staff are provided with training about how to engage with and support people with learning disabilities and autism. Healthwatch Kingston highlight the importance of NHS 111 or 999 staff identifying if callers/patients have a learning disability or were neurodiverse so that when the London Ambulance Service turn up, they are prepared and aware of this. Additionally, London Ambulance Service need to share this information with other medical professionals, for example if a person with a learning disability or neurodiversity is attended to at home, then London Ambulance Service (LAS) should share this information with the patient's GP or other care professionals as the patient may not remember to do this.¹⁰

Stakeholders taking part in the engagement for the Wandsworth Mental Health Needs Assessment highlighted the lengthening waiting times to receive an autism test. They suggest this prevents people from receiving the help they need, further impacting negatively on their mental health. Additionally, the stakeholders suggested people with neurodiversity and/or a learning disability face extra difficulties accessing mental health support¹¹. Children and young people with neurodiversity and/or a learning disability in Richmond were more likely to have experienced significant adverse impacts from the covid pandemic, but stakeholders reported a lack of specialised mental health services and professionals for this group¹². Mencap Merton suggested mental health information needed to highlight support services which have specialist expertise and easy access routes for people of all ages with a learning disability or autism spectrum diagnosis¹³.

Information to support people with a learning disability needs to be in one place and in easy read formats. Moreover, the move to online services risks digital exclusion unless made more accessible. Richmond's engagement for 'The Big Plan'¹⁴ found that despite 63% of respondents wanting to use technology more, only 23% of the people they surveyed were able to use technology independently, relying on family or paid staff predominantly for help to access it. Barriers included access to the internet (both financial means and knowledge), the need for support to use technology and a lack of interest in new technology.

Older people

⁸The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

⁹ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

¹⁰ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

¹¹ Wandsworth Public Health (2022) *Mental Health Need Assessment*

¹² Richmond Public Health (2022) *Mental Health Need Assessment*

¹³ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*

¹⁴ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

Social isolation was highlighted as an issue in Kingston¹⁵, Merton¹⁶, Sutton¹⁷ and Wandsworth¹⁸ health and care plan engagements. In particular, social isolation and loneliness as a social determinant for health in older people was mentioned. Older people are particularly vulnerable to social isolation^{19, 20}, as well as people experiencing bereavement²¹. Richmond Mental Health Needs Assessment suggested the pandemic had increased isolation and depression among older people and highlighted that older adults' mental health needs tended to go unnoticed and unrecognised.²² These unrecognised needs are often being supported within the community, placing additional pressures on community and voluntary sector groups. A few of the engagements highlighted the interconnection between physical health and mental health, for example low mood or depression caused by physical conditions²³. Richmond Needs Assessment suggested there was a need for greater recognition of the interconnections between physical and mental health and an integrated approach to addressing it, particularly for older people.²⁴

Findings and recommendations about how to address isolation suggest working with voluntary and community groups to restore trust for older people concerned about socialising post-Covid²⁵, including thinking about offering transport and lunch to increase uptake²⁶. A Croydon Healthwatch review of the Personal Independence Coordinator programme found older people had reduced social isolation at the end of the programme²⁷. Increasing the level of bereavement services should provide additional support for older people²⁸. Finally, multiple routes to access services and information will need to be continued to prevent digital exclusion,²⁹ with a need for more support to train people and provide access to devices.³⁰

People living with dementia

A Merton engagement on community dementia services found many respondents experienced barriers to accessing dementia services. These included: transport, support needed to attend services, IT, the need for respite care and knowledge of what services existed³¹. Richmond's dementia strategy consultation highlighted a need for support to

¹⁵ SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

¹⁶ Merton ICS (2021) *Health and Care Plan Refresh Engagement*

¹⁷ SWL Health and Care Partnership (2021) *Sutton Health and Care Plan 22-24*

¹⁸ Wandsworth ICS (2021) *Health and Care Plan Refresh Engagement*

¹⁹ Wandsworth ICS (2021) *Health and Care Plan Refresh Engagement*

²⁰ Merton ICS (2021) *Health and Care Plan Refresh Engagement*

²¹ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

²² Richmond Public Health (2022) *Mental Health Need Assessment*

²³ South West London ICS (2022) *Mental Health strategy engagement themes*

²⁴ Richmond Public Health (2022) *Mental Health Need Assessment*

²⁵ ACO Projects (August 2022) *Appreciative Inquiry in COVID-19 Vulnerable Communities in Croydon*

²⁶ Croydon Central Local Community Partnership (March 2022) *Meeting notes*

²⁷ Healthwatch/One Croydon (2022) *Client experience of Croydon's Personal Independence Coordinator Programme*

²⁸ SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*; Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

²⁹ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

³⁰ Speedway (2020) *VCS Digital Exclusion Survey*

³¹ *London Borough of Merton (2021) Community Dementia Services Public Engagement Report*

navigate the support system for all unpaid carers, regardless of funding status. As part of this, they recommend it is important to understand the current digital offer and what digital solutions could be implemented to improve this offer.³² For a fuller discussion on support for people living with dementia see the Mental Health, Learning Disabilities and Dementia section.

Low income groups

Several engagements identified that those on low incomes were constrained in their ability to live a healthier lifestyle due to costs accessing healthier food and affordable activities.^{33 34} Additionally, the cost of living crisis is causing other health issues for those on low incomes, such as breathing difficulties worsened by cold weather and not being able to afford to use the heating³⁵. The implications for health are clear. Sutton's cost of living snapshot found 33% of respondents were experiencing stress about their bills and 24% of respondents said they were going out less with friends. The report suggests that support from friends and family is important to mental health³⁶.

A SWL NHS engagement team survey identified two of the biggest concerns that get in the way of maintaining health as debts/finances (29%) and being able to afford gas/electric (26%)³⁷. Sutton Healthwatch's engagement on the cost of living showed 41% of respondents were cutting back on heating and 30% on food spending³⁸. Sutton Council's recent roundtable discussion about the cost of living suggested people were finding the situation hard, with concerns about the costs of heating. They noted an increase in domestic abuse³⁹.

Many groups were already financially vulnerable. Some older people exhibited increased food poverty throughout the pandemic⁴⁰. A Merton report into the impact of covid on young people revealed that food poverty was disproportionately experienced by different groups: their study suggested one in ten young people had had to skip meals, while one in twenty went a whole day without eating⁴¹. The issue of hospital parking expense was raised by a Kingston Healthwatch report on MS services, especially where is no Blue Badge parking⁴². In Croydon, a resident mentioned that taxi travel to hospital meant they were unable to afford to eat that day.⁴³ One patient mentioned to the Kingston and Richmond engagement team

³² LBR and SWLICS (2022) *Richmond Health and Care Dementia Strategy Consultation*

³³ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

³⁴ SWL ICS (2022) *Wallington Primary Care Network: Health inequalities engagement*

³⁵ SWLICS (2022) *Bishop Andrews Church BBQ*

³⁶ Healthwatch Sutton (2022) *The cost of living crisis*

³⁷ SWL CCG (2022) *Health and daily life: Understanding priorities to develop metrics to measure health inequality in Core-20 areas of South West London*

³⁸ Healthwatch Sutton (2022) *The cost of living crisis*

³⁹ Sutton Council (2023) *Cost of living roundtable discussion summary, the Sutton plan*

⁴⁰ Age UK (2021) *Impact of covid on older people*

⁴¹ Merton Young Inspectors and Partnership for Young London (2021) *Impact of Covid-19 on young people in Merton*

⁴² Healthwatch Kingston (2022) *Pulse Check Report: Multiple Sclerosis*

⁴³ Croydon CCG Social and Outreach feedback

that they could not afford to contact their GP by phone and had to walk to the surgery to make an appointment instead⁴⁴.

Engagements highlight a range of areas where people facing health inequalities may need information and support to access direct payments, financial packages or emergency funds. In Croydon, outreach found people did not know where to go for cost-of-living support.⁴⁵ There was also a lack of awareness of one-off poverty hardship payments for carers⁴⁶.

Black, Asian and minority ethnic minorities

Several reports highlighted a range of issues relating to inequality and inclusion issues for Black, Asian and minority ethnic communities. A quarter of people from minority ethnic groups, including a third of people describing themselves as Asian, disproportionately referenced cost as a barrier to adopting a healthier diet⁴⁷. Croydon Healthwatch work for the CQC, found that people from Black, Asian, and ethnic minority groups had referrals and support affected because they were not being listened to or believed⁴⁸. Similarly, Maternity Voice Partnership insight work with women of Black and Asian ethnicities found maternity service users having to be assertive and persistent to be believed⁴⁹. Women expressed frustration about concerns, symptoms or expressions of choice being dismissed. Croydon outreach found some Black women felt that GPs do not listen when they go with symptoms, leading to multiple visits and delays before referral.⁵⁰

Some women of Black and Asian ethnicities reported mistrusting and being fearful of maternity services, due to previous experiences of racism and unconscious bias⁵¹. Work on Heart Value Disease suggested historical and current racialised health inequality on general trust in healthcare system could impact how Black African and Caribbean patients feel about treatment decisions⁵². Croydon community engagement team heard feedback about the need for more culturally specific support groups for Black men with cancer and to encourage more open discussion about issues in their communities. The engagement suggested the need for better incentives to increase uptake of prostate cancer screening and that being seen by a Black clinician would reduce concerns about racial bias.⁵³ A lack of understanding about how personal information is used adds to distrust in some communities⁵⁴.

⁴⁴ South West London ICS (2023) *Kingston & Richmond Local Outreach Feedback*

⁴⁵ NHSSWL (2023) *People and communities (engagement assurance group)*

⁴⁶ RBK (2021) *All ages carer strategy*

⁴⁷ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

⁴⁸ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

⁴⁹ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

⁵⁰ South West London ICS (2023) *Croydon Local Outreach Feedback*

⁵¹ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

⁵² Mabadiliko (2023) *Heart Value Disease Insight Study Survey*

⁵³ SWL ICS (2023) *Croydon engagement log*

⁵⁴ Healthwatch Wandsworth (2021) *Feedback on Wandsworth Healthwatch Assembly: health inequalities*

Healthwatch Croydon recommended the need to explore variations in satisfaction with UEC services for those from Asian and other ethnic backgrounds.⁵⁵ Needs Assessment stakeholder engagement in Wandsworth and Richmond reported that Black and minority ethnic groups have a significantly worse experience of and outcomes within mental health services⁵⁶. Stakeholders raised concern about the levels of incomplete treatment among ethnic minority groups, especially for higher tier services⁵⁷.

There is an underrepresentation of ethnic minority users for some services, for example day services⁵⁸. A report on community dementia services in Merton suggested the need for greater inclusivity, with provisions made for different communities in Merton. This would apply to ethnic minority groups, and individuals with additional health needs, including people with learning disabilities⁵⁹. There is a need to recognise and reflect cultural differences and culturally specific needs, for example, for bereavement services⁶⁰ and around Covid⁶¹. These should be reflected in messaging and communication, utilising culturally appropriate information, community languages and images with which communities could identify ⁶².

Wandsworth Mental Health Needs Assessment stakeholder engagement respondents suggested that there continues to be a stigma around mental health within Black and minority ethnic communities⁶³. Stakeholders reported that this continued stigma prevents service users from presenting to their GP and asking for help with their mental health. This is an important issue to address since stakeholders also reported that Black and minority ethnic groups have a significantly worse experience of and outcomes within mental health services. Services need to be taken to trusted community groups and locations⁶⁴ to reduce stigma and increase uptake. Community health and social services should be situated in relatively close proximity to areas with Black, Asian and minority ethnic populations to help to increase take up of services by these groups^{65, 66, 67}.

BAME Voice argue that Cultural Competence courses should be made mandatory for all medical and social care staff⁶⁸; Croydon Healthwatch suggests ongoing equality and diversity training is a priority for GP and practice staff as patients are reporting continued

⁵⁵Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

⁵⁶ Wandsworth Public Health (2022) *Mental Health Need Assessment*

⁵⁷ Richmond Public Health (2022) *Mental Health Need Assessment*

⁵⁸ RBK (2022) *Day opportunities and meaningful occupations transformation*

⁵⁹ Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*

⁶⁰ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

⁶¹ BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

⁶² BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

⁶³ Wandsworth Public Health (2022) *Mental Health Need Assessment*

⁶⁴ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*

⁶⁵ Healthwatch Wandsworth (2021) *Feedback on Wandsworth Healthwatch Assembly: health inequalities*

⁶⁶ BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

⁶⁷ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*

⁶⁸ BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

discrimination⁶⁹. Systemic issues should be continuously investigated and tackled, rather than running ad-hoc projects to tackle inequalities⁷⁰.

Migrants, refugees and diaspora communities - Croydon Healthwatch reported that when registering with GPs some people, including refugees and asylum seekers, were asked for identification they did not need or informed they did have the correct documents⁷¹. The South London Listens partners recommends the needs for mental health practitioners to be embedded in community organisation to build trust and provide services for refugees⁷².

Non-English speaking residents – Healthwatch Croydon’s work with non-English speaking residents highlights the need to ensure interpreting and translation services are provided when required. Some people may find it embarrassing to have their family members translate for them. Taking written information away to have it explained may slow access to treatment.⁷³ While hospital settings tended to have good interpreter support, there were some issues with written referrals from GPs failing to note language needs. Receptionists mentioned utilising Google translate to make appointments and IT support in ensuring language needs are flagged between services and clinicians.

Carers

Unpaid carers form an important part of care in the community, but not all carers are identified, leaving it harder for them to navigate care systems^{74, 75}. Some of the reports reviewed suggested carers can find themselves under pressure when loved ones are discharged from hospital^{76, 77} and needed more information about support services following discharge⁷⁸. Additionally, older carers may be digitally excluded. Information provision was an issue, with half of the respondents to Richmond’s survey saying they found it difficult to get information on support and services⁷⁹.

Caring is a social determinant of health, with a large majority of carers saying caring has impacted their physical or mental health⁸⁰. Merton Carers Strategy insight work shows 68% carers said the caring role had affected their wellbeing, only 25% had enough social contact and 70% said their physical health had been impacted by caring⁸¹.

⁶⁹ Healthwatch Croydon (2021) *Public views on the themes of the GP Access Guide*

⁷⁰ BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

⁷¹ Healthwatch/One Croydon (2022) *Client experience of Croydon’s Personal Independence Coordinator Programme*

⁷² South London Listens (2022) *Impact report: year 2021/22*

⁷³ Healthwatch Croydon (2023) *Non-English speaking residents of Croydon experience of accessing health services.*

⁷⁴ Merton Council (2021) *Carers Strategy*

⁷⁵ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

⁷⁶ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

⁷⁷ NHS SWL (2022) *Improving support for people following hospital discharge and bedded rehab: NHS South West London engagement summary*

⁷⁸ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

⁷⁹ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

⁸⁰ 34 Merton Council (2021) *Carers Strategy*

⁸¹ 34 Merton Council (2021) *Carers Strategy*

Carers need mental health support, respite⁸², a life away from caring⁸³, community support and information.⁸⁴ They need support to look after their own health. More young carers need to be identified and supported to have a social life and prevent isolation⁸⁵. More needs to be done to address the financial impact of caring, including ensuring carers have information about financial support and one-off crisis payments⁸⁶.

Respite care and services need to be culturally sensitive to take account of culture and faith. Information needs to be in a variety of languages and culturally tailored⁸⁷. Some LGBTQIA+ carers felt that services were often not for them and have a subsequent lack of engagement with services⁸⁸.

Kingston Healthwatch are currently engaging with paid carers. Their findings to date suggest the cost of living crisis means carers feel their salaries need to be increased, with some reducing where they are willing to travel in order to meet costs. 22% paid carers do not know where to go if they are struggling with their mental health⁸⁹.

Digital exclusion

While the digital realm creates a range of opportunities, concern about digital exclusion is a common theme. As Kingston's VCS digital exclusion survey shows, digital exclusion increasingly means social exclusion as well as difficulty accessing services⁹⁰. Overcoming it is not just a case of having spaces and the support to gain skills, many people also need financial support for IT^{91, 92}. Several reports highlight the challenge, with a fuller discussion on digital exclusion and actions to overcome it in the **Digital** section.

Merton's borough-wide engagement reported worries about digital exclusion as a frequently raised issues. Respondents felt that many local services and information sharing were happening online, with face-to-face services suffering as a result⁹³. Responses to the Richmond Health and Care Plan engagement highlighted concerns that essential care was not being made available to everyone because individuals were expected to communicate with services more online and use technology⁹⁴. Multiple routes to access services⁹⁵ and information will need to be continued to prevent exclusion. Critical information will still need

⁸² Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*; London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

⁸³ Merton Council (2021) *Carers Strategy*

⁸⁴ Merton Council (2021) *Carers Strategy*

⁸⁵ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

⁸⁶ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

⁸⁷ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

⁸⁸ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

⁸⁹ Kingston Healthwatch (2023) *Care, workforce, wellbeing*

⁹⁰ Speedway (2020) *VCS Digital Exclusion Survey*

⁹¹ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*

⁹² Speedway (2020) *VCS Digital Exclusion Survey*

⁹³ Traverse (October 2021) *Engaging Merton*

⁹⁴ SWL Health and Care Partnership (2021) *Refresh of Richmond's Health and Care Plan 2022 -2024 Patient and public engagement report*

⁹⁵ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

to be made available in other ways, such as via letter, phone, through providers and parent forums^{96, 97, 98}.

Suggested training to address health inequalities

A number of reports have recommended the need for additional training to address diversity, taking a more inclusive approach to address health inequalities. Fuller details about suggested training can be found in the Workforce Development section.

General - A report on community diagnostics recommended the NHS South West London should encourage health professionals to ask patients about their preferred mode of communication and respect this. This mode would be tailored to the individual and their ability.⁹⁹

Cultural competence – a few reports mentioned the need for greater staff cultural competence, particularly following the Covid pandemic. They highlighted the need to be prepared to change the way they deliver services if it is not working for some people.¹⁰⁰

Mental Health and neurodiversity – Healthwatch Kingston recommended provision of training in understanding of neurodiversity for all staff, including soft skills and awareness of neurodiversity to ensure positive patient-staff interaction. Additionally, the report suggested that there could be basic training on local support available for patients to access further support, such as patient advocate teams.¹⁰¹

⁹⁶ Merton Mencap South West London ICP (2021) *Mind the Gap phase 1 report*

⁹⁷ Healthwatch Wandsworth (2022) *Our work with people living with dementia and their carers*

⁹⁸ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*

⁹⁹ Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

¹⁰⁰ Healthwatch Wandsworth (2021) *Feedback on Wandsworth Healthwatch Assembly: health inequalities*

¹⁰¹ Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

Prevention and self-help

Several reports covered issues relating to preventing ill health or self-help, particularly around long-term conditions. This section includes findings about immunisation and healthy living. Additionally, it looks at sources of support for self-help, such as information, apps and support groups.

Immunisation

Immunisation continues to be a key area for SWL, with the ICS engagement team conducting several studies into the willingness of adults to be vaccinated or vaccinate their children. These 2022 reports cover flu, covid, MMR and polio.

A survey found 80% of adults eligible for a flu jab intended to get one; the findings suggested main reason for respondents to have a flu vaccination is to protect themselves; the main reason against is feeling they do not need it¹⁰². Just under two thirds of parents of children eligible for a flu jab intended to get their child vaccinated. By contrast, most respondents in focus groups with parents of children aged between 12-15 were hesitant about getting them vaccinated for covid. This was due to fears of potential health implications related to fertility and heart inflammation¹⁰³. These results showed a correlation with other immunisations: 65% of parents who state their children had not received childhood vaccinations were also not planning to give their children Covid-19 vaccinations; 63% of parents whose children had received childhood vaccinations would vaccinate their children against Covid-19¹⁰⁴.

