

# Healthier Communities Select Committee Agenda

Tuesday, 12 September 2017

**7.30 pm,**  
Civic Suite  
Catford  
SE6 4RU

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## Part 1

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# Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 12 September 2017.

Barry Quirk, Chief Executive  
Wednesday, 30 September 2017

Councillor John Muldoon (Chair)	
Councillor Susan Wise (Vice-Chair)	
Councillor Paul Bell	
Councillor Peter Bernards	
Councillor Colin Elliott	
Councillor Sue Hordijkeno	
Councillor Stella Jeffrey	
Councillor Olurotimi Ogunbadewa	
Councillor Jacq Paschoud	
Councillor Joan Reid	
Councillor Alan Hall (ex-Officio)	
Councillor Gareth Siddorn (ex-Officio)	

## **MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE**

**Thursday 20 July 2017, 7.00pm**

Present: Councillors John Muldoon (Chair), Susan Wise (Vice Chair), Paul Bell, Peter Bernards, Colin Elliot, Joan Reid, Stella Jeffrey, Olurotimi Ogunbadewa, and Jacq Paschoud.

Apologies: Councillors Sue Hordijkeno.

Also Present: Cllr Suzannah Clarke, Joan Hutton (Head of adult social care), Belinda Regan (Interim Director of Governance and Patient Experience, Lewisham and Greenwich NHS Trust), Professor Michael Preston-Shoot (Independent Chair, Lewisham Safeguarding Adults Board), Diana Braithwaite (Director of Commissioning and Primary Care), Simon Parton (Lewisham Local Medical Committee), Nigel Bowness (Healthwatch), Georgina Nunney (Principal Lawyer), and John Bardens (Scrutiny Manager).

### **1. Minutes of the meeting held on 13 June 2017**

Resolved: the minutes of the last meeting were agreed as a true record.

### **2. Declarations of interest**

The following non-prejudicial interests were declared:

- Councillor John Muldoon is a governor of the South London and Maudsley NHS Foundation Trust.
- Councillor Susan Wise is a governor of the King's College Hospital NHS Foundation Trust.
- Councillor Jacq Paschoud has a family member in receipt of a package of adult social care.
- Councillor Olurotimi Ogunbadewa is a patient of primary care services in Grove Park.

### **3. Responses from Mayor and Cabinet**

Resolved: the Committee noted the response to the recommendations of the Committee's review of health and social care integration.

### **4. Lewisham and Greenwich NHS Trust Quality Account**

Belinda Regan (Interim Director of Governance and Patient Experience, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 4.1 The Lewisham and Greenwich NHS Trust (LGT) Quality Accounts are primarily focused on nationally-set metrics. The Trust also sets a number of its own quality and safety priorities each year. The priorities for 17/18 were informed by CCQ inspections, complaints and other internal evidence. An easy-read version is produced with the assistance on the patient and welfare forums.
- 4.2 Many of the measures in the quality accounts are set nationally, and while the response rate for measures that rely on patient responses (such as the Patient Reported Outcome Measure (PROMS)) is very small, the Trust is required to publish these results. The sending out and collection of responses for those measures that rely on patient feedback is managed by external organisations. The Trust runs its own, similar questionnaires internally, which it gets a better response-rate for, but it can't publish the results of these in the quality accounts.
- 4.3 2.5% of the Trust's income in 2016/17 was conditional on achieving quality improvement and innovation (CQUIN) goals agreed between LGT and Lewisham, Greenwich and Bexley CCGs and NHS England.
- 4.4 The Trust achieved 81% of its CQUIN goals for 2016/17. There are national and local CQUINs. The areas in which CQUINs were not achieved were national. One, for example, related to total reduction of antibiotic consumption. However, as there was a shortage of one particular antibiotic, the Trust needed to prescribe two separate antibiotics.
- 4.5 CQUINs for 17/18 are more challenging and span across primary and secondary care and local authorities. The Trust usually achieves CQUINs for quarters one and two, but struggles in winter over quarters three and four. It will be a challenge to achieve CQUINs in all quarters of 2017/18.
- 4.6 The information on staff harassment comes from an anonymous, externally-managed staff survey. Problems with staff harassment have also been picked up by internal staff surveys and engagement. To improve results, the Trust are working on a programme focused on valuing staff.
- 4.7 The Committee suggested using a more precise description than "partially achieved" for whether or not qualitative targets had been achieved, as this term does not indicate how close to the target the results were.