Some participants at Croydon's winter 2022 outreach events had continued to have concerns around vaccinations¹⁰⁵. These included a preference for relying on their and their children's immune system and developing 'natural immunity'. A fear of needles was also mentioned. A few people suggested they would be more willing to have their children vaccinated for flu or covid if they had a health condition. Others were unsure about where to get a flu jab. An engagement event with people from Indian communities found most were likely to have been vaccinated. A concern was expressed that covid was no longer a salient topic of conversation and people were encouraged to go out when the virus still exists in the community.¹⁰⁶ Merton Community Champions reported a perception that recent covid variants are less dangerous and a need to remind people of the value of immunisation.¹⁰⁷

A large majority of respondents (85%) recognised the need to immunise their children even against rare diseases¹⁰⁸. Most parents recognised the severity of MMR, although 10% thought they were mild illnesses. Parents who vaccinated their children thought the vaccines were safe and efficient. One third of parents who had vaccinated their children with only some or none of the vaccines reported this was due to difficulty booking appointments¹⁰⁹.

¹⁰² SWLCCG (2022) *Flu and Covid Booster survey and focus group headline findings*

¹⁰³ SWLCCG (2022) *Flu and Covid Booster survey and focus group headline findings*

¹⁰⁴ SWLCCG (2022) *Parent Covid-19 Vaccine Survey and Focus Groups Findings*

¹⁰⁵ NHSSWL (2023) *People and communities (engagement assurance group)*

¹⁰⁶ NHSSWL (2023) *People and communities (engagement assurance group)*

¹⁰⁷ Merton Council (2023) *Community Champions Insight from Oct 22 - Feb 23*

¹⁰⁸ NHS SWL (2022) *Childhood Vaccinations Survey*

¹⁰⁹ NHS SWL (2022) *Childhood Vaccinations Survey*

Some respondents to the polio engagement similarly mentioned problems booking appointments and concerns about side effects. However, most parents understood the severity of polio and wanted to vaccinate their children¹¹⁰.

Healthy living

Several surveys have been conducted by SWL CCG/ICS to understand priorities and needs to support healthier lifestyles. At the same time, Primary Care Networks in Sutton have been using outreach to understand community opportunities and barriers to healthier living, including with communities more likely to be subject to health inequalities. Healthwatch Richmond has undertaken an in depth study of community perspectives on healthy lifestyles. This report is currently embargoed; some indicative findings have been included here but cannot be published at the moment.

SWL CCG's engagement on health metrics found that most respondents say they already take action to look after their health and/or have done so in the past¹¹¹. The most common things people do to maintain health are socialising with friends/family and eating healthily (both 51%). Taking part in NHS-led programmes (37%) and hobbies (27%) were the things people said they would like to do to maintain health. In terms of what people felt they could easily do to improve their health straightaway, the most popular answers were changing eating habits (31%), taking more gentle exercise (26%) and spending more time outdoors/in nature (25%). Concerns that got in the way of maintaining health included air quality/pollution (31%) debts/finances (29%) and being able to afford gas/electric (26%)

Another SWL CCG survey found 52% of respondents felt they needed to improve their health, with 44% considering themselves to be overweight and 41% obese¹¹². Of these, 49% said no one had discussed their weight and its impact on their health. The main factor contributing to being overweight was viewed as 'a stressful life which limits your time and energy to focus on weight' (63%), with 28% saying it was due to a medical condition. When asked what is needed to help weight management, the top answers were: advice on maintaining a healthy weight (49%), advice on physical activity (38%) and access to healthy food (36%). The responses suggested 77% of respondents were unaware of any local weight management services. However, 55% had tried weight management services in the past. Of these, 53% said they had lost weight and put it back on. Only 5% had lost weight and kept it off. The most useful actions for losing weight were seen as eating a balanced diet (43%), portion control (40%) and taking cardio exercise (39%); while a lack of energy (59%), stress (47%) and lack of motivation (44%) were the biggest challenges.

Healthwatch Richmond's work on healthy living identified some shared influences, motivations, barriers and solutions across four areas of healthy living: healthy eating, exercise, smoking and alcohol consumption reduction.¹¹³ The engagement found social networks and family can influence a person to adopt healthier lifestyle behaviours, as well as the advice of a healthcare professional. Preventing disease, healthy ageing, maintaining or improving health and improving appearance were the most frequently mentioned reasons

¹¹⁰ SWLCCG (2022) *Polio insight summary*

¹¹¹ SWL CCG (2022) *Health and daily life: Understanding priorities to develop metrics to measure health inequality in Core-20 areas of South West London*

¹¹² SWL CCG (2022) *Biggest Issue Survey Headlines*

¹¹³ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

why respondents would consider making lifestyle changes. Barriers to healthy lifestyles included cost and time, with cost being particularly important to those on lower incomes. Habits and cravings were barriers to healthier food choice, alcohol use and smoking. Respondents also highlighted social pressures to drink alcohol and/or smoke when socialising.

Solutions to healthier living included encouragement from family, friends or co-workers, changing self-belief or motivation to be able to adopt a certain behaviour and receiving trusted information on the benefits of different foods or reducing alcohol consumption. Cost and affordability were proposed by respondents, especially those on low incomes, in relation to healthier eating and structured physical activity.

Healthy eating

Multiple reports from Sutton healthy living events reveal structural problems, both financial and time, to eating well¹¹⁴. Attendants at a Cheam event talked about the affordability of healthy food and the impact of the cost of living crisis¹¹⁵. They suggested a need for information about what a healthy daily diet would look like and demonstrations on cooking affordable health food. Additionally, they proposed a community kitchen to help people with the cost of living and healthier school meals. Some participants at a Sutton Healthy Eating event pointed out a range of barriers to healthy eating, including busy lifestyles and eating ready meals for affordability and convenience. To manage budgets, some participants shopped at food markets and street markets where produce was cheaper. Healthwatch Richmond's work similarly found cost and time to be barriers to healthier eating, along with habits and craving for less healthy products¹¹⁶. Reasons for wanting to eat better included for current and future health and to look better or lose weight.

Exercise and active lifestyles

Participants at Cheam Fair suggested they were engaging in a variety of sporting activities, dog walking, cycling, running and gardening¹¹⁷. They highlighted a range of actions that would help facilitate higher levels of activity, including: more cyclist provision on roads, especially near schools; commuter-friendly exercise classes later in the evenings and have designated times when a gym instructor shows people how to use the Park Gym Equipment. Participants at a Sutton Healthy Eating event felt exercise classes had less variety on offer than before covid and needed to be more affordable to encourage uptake by those on low incomes¹¹⁸. At a Wallington Primary School fair engagement, people mentioned the need for more free activities for children¹¹⁹. Healthwatch Richmond's work found cost and time to be barriers to exercise¹²⁰. Reasons for wanting to be more active included for current and future health and to look better or lose weight.

¹¹⁴ SWL ICS (2022) *Wallington Primary Care Network: Health inequalities engagement*

¹¹⁵ SWLCCG (2022) *Cheam Fair: community engagement*

¹¹⁶ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

¹¹⁷ SWLCCG (2022) *Cheam Fair: community engagement*

¹¹⁸ SWL NHS (2022) *Healthy eating engagement event*

¹¹⁹ SWLCCG (2022) *Wallington Primary School Summer Fair: community engagement*

¹²⁰ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

Alcohol

Healthwatch Richmond's health living engagement looked at alcohol reduction.¹²¹ It found the main reason for respondents to consider reducing their alcohol consumption was for health reasons. Although many suggested professional support would influence behaviour change, social pressure and norms would present a barrier, as well as a lack of alcohol free alternatives. Healthwatch suggest the need for a greater understanding of the health risks of alcohol and benefits of reducing consumption to encourage people's willingness to adopt healthier behaviours.

Smoking

Healthwatch Richmond's health living engagement looked at stopping smoking, although only around 1 in 10 residents still smoke.¹²² Reasons for quitting include health and family influence. Barriers to stopping smoking were habit and cravings, although there was a lack of recognition about the effectiveness of medication or professional help to manage cravings.

Prevention and self-care for specific conditions

A limited number of reports provided insight around improving prevention or increasing the opportunity for self-care for specific conditions.

Urology - Engagements to provide insight into redesigning urology pathway suggested prevention should be a focus, with a need for more awareness and education around prostate care and urinary tract infections.¹²³ Participants thought this should include highlighting any lifestyle changes that can improve bladder and prostate health, for example through improved diet. Information needs to be easily accessible and reliable; it should be provided by a trustworthy source that can be found through googling. The awareness campaigns should provide information about the services available and how people can access them. A communication campaign could be specifically aimed at younger men to increase awareness of the potential severity of prostate cancer. Participants also suggested the need to consider how best to raise awareness among those who do not speak English as first language. Finally, some participants suggested the need for a self-care guide for men, which both promoted effective actions and debunked myths.

Frailty - Croydon engaged to understand what would make a good community service for 'frailty'¹²⁴. Findings suggested that what mattered to people would be staying physically and mental well, helping to maintain independence. The service could support group activities at affordable prices; provide regular contact, including support for carers; and help with confidence and independence at home and in the community. Activities should be fun and could be aimed at the 'young at heart'. Examples of activities included walking, exercise, social clubs, games and singing.

¹²¹ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

¹²² Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

¹²³ South West London CCG (2021) *Redesigning urology pathways feedback report*

¹²⁴ NHS Croydon (2022) *Frailty Insight Report*

Diabetes – A Healthwatch Kingston report on services for people with diabetes suggested¹²⁵ 40% of respondents to the survey would make use of diabetes-specific supervised exercise classes. Whilst patients accepted that diabetes care represented the patient taking control of their condition, they felt that needed to build on a partnership of care between patient and doctor. Too few newly diagnosed patients were referred to the available NHS services, leaving respondents to feel alone in coping with diabetes.

Sources of self-help support

Access to information

Several reports recommended improved information provision to help people and/or their carers to self-care.

Pregnancy – A Maternity Voices Partnership report suggested information and advice about staying healthy during pregnancy appears to be lacking.¹²⁶

Diabetes – A Healthwatch Kingston report on services for people with diabetes suggested participants wanted better information about a healthy diet.¹²⁷

Long covid – Healthwatch Merton recommended providing support and information for long covid sufferers through online webinars with clinicians and digital information resources.¹²⁸ Healthwatch Sutton suggested identifying more online and local sources of peer support for the Integrated Post Covid Assessment Service to disseminate.¹²⁹ Richmond Healthwatch found people with long covid needed better information¹³⁰.

Dementia - Merton Council's engagement on community dementia services recommended increasing awareness of services available in Merton to residents¹³¹. Additionally, they suggested increasing information about self-care by providing courses on tips to use in day-to-day life and support to promote physical and mental wellbeing.

Direct Payments – Healthwatch Richmond recommended an online hub to provide more clarity and accessibility of information about direct payments and the services they can be used to access¹³².

Bereavement services – Healthwatch Kingston suggested improving information about bereavement services and accessible support by bringing all the information together in Kingston's digital hub, Connected Kingston¹³³.

¹²⁵ Healthwatch Kingston (2022) *Pulse Check Report – Services for people with diabetes*

¹²⁶ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

¹²⁷ Healthwatch Kingston (2022) *Pulse Check Report – Services for people with diabetes*

¹²⁸ Healthwatch Merton (2022) *Long Covid Snapshot report*

¹²⁹ Healthwatch Sutton (2022) *Experiences of Long Covid*

¹³⁰ Healthwatch Richmond (2022) *Living with Long Covid*

¹³¹ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

¹³² Healthwatch Richmond (2022) *Direct payments in the Borough of Richmond*

¹³³ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

Community and peer support

The importance of peer support groups, both commissioned and self-sustaining, were mentioned in reports on maternity services¹³⁴, people with ADHD¹³⁵, carers¹³⁶, people living with dementia¹³⁷ and hospital discharge¹³⁸. The role of the VCS in providing support services for people with a long-term condition, offering activities through social prescribing and developing trusted relationship with vulnerable communities is celebrated across the engagement reports. Merton Council found local support as well as online peer support groups was needed for many people living with dementia, including family members and carers¹³⁹. Peer support groups should build on existing networks and be promoted in local areas of Merton.

Some Healthwatch reports suggested a need for the creation of peer support groups for long covid.^{140 141} Healthwatch Merton suggested peer support provision should include a pilot or seed fund to empower community sector organisations who could set up opportunities, such as peer support groups, that help people living with Long Covid¹⁴². Peer support was mentioned as being important by many respondents to the mental health service user survey. This includes having more peer support workers, mental health buddies or coaches¹⁴³.

Digital apps

Several reports mentioned support for specific self-help apps, such as the use of Car Find to help people living with dementia to locate their parked cars¹⁴⁴ or pregnancy related apps to help people through their maternity journey¹⁴⁵. These apps are covered in detail in the **Digital** section of this report. They have been summarised briefly here.

Pelvic health app¹⁴⁶ - SWLICS has engaged with women about the potential for a pelvic health app.¹⁴⁷ All of the participants agreed with the idea of the app and felt it would support women before and after pregnancy journey. App could include other areas of exercise e.g. tummy muscles

Emotional Wellbeing app for teenage and young adult (TYA) cancer patients – Royal Marsden undertook patient engagement to understand if young people would value access

¹³⁴ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

¹³⁵ Healthwatch Kingston Pulse Check report (2021) *Neurodiversity and health and care services report*

¹³⁶ Merton Council (2021) *Carers Strategy*

¹³⁷ Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*

¹³⁸ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

¹³⁹ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

¹⁴⁰ Healthwatch Kingston (2022) *Living with Long Covid*

¹⁴¹ Healthwatch Richmond (2022) *Living with Long Covid*

¹⁴² Healthwatch Merton (2022) *Long Covid Snapshot report*

¹⁴³ South West London ICS (2022) *Mental Health strategy engagement*

¹⁴⁴ Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*

¹⁴⁵ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

¹⁴⁶ South West London ICS (2022) *Gynaecological services: Pelvic health app insight report*

¹⁴⁷ South West London ICS (2022) *Gynaecological services: Pelvic health app insight report*

to an app to support their emotional wellbeing.¹⁴⁸ The engagement also sought to identify the most useful content for the app, which were revealed as fatigue management, nutrition and anxiety/mental wellbeing.

Brain in Hand and AutoMe apps - Healthwatch Wandsworth helped Wandsworth Council facilitate two workshops with Baked Beans company actors to understand how they could use technology to help people with a learning disability with daily living needs¹⁴⁹. Brain in Hand aims to help self-management through helping people to remember things, plan a daily routine and manage stress and anxiety. AutoMe allows people to request and watch videos on practical tasks and set reminders. The apps were seen as useful for some of the participants.

Health inequalities

Low income – several engagements identified those on low incomes as having barriers to accessing healthier food and affordable activities.^{150 151} Additionally, the cost of living crisis is providing challenges to other preventative measures, such as breathing difficulties worsened by cold weather and not being able to afford to use the heating¹⁵².

Ethnicity - A quarter of people from minority ethnic groups, including a third of people describing themselves as Asian, disproportionately referenced cost as a barrier to adopting a healthier diet¹⁵³.

People with a disability – Healthwatch Richmond found people with a disability were more likely to suggest they faced emotional and psychological difficulties to changing their diet.¹⁵⁴ Disabilities and fatigue were sometimes cited as barriers to more active lifestyles.

¹⁴⁸ Royal Marsden Partners (2022) *Emotional wellbeing app for Teenage & Young adult (TYA) Cancer patients in the South Thames region (a co-design project)*

¹⁴⁹ Healthwatch Wandsworth (2022) *Digital Support for People with Learning Disabilities*

¹⁵⁰ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

¹⁵¹ SWL ICS (2022) *Wallington Primary Care Network: Health inequalities engagement*

¹⁵² SWLICS (2022) *Bishop Andrews Church BBQ*

¹⁵³ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

¹⁵⁴ Healthwatch Richmond In Partnership with Richmond Public Health (2023) *Public Perspectives on Healthy Living in Richmond – soon to be published*

Primary care

This section details the findings from a range of reports covering the role of GPs and dentists. It provides insights from recent engagement about enhanced access to primary care. Additionally, it lists some evidence from primary care networks outreach work around healthy living and health inequalities.

The role of primary care

The engagement for the Merton Health and Care Plan refresh highlighted the need to recognise and promote primary care as not just about GPs but also multidisciplinary teams, including social prescribers, nurses and paramedics. Other healthcare professions who are part of primary care include community pharmacists and dentists.¹⁵⁵ GPs are often the first call on the urgent care pathway, with pharmacists and GP hubs needing to be fully integrated into the pathway and promoted as first choice options.¹⁵⁶

Dentists

Healthwatch Croydon¹⁵⁷, Richmond^{158,159} and Sutton¹⁶⁰ conducted work on access to NHS dentists across the pandemic. The reports revealed variable access and residents unable to locate or register with an NHS dentist¹⁶¹. Kingston's engagement for their Health and Care Plan also raised the need for greater access to dentists¹⁶². Healthwatch Croydon found 49% people had difficulty getting an appointment when they had a problem¹⁶³. Healthwatch Sutton found that 13% of patients could not access emergency appointments. Healthwatch Richmond pointed out that dental access is one of the things they are contacted about most and that there are substantial social costs to not being able to receive treatment, including pain and poor nutrition. They recommend: 'responsibility for dentistry transfers from NHSE to ICS in April 2023. There is good reason to think that this needs to be a priority.'¹⁶⁴

Healthwatch Croydon highlighted that people highly value NHS dentists¹⁶⁵. However, Healthwatch Richmond found people were more likely to rate their experience negatively if they used an NHS dentist rather than a private one¹⁶⁶. As well as increasing access, Healthwatch Croydon recommended communicating issues better to patients, with websites

¹⁵⁵ Merton ICS (2021) *Health and Care Plan Refresh Engagement*

¹⁵⁶ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

¹⁵⁷ Healthwatch Croydon (2022) *Croydon residents' experiences of accessing and using NHS dental services in 2021*

¹⁵⁸ Healthwatch Richmond (2022) *Concerns from callers in Richmond over last six months: email*

¹⁵⁹ Healthwatch Richmond (2022) *Dentistry service during coronavirus*

¹⁶⁰ Healthwatch Sutton (May 2022) *Accessing dental services since the start of the Covid-19 pandemic*

¹⁶¹ Healthwatch Croydon (2022) *Croydon residents' experiences of accessing and using NHS dental services in 2021*

¹⁶² SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

¹⁶³ Healthwatch Croydon (2022) *Croydon residents' experiences of accessing and using NHS dental services in 2021*

¹⁶⁴ Healthwatch Richmond (2022) *Concerns from callers in Richmond over last six months: email*

¹⁶⁵ Healthwatch Croydon (2022) *Croydon residents' experiences of accessing and using NHS dental services in 2021*

¹⁶⁶ Healthwatch Richmond (2022) *Dentistry service during coronavirus*

needing to be improved. In particular, they suggested communicating the reasons for higher private costs better¹⁶⁷.

Pharmacists

Engagement reports highlighted the importance of pharmacists for some groups of patients. For example, Kingston and Richmond outreach found Gypsy, Roma and Traveller communities use local pharmacy for information and advice.¹⁶⁸ Healthwatch Kingston report on services for people with diabetes suggested respondents said they felt uncertain as to whether they were on the right medication or the correct dosage, with advice on medication being sometimes inconsistent. However, pharmacies were praised for being helpful.¹⁶⁹

SWLCCG conducted an engagement to provide insights into the use of pharmacies.¹⁷⁰ Key findings from the engagement included:

- What put people off visiting a pharmacy was busy queues, poor previous experience and not being able to talk in private.
- People said they were more likely to visit a pharmacy if they were assured about the pharmacist's qualifications and services offered. Showcasing individual pharmacists might help build confidence.
- Privacy is also important. People might be discussing sensitive health issues or requesting emergency contraception. Assurance about confidentiality and spaces for private conversations might boost attendance.
- People want convenience. The campaign could highlight local pharmacies and their opening times. Lots of people visit for minor ailments and injuries. Continuing to promote this as a reason to visit could encourage people follow the behaviour of others and help reduce pressures on GP surgeries. If the services were available, over 50% of respondents would use health checks and travel vaccination services.

GP Access

GP access was an issue mentioned across a range of engagements at all levels. Kingston's Health and Care Plan Refresh engagement revealed getting a GP appointment to be an issue¹⁷¹. A SWL-wide survey¹⁷² asked respondents what health and care could do to improve wellbeing, with the top answer being 'easier to get a GP appointment' (38%). Similarly, Sutton's borough-wide conversation¹⁷³ found the top concern of residents was 'access to medical support i.e. hospital/GP appointments', with 89% respondents 'concerned' and 57% 'very concerned'. Local engagements about Croydon UEC pathway¹⁷⁴

¹⁶⁷ Healthwatch Croydon (2022) *Croydon residents' experiences of accessing and using NHS dental services in 2021*

¹⁶⁸ NHSSWL (2023) People and communities - engagement assurance group

¹⁶⁹ Healthwatch Kingston (2022) *Pulse Check Report – Services for people with diabetes*

¹⁷⁰ SWLCCG (2022) *Phase One: pharmacy insight*

¹⁷¹ SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

¹⁷² SWL CCG (2022) *Health and daily life: Understanding priorities to develop metrics to measure health inequality in Core-20 areas of South West London*

¹⁷³ LB Sutton (2022) *Stronger Sutton Conversation*

¹⁷⁴ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

and a potential surgery closure in Merton¹⁷⁵ raised the issues of accessing GP appointments. Individual service reports revealed GP access as an issue, including Wandsworth's dementia service review¹⁷⁶ and Kingston Healthwatch report on neurodiversity services¹⁷⁷. A range of healthy living outreach meetings in Sutton heard concerns about getting GP appointments. One patient mentioned to the Kingston and Richmond engagement team that they could not afford to make appointments by phone and had to walk to the surgery to make an appointment¹⁷⁸

Engagement reports highlight the implications of a lack of access to GP appointments, with residents avoiding contacting the GP and either looking elsewhere for support (such as the A&E) or not seeking further support.¹⁷⁹

GP Appointment types

As well as increasing access to GP appointments, there were concerns about the sorts of appointments available being appropriate for specific groups. For example, older people preferred face to face appointments.¹⁸⁰ There is a need to ensure those who should have longer appointments to explain complex issues should be made aware of the option, for example for people living with dementia¹⁸¹. Croydon Healthwatch work on the GP Access Guide¹⁸² suggested Asylum seekers, refugees, carers, homeless, vulnerable, mentally and physically disabled and other marginalised groups such as patients who are autistic may need different appointment types. In particular, Tamil patients with language barriers needed longer GP appointments and reported not always getting these.¹⁸³ Additionally, they found that language barriers sometimes meant that receptionists could dismiss them too easily. Recent engagement outreach highlighted a respondent from New Malden who felt the lack of face to face appointments, interpreters and triage in Korean was a barrier.¹⁸⁴ However, Iraqi refugees at Kingston Health Centre reported no problems with accessing interpreters.

Enhanced access

SWL PCNs have conducted engagements on enhanced access.¹⁸⁵ There were similar questions and findings for the majority of the engagements, but differences did exist in

¹⁷⁵ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

¹⁷⁶ Healthwatch Wandsworth (2022) *Our work with people living with dementia and their carers*

¹⁷⁷ Healthwatch Kingston (2022) *Pulse Check report: Neurodiversity and health and care services*

¹⁷⁸ South West London ICS (2023) *Kingston & Richmond Local Outreach Feedback*

¹⁷⁹ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

¹⁸⁰ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

¹⁸¹ Healthwatch Wandsworth (2022) *Our work with people living with dementia and their carers*

¹⁸² Healthwatch Croydon (2021) *Public views on the themes of the GP Access Guide*

¹⁸³ Healthwatch Croydon (2023) *Non-English speaking residents of Croydon experience of accessing health services.*

¹⁸⁴ South West London ICS (2023) *Kingston & Richmond Local Outreach Feedback*

¹⁸⁵ South West London ICS, 2022, One Thornton Health Planning for Enhanced Access Service; South West London ICS, 2022, Patient Feedback - Brocklebank PCN; South West London ICS, 2022, GPNet5 and SELNASH planning for Enhanced Access Service; South West London ICS, 2022, Enhanced Access survey - Grafton Medical Partners; South West London ICS, 2022, Morden PCN Patient Engagement statement for Enhanced Access; South West London ICS, 2022, Nightingale PCN Enhanced Access Survey; West London ICS, 2022, North Merton PCN PATIENT

patient preferences for appointments times and locations. Therefore, PCN specific reports need to be consulted to understand specific findings but general themes appear to be:

- People would like to see an increase in appointments, with more people preferring face to face appointments to video or telephone appointments. Extensions to evening or early morning appointments had slight preference over Saturday appointments. In Kingston, people over 65 were more likely to support early morning appointments, with 16-64 year olds preferring early evening weekdays.
- To see a GP or nurse practitioner tended to be the most likely reasons for wanting extended hours. In Croydon, people of working age (18-64) said they would like to use extended access for more routine appointments such as screening tests rather than on the day emergencies.¹⁸⁶
- There were some differences in the willingness of people using a different GP surgery, usually with a slight margin for willingness to travel. The majority of people wanted to be seen at their own practice but many willing to travel to another GP practice if not further than three miles. The main reason people were willing to travel was getting an appointment sooner. The survey reinforced that the river Thames was a physical barrier for patients in Richmond as a reason they were not willing to travel too far. Many people who are retired did not want to have to travel for an appointment elsewhere, when they were able to get one during the day closer to home.¹⁸⁷

Insights from reports on specific conditions

Primary care, particularly the role of GPs, was mentioned in some reports on services for people with specific conditions:

Diabetes – there were some concerns about treatment being a postcode lottery due to inconsistencies between GP surgeries on the way diabetic conditions were treated. Some newly diagnosed respondents had not been referred available NHS services. There was a degree of cynicism about annual diabetes checks at GP surgeries being a “tick box” exercise. Some participants felt that they knew more about their condition than their GP.¹⁸⁸

Mental health - People want clearer pathways or compassionate GPs, Social Prescribers and Link Workers/Care Navigators who are trained to know where to send them. GP support post-discharge is not always adequate.¹⁸⁹

ENGAGEMENT SURVEY – ENHANCED ACCESS PLANNING; South West London ICS, 2022, Mayday South and Croydon Link, Planning for Enhanced Access Service; South West London ICS, 2022, PRIME Wandsworth PCN Enhanced Access Surgery; South West London ICS, 2022, South West Merton Enhanced Access Survey; South West London ICS, 2022, SOUTH WEST MERTON PRIMARY CARE NETWORK ENHANCED ACCESS PLAN; South West London ICS, 2022, Wandsworth PCN Enhanced Access Survey; South West London, ICS, 2022, Enhanced Access survey - West Merton PCN; South West London, ICS, 2022, Patient Feedback West Wandsworth Primary Care Network

¹⁸⁶ NHSSWL (2023) *People and communities - engagement assurance group*

¹⁸⁷ NHSSWL (2023) *People and communities - engagement assurance group*

¹⁸⁸ Healthwatch Kingston (2022) *Pulse Check Report – Services for people with diabetes*

¹⁸⁹ South West London ICS (2022) *Mental Health strategy engagement themes*

Referrals and diagnosis

The Clearview Research report on community diagnostics identified a couple of areas of relevance to primary care. Throughout the research there was consensus amongst patients about the poor communication and lack of coordination along their treatment journey, including communication between GP practice and diagnostics teams. The report recommended the need to train patient advocates to advise on diagnosis and treatment pathways. They suggested the roles could be in a local GP practice, such as social prescribers, or it could be community leaders or local organisations that are well-advertised.¹⁹⁰ Additionally, Healthwatch Croydon found that GP had not always noted interpreter needs when referring to hospitals or other services by letter.¹⁹¹

Health inequalities and prevention

PCNs, particularly in Sutton, have conducted a range of outreach engagements to understand issues and promote healthy living. Multiple reports from Sutton healthy living events reveal structural barriers, both financial and time, to eating well¹⁹². The events have elicited requests for advice on finances, warm events and more support on insulation¹⁹³. Desirable exercise activities to improve health included swimming and chair exercises¹⁹⁴ and need to be more affordable to encourage uptake by those on low incomes¹⁹⁵. There was some feedback about mental health issues being driven by the cost of living crisis, including breathing difficulties worsened by cold weather and not being able to afford to use the heating¹⁹⁶. Attendants at a Cheam event talked about the affordability of healthy food and wanting more advice on what a healthy diet looked like¹⁹⁷. At a Wallington Primary School fair engagement, people mentioned the need for more activities for children¹⁹⁸.

Health inequalities

Health inequalities were mentioned in some reports. These include:

- Croydon outreach found some Black women felt that GPs do not listen when they go with symptoms, leading to multiple visits and delays before referral.¹⁹⁹
- **Interpreters** - Need to ensure interpreting and translation services are provided when required. Some people may find it embarrassing to have their family members translate for them. Taking written information away to have it explained may slow access to treatment.²⁰⁰

¹⁹⁰ Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

¹⁹¹ Healthwatch Croydon (2023) *Non-English speaking residents of Croydon experience of accessing health services.*

¹⁹² SWL ICS (2022) *Wallington Primary Care Network: Health inequalities engagement*

¹⁹³ Sutton PCNs/ICS (2022) *Shanklin Village Health and wellbeing events*

¹⁹⁴ SWL ICS (2022) *Wallington Primary Care Network: Health inequalities engagement*

¹⁹⁵ SWL NHS (2022) *Healthy eating engagement event*

¹⁹⁶ SWLICS (2022) *Bishop Andrews Church BBQ: community engagement*

¹⁹⁷ SWLCCG (2022) *Cheam Fair: community engagement*

¹⁹⁸ SWLCCG (2022) *Wallington Primary School Summer Fair: community engagement*

¹⁹⁹ South West London ICS (2023) *Croydon Local Outreach Feedback*

²⁰⁰ Healthwatch Croydon (2023) *Non-English speaking residents of Croydon experience of accessing health services.*

- **Trans-awareness** – A urology pathway engagement highlighted the need for specific training for health & care professionals to use inclusive language and be aware mindful of trans-women attending prostate appointments²⁰¹.
- **Sexuality** – A urology pathway engagement report noted that clinicians should not make assumptions about the likelihood of symptoms being caused by a sexual health problem due to the sexuality of the patient.²⁰²
- GPs discounting **younger people's** symptoms as STDs and being more likely to refer younger people to STD clinics in the first instance.
- **Carers** - Carers valued interactions with the GP of the person they cared for. Most of the carers' GPs did not check in with carers about how they were doing following hospital discharge; only one carer's GP touches base with her regularly or receives an annual check-up as a carer.²⁰³

²⁰¹ South West London CCG (2021) *Redesigning urology pathways feedback report*

²⁰² South West London CCG (2021) *Redesigning urology pathways feedback report*

²⁰³ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

Community care

This section reviews engagement reports covering a range of services from residential homes to stroke rehabilitation, as well as the role of carers and the voluntary and community sector providers. As several of the reports have recommendations specific to the service or a particular illness/condition, these have been summarised rather than presented as 'common themes'. It is important to note that the engagement phase for several of the reports coincided with the covid pandemic, with many services disrupted by lockdowns.

Direct payments

Healthwatch Richmond engaged with recipients of Direct Payments.²⁰⁴ They found most service users tended to use their Direct Payments to access care support, such as employing carers or personal assistants. Only a few used it for respite, equipment or transport, with some wanting to spend it on activities. The report suggested there was a lack of understanding about the potential uses of the payments and the support available, leading to a need to provide more clarity. Respondents suggested there was a lack of flexibility and options around how they could spend their payments, sometimes being unaware of the support available. More clarity and accessible information could be provided online.

Croydon's Personal Independence Coordinator Programme

Healthwatch Croydon reported on the Personal Independence Coordinators (PICs).²⁰⁵ The engagement found key issues for users of the service tended to be managing finances, physical and mental health issues, including home improvements for greater independence. Users wanted help with support and advice, and signposting for services.

On completion of the programme, most respondents said their financial issues had improved and they had more support for physical issues. Additionally, many clients had reduced loneliness and stress, and increased confidence. The majority reported significant long-term impacts from their interaction with PICs. However, nearly one in six (15.3%) said they had no improvement. A few respondents suggested improvements to the service, mostly around extra support or contact.

Insight for service redesign

Engagements had been conducted to help improve several community services or pathways. The full findings are specific to each service, but key points are noted here:

Engagement to support changes to the **stroke rehabilitation services**²⁰⁶ found all participants recounted positive experiences in the services received and the contribution to their recovery. Services were tailored to individual need and tended to work well to treat the patient holistically. Positive staff attitude supported the mental wellbeing of both patients and

²⁰⁴ Healthwatch Richmond (2022) *Direct payments in the Borough of Richmond*

²⁰⁵ Healthwatch/One Croydon (2022) *Client experience of Croydon's Personal Independence Coordinator Programme*

²⁰⁶ South West London ICS (2022) *Insight to inform service redesign or pathway change – stroke rehabilitation services*

their carers, with patients feeling encouraged and able to continue with exercises on their own due to regular prompting and checks ins from services. However, limitations were identified in terms of services to support patients and carers where the prognosis was less positive. Communication issues were identified between disparate services involved in discharge and provision of rehabilitation, with patients sometimes feeling they had to manage coordination.

Merton and Wandsworth engaged around **hospital discharge and bedded rehab** to inform redesigning home-based services, including hospital at home and virtual wards, to improve the support people receive²⁰⁷. The engagement found most people can see the benefit in supporting people to go home as soon as possible, although they feel additional support is needed. People felt that if the right support was in place, this led to faster improvement in their health and wellbeing. The majority of respondents said rehabilitation/therapy at home had helped with their recovery and were pleased with the service they received. A lack of support for dementia patients was a concern. Most people who chose discharge from hospital to bedded rehab did so because they did not want to be a burden on their family. They were also concerned about whether they had enough space for equipment at home.

Croydon engaged to understand what would make a good **community service for 'frailty'**²⁰⁸. Findings suggested that what mattered to people was staying physically and mental well, helping to maintain independence. The service could support group activities at affordable prices, provide regular contact, (including support for carers) and help with confidence and independence at home and in the community. Sutton's frailty stakeholder engagement event²⁰⁹ highlighted a need to explore and bridge gaps in the provision of care for frail patients leaving hospital, with intermediate care needing to be provided between discharge from hospital to the time that patients are seen by Maximising Independence Service (MIS) or able to access a community frailty consultant. Integrated working should be increased with MIS and Age UK attending multidisciplinary team meetings and huddles to increase awareness of their services and improved understanding of what happens to the patient after four weeks in the service.

Kingston Council engaged with people who received support from adult social care and their carers about transforming **day opportunities and meaningful occupations**²¹⁰. The findings suggest outcome focussed services would focus on preventing people's needs from escalating and responsive to people's needs and aspirations, keep people healthy and safe, and build on people's existing capabilities and promote independence and develop skills. There is an underrepresentation of ethnic minority users for day services.

Long Covid services have been addressed by local Healthwatches.^{211, 212, 213, 214, 215,216} Long Covid was still in its infancy when the reports were written and they highlighted the need for recognition and identification of the condition to be embedded in health services.

²⁰⁷ NHS SWL (2022) *Improving support for people following hospital discharge and bedded rehab: NHS South West London engagement summary*

²⁰⁸ NHS Croydon (2022) *Frailty Insight Report*

²⁰⁹ South West London ICS (2022) *Report on the Sutton Frailty Engagement Event*

²¹⁰ RBK (2022) *Day opportunities and meaningful occupations transformation*

²¹¹ Healthwatch Croydon (2022) *Croydon Residents' experiences of Living with Long Covid*

²¹² Healthwatch Merton (2022) *Long Covid Snapshot report*

²¹³ Healthwatch Richmond (2022) *Living with Long Covid*

²¹⁴ Healthwatch Wandsworth (2022) *Experiences of Long Covid*

²¹⁵ Healthwatch Sutton (2022) *Experiences of Long Covid*

²¹⁶ Healthwatch Kingston (2022) *Living with Long Covid*

Healthwatch Merton suggested support should include peer support and a range of treatment options, including an holistic approach to address emotional and mental health problems due to illness. Kingston Healthwatch argued the need for integrated and coordinated care and support in the community, particularly post discharge from hospital.²¹⁷ Healthwatch Sutton suggested identifying more online and local sources of peer support for the Integrated Post Covid Assessment Service to disseminate.²¹⁸ Richmond Healthwatch found people with long covid were sometimes suffering from isolation and needed better information. They recommended the creation of a peer-led, clinician aided support group to help alleviate this²¹⁹. Merton suggested a pilot or seed fund to empower community sector organisations who could set up opportunities, such as peer support groups, that help people living with Long Covid²²⁰. Additionally, Croydon Healthwatch recommended tailored support for those dealing with employment and financial concerns and better support for friends and family²²¹.

Voluntary and community sector

The importance of the voluntary and community sector in South West London was revealed across a range of reports. The provision of community services, activities, carer and peer support groups was recognised as highly valuable for health and wellbeing. The importance of peer support groups, both commissioned and self-sustaining, were mentioned in reports on maternity services²²², people with ADHD²²³, carers²²⁴, people living with dementia²²⁵ and hospital discharge²²⁶.

The role of the VCS in providing support services for people with a long-term condition, offering activities through social prescribing and developing trusted relationships with vulnerable communities is celebrated across the engagement reports. A continued and expanding role for the VCS, working alongside infrastructure organisations, is mentioned across Place Health and Care Plans. Additionally, a report on community resilience post-covid suggested the need to activate the community sector to engage vulnerable communities and work more closely with statutory services²²⁷. However, the VCS has limits to its ability to provide support and act as a bridge to diverse communities. Merton 'State of the Sector' report highlighted concerns that social prescribing places an expectation on frontline groups to pick up referrals and demand without receiving any funding support to help this work. NHS and council Public Health teams need to match the focus on community-based prevention activity with an understanding that this requires long-term investment²²⁸. Croydon Healthwatch highlighted that '*Community and voluntary organisations and volunteers are being asked to help deliver services. However, small*

²¹⁷ Healthwatch Kingston (2022) *Living with Long Covid*

²¹⁸ Healthwatch Sutton (2022) *Experiences of Long Covid*

²¹⁹ Healthwatch Richmond (2022) *Living with Long Covid*

²²⁰ Healthwatch Merton (2022) *Long Covid Snapshot report*

²²¹ Healthwatch Croydon (2022) *Croydon Residents' experiences of Living with Long Covid*

²²² Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

²²³ Healthwatch Kingston Pulse Check report (2021) *Neurodiversity and health and care services report*

²²⁴ Merton Council (2021) *Carers Strategy*

²²⁵ Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*

²²⁶ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

²²⁷ ACO Projects (August 2022) *Appreciative Inquiry in COVID-19 Vulnerable Communities in Croydon*

²²⁸ 101 Merton Connected (2021) *State of the voluntary and community sector in Merton*

*organisations with inconsistent funding and a static volunteer base are feeling stretched to capacity*²²⁹.

These organisations need support to continue their work, often in challenging financial environments. BAME Voice argues that Merton Council needs to fund smaller organisations able to bridge the gap between the east and west of the borough²³⁰. Wandsworth Care Alliance recommended starting a dialogue between the local statutory sector, local infrastructure organisations and the sector more generally about future proofing the sector²³¹.