*Resolved: the Committee noted the report.*

## **5. Adult Safeguarding Board introduction**

Professor Michael Preston-Shoot (Independent Chair, Lewisham Safeguarding Adults Board) introduced the report. The following key points were noted:



- 5.1 It is a statutory requirement of the Care Act 2014 for Lewisham to have a Safeguarding Adults Board (SAB). Other key provisions of the Care Act include, the duty to carry out safeguarding adults reviews (SARs), the duty to share information, to publish an annual report, and to have a strategic plan.
- 5.2 The SAB must also establish effective links with the Health & Wellbeing Board, Healthwatch, the Lewisham Safeguarding Children Board, and the Safer Lewisham Partnership. Other local agencies will be involved as the system evolves.
- 5.3 Task and finish groups can be established to address key “hot topics”, including, for example, adults who self-neglect. The membership of task and finish groups is drawn from all partner agencies, and is targeted at those with expertise in the area being explored.
- 5.4 The Lewisham Safeguarding Adults Board is intending to reach out to as many different groups of service users and carers as it can over the next six months. Each quarterly board meeting will include a presentation from a different group. The Board needs to hear people’s stories and address key messages – life stories are an important sources of qualitative data.
- 5.5 The Board’s annual report will be published and shared with Healthwatch, Scrutiny, the CCG, the Chief Executive of the Local Authority, and the Metropolitan Police Borough Commander.
- 5.6 A “lifestyle choice” becomes self-neglect when an individual’s lack of self-care results in a significant risk to their own or others’ health and wellbeing. It is often coupled with a refusal to engage with help and support. It is important that the situation is fully explored, rather than assuming that someone has made a lifestyle choice. What may appear as a choice may be the result of an individual’s life journey. It is also important to work with individuals to identify what outcomes they want for themselves, and for practitioners to not be afraid to make informed suggestions.
- 5.7 Self-neglect was previously excluded from the remit of Safeguarding Adult Boards. Lewisham is aiming to have a self-neglect policy in place by the end of the year.
- 5.8 A regular theme of Safeguarding Adults Reviews (SARs) is poor carers assessments, either not being offered, not being done thoroughly, or not being reviewed. The Lewisham Board is working on improving it’s understanding of safeguarding performance across the borough, including with carers assessments.
- 5.9 The most challenging safeguarding issues for Lewisham over the next twelve months include: supporting practitioners to help those who self-neglect; engaging with newer types of abuse and neglect, such as modern slavery; prevention and early intervention and how to spot individuals at risk; making

safeguarding personal, asking users what they want to achieve; and organisational abuse and neglect in care homes and hospitals.

- 5.10 The Board will need to make literature about Care Act advocates, who can help people with no one else to turn to, available as widely as possible.

*Resolved: the Committee noted the information presented.*

## **6. Grove Park Health Centre**

Councillor Colin Elliot introduced the item. The following key points were noted:

- 6.1 There is a lot of concern locally about the consolidation of primary care services in Grove Park and the intention to develop a new purpose-built Health Centre.
- 6.2 There is particular concern among residents about the consultation process and the information provided to residents. Some people felt led to believe that there would be no GP services in Grove Park if the proposal for a new health centre at Chinbrook Road didn't go ahead. There was also concern that the consultation process didn't involve some of the residents living closest to the proposed health centre.
- 6.3 People feel like they haven't been able to properly voice their concerns and that a good consultation, with some direction from the CCG on what local needs are, would have avoided this current situation.
- 6.4 Local ward councillors also feel that they should have been consulted earlier and involved in the consideration of alternative proposals.
- 6.5 The CCG confirmed residents were responding to the planning application submitted by the provider of GP services in Grove Park, the ICO Health Group), and not an NHS process. The CCG's Primary Care Commissioning Committee has yet to formally review proposals from the ICO Health Group.
- 6.7 The CCG confirmed its responsibility to ensure that, irrespective of who the provider of those services might be, that Grove Park residents should have reasonable access to core primary care services. This current consultation, however, is not about the health needs of the area – it is about planning consent to use a residential building for different purpose.
- 6.8 The Committee expressed concern about the impression given to some residents that their GP services could be lost if the proposal does not go ahead and suggested that if a conversation between the parties involved had happened earlier the situation may not have escalated like it has.