Carers

Unpaid carers form an important part of care in the community, but not all carers are identified, leaving it harder for them to navigate care systems^{232, 233}. Some of the reports reviewed suggested carers can find themselves under pressure when loved ones are discharged from hospital^{234, 235} and needed more information about support services following discharge²³⁶. Additionally, older carers may be digitally excluded. Information provision was an issue, with half of the respondents to Richmond's survey saying they found it difficult to get information on support and services²³⁷.

Caring is a social determinant of health, with a large majority of carers saying caring has impacted their physical or mental health²³⁸. Merton Carers Strategy insight work showed 68% carers said the caring role has affected their wellbeing, only 25% have enough social contact and 70% said their physical health has been impacted by caring²³⁹.

Carers need mental health support, respite²⁴⁰, a life away from caring²⁴¹, community support and information.²⁴² They need support to look after their own health. More young carers need to be identified and supported to have a social life and prevent isolation²⁴³. More needs to be done to address the financial impact of caring, including ensuring carers have information about financial support and one-off crisis payments²⁴⁴.

Respite care and services need to be culturally sensitive to take account of culture and faith. Information needs to be in a variety of languages and culturally tailored²⁴⁵. Some LGBTQIA+

²²⁹ 43 Healthwatch Croydon (2021) *Health and Care Plan Refresh Primary Care Event*

²³⁰ BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

²³¹ Wandsworth Care Alliance (2022) *State of the Sector*

²³² Merton Council (2021) *Carers Strategy*

²³³ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

²³⁴ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

²³⁵ NHS SWL (2022) *Improving support for people following hospital discharge and bedded rehab: NHS South West London engagement summary*

²³⁶ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

²³⁷ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

²³⁸ 34 Merton Council (2021) *Carers Strategy*

²³⁹ 34 Merton Council (2021) *Carers Strategy*

²⁴⁰ Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*; London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

²⁴¹ Merton Council (2021) *Carers Strategy*

²⁴² Merton Council (2021) *Carers Strategy*

²⁴³ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

²⁴⁴ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

²⁴⁵ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

carers felt that services were often not for them and have a subsequent lack of engagement with services²⁴⁶.

Kingston Healthwatch are currently engaging with paid carers. Their findings to date suggest the cost of living crisis means carers feel their salaries need to be increased, with some reducing where they are willing to travel in order to meet costs. 22% paid carers do not know where to go if they are struggling with their mental health²⁴⁷.

Other insights

Healthwatch Kingston engagement on **Multiple Sclerosis** found there was no specialist nurse working as part of the Multidisciplinary Team (MDT) in Kingston, unlike in other South West London boroughs²⁴⁸. They recommended reviewing service provision to ensure that direct services providing accessible treatment and care, such as MS specialist nurse to MS patient ratios both in hospital and as part of the community MDT/informed assessments/housing have capacity to appropriately meet the needs of people with Multiple Sclerosis in Kingston.

A few reports provide generally positive findings:

Central London Community Healthcare²⁴⁹ providers suggest their key patient satisfaction indicators are overwhelmingly positive, with nearly 100% respondents saying they were treated with respect and dignity and 98% rating their overall experience as good or very good.

Royal Trinity Hospice suggests feedback from 'experience of care questionnaires' is overwhelmingly positive with 94% patients stating that they would be likely to recommend the hospice, and 100% patients stating that they were treated with respect and dignity by Trinity.²⁵⁰

Healthwatch Kingston's report on **residential care during the pandemic**²⁵¹ found the majority of residents were satisfied with the care they received. The challenges they faced had much more to do with their loss of autonomy and freedom than with the actual care received. Lack of access to their loved ones, loss of activities and social outings, isolation, loneliness, and physical contact were a few of the key causes of concern. For families and friends, the majority were satisfied with the care their family member or friend was receiving within their residential facility and worries about their family member's welfare, their lack of stimulation, self-isolation and their physical health.

There was a positive response to survey questions about access to **diabetes care, services and support** after referral to Kingston hospital services²⁵². However, too few people in early diagnosis are being referred to NHS services.

²⁴⁶ Royal Borough of Kingston (2022) *All Ages Carer Strategy*

²⁴⁷ Kingston Healthwatch (2023) *Care, workforce, wellbeing*

²⁴⁸ Healthwatch Kingston (2022) *Pulse Check Report: Multiple Sclerosis*

²⁴⁹ CLCH (2023) *A summary of key activities relating to patient experience and patient public engagement from CLCH services*

²⁵⁰ Royal Trinity Hospice (21-22) Annual Reports and Accounts

²⁵¹ Healthwatch Kingston (2022) *Residential Care during the coronavirus pandemic report: Feedback from residents and their families and friends*

²⁵² Healthwatch Kingston (2022) *Pulse Check Report – Services for people with diabetes*

Bereavement support for older people in Kingston had long waiting lists and what support is available needs to be more accessible^{253, 254}. Similarly outreach in Croydon found a lack of bereavement service capacity²⁵⁵. Additionally, Healthwatch Kingston recommended identifying what bereavement services and support networks are available for children and young people, and those with varying capacity to engage. They recommended early identification of people likely to need bereavement services to provide diverse and culturally appropriate, accessible information and support to assist in making pre-death funeral arrangements.²⁵⁶

Health inequalities

Three reports suggested community health and social services should be situated in relatively close proximity to areas with Black, Asian and minority ethnic populations to help to increase take up of services by these groups²⁵⁷.

²⁵³ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

²⁵⁴ SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

²⁵⁵ South West London ICS (2022) *Croydon social and outreach feedback log*

²⁵⁶ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

²⁵⁷ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*; Healthwatch Wandsworth (2021) *Feedback on Wandsworth Healthwatch Assembly: health inequalities*; BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

Mental health, dementia and learning disabilities

These community engagement findings reflect the insight from both specifically commissioned work to inform the mental health strategy and reports submitted for review by ICS partners. In some cases, there may be equivalent reports from other Places in the SWL ICS which have not been submitted, for example Mental Health Strategic Needs Assessments. It is worth noting that many of the reports cover the pandemic and implications of lockdowns on mental health.

Demand for mental health services

Richmond and Wandsworth stakeholder engagements for their Mental Health Needs Assessments noted an increasing prevalence of mental health conditions in both children and young people (CYP) and adults^{258 259}. For Children and young people this was particularly presenting as increased incidence of self-harm and eating disorders; for adults as severe anxiety, depression, trauma and complex needs.

The increased incidence of mental health in CYP, along with long waits to access treatment, was placing an increased burden on schools. Stakeholders in Wandsworth suggested building on the capacity of schools and the community to provide mental health support, with interventions targeted an early stage to prevent mental health need across the life course. Stakeholders in Richmond highlighted that Black, Asian and minority ethnic and LGBTQIA+ children and young people are particularly vulnerable groups. CYP with neurodiversity and/or a learning disability in Richmond were more likely to have experienced significant adverse impacts from the covid pandemic but stakeholders reported a lack of specialised mental health services and professionals for this group. Mencap Merton suggested mental health information needed to highlight support services which have specialist expertise and easy access routes for people of all ages with a learning disability or autism spectrum diagnosis²⁶⁰.

In adult services, the Needs Assessments identified long waiting times to access treatment, which were increasing the severity of people's needs. Stakeholders noted a lack of services to support the needs of complex clients, particularly those with PTSD, Personality Disorders and/or co-occurring needs. Richmond Needs Assessment suggested the pandemic had increased isolation and depression among older people and highlighted that older adults' mental health needs tended to go unnoticed and unrecognised. These unrecognised needs of older adults were often being supported within the community, placing additional pressures on community and voluntary sector groups. Digital exclusion from a move to online service may be an issue for some older adults.

Changing social determinants of demand

Healthwatch Kingston partners found that loneliness and isolation were key factors in people facing difficulties with their mental health and had to be a key strategic area for the council to

²⁵⁸ Wandsworth Public Health (2022) *Mental Health Need Assessment*

²⁵⁹ Richmond Public Health (2022) *Mental Health Need Assessment*

²⁶⁰ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*

address across its services²⁶¹. Wandsworth's Mental Health Needs Assessment also notes that the pandemic had reduced the confidence of older people to socialise, exacerbating loneliness.²⁶² South London Listens' 2021 engagement resulted in social isolation and loneliness being identified as a priority area to prevent a mental health crisis²⁶³. The engagement recommended NHS and local authorities support and resource a Mental Health Champions programme and develop a social isolation, loneliness and digital inclusion strategy.

The cost of living crisis was an emerging theme from the engagement reports reviewed, with recent community engagement in Croydon, Sutton and Merton increasingly hearing concerns about the issue²⁶⁴. Wandsworth's Mental Health Needs Assessment suggested the cost of living crisis was placing additional stresses on the mental health of residents²⁶⁵. Community engagements around healthy living showed the anxieties of the cost of living crisis are beginning to affect the mental health of some residents in Sutton²⁶⁶. The implications for mental health have been noted, both as a direct cause of anxiety and through exacerbating social isolation, with more people expected to cut back on heating, food and socialising, reducing important support from friends and family to maintain mental health²⁶⁷. Fuller details about social isolation and the cost of living crisis can be found in the Wider Social and Economic Development section.

Accessing services

Numerous reports detailed links between the pandemic and mental health^{268 269} with many people struggling to access mental health services due to waiting times²⁷⁰. Although a recent SWL survey suggested generally people have better mental health now lockdowns have ceased²⁷¹, waiting times are still long in some Places.²⁷² An SWL survey on health and daily life found 27% of respondents felt '*health and care could improve their wellbeing by making it easier to access talking therapies*'²⁷³. The findings of a SWLCCG mental health survey²⁷⁴ revealed waiting times for appointments to be the main barrier for people seeking support (51%); 29% said they were too unwell to seek help. *Stronger Sutton* conversations found more mental health support to be one of the top priorities, with 26% respondents suggesting

²⁶¹ Healthwatch Kingston (2022) *Mental Health and Wellbeing Subgroup (Kingston Communities Task Force): End of Year Report 2021-22*

²⁶² Wandsworth Public Health (2022) *Mental Health Need Assessment*

²⁶³ South London Listens (2022) *Impact report: year 2021/22*

²⁶⁴ NHSSWL (2023) *People and communities (engagement assurance group)*

²⁶⁵ Wandsworth Public Health (2022) *Mental Health Need Assessment*

²⁶⁶ SWLICS (2022) *Bishop Andrews Church BBQ: community engagement*

²⁶⁷ Healthwatch Sutton (2022) *The cost of living crisis*

²⁶⁸ Healthwatch Croydon (2021) *Impact of Covid-19 on the mental health of Croydon residents*

²⁶⁹ Healthwatch Wandsworth (2021) *Experiences of managing health and care during the coronavirus pandemic 2021*

²⁷⁰ Healthwatch Kingston (2022) *Mental Health and Wellbeing Subgroup (Kingston Communities Task Force): End of Year Report 2021-22*

²⁷¹ SWL CCG (2022) *Health and daily life: Understanding priorities to develop metrics to measure health inequality in Core-20 areas of South West London*

²⁷² NHS CCG Croydon (2022) *Social and Outreach feedback*; Wandsworth Public Health (2022) *Mental Health Need Assessment*; Richmond Public Health (2022) *Mental Health Need Assessment*

²⁷³ SWL CCG (2022) *Health and daily life: Understanding priorities to develop metrics to measure health inequality in Core-20 areas of South West London*

²⁷⁴ SWL CCG (2022) *Mental Health Strategy Survey Findings*

this²⁷⁵. Recent engagement with mental health service users highlighted waiting times to be an issue, but also found some respondents recognised the pressures the service was under²⁷⁶.

Healthwatch recommendations from both Kingston²⁷⁷ and Wandsworth²⁷⁸ suggested there should be interim support for people waiting for treatment if information provision is insufficient prior to appointments. The South London Listens partnership found there was a need to improve the ways young people were communicated with and supported while on the CAMHS waiting list.²⁷⁹ A virtual waiting room for CAMHS will provide waiting times and support. Recent engagement with mental health service users suggested a need for this sort of support while people are waiting for IAPT or CMHT services²⁸⁰.

As well as long waiting lists to access services, Richmond Needs Assessment stakeholder engagement suggested thresholds for treatment pose a significant barrier to access.²⁸¹ They also felt there was a lack of long-term mental health support.

Finally, a lack of awareness about the availability of services in South West London was identified by engagements²⁸², with people needing clearer signposting or directories of services²⁸³. Engagement with service users suggested the need for GPs, Social Prescribers and Link Workers/Care Navigators to be better trained about the appropriate services for patients' needs.

Sources of support

A SWLICS survey on mental health found that 61% of respondents would go to friends or family first for support for their mental health, 57% would contact the NHS, 28% would seek help via a charity and 25% would seek help via the private sector. The role of family and friends was once again highlighted through a question about how what helps people to maintain better mental health (72%), followed by exercise and time in nature. Mental health apps were ranked the least likely to be helpful (11%).²⁸⁴

Engagement with service users revealed many requests for drop-in centres, 24/7 crisis cafes, community activities, art and drama therapy and other activities. Recovery Colleges were also mentioned positively. Results from an evaluation of Sutton's Crisis Café showed that the service received a strong number of referrals each month from a range of referring organisations and had a positive impact for the service user's mental wellbeing and their quality of life.²⁸⁵ It was felt to provide a non-judgemental and safe space for service users who are in crisis, filling a gap for people who are experiencing a crisis or have mental health

²⁷⁵ LB Sutton (2022) *Stronger Sutton Conversation*

²⁷⁶ South West London ICS (2022) *Mental Health strategy engagement themes*

²⁷⁷ Healthwatch Kingston (2021) *iCope Kingston Service Users experience update*

²⁷⁸ *Healthwatch Wandsworth (2021) Experiences of managing health and care during the coronavirus pandemic*

²⁷⁹ South London Listens (2022) *Impact report: year 2021/22*

²⁸⁰ South West London ICS (2022) *Mental Health strategy engagement themes*

²⁸¹ Richmond Public Health (2022) *Mental Health Need Assessment*

²⁸² South West London ICS (2022) *Mental Health strategy engagement themes*

²⁸³ South West London ICS (2022) *Mental Health strategy engagement themes*

²⁸⁴ SWL CCG (2022) *Mental Health Strategy Survey Findings*

²⁸⁵ South West London ICS (2022) *Sutton Crisis Café Pilot Evaluation*

problems but do not meet the criteria for other statutory mental health services. Service users reported attending A&E on average of two visits fewer since attending the café, although the number of people involved is small.

Peer support was mentioned as being important by many respondents to the mental health service user survey. This included having more peer support workers, mental health buddies or coaches²⁸⁶.

Stigma

The findings of the SWLICS Mental Health survey²⁸⁷ revealed 38% of respondents said feelings of shame or stigma prevented them from seeking help. In particular, the Wandsworth Needs Assessment stakeholder engagement respondents suggested that there continues to be a stigma around mental health within Black and minority ethnic communities²⁸⁸. Stakeholders reported that this continued stigma prevents service users from presenting to their GP and asking for help with their mental health. This is an important issue to address since stakeholders also reported that Black and minority ethnic groups have a significantly worse experience of and outcomes within mental health services.

Engagement with service users found recommendations about the need to publicise mental health issues in schools, workplaces and to the public to raise awareness and destigmatise the need for support²⁸⁹. Two further reports from Wandsworth suggested mental health services needed to go into community spaces to help reduce stigma around mental health support²⁹⁰ and be provided by local groups and in community settings where people feel more comfortable²⁹¹.

Interconnection between mental and physical health

A few of the engagements highlighted the interconnection between physical health and mental health, for example low mood or depression caused by physical conditions. Richmond Needs Assessment suggested there was a need for greater recognition of the interconnections between physical and mental health and an integrated approach to addressing it, particularly for older people.

SWLICS engagement team conducted a survey to understand the uptake and effectiveness of physical health checks for people with a mental illness²⁹². The work found that 83% of respondents were aware of health checks for people with mental illness, 77% have been offered a health check in the past two years and of those offered a health check, 97% have attended one. Over half of the respondent found out about the checks via a charity or support group and 29% heard via their GP. The vast majority of respondents (94%) said the health check had prompted them to make lifestyle changes such as becoming more active,

²⁸⁶ South West London ICS (2022) *Mental Health strategy engagement*

²⁸⁷ SWL CCG (2022) *Mental Health Strategy Survey Findings*

²⁸⁸ Wandsworth Public Health (2022) *Mental Health Need Assessment*

²⁸⁹ South West London ICS (2022) *Mental Health strategy engagement themes*

²⁹⁰ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*

²⁹¹ WCA (2022) *Mental Health Wellbeing in our Community*

²⁹² SWLICS (2022) *Physical health checks to support mental health & wellbeing*

exercising more or stopping smoking. The findings suggest the health checks are useful, with 63% of respondents suggesting the check had improved their physical health and 41% their mental

Perinatal Mental Health

Healthwatch Wandsworth and Croydon have undertaken engagement about perinatal mental health services.^{293 294} Fuller findings from the reports can be found in the **Spotlight on Maternity** section. Healthwatch Wandsworth suggested that more needs to be done to ensure issues are understood by health and care professions to enable people who need support to be identified and referred. Participants highlighted a lack of signposting and information about the perinatal mental health pathway and the community support available. Some participants in both engagements felt there was not enough continuity of care, although they acknowledged staff were under pressure. Healthwatch Croydon recommended increasing continuity of care with better collaboration between services along the maternity pathway

Dementia

Healthwatch Wandsworth identified support for people living with dementia and their carers as a key issue throughout the pandemic and began to engage around the subject, particularly provision of information²⁹⁵. In the Wandsworth Health and Care Plan refresh engagement, more support for people living with dementia was highlighted as a need in relation to lifestyle services and cognitive skills²⁹⁶. Merton Health and Care Plan refresh engagement suggested the need to improve dementia diagnosis rates²⁹⁷. A Merton engagement on community dementia services found many respondents experienced barriers to accessing dementia services. These included: transport, support needed to attend services, IT, the need for respite care and knowledge of what services existed²⁹⁸. London Borough of Richmond consulted on its dementia strategy, having conducted engagement across 2020 to help develop the strategy²⁹⁹. These engagements found a need to raise awareness in adult social care about dementia and available services, including around carers' assessments³⁰⁰. It suggested a need for dementia champions across the Adult Social Care Directorate.

The engagements conducted by Wandsworth Healthwatch over the last two years have highlighted a difference in the support available between SWL boroughs. There was a perception Richmond and Merton appear to offer more support and resources for people living with dementia and their carers, including more support workers³⁰¹. However, the same set of engagements found there was a sense that Merton borough support services provided

²⁹³ Healthwatch Wandsworth (2021) *Experiences of perinatal mental health*

²⁹⁴ Healthwatch Croydon (2019) *Service Users experience of perinatal mental health services in Croydon*

²⁹⁵ *Healthwatch Wandsworth (2022) Our work with people with dementia and their carers*

²⁹⁶ Wandsworth ICS (2021) *Health and Care Plan Refresh Engagement*

²⁹⁷ Merton ICS (2021) *Health and Care Plan Refresh Engagement*

²⁹⁸ *London Borough of Merton (2021) Community Dementia Services Public Engagement Report*

²⁹⁹ *LBR and SWLICS (2022) Richmond Health and Care Dementia Strategy Consultation*

³⁰⁰ *LBR and SWLICS (2022) Richmond Health and Care Dementia Strategy Consultation*

³⁰¹ *Healthwatch Wandsworth (2022) Our work with people with dementia and their carers*

little respite support in comparison to Wandsworth Carer's Centre, which offers 50 hours per year³⁰². In Richmond, engagements suggested a need to consider increasing availability and flexibility of respite care, including day care centres and home care. This would aid unpaid carers' wellbeing and reduce isolation³⁰³.

A Merton engagement looked at options for changes to community dementia services in Merton³⁰⁴. It found that while keeping the Hub as a service base at which a range of activities will continue to be offered, community dementia services should be more accessible in local areas of Merton. People living with dementia and their carers should be able to access face-to-face support throughout their dementia journey, with home visits being arranged when needed, especially if individuals are no longer able to access community services³⁰⁵.

Information was important for Merton community services, with people wanting one point of contact and help navigating services³⁰⁶. Similarly, Richmond's engagement found a need for support to navigate the support system for all unpaid carers, regardless of funding status³⁰⁷. In Wandsworth, one of the key concerns about the services for people living with dementia was a lack of information in one place. In response, a Healthwatch website is being used to signpost residents³⁰⁸.

There was a tension between the usefulness of digital offers and face to face support. Richmond engagements highlighted the need to understand how digital information and service solutions could be improved³⁰⁹. However, while a majority of respondents in Merton felt they had the confidence, equipment and provisions to access dementia services online, a lower proportion of respondents felt they wanted to get support digitally³¹⁰. A community engagement in Cheam revealed a request for a regular, local dementia support group which couples could attend³¹¹.

Additional support needs were identified across the reports including: low level psychosocial support for unpaid carers³¹²; better support for people living with dementia following hospital discharge³¹³; and culturally inclusive community services³¹⁴. More focus needed to be put on whether people living with dementia who did not have a carer had needs that were not being met.

³⁰² Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*

³⁰³ LBR and SWLICS (2022) *Richmond Health and Care Dementia Strategy Consultation*

³⁰⁴ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

³⁰⁵ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

³⁰⁶ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

³⁰⁷ LBR and SWLICS (2022) *Richmond Health and Care Dementia Strategy Consultation*

³⁰⁸ Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*

³⁰⁹ LBR and SWLICS (2022) *Richmond Health and Care Dementia Strategy Consultation*

³¹⁰ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

³¹¹ SWLCCG (2022) *Cheam Fair: community engagement*

³¹² LBR and SWLICS (2022) *Richmond Health and Care Dementia Strategy Consultation*

³¹³ NHS SWL (2022) *Improving support for people following hospital discharge and bedded rehab: NHS South West London engagement summary*

³¹⁴ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

People with a learning disability

A few large discussions have been held around services for people with a learning disability, including in Richmond³¹⁵ and Merton³¹⁶. These conversations and strategies covered all aspects of the lives of people with a learning disability and are too comprehensive to review fully here. Issues include employment, housing, independence, physical and mental health. Wandsworth's engagement for its commissioning strategy for people with a learning disability found six areas to be priorities: co-production, housing care and support, employment and day opportunities, becoming an adult, staying healthy and being able to make choices³¹⁷. People with learning disabilities and autism like work³¹⁸, lots of people aspired to have jobs and careers, with some wanting to start their own business³¹⁹. There is a preference to work for 20 hours or less per week, with the need for employers to give support and feedback about how well they are doing. Exercise, diet and knowledge about healthy lifestyles all need further support from a range of stakeholders, so people with learning disabilities or autism can learn about and access these. Social interaction and activities are key to mental wellbeing³²⁰. Kingston Health and Care Plan engagement³²¹ suggested the need to focus on care services for those with learning disabilities in adult life including support for housing, obtaining employment, and ensuring independence.

Engagement around the impact of Covid 19 on people with a learning disability or autism and their carers identified digital exclusion as an issue³²². Fuller details about the impacts of digital exclusion on people with a learning disability and currently work to address the issues can be found in the **Digital** section.

Health inequalities

Neurodiversity: Stakeholders taking part in the engagement for the Wandsworth Mental Health Needs Assessment highlighted the lengthening waiting times to receive an autism test. They suggested this prevents people from receiving the help they need, impacting negatively on their mental health. Additionally, the stakeholders suggested people with neurodiversity and/or a learning disability face additional barriers to accessing mental health support³²³.

³¹⁵ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

³¹⁶ John and Catley (2021) *The big conversation*

³¹⁷ LB Wandsworth and SWLCCG (2021) *Wandsworth's Learning Disability commissioning strategy 2021-26*

³¹⁸ Carers Trust (2022) *Working for Carers evaluation*

³¹⁹ John and Catley (2021) *The big conversation*

³²⁰ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

³²¹ SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

³²² Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers/ Merton Mencap South West London ICP (2021) Mind the Gap phase 1 report*

³²³ Wandsworth Public Health (2022) *Mental Health Need Assessment*

Carers: As a result of these challenges to accessing care, stakeholders raised concerns for the pressures facing carers of service users with autism spectrum disorder, a learning disability or mental health disorders and the lack of support available to this group³²⁴.

Black and minority ethnic groups: Needs Assessment stakeholders reported that Black and minority ethnic groups have a significantly worse experience of and outcomes within mental health services. In addition, it was suggested that there continues to be a stigma around mental health within Black and minority ethnic communities³²⁵. Stakeholders raised concern about the levels of incomplete treatment among ethnic minority groups, especially for higher tier services³²⁶.

Co-occurring substance misuse and mental health: Stakeholders engaged with for the needs assessment identified high levels of mental health disorder among those with substance misuse issues and reported that this group faced additional barriers to accessing mental health services.³²⁷

Migrants, refugees and diaspora communities: The South London Listens partners recommended the needs for mental health practitioners to be embedded in community organisation to build trust and provide services for refugees³²⁸.

Digital engagement: The move to online services could exacerbate health inequalities by providing digital barriers to service access. Groups at risk of increased health inequalities include **older people and people with a learning disability**. Richmond's engagement for 'The Big Plan'³²⁹ found that despite 63% of respondents wanting to use technology more, only 23% of the people they surveyed were able to use technology independently. Barriers included access to the internet (both financial means and knowledge), the need for support to use technology and a lack of interest in new technology.

³²⁴ Wandsworth Public Health (2022) *Mental Health Need Assessment*

³²⁵ Wandsworth Public Health (2022) *Mental Health Need Assessment*

³²⁶ Richmond Public Health (2022) *Mental Health Need Assessment*

³²⁷ Richmond Public Health (2022) *Mental Health Need Assessment*

³²⁸ South London Listens (2022) *Impact report: year 2021/22*

³²⁹ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

Acute/planned care

A limited number of reports submitted covered acute or planned care. Many of these had findings specific to either referral into hospital treatment or discharge back home/to community services.

Referrals to hospital treatment

An engagement on services for people with **sight loss** found some respondents had long waits for appointments and experienced cancelled appointments, including waiting times for the Moorfields clinic at St George's³³⁰. This was compounded by the time it took to obtain a referral letter from the GP, especially as there was a need for the referral process to be repeated if the patient had not visited Moorfields clinic for more than six months.

A Healthwatch Kingston report mentioned good services for people with **diabetes** after referral to hospital, but many people were not being referred early enough and access to eye tests had reduced³³¹. Wandsworth Healthwatch noted increased waiting times for services due to the pandemic. They recommended transparency about appointment accessibility and waiting times for services, whilst signposting to alternative support where needed³³². This corresponded with insight on community diagnostic pathways, which found inconsistencies and long waiting times can have a devastating impact on patients' physical health and wellbeing³³³. Poor communication about the status of referrals left people feeling uncertain about progress and chasing updates.

Hospital discharge

A few engagements had covered the hospital discharge process. Common themes included better information, improved communication between services and reductions in delays to discharge.

A recent Sutton stakeholder engagement on **frailty** made recommendations for an improved discharge process. They suggested early identification of patients with complex needs who would be suitable for a hub or virtual ward. Additionally, they recommended consolidating or improving the in-reach into wards as a support to discharge and to promote the Complex Multidisciplinary Team (MDT) and Palliative Care Coordination (PCC) Hub. The referral process for patients in acute services to community services should be simplified so they do not have to access services via their GP or Primary Care Teams. It should contain concise, informative discharge summaries from acute hospitals. Agreeing a process with adult social care would avoid delays. Discharges should be facilitated in the morning and utilise a discharge checklist in wards. The therapy team should be worked with more closely³³⁴.

³³⁰ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

³³¹ Healthwatch Kingston (2022) *Pulse Check Report – Services for people with diabetes*

³³² Healthwatch Wandsworth (2021) *Experiences of managing health and care during the coronavirus pandemic 2021*

³³³ Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

³³⁴ South West London ICS (2022) *Report on the Sutton Frailty Engagement Event*

Wandsworth Healthwatch conducted an in-depth engagement to understand **carer's experience of hospital discharge**.³³⁵ The report had a series of findings and recommendations relating to identification of carers and their caring role, improved communication and information, timing of discharges and improved assessment of carer/caring needs post-discharge. Among other findings, the report highlighted that not all carers were identified. More experienced carers knew how to ask for support and work with care teams, but new carers found it more difficult 'to navigate the system' and required advice or guidance from someone in the hospital. Carers did not always feel their home situation was adequately assessed or appreciated, although physiotherapists were mentioned as being most likely to understand requirements. Often a patient's needs had increased after the hospital stay and this was not fully assessed. Not all carers had discussions with staff before discharge and the ability of carers was not always adequately assessed. Wandsworth Healthwatch recommended it should be standard practice for staff to check the abilities of carers, including discussing this with other family members where necessary. The engagement found that some carers did not feel fully informed about how to look after their loved ones. Others did not have enough information about the care programme arranged by the hospital team. In particular, carers would like information about organisations that could help them post discharge. A few respondents experienced delays to discharges due to lack of coordination between hospital services. These included delayed medications, unavailability of discharge doctors and delays with preparing the discharge letter.

Merton and Wandsworth engaged on **Improving support for people following hospital discharge and bedded rehab**.³³⁶ The engagement found that people were generally happy with the discharge process. About a third of responses said their needs were not met in hospital. Reasons ranged from lack of staff, poor communications and a feeling of being 'rushed to be discharged.' Half of these said their unmet needs were not picked up by community therapy providers. A number of respondents said there was no appreciation for the needs for dementia patients. The majority of respondents suggested rehabilitation/therapy at home had helped with their recovery and were pleased with the service they received. Some of those who found the service did not help their recovery mentioned delayed services.

An engagement on **stroke rehabilitation services** found that, in general, different services worked well together to treat the patient holistically³³⁷. However, in common with other reports reviewed here, communication issues were identified between disparate services involved in discharge and provision of rehabilitation.

Bereavement services

A Kingston Healthwatch engagement on bereavement services had several hospital setting specific insights. Respondents suggested hospitals were one of the best places to access information about bereavement support, with some proposing volunteers would be helpful

³³⁵ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

³³⁶ NHS SWL (2022) *Improving support for people following hospital discharge and bedded rehab: NHS South West London engagement summary*

³³⁷ South West London ICS (2022) *Insight to inform service redesign or pathway change – stroke rehabilitation services*

within the hospital to help people with information, advice and support on how to access relevant services. Hospital guidance booklets in different languages were also considered helpful. Some participants suggested that people who experienced someone dying in hospital could be offered a low-key assessment of their needs immediately following bereavement. Healthwatch Kingston recommended early identification of people likely to need bereavement services to provide diverse and culturally appropriate, accessible information and support to assist in making pre-death funeral arrangements.³³⁸ During the pandemic, Epsom and St Helier hospital PALS worked closely with, and supported the Bereavement Service through the peak of the pandemic crisis, providing additional interaction and communication to support bereaved relatives, friends and carers.³³⁹

Other insights

A Healthwatch Kingston report on Multiple Sclerosis found variability across boroughs relating to pathways for hospital treatment and care³⁴⁰. There was positive feedback for a MS specialist nurse who works with people at Kingston Hospital, although there was a concern about the nurse-to-patient ratio. Respondents suggested there was variability across boroughs around the extent of travel to different hospitals for treatment. Often, this was dependent on the variety of symptoms the individual had. Patients understood the need to travel for specialist treatment, although some suggested hospital transfer can be unreliable. There were concerns about hospital parking: not all people with MS had blue badges, sometimes there was not adequate blue badge parking spaces and parking costs could be difficult to afford.

Health inequalities

Healthwatch Croydon found that hospital services tended to be well set up to provide interpreters and translation for **non-English speaking residents**³⁴¹. However, information flows between different services, particularly GP paper referrals to hospitals, did not always adequately identify and communicate language support needs. Analysis from the Epsom and St Helier Hospital Trust patient engagement report for 20-21 showed success rates for delivering interpreters dropped slightly throughout the pandemic. The Trust provides face-to-face (both in person and virtual) and telephone foreign language interpreting, as well as face-to-face interpreting for British Sign Language (BSL). Overall, their success rate for delivering translators when required for the year 20-21 was 91.9%; a decrease from the previous year (98.9%) and below the agreed target of 97%.³⁴²

Healthwatch Wandsworth recommended improving staff awareness about carer issues, particularly around hospital discharge³⁴³. They suggested a carer liaison officer role in hospitals to provide advice and information to carers and staff has worked elsewhere.

³³⁸ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

³³⁹ Epsom and St Helier University Hospital (2021) *Patient Experience Annual Report 2020-2021*

³⁴⁰ Healthwatch Kingston (2022) *Pulse Check Report: Multiple Sclerosis*

³⁴¹ Healthwatch Croydon (2023) *Non-English speaking residents of Croydon experience of accessing health services*.

³⁴² Epsom and St Helier University Hospital (2021) *Patient Experience Annual Report 2020-2021*

³⁴³ Healthwatch Wandsworth (2022) *Carer experience of hospital discharge*

Spotlight on cancer

A small number of insight reports were reviewed for a spotlight on cancer, including for self-help and support.

General

Research on diagnostics found that 85% of residents thought the system works well in urgent situations, such as potential cancer diagnoses.³⁴⁴ An engagement for the redesign of the urology pathway³⁴⁵ found that young people felt GPs tended to discount their symptoms and were more likely to refer them to sexual health clinic initially. The participants suggested the need for a better awareness campaign around prostate cancer and prostate care to reduce taboos and shift perceptions that it was only likely to affect older people. Accurate and credible advice was needed, for example on an NHS website, to empower patients to ask questions and request treatment.

A Royal Marsden testicular cancer follow-up patient survey was conducted to inform the design of a new personalised care pathway being developed for testicular cancer follow up. The engagement found the structure and planning of surveillance tests was well addressed, but patients also wanted an emphasis on holistic care³⁴⁶.

Self-help and support

Awareness of Therapy and Supportive Care services - The Patient and Carer Advisory Group (PCAG), a patient-led group of patients and carers, developed and distributed a survey to explore and gather information on patients' awareness of the Therapy and Supportive Care services available to them at The Royal Marsden³⁴⁷. The findings suggested 77% of respondents said that they were made aware of at least one or more of the 20 listed services. This ranged from 48% for Counselling, Psychotherapy and Psychology to a low of 5% for Yoga. However, 23% of respondents said they were not made aware of any of the services. In response to the survey findings, a number of actions were identified including improving the communication of services to patients through hospital information screens, updating website pages and linking through other relevant webpages. Additionally, a graphic (digital and printed) is being developed to signpost patients to the services, which links side effects/symptoms to relevant therapies.

Emotional Wellbeing app for teenage and young adult (TYA) cancer patients – Royal Marsden Hospital undertook patient engagement to understand if young people would value access to an app to support their emotional wellbeing.³⁴⁸ The engagement also sought to identify the most useful content for the app, which were revealed as fatigue management, nutrition and anxiety/mental wellbeing. At the same time, the team scoped the apps already available to match the emerging themes from the survey to the various apps. This resulted in

³⁴⁴ Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

³⁴⁵ South West London CCG (2021) *Redesigning urology pathways feedback report*

³⁴⁶ Royal Marsden Partners (2022) *Royal Marsden NHS Foundation Trust Insight, engagement and patient experience reports*

³⁴⁷ Royal Marsden Partners (2022) *Therapy and Supportive Care services at The Royal Marsden a snapshot survey*

³⁴⁸ Royal Marsden Partners (2022) *Emotional wellbeing app for Teenage & Young adult (TYA) Cancer patients in the South Thames region (a co-design project)*

the choice of Careology to develop a bespoke app through co-design project in conjunction with the young people. Content was created by both young people and clinicians working within the speciality of TYA cancer care.

The app was launched in February 2023 with content accessible only to those TYAs within the South Thames region. Content will continue to be developed in response to user feedback and self-reported feedback on patient mental health using the key elements of the PHQ4 as a validated tool to assess mental wellbeing. If clear benefit is demonstrated to this patient cohort, the content may be rolled out nationally to be available to all TYAs with cancer across England and the devolved nations.

Health inequalities

People with a learning disability - The number of people with a learning disability who receive breast cancer screening is significantly lower than among those without a learning disability.³⁴⁹

Ethnicity – Croydon community engagement team heard feedback about the need for more culturally specific support groups for Black men with cancer and to encourage more open discussion about issues in their communities. The engagement suggested the need for better incentives to increase uptake of prostate cancer screening. Being seen by a Black clinician would reduce concerns about racial bias.³⁵⁰

³⁴⁹ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

³⁵⁰ SWL ICS (2023) *Croydon engagement log*

Spotlight on Urgent and Emergency Care

This section is predominantly written utilising four main reports. It is worth noting that the fieldwork for the Healthwatch Croydon report was conducted during the COVID-19 pandemic.

General satisfaction and issues

The reports found generally high satisfaction with the ambulance, urgent and emergency care experience³⁵¹ ³⁵². In particular, respondents praised London Ambulance Staff³⁵³, suggesting their experience had been one of care and kindness³⁵⁴. Healthwatch Richmond found people felt urgent and emergency services communicated and handed over care effectively. Healthwatch Kingston suggested that complaints and issues were often caveated with an appreciation of the challenges the London Ambulance Service faces in delivering their services³⁵⁵.

Healthwatch Croydon suggested levels of satisfaction vary by demographics and access points in the UEC pathway. For example, 70% of patients aged over 50 were positive compared to 36% for those in the 20-30s bracket. Healthwatch Croydon recommended the variation between satisfaction and age, ethnicity and health condition requires further investigation, as does the variance between Primary Care Networks³⁵⁶. Those choosing A&E as their first choice of service had slightly higher satisfaction than those choosing NHS111. Satisfaction was lower with GPs as first service choice than A&E (55% compared to 70%, respectively), which the report suggested may be due to the difficulty of accessing a GP appointment.

Healthwatch Richmond felt that high levels of satisfaction from people who have used services (78%) did not translate into high levels confidence in urgent and emergency care services,³⁵⁷ with a majority of users reporting a reduced confidence in UEC services. Over half of those suggesting a reduction in confidence attributed this to their experiences of care, particularly waiting times. There was an overall feeling of a need for improvements related to investment and funding in the NHS. Some participants said it was necessary to invest in more staff and stressed the importance of developing the social care system or providing continuing care for elderly patients so that they are able to leave A&E more promptly.

³⁵¹ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁵² Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁵³ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁵⁴ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁵⁵ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁵⁶ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁵⁷ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

Entry points and usage

An evaluation of Sutton's Crisis Café found it reduced pressures on A&E from some users who would otherwise have attended.³⁵⁸ It was particularly valuable due to its out of hours service and its ability to see patients within 24 hours. However, it was felt by some that it may be beneficial to expand those hours into the daytime, including during weekends, as a crisis can take place at any time, not just in the evenings.

An engagement on an enhanced primary care hub found the first choice of service for a minor injury or illness, tended to be based on the healthcare services residents trust and where they have the confidence they will be seen³⁵⁹. This is largely dependent on the time of day and the level of pain the patient is experiencing, but overall tends to be A&E for minor injuries and GPs for minor illnesses. However, waiting times for a GP appointment caused some people to look elsewhere for support (such as the A&E) or not to seek further support.

Croydon Healthwatch's report on UEC journeys found that slightly over half of respondents had chosen a GP or NHS 111 as their first choice, with relatively few people selecting GP hubs or pharmacies.³⁶⁰ They also found that some respondents (15%) were choosing 999, GP hub or A&E as first choice of service due to difficulties obtaining a GP appointment. However, 40% made this choice because they needed to see someone quickly or felt their injury was too serious to be seen outside of hospital.

Clearview Research found journeys to access different types of healthcare services vary slightly across age groups and for those who have English as an additional language. While, all age groups over-relied on A&E for minor injuries and illnesses, this was mentioned with particular frequency by those aged over 46 and for a large majority of those who have English as an additional language. Younger residents tended to suggest they used the internet or called NHS 111.³⁶¹ In comparison, Croydon Healthwatch found around 10% of people aged over 60 chose A&E as their first choice; 23% of people whose child needed treatment did.³⁶² They recommended more work needs to be undertaken to understand how condition and situation may affect choice and reflect that in pathway.

Accessibility and waiting times

Waiting times were highlighted as key concerns, both as a driver for people to use A&E if they cannot access GP appointments³⁶³ and through experiences of unanswered emergency calls, lack of availability of ambulances and overflow at A&E.³⁶⁴

Healthwatch Kingston found people were concerned about waiting times for an ambulance but were appreciative of the barriers that paramedics face in moving from one patient to the

³⁵⁸ South West London ICS (2022) *Sutton Crisis Café Pilot Evaluation*

³⁵⁹ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

³⁶⁰ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁶¹ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

³⁶² Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁶³ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

³⁶⁴ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

next³⁶⁵. Healthwatch Richmond suggested many respondents had reported being required to wait for a long time to reach a call handler, which they found stressful and inconvenient. While this was particularly the case for NHS111 calls, the same experience with 999 calls was not uncommon. They found that the majority of respondents believed shorter waiting times at NHS111 and better communication between services would have resulted in quicker or high quality treatment.³⁶⁶ Healthwatch Kingston suggested NHS 111 were often unable to support someone who was trying to avoid using 999 or A&E departments at hospital.³⁶⁷

Joined up services

A few reports recommended the need for better communication and integration between services to improve the UEC experience. Healthwatch Richmond found some respondents stated that they experienced poor communication and organisation between services, resulting in long waits, stress, and uncertainty among patients.³⁶⁸ Healthwatch Kingston suggested respondents believed emergency services were constrained by other parts of the health and care system. They also highlighted a need to improve the sharing of patient data gathered by LAS staff across other health and care staff to create a more seamless pathway of care.³⁶⁹

Healthwatch Croydon recommended fully integrating pharmacies and GP Hubs into the UEC pathway and defining NHS 111 as the single reliable point of access to direct care via GPs, pharmacies, GP Hubs and A&E/Urgent Care. They suggest creating positive communications to give patients confidence that using NHS 111 is as good as going directly to A&E/Urgent Care or GP.³⁷⁰

Communication and education

The two reports on ambulance services suggested the need for better public engagement to highlight when LAS services should be used³⁷¹. This included a recommendation to explore ways to work more effectively with Voluntary, Community and Social Enterprise organisations to support improved understanding about 111 and 999 across all local communities.³⁷² They also suggested public messaging about when to call 111 and 999 should be made more accessible by utilising different media, including but not limited to: Plain English, Easy Read, short information films and translations into languages other than

³⁶⁵ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁶⁶ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁶⁷ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁶⁸ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁶⁹ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁷⁰ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁷¹ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁷² Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

English. Croydon Healthwatch recommended the need to ensure the terminology used to refer to different settings of urgent care are comprehensible to users and aid signposting³⁷³.

Workforce issues

A few workforce issues were mentioned by the UEC reports:

- Understaffing and lack of organisation in the A&E department was cited as a problem by several patients, who saw it as a result of pressures and lack of funding for the NHS³⁷⁴.
- People stressed the importance of developing the social care system and providing continuing care for elderly patients so that they are able to leave A&E and make room for new patients.³⁷⁵
- Concerns around staff listening to symptoms³⁷⁶
- The need to improve support for London Ambulance Service staff to help ensure the retention of workforce.³⁷⁷
- Ensuring issues affecting efficient delivery of the London Ambulance Service are represented at appropriate meetings within SWL Integrated Care System and Kingston Hospital and similar bodies across London.³⁷⁸

Health inequalities

Healthwatch Croydon recommend the need to explore variations in satisfaction with UEC services for **women, younger people, those from Asian and other ethnic backgrounds and those with disabilities**.³⁷⁹

Clearview Research highlight that some **disabilities** (particularly for those who are hard of hearing) and **language barriers** meant referral from GP or NHS 111 to the GP hub could be exclusionary.³⁸⁰

Healthwatch Kingston recommended ensuring public facing London Ambulance Service staff are provided with training about how to engage with and support people with **learning disabilities and autism**. They highlighted the importance of NHS 111 or 999 staff identifying if callers/patients had a learning disability or were neurodiverse so that when the London Ambulance Service turn up, they were prepared and aware of this. Additionally, London Ambulance Service should share this information with other medical professionals. For example, if a person with a learning disability or neurodiversity is attended to at home, then

³⁷³ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁷⁴ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁷⁵ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁷⁶ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁷⁷ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁷⁸ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁷⁹ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁸⁰ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

London Ambulance Service (LAS) should share this information with the patient's GP and/or other care professionals as the patient may not remember to do this.³⁸¹

Healthwatch Kingston recommended introducing a process to support London Ambulance Service staff to identify if the person needing emergency care is supported by an **unpaid carer/young carer**, so that they were included in communications relating to the patient. They suggested considering if London Ambulance Service staff might provide information to local carer organisations (such as Kingston Carers Network) to flag up that a patient may now need support from an unpaid carer after being discharged back into the community.³⁸²

³⁸¹ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

³⁸² Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

Spotlight on Maternity

A few reports have been reviewed for the spotlight on maternity, including a Maternity Voices Partnership report on maternity journeys for women of Black and Asian ethnicities.

Maternity journeys

A piece of engagement was conducted with ten women of Black and Asian ethnicities to understand their maternity journeys.³⁸³ The findings showed that some women mistrust and are fearful of services, based on previous experiences of racism. Rather than overt racism, this discrimination is often the result of unconscious bias. The participants were not always listened to and expressed frustration about concerns, symptoms or expressions of choice being dismissed. Women explained having to be assertive and persistent before being taken seriously. A lack of consistency in care could lead to information being missed and be a barrier to building trusting relationships with those involved in their care. The report suggested women felt better supported by the community midwifery team than the hospital one. Some also felt they would be better supported by having a doula or birthing partner to advocate for them.

Some participants mentioned feeling they were told what to do rather than discussing choices with clinicians or that clinicians did not involve them in bedside discussions.

Participants described not being informed about the possibility of a C-section or being adequately informed about the process in advance. This meant having to read and sign forms while in labour ahead of being taken to surgery. Many women described births that were traumatic and difficulties when returning home with a new baby. The report suggested that early emotional or low-level mental health support could make a positive difference to outcomes. Some participants talked about a lack of understanding if they had experienced miscarriage, feeling that subsequent pregnancies were not given appropriate additional support. Some women felt rushed to leave hospital before being ready, for example without sufficient information or when still in pain.

Participants described either not being given much advice or being overwhelmed with reading materials. There was a suggestion that there was a lack of information about staying healthy during pregnancy. Participants wanted opportunities to ask questions and someone to be available quickly when they needed to ask a question or raise concerns. Male partners needed to be better informed about how to provide support.

Almost all the women interviewed talked about a lack of support with feeding their baby. Those lacking support who did persevere with breast feeding did not continue for very long.

Faith was felt to be an important issue. Peer support groups were mentioned as highly valuable to the participants, both before and after giving birth. Pregnancy related apps were also mentioned as being useful.

³⁸³ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

Pelvic health app

SWLICS has engaged with women about the potential for a pelvic health app.³⁸⁴ All of the participants supported the idea of the app and felt it would support women before and after pregnancy journey. The engagement highlighted the usefulness of the app, for example everyone spoken to was unaware of pelvic floor exercises eg what to do, when to do them, correct way of doing them. The findings suggested the app should be personalised or have the ability to cover different sorts of pregnancies and births, such as multiple births or C-sections. It should be promoted during and after pregnancy via GPs/Midwives/Health Visitors. Some potential applications included:

- Reminders of when to do the exercises - push notifications - building in "squeezy app"
- Community wall - a forum for mums to get together to share their experiences and build friendships
- App to acknowledge Mental Health - signposting/text about where to find support.
- App could share ideas of support groups e.g. face to face in your boroughs
- App could include other areas of exercise e.g. tummy muscles

Mental Health

Healthwatch Wandsworth's 2021 report on perinatal mental health services³⁸⁵ found that whilst responses to the service were largely positive, service users reported losing faith in the system due to problems accessing it and unsupportive attitudes from some healthcare staff. Croydon Healthwatch also engaged with users of perinatal health services in Croydon, although this is a slightly older report (from 2019).³⁸⁶ The Croydon engagement found participants felt there was a stigma around talking about mental health challenges and suggested there was a general lack of knowledge and understanding of how childbirth might affect emotional and mental health. Croydon Healthwatch recommended encouraging easier discussions about mental health through support networks and mental health education along the maternity pathway for expectant parents, through antenatal classes, seminars or wellbeing workshops. Healthwatch Wandsworth suggested that more needs to be done to ensure issues are understood by health and care professions to enable people who need support to be identified and referred.

Participants highlighted a lack of signposting and information about the perinatal mental health pathway and the community support available. Some Wandsworth Healthwatch participants reported the need for a determined effort, attempting different routes to make sure they got the support they needed. Croydon Healthwatch recommended developing a pathway for services users who identify themselves as have mental health challenges so their referral can be prioritised and providing greater information about the pathway. Some participants in both engagements felt there was not enough continuity of care, although they acknowledged staff were under pressure. Healthwatch Croydon recommended increasing continuity of care with better collaboration between services along the maternity pathway. Healthwatch Wandsworth recommended ensuring face to face appointments complement virtual appointments where necessary.

³⁸⁴ South West London ICS (2022) *Gynaecological services: Pelvic health app insight report*

³⁸⁵ Healthwatch Wandsworth (2021) *Experiences of perinatal mental health*

³⁸⁶ Healthwatch Croydon (2019) *Service Users experience of perinatal mental health services in Croydon*

Spotlight on Diagnostics

Specific engagement has been undertaken in the South West London ISC footprint to understand the potential for community diagnostic centres. This section will mainly focus on the findings from this engagement.

Community diagnostic centres

Clearview conducted engagements to inform the development of community diagnostic centres (CDC)³⁸⁷. The research found a general lack of confidence in the diagnostic system, unless for urgent diagnoses. Poor communication and coordination was systemic, with many patients feeling they had to manage the system and confused about the next step in treatment. Poor communication was identified between GP practice and diagnostics teams, diagnostics teams and the patient, and within NHS teams, such as between diagnostics teams and specialist treatment teams. The inconsistencies and long waiting times caused distress for some participants, impacting physical health and mental wellbeing.

The engagement report suggested participants wanted clarity and a reliable, effective diagnostic process that they can understand. To achieve this, it recommended mapping the diagnostic process with GPs and diagnostic teams to build understanding of available support and design an effective process. Patient expectations around CDCs should be managed by working closely with local residents on an ongoing basis. At the same time, frustrations should be acknowledged and addressed.

Communications and staff-patient interactions should be improved. Health professionals should ask patients about their preferred mode of communication and respect this across the pathway. This mode would be tailored to the individual and their ability. Patient advocates should be trained to help patients understand their diagnosis and help them to navigate the pathway. Staff and receptionists should be trained in soft skills and awareness of neurodiversity to ensure that conversations around the process and results are conducted in a compassionate and accessible way.

Additional insights from across all engagements on community diagnostic centres included ensuring a simple booking process, with a range of access methods. Hubs should be close to home or easily accessible by different transport routes. However, this is balanced against speed of treatment.

Other issues

Multiple Healthwatch reports identified the need for better referral and diagnostics pathways for long covid, including access to a range of health professionals to support both physical and mental health conditions³⁸⁸. A comprehensive screening process should provide continuity of care across the referral pathway and support. Healthwatch Kingston identified

³⁸⁷ Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

³⁸⁸ Healthwatch Croydon (2022) *Croydon Residents' experiences of Living with Long Covid*; Healthwatch Kingston (2022) *Living with Long Covid*; Healthwatch Sutton (2022) *Experiences of Long Covid*

long waiting times for assessment and diagnosis for neurodiversity³⁸⁹ and a lack of referral to NHS diabetes services for people in early diagnosis³⁹⁰.

³⁸⁹ Healthwatch Kingston (2022) *Pulse Check report: Neurodiversity and health and care services*

³⁹⁰ Healthwatch Kingston (2022) *Pulse Check Report – Services for people with diabetes*

Workforce planning and development

This section brings together findings from across the reports reviewed relating to workforce issues and planning. It reiterates findings around training to address health inequalities from other sections.

Positive feedback from service users

Across the reports received for review, it is clear that many people have good experiences of health and social care staff. For example:

- Several engagement respondents with sight loss 'referred or alluded to Moorfields hospital staff or NHS staff' providing a good patient experience³⁹¹.
- The majority of respondents in the hospital discharge and bedded rehab engagement were either very satisfied or satisfied with the therapy they received, with many highlighting the dedication of the staff and the care staff showed towards patients.³⁹²
- Satisfaction in with ambulance and emergency is high amongst respondents who had used them. In particular, there was an overall experience of care and kindness from members of LAS staff.³⁹³
- Stroke rehabilitation service respondents suggested staff attitudes supported the mental wellbeing of both them and their carers³⁹⁴

Staff shortages

It is worth noting that some of the complaints about the workforce are related to or contextualised by a lack of staff. As suggested previously, patients tended to be happy with hospital discharge and bedded rehab; some of those who were dissatisfied or extremely dissatisfied pointed to a lack of staff.³⁹⁵

Richmond Healthwatch reported that understaffing and lack of organisation in the A&E department was mentioned as a problem by several patients, who saw it as a result of pressures and lack of funding for the NHS.³⁹⁶ Participants said it was necessary to invest in more staff, as well as developing the social care system and providing continuing care for elderly patients so that they are able to leave A&E.

Listening

From a few of the reports, there is a sense that people feel some healthcare professionals have not listened to their specific situation. For example, Croydon Healthwatch's work on

³⁹¹ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

³⁹² NHS SWL (2022) *Improving support for people following hospital discharge and bedded rehab: NHS South West London engagement summary*

³⁹³ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

³⁹⁴ South West London ICS (2022) *Insight to inform service redesign or pathway change – stroke rehabilitation services*

³⁹⁵ NHS SWL (2022) *Improving support for people following hospital discharge and bedded rehab: NHS South West London engagement summary*

³⁹⁶ Healthwatch Richmond (2023) *London Ambulance Service: Experiences from Richmond*

urgent and emergency care listed several comments from respondents who felt they had not been listened to fully.³⁹⁷

A recent engagement with people of Black and Asian Ethnicities about their maternity journeys found some participants mistrusted and are fearful of services, based on previous experiences of racism. Some of the women expressed frustration about concerns, symptoms or expressions of choice being dismissed. Women explained having to be assertive and persistent before being taken seriously.³⁹⁸ Healthwatch Kingston suggested 'people with specific conditions, such as sight loss, should be listened to and treated as experts in their own needs rather than clinicians making assumptions'³⁹⁹.

More generally, Healthwatch Wandsworth's report on health inequalities recommended training in developing empathetic listening skills for all healthcare staff to encourage in-depth assessment of patients.⁴⁰⁰

Lack of knowledge about specific conditions

A few reports mentioned the need for greater staff awareness and knowledge of specific conditions. Several local Healthwatches have engaged with local populations about **Long Covid**, with Healthwatch Wandsworth suggesting there is a need to increase knowledge and awareness among health and care staff about the symptoms of Long Covid.⁴⁰¹ Another Wandsworth Healthwatch report, on services for people with sight loss, found a large variation in the attitude and experience of staff about how to support people⁴⁰².

A Healthwatch Kingston report on services for people with **multiple sclerosis** (MS) suggested health and social care service leads should explore ways to increase awareness of MS within the workforce, with a focus on understanding the variety and intermittent nature of symptoms and the disabling impact that MS has on both mental and physical health. One particular training need was for disability assessors for Personal Independence Payments as participants felt that assessors did not understand the varying complex conditions associated with MS.⁴⁰³

The Richmond **Dementia** Strategy suggested the Council, South West London CCG and South West London and St George's Mental Health Trust need to audit the proportion of frontline care professionals who have completed NICE recognised dementia training⁴⁰⁴. They highlighted a need for dementia champions across the Adult Social Care Directorate and to ensure staff are aware of the full range of support and services available for people living with dementia.

³⁹⁷ Healthwatch Croydon (2022) *Croydon residents' Urgent and Emergency Care journey and experience*

³⁹⁸ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

³⁹⁹ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

⁴⁰⁰ Healthwatch Wandsworth (2021) *Feedback on Wandsworth Healthwatch Assembly: health inequalities*

⁴⁰¹ Healthwatch Wandsworth (2022) *Experiences of long covid*

⁴⁰² Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

⁴⁰³ Healthwatch Kingston (2022) *Pulse Check Report: Multiple Sclerosis*

⁴⁰⁴ LBR and SWLICS (2022) *Richmond Health and Care Dementia Strategy Consultation*

Suggested training to address health inequalities

A number of reports have recommended the need for additional training to address diversity and health inequalities.

General - A report on community diagnostics recommended the NHS South West London should encourage health professionals to ask patients about their preferred mode of communication and respect this. This mode would be tailored to the individual and their ability.⁴⁰⁵

Cultural competence – a few reports mentioned the need for greater staff cultural competence, particularly following the Covid pandemic. A BAME Voice report suggests the need for Cultural Competence (as opposed to Cultural Awareness) courses to be made mandatory for all medical and social care staff. They further recommend BAME communities should not be referred to as ‘hard to reach’, ‘seldom heard’, ‘disadvantaged’, ‘high risk’ or ‘vaccine hesitant’.⁴⁰⁶ A Healthwatch Wandsworth report on a health inequalities assembly in 2021 similarly suggested the need for extensive and in-depth cultural awareness and unconscious bias training in staff development programmes. They recommended encouraging ‘conversation and transparency about unconscious biases, cultural differences, and even service shortcomings in this area’ and highlighted the need for staff and leaders to be prepared to change the way they deliver services if it is not working for some people.⁴⁰⁷ Additionally, a Healthwatch Kingston report suggested understanding what frontline and volunteer staff need to support the cultural needs of people requiring bereavement services.⁴⁰⁸

Trans-awareness – A urology pathway engagement highlighted the need for specific training for health & care professionals to use inclusive language and be mindful of trans-women attending prostate appointments⁴⁰⁹.

Mental Health and neurodiversity – a couple of slightly older Healthwatch reports highlighted a possible training need around those seeking to access mental health support. Healthwatch Wandsworth found some people experiencing peri-natal mental health issues had lost faith in the system due to difficulties accessing support or because they felt they experienced unsupportive attitudes from some health and care staff.⁴¹⁰ A Healthwatch Kingston update report highlighted that iCope providers were reviewing their training provision for administrative staff to focus on effective and compassionate communication. This was in response to earlier recommendations that training was provided in interpersonal skills to support a positive experience at the ‘front door’ of the service.⁴¹¹

Healthwatch Kingston had also recommended provision of training in understanding of neurodiversity for all staff. This theme was continued more generally by a recent report on

⁴⁰⁵ Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

⁴⁰⁶ BAME Voice (2021) *An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton*

⁴⁰⁷ Healthwatch Wandsworth (2021) *Feedback on Wandsworth Healthwatch Assembly: health inequalities*

⁴⁰⁸ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

⁴⁰⁹ South West London CCG (2021) *Redesigning urology pathways feedback report*

⁴¹⁰ Healthwatch Wandsworth (2021) *Experiences of perinatal mental health*

⁴¹¹ Healthwatch Kingston (2022) *iCope Kingston service user review report: update*

community diagnostics which recommended staff and receptionist training on soft skills and awareness of neurodiversity to ensure positive patient-staff interaction around the diagnosis process is conducted in a compassionate and accessible way. Additionally, the report suggested that there could be basic training on local support available for patients to access further support, such as patient advocate teams.⁴¹²

Sexuality – A urology pathway engagement report noted that clinicians should not make assumptions about the likelihood of symptoms being caused by a sexual health problem due to the sexuality of the patient.⁴¹³

⁴¹² Clearview Research (2022) *Community Diagnostic Centres: Community Engagement*

⁴¹³ South West London CCG (2021) *Redesigning urology pathways feedback report*

Estates and green agenda

A range of engagements noted the importance of green spaces and travel for local residents, in particular highlighting the role of desirable local environments for wellbeing. This section covers the findings from those reports.

Priorities for liveable space

Merton council conducted a borough-wide engagement about priorities for recovery in the local area '*Engaging Merton*'⁴¹⁴. Green space and sense of community were the most valued, key assets for residents, who wanted good high streets and green spaces as priorities for the area. Merton Young Inspectors' report on the impact of covid highlighted the importance of green space for young Merton residents⁴¹⁵.

Sutton's '*Stronger Sutton Conversation*' found around a quarter of respondents felt more green spaces should be a priority.⁴¹⁶ There was support from respondents to revitalise Sutton town centre, with people feeling it was not as welcoming as it could be. As well as more independent shops and cultural activities, respondents wanted the seating and lighting to be improved, with more greenery added throughout, and spaces for relaxing, socialising and play⁴¹⁷.

Two engagements conducted across smaller areas reveal similar priorities for St Heliers in Sutton and Pollards Hill in Merton. A Community Action Sutton report on St Heliers found that people liked it for being close to shops and services, good transport links and green and open space⁴¹⁸. Concerns were crime, antisocial behaviour and littering. These were the same things residents in Pollard Hill would like to focus on improving⁴¹⁹. Access to parks and open spaces were found to be the most important thing overall, with residents interested in activities for children and older people.

Although slightly out of date, Residents Surveys for Wandsworth and Richmond revealed the importance of green space for people living in South West London. A fifth of residents felt the parks and open spaces in Wandsworth were the best thing about living in the borough (22%), second only to the location and convenience of their local area (27%). Parks and open spaces were the highest rated service in Wandsworth, at 88%.⁴²⁰ Residents of Richmond recognised the greenness of the borough, with 42% saying it was the best aspect about living in their local area.⁴²¹ Additionally, 91% of respondents agreed the parks, open spaces and play areas of Richmond were good.

⁴¹⁴ Traverse (October 2021) *Engaging Merton*

⁴¹⁵ Merton Young Inspectors and Partnership for Young London (2021) *Impact of Covid-19 on young people in Merton*

⁴¹⁶ LB Sutton (2022) *Stronger Sutton Conversation*

⁴¹⁷ Sutton Council (2022) *The future of Sutton town centre engagement analysis final report*

⁴¹⁸ Community Action Sutton (2021) *Building stronger communities: What do residents think of St Heliers*

⁴¹⁹ Hegg, R (2022) *Pollards Hill Priorities Research Moat Foundation*

⁴²⁰ London Borough of Wandsworth (2019) *Residents Survey*

⁴²¹ London Borough of Richmond Upon Thames (2019) *Residents Survey*

Litter and antisocial behaviour were highlighted as reducing the enjoyment of these spaces.^{422 423 424} Merton's Youth Parliament suggested the need to have promotional campaigns aimed at younger people to encourage recycling and address littering.⁴²⁵

Access to clean, green spaces for health and wellbeing

As well as local green spaces being a desirable factor for local residents, they were seen as providing other benefits, including for mental and physical wellbeing and creating spaces for communities to thrive. An SWL ICS engagement for their mental health strategy found that 52% felt time in nature helped them to maintain better mental health,⁴²⁶ with 27% saying access to green space/nature helps them to recover following a crisis. Merton's engagement on recovery from the pandemic found that people wanted to maintain the sense of community that was created throughout the pandemic, with parks helping to provide places where people can connect with each other.⁴²⁷

Traffic management and Improved air quality

Traffic and air pollution were key negative aspects of the local environment and sometimes seen as barriers to healthier living. A SWL survey on health and daily life found the top barrier to respondents maintaining their health was air pollution⁴²⁸. The Engage Merton insight work found traffic management to be a top priority to address⁴²⁹. Both Richmond and Wandsworth's 2019 Residents Surveys found traffic congestion to be the most disliked⁴³⁰ and second most disliked⁴³¹ aspect of their boroughs, respectively. Most respondents in Richmond felt their local air quality was good (66%), although this had declined from 79% in 2017. While around half of all residents in Wandsworth still felt air quality was good in their local neighbourhood, a quarter of residents described neighbourhood level and borough level air quality as poor. For both borough survey respondents, reducing traffic was seen as being the main way to improve air quality.

Active travel and green infrastructure

In a Kingston engagement for their Health and Care Plan refresh⁴³², some participants discussed the role of active travel, suggesting there was not enough emphasis on the role of

⁴²² Traverse (October 2021) *Engaging Merton*

⁴²³ Community Action Sutton (2021) *Building stronger communities: What do residents think of St Heliers*

⁴²⁴ Merton Young Inspectors and Partnership for Young London (2021) *Impact of Covid-19 on young people in Merton*

⁴²⁵ Merton Young Inspectors and Partnership for Young London (2021) *Impact of Covid-19 on young people in Merton*

⁴²⁶ SWL CCG (2022) *Mental Health Strategy*

⁴²⁷ Traverse (October 2021) *Engaging Merton*

⁴²⁸ SWL CCG (2022) *Health and daily life: Understanding priorities to develop metrics to measure health inequality in Core-20 areas of South West London*

⁴²⁹ Traverse (October 2021) *Engaging Merton*

⁴³⁰ London Borough of Richmond Upon Thames (2019) *Residents Survey*

⁴³¹ London Borough of Wandsworth (2019) *Residents Survey*

⁴³² SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

walking and cycling as health determinants, given their positive impact on health. Active travel was highlighted as having the potential to tackle obesity, increase exercise levels, reduce local air pollution, and provide mental health benefits. Similarly, in Richmond's Health and Care Plan engagement a respondent highlighted that improved infrastructure for active travel and transport independence for children could improve community connections and wellbeing⁴³³. Some respondents to an engagement on the future of Sutton's town centre suggested reviewing the bus service, improving cycling routes, and offering safe parking for bikes. At the same time, others complained about e-bikes and scooters.⁴³⁴ Merton's Youth Parliament proposed zones around schools where pupils are encouraged to use low carbon travel where possible⁴³⁵.

In Merton's engagement on the priorities for the borough, residents recognised there would be tensions and challenges in promoting the different objectives of active travel, economic growth, accessibility and tackling climate change. Residents need to be involved in discussion about how these trade-offs are resolved.⁴³⁶

⁴³³ SWL Health and Care Partnership (2021) *Refresh of Richmond's Health and Care Plan 2022 -2024 Patient and public engagement report*

⁴³⁴ Sutton Council (2022) *The future of Sutton town centre engagement analysis final report*

⁴³⁵ Merton Young Inspectors and Partnership for Young London (2021) *Impact of Covid-19 on young people in Merton*

⁴³⁶ Traverse (October 2021) *Engaging Merton*

Digital

Several reports mentioned digital opportunities or barriers. These fell under three main themes:

- Better access to information and support for the public and patients
- Joined up services
- Digital exclusion

Additionally, Merton Mencap has identified and been working to overcome digital exclusion for people with a learning disability and their carers.

General

Wandsworth and Richmond council identified the extent of digital engagement through their 2019 Residents Surveys⁴³⁷. It is likely this has increased following the pandemic and lockdowns. Wandsworth found the Council website (47%) to be the most popular sources for council information. Internet use was high among residents (94%), with smartphones the most popular way to get online (95%). Among residents under the age of 60 internet access was largely universal. Furthermore, among those aged 60-64 and 65-74 eight in ten have internet access. Only among those aged 75 and over was internet access low (47%)⁴³⁸. Almost all Richmond residents who used the internet said they would be likely to apply for a service using an online application in the future (94%) and this is up significantly on both 2017 and 2015. Of residents who had contacted the Council, 46% had done so by email or through their website.⁴³⁹

Across the engagement reports, it is clear that digital apps, websites, online community meetings and appointments have helped to deliver health and care services. At the same time, concern about digital exclusion is a common theme. While younger people were more confident to access digital healthcare⁴⁴⁰, reports found a variance in willingness and ability to use digital services⁴⁴¹ and a continuing demand for face-to-face appointments⁴⁴².

Access to information and support

Throughout the engagements, there were suggestions about how online resources could be provided for different forms of community engagement or support for conditions through information hubs, how online technology creating opportunities for meetings and

⁴³⁷ London Borough of Wandsworth (2019) *Residents Survey*; London Borough of Richmond Upon Thames (2019) *Residents Survey*

⁴³⁸ London Borough of Wandsworth (2019) *Residents Survey*

⁴³⁹ *Residents Survey*; London Borough of Richmond Upon Thames (2019) *Residents Survey*

⁴⁴⁰ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

⁴⁴¹ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*; Healthwatch Wandsworth (2022) *Digital Support for People with Learning Disabilities*; London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

⁴⁴² NHSSWL (2023) *People and communities - engagement assurance group* and findings from 17 recent PCN engagements on 'Enhanced Access' e.g. South West London ICS (2022) One Thornton Health Planning for Enhanced Access Service; South West London ICS (2022) Patient Feedback - Brocklebank PCN .

consultations (particularly following the covid pandemic) and how apps could help groups. Some examples include:

Direct Payments – a recommendation that an online hub would provide more clarity and accessibility of information about direct payment and the services they can be used to access⁴⁴³.

Bereavement services – a recommendation that all information about bereavement services and accessible support is made about through Kingston's digital hub, Connected Kingston⁴⁴⁴.

Long covid – recommendations to provide support and information for long covid sufferers through online webinars with clinicians and digital information resources.⁴⁴⁵

Community organising – following the covid pandemic, ACO projects looked at how to support vulnerable communities in Croydon⁴⁴⁶. They recommended utilising digital networks for community organising, such as creating networks of local initiatives aimed at reducing social isolation or putting on holiday activities for children. Digital networks could include using place-based or activity-based WhatsApp groups.

Digital apps

Several reports show support for specific apps such as the use of Car Find to help people living with dementia to locate their parked cars⁴⁴⁷ and pregnancy related apps to help people through their maternity journey⁴⁴⁸. A few reports detailed engagements to develop targeted apps or test their effectiveness. Examples include:

Pelvic health app⁴⁴⁹ - SWLICS has engaged with women about the potential for a pelvic health app.⁴⁵⁰ All of the participants supported the idea of the app and felt it would support women before and after pregnancy journey. The engagement highlighted the usefulness of the app, for example everyone spoken to was unaware of pelvic floor exercises (what to do, when to do them, correct way of doing them). The findings suggested the app should be personalised or have the ability to cover different sorts of pregnancies and births, such as multiple births or C-sections. It should be promoted during and after pregnancy via GPs/Midwives/Health Visitors. Some potential applications included:

- Reminders of when to do the exercises - push notifications - building in "squeezy app"
- Community wall - a forum for mums to get together to share their experiences and build friendships
- Acknowledging mental health - signposting/text about where to find support.
- Sharing ideas of support groups e.g. face to face in your boroughs
- Including other areas of exercise e.g. tummy muscles

⁴⁴³ Healthwatch Richmond (2022) *Direct payments in the Borough of Richmond*

⁴⁴⁴ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

⁴⁴⁵ Healthwatch Merton (2022) *Long Covid Snapshot report*

⁴⁴⁶ ACO Projects (August 2022) *Appreciative Inquiry in COVID-19 Vulnerable Communities in Croydon*

⁴⁴⁷ Healthwatch Wandsworth (2022) *Our work with people with dementia and their carers*

⁴⁴⁸ Maternity Voices Partnership (2022) *Maternity stories: A deep dive into the maternity journeys of 10 women of Black and Asian ethnicities*

⁴⁴⁹ South West London ICS (2022) *Gynaecological services: Pelvic health app insight report*

⁴⁵⁰ South West London ICS (2022) *Gynaecological services: Pelvic health app insight report*

DR IQ – A Croydon Healthwatch report from 2021 analysed the response to the introduction at some surgeries of the Dr IQ app for booking appointments, ordering prescriptions, uploading medical device readings or collecting test results⁴⁵¹. At the time of analysis, 91% of the respondents had heard of it and 74% had used it. Of those who responded, 44% found they could use the app easily. However, 19% were likely or unlikely to use it, with a further 16% who had not used it at all. Some patients needed support using the app and Healthwatch recommended introducing training and support. They suggested a vast number of respondents, especially older people, were not computer literate and could be excluded digitally.

Emotional Wellbeing app for teenage and young adult (TYA) cancer patients – Royal Marsden undertook patient engagement to understand if young people would value access to an app to support their emotional wellbeing.⁴⁵² The engagement also sought to identify the most useful contents for the app, which were revealed as fatigue management, nutrition and anxiety/mental wellbeing. Additionally, apps already available were scoped to match the emerging themes from the survey to the various apps. This resulted in the choice of Careology to develop the bespoke app through co-design project in conjunction with the young people themselves with content created by both young people and clinicians working within the speciality of TYA cancer care.

The app was launched in February 2023 with content accessible only to those TYAs within the South Thames region. Content will continue to be developed in response to user feedback and self-reported feedback on patient mental health using the key elements of the PHQ4 as a validated tool to assess mental wellbeing. Dependent on the outcomes of the app quality improvement project, if clear benefit is demonstrated to this patient cohort the hope is to roll the content out nationally to be available to all TYAs with cancer across England and the devolved nations.

Brain in Hand and AutonoMe apps - Healthwatch Wandsworth helped Wandsworth Council facilitate two workshops with Baked Beans company actors to understand how they could use technology to help people with a learning disability with daily living needs⁴⁵³. Brain in Hand aims to help self-management of through helping people to remember things, plan a daily routine and manage stress and anxiety. AutonoMe allows people to request and watch videos on practical tasks and set reminders. The apps were seen as useful for some of the participants. Half the group liked the Brain in Hand app. The students felt there was a lot of potential in the AutonoMe app, especially if it could have a health and care section that provides users with videos on how to access health and social care services, e.g., explain what a care plan is, how to have a virtual appointment with the GP and healthcare service, etc. However, most of the participants did not have a smartphone. Since the workshops, Wandsworth Adult Social Care team have worked individually with some of the participants to tailor a technology package to their needs.

Greater coordination through IT integration

⁴⁵¹ Healthwatch Croydon (2021) *Experiences of patients using Parkway, Fieldway and Headley Drive GP surgeries*

⁴⁵² Royal Marsden Partners (2022) *Emotional wellbeing app for Teenage & Young adult (TYA) Cancer patients in the South Thames region (a co-design project)*

⁴⁵³ Healthwatch Wandsworth (2022) *Digital Support for People with Learning Disabilities*

A few reports highlighted the potential of improved IT to provide better continuity or care or co-ordination between services.

Sutton **frailty** event – Stakeholders recommended shared electronic records (Cerna / EMIS) / Electronic JAF / Electronic CGA to save time collating various information from disparate sources and to avoid asking the same questions of the same patients⁴⁵⁴

Healthwatch Kingston recommended the need to develop ways to share patient data gathered by the **London Ambulance Service** in a timely manner across other health and care professionals to raise awareness of the need for seamless pathways of care for patients⁴⁵⁵.

Urology pathway design engagement recommended improved data sharing across London, with GPs and Hospital's IT systems able to speak to one another, to help reduce unnecessary delays to a patient's treatment⁴⁵⁶.

Digital exclusion

While the digital realm creates a range of opportunities, concern about digital exclusion was a common theme. As Kingston's VCS digital exclusion survey shows, digital exclusion increasingly means social exclusion as well as difficulty accessing services⁴⁵⁷. Overcoming it is not just a case of having spaces and the support to gain skills, many people also need financial support for IT^{458, 459}. Several reports highlighted the challenge. Wandsworth dementia services engagement showed help to use digital technology and useful apps was needed⁴⁶⁰. Richmond council's 'Big Issue' conversation showed only 23% of the people with a learning disability surveyed were able to use technology independently, relying on family or paid staff predominantly for help to access it. Merton's report on the impacts of covid on people with a learning disability showed their carers are above the national average for digital poverty and likely to be the most digitally excluded group of residents⁴⁶¹. People with sight loss also have digital inclusion issues⁴⁶².

Merton's borough-wide engagement reported worries about digital exclusion as a frequently raised issues. Respondents felt that many local services and information sharing were happening online, with face-to-face services suffering as a result⁴⁶³. Responses to the Richmond Health and Care Plan engagement highlighted concerns that essential care was

⁴⁵⁴ South West London ICS (2022) *Report on the Sutton Frailty Engagement Event*

⁴⁵⁵ Healthwatch Kingston (2023) *London Ambulance Service Strategy 2023–2028: Community Engagement Report and Recommendations*

⁴⁵⁶ South West London CCG (2021) *Redesigning urology pathways feedback report*

⁴⁵⁷ Speedway (2020) *VCS Digital Exclusion Survey*

⁴⁵⁸ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*

⁴⁵⁹ Speedway (2020) *VCS Digital Exclusion Survey*

⁴⁶⁰ Healthwatch Wandsworth (2022) *Our work with people living with dementia and their carers*

⁴⁶¹ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*

⁴⁶² Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss (2021-2)*

⁴⁶³ Traverse (October 2021) *Engaging Merton*

not being made available to everyone because individuals were expected to communicate with services more online and use technology⁴⁶⁴.

Similarly, Merton Health and Care Plan engagement suggested many older people suffer from digital exclusion⁴⁶⁵, as did a Kingston Healthwatch engagement on mental health⁴⁶⁶. Sutton outreach work on healthy living with groups more likely to experience health inequalities found residents worried about digital inclusion⁴⁶⁷.

Multiple routes to access services⁴⁶⁸ and information will need to be continued to prevent exclusion. There needs to be more support to train people and provide access to devices,⁴⁶⁹ including providing grants to digital technology to help people live more independently.⁴⁷⁰ Better and more targeted digital offers may be required for groups, for example Healthwatch Wandsworth's innovative work on digital support for people with a learning disability⁴⁷¹ and ClearCommunityWeb technical support programme at Croydon Age UK⁴⁷². Even with support, not everyone has the cognitive ability to learn or will want to engage digitally^{473, 474}.

Addressing digital exclusion for people with a learning disability or autism and their carers

Engagement around the impact of Covid 19 on people with a learning disability or autism spectrum disorder (LD/ASD) and their carers identified digital exclusion as an issue⁴⁷⁵. Merton carers are above the national average for digital poverty; 33% are basic or non-users compared with only the national average of 22%. With health and care services moving increasingly online, this implies a continued inequality which needs to be addressed. Although 90% of adults with LD/ASD who responded to the engagement had a smart device and used the internet (with or without support), some carers of adults with LD/ASD had barriers to digital access with limited the choices of people with LD/ASD.

The engagement identified six main barriers for carers:

- Motivation: belief that they cannot change, unable to see any benefits

⁴⁶⁴ SWL Health and Care Partnership (2021) *Refresh of Richmond's Health and Care Plan 2022 -2024 Patient and public engagement report*

⁴⁶⁵ Merton ICS (2021) *Health and Care Plan Refresh Engagement*

⁴⁶⁶ Healthwatch Kingston (2021) *South London Mental Ill-Health Prevention and Recovery Programme community and voluntary sector mental health activity audit: Kingston stakeholder interviews report October 2021*

⁴⁶⁷ Central Sutton Primary Care Network (2022) *Working with communities to reduce health and inequalities*

⁴⁶⁸ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

⁴⁶⁹ Speedway (2020) *VCS Digital Exclusion Survey*

⁴⁷⁰ Public Health (2022) *Richmond Dementia Prevention and Care Showcase Report*

⁴⁷¹ Healthwatch Wandsworth (2022) *Digital Support for People with Learning Disabilities*

⁴⁷² ClearCommunityWeb (2021) *Community Tech Support Drop-in Outreach programme for in-person support*

⁴⁷³ Healthwatch Wandsworth (2022) *Our work with people living with dementia and their carers*

⁴⁷⁴ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*

⁴⁷⁵ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers/ Merton Mencap South West London ICP (2021) Mind the Gap phase 1 report*

- Understanding: belief that high levels of skill are needed, it is hard to access support, or that translation is a barrier
- Lack of exposure/awareness: limited opportunities to see what could be achieved or to see others using the internet successfully
- Practical considerations: choosing equipment, contracting an internet provider, old equipment proving counterproductive
- Confidence: fear of failure, safety concerns
- Financial priorities: including the impact of caring full time and reliance on benefits

Merton Mencap recommended a digital inclusion strategy which took a person-centred approach to digital interventions. This included specialist training for front-line professionals (social workers, social prescribers, and voluntary sector providers) or the development of team of digital enablers to provide ongoing help and ensuring that assistive technologies are put in place appropriately.

To help people to see the benefits of digital inclusion, Merton Mencap and SWLICP recommended and developed of an awareness programme including a short film which shows carers and adults with LD/ASD using the internet successfully in a variety of ways e.g. a person with learning disabilities and/or autism autonomously using their tablet to access their favourite music and a carer using an NHS app to conveniently order medication for the person they care for⁴⁷⁶.

The phase 1 report suggested it is necessary to recognise that some carers will not become internet users and this choice must be respected. Critical information will still need to be made available in other ways, such as via letter, phone, through providers and parent forums⁴⁷⁷.

Health inequalities

As identified in the digital exclusion section, the move to online services could exacerbate health inequalities by providing digital barriers to service access. Groups at risk of increased health inequalities include:

People with a learning disability – as well as the Merton case study above, Richmond's engagement for 'The Big Plan'⁴⁷⁸ found that despite 63% of respondents wanting to use technology more, only 23% of the people they surveyed were able to use technology independently, relying on family or paid staff predominantly for help to access it. Barriers included access to the internet (both financial means and knowledge), the need for support to use technology and a lack of interest in new technology.

People living with dementia – Merton Council's engagement around community dementia services found the majority of respondents felt they had the confidence, equipment and provisions to access dementia services online⁴⁷⁹. However, a lower proportion of respondents felt that they were 'able to' or 'wanted to' access services online, or that they would benefit from support to access digital services. Richmond's dementia strategy consultation highlighted a need for support to navigate the support system for all unpaid carers, regardless of funding status. As part of this, they recommend it is important to

⁴⁷⁶ Merton Mencap South West London ICS (2022) *Mind the Gap Phase 2 Report*

⁴⁷⁷ Merton Mencap South West London ICP (2021) *Mind the Gap phase 1 report*

⁴⁷⁸ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

⁴⁷⁹ London Borough of Merton (2021) *Community Dementia Services Public Engagement Report*

understand the current digital offer and what digital solutions could be implemented to improve this offer.⁴⁸⁰

People with sight loss - Healthwatch Wandsworth's report on services for people with sight loss recommended that barriers to accessing technology and digital support may need to be understood further as well as potential digital solutions.⁴⁸¹

Non-English speaking residents – Healthwatch Croydon's work on people with non-English speaking residents highlighted the role of digital services to help overcome barriers. Receptionists mentioned utilising Google translate to make appointments and IT support in ensuring language needs are flagged between services and clinicians.

⁴⁸⁰ LBR and SWLICS (2022) *Richmond Health and Care Dementia Strategy Consultation*

⁴⁸¹ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

Supporting wider social and economic development

This section looks at the role of wider social and economic determinants for health and wellbeing. It notes findings and recommendations from engagement reports relating to opportunities to improve the local economy and support employment.

Job creation and employment support

Several recent reports, particularly those relating to council engagement with residents about their priorities following the covid pandemic, found support for local businesses and employment to be a priority. Sutton's '*Stronger Sutton Conversation*' found support for the local economy and businesses to be a top issue, with creating local jobs a priority⁷. People from the less well-off ACORN groups were revealed to be more likely to prioritise the need for help with employment.⁴⁸² An engagement on the future of Sutton town centre suggested people, particularly young people, would like to see employment support services offered in the town⁴⁸³. An engagement in Croydon looked at the role of a local Job Centre Plus in helping young people to find work. They found that the support from JCP work coaches was highly valuable, but there was a need to overcome negative perceptions to encourage young people to access the service.⁴⁸⁴ The report recommended co-designing a marketing campaign with young people to change the narrative around utilising the support from JCPs.

A range of reports highlighted the need for employment support for different groups including:

- People with long covid⁴⁸⁵
- Unpaid carers who find it hard to get jobs to fit around their caring duties⁴⁸⁶
- People with a learning disability who would like to work.⁴⁸⁷

Richmond's engagement on services for people with learning disabilities and autism⁴⁸⁸ found respondents would like to work. However, their preference is to work for 20 hours or less per week, with over a third of people wanting to work for 5 hours or less per week. To achieve this, they would need support and reassurance from employers to know they are doing the job correctly. They require advice to understand the impact of employment on any benefits they receive.

South London Listens (SLL) is a partnership initiative originally established during the pandemic to prevent a mental health crisis⁴⁸⁹. Engagement throughout 2021 resulted in the creation of four priority areas, one of which was work and wages. SLL suggest low wages and insecure jobs cause stress and anxiety. The engagement resulted in recommendations for NHS organisations, Council and Integrated Care Boards to become accredited as Living Wage employers and develop a Living Wage Place scheme in each borough. They highlight

⁴⁸² LB Sutton (2022) *Stronger Sutton Conversation*

⁴⁸³ Sutton Council (2022) *The future of Sutton town centre engagement analysis final report*

⁴⁸⁴ ACO Projects (August 2022) *Appreciative Inquiry in COVID-19 Vulnerable Communities in Croydon*

⁴⁸⁵ Healthwatch Croydon (2022) *Croydon Residents' experiences of Living with Long Covid*

⁴⁸⁶ Carers Trust (2022) *Working for Carers evaluation*

⁴⁸⁷ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*; John and Catley (2021) *The big conversation*; SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

⁴⁸⁸ The Working Together Group and the London Borough of Richmond-upon-Thames (2021) *The Big Plan*

⁴⁸⁹ South London Listens (2022) *Impact report: year 2021/22*

seven new NHS trusts and primary care organisations have been accredited in South London, including South West London and St George's NHS Mental Health Trust, and Croydon Health Services NHS Trust. Merton and Wandsworth Local Authorities are also accredited.

The report suggested a pilot community employment support line for people with mental health problems, with one being run by South London and Maudsley NHS Foundation Trust in South East London. The Work Well Advice Line provides free and confidential advice about employment to anyone who needs it.

Thriving local high streets

Merton's post covid recovery engagement found residents wanted thriving high streets to be a focus of future priorities⁴⁹⁰. Sutton's engagement on the future of its town centre⁴⁹¹ suggested there was support to revitalise the town centre, including encouraging a diverse mix of shops (such as more independent shops, chain stores, pop-up shops/stalls, farmers' and Christmas markets) and more arts and cultural activities.

Cost of living

The cost of living crisis was an emerging theme from the engagement reports reviewed, with recent community engagement in Croydon, Sutton and Merton increasingly hearing concerns about the issue⁴⁹². A SWL NHS engagement team survey identified the biggest concerns that get in the way of maintaining health as air quality/pollution (31%) debts/finances (29%) and being able to afford gas/electric (26%)⁴⁹³. Engagement at Pollards Hill estate in Merton found that people's biggest concern was affording their bills, which is likely to have been exacerbated by the rising cost of living⁴⁹⁴. Sutton Healthwatch engagement on the cost of living showed 41% of respondents were cutting back on heating and 30% on food spending⁴⁹⁵. Sutton Council's recent roundtable discussion about the cost of living suggested people were finding the situation hard, with concerns about the costs of heating. They noted an increase in domestic abuse⁴⁹⁶.

The implications for health are clear. *'More people expect to cut back on heating, food and socialising than are cutting back now. People's mental health is affected as well as their physical health 33% of respondents already experience stress about bills. 24% of respondents say they go out with friends less than they used to – we know that support from friends and family is important to mental health'*⁴⁹⁷.

⁴⁹⁰ Traverse (2021) *Engaging Merton*

⁴⁹¹ Sutton Council (2022) *The future of Sutton town centre engagement analysis final report*

⁴⁹² NHSSWL (2023) *People and communities (engagement assurance group)*

⁴⁹³ SWL CCG (2022) *Health and daily life: Understanding priorities to develop metrics to measure health inequality in Core-20 areas of South West London*

⁴⁹⁴ Hegg, R (2022) *Pollards Hill Priorities Research* Moat Foundation

⁴⁹⁵ Healthwatch Sutton (2022) *The cost of living crisis*

⁴⁹⁶ Sutton Council (2023) *Cost of living roundtable discussion summary, the Sutton plan*

⁴⁹⁷ Healthwatch Sutton (2022) *The cost of living crisis*

Multiple reports from Sutton healthy living events revealed structural problems, both financial and time, to eating well⁴⁹⁸. The events elicited requests for advice on finances, warm events and more support on insulation⁴⁹⁹. Exercise classes were believed to have less variety on offer than before covid and needed to be more affordable to encourage uptake by those on low incomes⁵⁰⁰. There was some feedback about mental health issues being driven by the cost of living crisis, including breathing difficulties worsened by cold weather and not being able to afford to use the heating⁵⁰¹. Attendants at a Cheam event talked about the affordability of healthy food and the impact of the cost of living crisis⁵⁰². At a Wallington Primary School fair engagement, people mentioned the need for more free activities for children⁵⁰³.

Many groups were already financially vulnerable. Some older people exhibited increased food poverty throughout the pandemic⁵⁰⁴. A Merton report into the impact of covid on young people revealed that food poverty was disproportionately experienced by different groups: their study suggested one in ten young people had had to skip meals, while one in twenty went a whole day without eating⁵⁰⁵. The rising cost of living is likely to have an impact on carers and people with a long-term condition. Engagements showed this could impact access to healthcare. The issue of hospital parking expense was raised by the Kingston report on MS services where there is no Blue Badge parking⁵⁰⁶; in Croydon, a resident mentioned that taxi travel to hospital meant they were unable to afford to eat that day⁵⁰⁷; one patient mentioned to the Kingston and Richmond engagement team that they could not afford to make appointments by phone and had to walk to the surgery to make an appointment⁵⁰⁸.

Croydon outreach found that many people did not know where to go for cost of living support. Engagements highlighted a range of areas where people facing health inequalities may need information and support to access direct payments, financial packages or emergency funds. In Croydon, outreach found people did not know where to go for cost-of-living support.⁵⁰⁹ This included awareness of one-off poverty hardship payments for carers⁵¹⁰.

Social isolation and loneliness

Although the covid pandemic increased a sense of community for many people, it also put a spotlight on social isolation and loneliness⁵¹¹. This was highlighted as an issue in

⁴⁹⁸ SWL ICS (2022) *Wallington Primary Care Network: Health inequalities engagement*

⁴⁹⁹ Sutton PCNs/ICS (2022) *Shanklin Village Health and wellbeing events*

⁵⁰⁰ SWL NHS (2022) *Healthy eating engagement event*

⁵⁰¹ SWLICS (2022) *Bishop Andrews Church BBQ*

⁵⁰² SWLCCG (2022) *Cheam Fair: community engagement*

⁵⁰³ SWLCCG (2022) *Wallington Primary School Summer Fair: community engagement*

⁵⁰⁴ Age UK (2021) *Impact of covid on older people*

⁵⁰⁵ Merton Young Inspectors and Partnership for Young London (2021) *Impact of Covid-19 on young people in Merton*

⁵⁰⁶ Healthwatch Kingston (2022) *Pulse Check Report: Multiple Sclerosis*

⁵⁰⁷ Croydon CCG Social and Outreach feedback

⁵⁰⁸ South West London ICS (2023) *Kingston & Richmond Local Outreach Feedback*

⁵⁰⁹ NHSSWL (2023) *People and communities (engagement assurance group)*

⁵¹⁰ RBK (2021) *All ages carer strategy*

⁵¹¹ Traverse (2021) *Engaging Merton*

Kingston⁵¹², Merton⁵¹³, Sutton⁵¹⁴ and Wandsworth⁵¹⁵ health and care plan engagements. In particular, social isolation and loneliness as a social determinant for health in older people was mentioned. Healthwatch Kingston partners found that loneliness and isolation was a key factor in people facing difficulties with their mental health and had to be a key strategic area for the council to address across its services⁵¹⁶. Multiple engagements conducted across 2021 revealed the scale of social isolation and its negative impacts on different groups, including:

- People with a learning disability, due to activity closures⁵¹⁷
- Older people⁵¹⁸ and people in residential care⁵¹⁹
- Young people⁵²⁰
- Carers⁵²¹ and young carers⁵²²
- People with Long Covid⁵²³

South London Listens' 2021 engagement resulted in social isolation and loneliness being identified as a priority area to prevent a mental health crisis⁵²⁴. The engagement recommended NHS and local authorities support and resource a Mental Health Champions programme and develop a social isolation, loneliness and digital inclusion strategy. In 2022, Be Well Hubs were launched in Kingston and Croydon. Be Well hubs are safe spaces for local people to turn to when they feel their mental health is low or simply when they need to feel more connected to their local community.

For many, as services and activities have reopened, social isolation will have been reduced. However, engagement findings suggested older people could need support to have the confidence to return to in person activities and socialising⁵²⁵ and adults and young people with a learning disability/ASD may need additional training and support to recover their previous independence skills following social isolation of Covid⁵²⁶.

A series of reports showed some groups are more likely to suffer from social isolation regardless of the pandemic. Isolation and loneliness may be caused by disabilities which

⁵¹² SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*

⁵¹³ Merton ICS (2021) *Health and Care Plan Refresh Engagement*

⁵¹⁴ SWL Health and Care Partnership (2021) *Sutton Health and Care Plan 22-24*

⁵¹⁵ Wandsworth ICS (2021) *Health and Care Plan Refresh Engagement*

⁵¹⁶ Healthwatch Kingston (2022) *Mental Health and Wellbeing Subgroup (Kingston Communities Task Force): End of Year Report 2021-22*

⁵¹⁷ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*

⁵¹⁸ Age UK (2021) *Impact of covid on older people*; Hegg, R (2022) *Pollards Hill Priorities Research Moat Foundation*

⁵¹⁹ Healthwatch Kingston (2022) *Residential Care during the coronavirus pandemic report: Feedback from residents and their families and friends*

⁵²⁰ Healthwatch Wandsworth (2022) *Wandsworth Youth Council Mental Health Report 2022*

⁵²¹ Merton Council (2021) *Carers Strategy*

⁵²² LBR/JSNA Collaborators (Nov 2021) *JNSA – community voice*; Royal Borough of Kingston (2022) *All Ages Carer Strategy*

⁵²³ Healthwatch Richmond (2022) *Living with Long Covid*

⁵²⁴ South London Listens (2022) *Impact report: year 2021/22*

⁵²⁵ ACO Projects (August 2022) *Appreciative Inquiry in COVID-19 Vulnerable Communities in Croydon*

⁵²⁶ Public Health LBM and Mencap Merton (2021) *Impacts of Covid 19 on people with a learning disability or autism and their carers*

limit access to services and socialising⁵²⁷. Wandsworth Healthwatch found people with sight loss are more likely to suffer from social isolation, including encountering barriers to using technology for accessing services and needing support for independence⁵²⁸. Older people are particularly vulnerable to social isolation^{529, 530}, as well as people experiencing bereavement⁵³¹. Local engagements on healthy living with groups likely to experience health inequalities in Sutton found social isolation was a prevalent theme⁵³². Additionally, as Kingston's VCS digital exclusion survey shows, digital exclusion increasingly means social exclusion as well as difficulty accessing services⁵³³.

Findings and recommendations about how to address isolation suggested working with voluntary and community groups to restore trust for older people concerned about socialising post-Covid⁵³⁴, including thinking about offering transport and lunch to increase uptake⁵³⁵. A Croydon Healthwatch review of the Personal Independence Coordinator programme found older people had reduced social isolation at the end of the programme⁵³⁶. Increasing the level of bereavement services should provide additional support for older people⁵³⁷. Finally, multiple routes to access services and information will need to be continued to prevent digital exclusion,⁵³⁸ with a need for more support to train people and provide access to devices.⁵³⁹

⁵²⁷ Healthwatch Wandsworth (2022) *Mental Health Wellbeing in our community*

⁵²⁸ Healthwatch Wandsworth (2022) *Experiences of Health and Social Care Services for People with Sight Loss*

⁵²⁹ Wandsworth ICS (2021) *Health and Care Plan Refresh Engagement*

⁵³⁰ Merton ICS (2021) *Health and Care Plan Refresh Engagement*

⁵³¹ Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

⁵³² SWL ICS (2022) *Wallington Primary Care Network: Health inequalities engagement*

⁵³³ Speedway (2020) *VCS Digital Exclusion Survey*

⁵³⁴ ACO Projects (August 2022) *Appreciative Inquiry in COVID-19 Vulnerable Communities in Croydon*

⁵³⁵ Croydon Central Local Community Partnership (March 2022) *Meeting notes*

⁵³⁶ Healthwatch/One Croydon (2022) *Client experience of Croydon's Personal Independence Coordinator Programme*

⁵³⁷ SWLHCP (2021) *Refresh of Kingston's Health and Care Plan 2022 -2024 Patient and public engagement report*; Healthwatch Kingston (2022) *Bereavement Services and Support in Kingston: community engagement report*

⁵³⁸ Clearview Research (2022) *Enhanced Primary Care Hub Evaluation*

⁵³⁹ Speedway (2020) *VCS Digital Exclusion Survey*

Gap Analysis

This report covers the findings from reports submitted in response to the request for evidence and reports. There are substantial gaps, some of which may be covered by reports that were not submitted, others may require additional research and engagement.

It is likely that Hospital Trusts and community care providers have a range of patient engagement and evaluation reports which have not been submitted. This means **community care, acute care and maternity settings** have limited insight.

Primary care: While there is a substantial number of reports about GPs and dentists, there is a lack of engagement around the role of opticians, social prescribers and other primary care staff.

Urgent and emergency care: There is a lack of insight from Merton, Sutton and Wandsworth.

Mental health: Mental Health Needs Assessments stakeholder engagements for Croydon, Merton, Sutton and Kingston have not been included in this review.

Prevention and self-help: It is likely that there are engagement insight reports from providers and community groups running outreach schemes for long term conditions which have not formed part of this review. Additionally, given their importance to patients, it would be helpful to have further insight into the role of peer and community support groups.

Finally, there is a lack of insight about patient experience for different groups. In particular, this review is lacking engagement findings about services for children and young people, and people who identify from LGBTQIA+ communities.