*Resolved: the Committee resolved to advise Mayor and Cabinet of the following:*

*Noting the confusion among residents about what is happening, the Committee recommends that the Mayor urges representatives from the Grove Park community, the ICO Health Group, the Lewisham CCG, Grove Park ward councillors, the Cabinet Member for Health, Wellbeing & Older People, and the Lewisham Local Medical and Pharmaceutical Committees to meet as soon as possible to discuss the future of primary care services in Grove Park, in particular to clarify the proposals for 54 Chinbrook Road and the process that is being followed.*

## **7. Urgent Care Review – New Cross Walk-In Centre**

Diana Braithwaite (Director of Commissioning and Primary Care) introduced the report. The following key points were noted:

- 7.1 The contract for the walk-in centre at the Waldron in New Cross is due to expire at the end of the year. The CCG Governing body has approved plans to formally consult over 12 weeks on the future of the service. The consultation will include, among other things, online surveys, drop-in sessions, and engaging with ward assemblies.
- 7.2 Lewisham is the only remaining CCG in south-east London that commissions a walk-in centre that provides access to patients from outside of the borough. Most neighbouring CCGs have closed their walk-in centres and are offering GP extended-access hubs instead. The range of ways of accessing urgent and non-urgent primary care services needs to be streamlined to avoid confusion.
- 7.3 Information gathered so far indicates that the majority of users of the walk-in centre do not live in Lewisham and are relatively young. Engagement with patients at the walk-in clinic has indicated that people would prefer a booked appointment and would be prepared to travel. An equality impact assessment will be carried out before the consultation.
- 7.4 The Committee expressed concern about the increasing difficulty of accessing low-level medical care and advice on the same day.
- 7.5 The CCG confirmed that patients should be being offered the GP extended access Service, which is available 8am to 8pm, 7 days a week, by their local GP practice, when they are unable to get an appointment.
- 7.5 The Committee expressed some concern about the impact on the poorest residents of potentially having to travel further for medical care.

*Resolved: the Committee noted the report.*

## **8. Information item: notes of meeting with GSTT**

*Resolved: the Committee noted the report.*

**9. Information item: developing Lewisham’s adult social care online activity**

*Resolved: the Committee noted the report.*

**10. Select Committee work programme**

John Bardens (Scrutiny Manager) introduced the work programme.

*Resolved: the Committee noted and agreed the work programme.*

**11. Referrals**

*Resolved: In relation to item 6 (Grove Park Health Centre) the Committee resolved to advise Mayor and Cabinet of the following:*

*Noting the confusion among residents about what is happening, the Committee recommends that the Mayor urges representatives from the Grove Park community, the ICO Health Group, the Lewisham CCG, Grove Park ward councillors, the Cabinet Member for Health, Wellbeing & Older People, and the Lewisham Local Medical and Pharmaceutical Committees to meet as soon as possible to discuss the future of primary care services in Grove Park, in particular to clarify the proposals for 54 Chinbrook Road and the process that is being followed.*

The meeting ended at 21.30pm

Chair:

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Date:

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Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	12 Sept 2017

## Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

### 1. Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

### 2. Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person\* for profit or gain
- (b) Sponsorship – payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person\* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person\* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:
  - (a) that body to the member's knowledge has a place of business or land in the borough;

(b) and either

- (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
- (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person\* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

\*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

### 3. Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

### 4. Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

### 5. Declaration and Impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in

consideration of the matter and vote on it unless paragraph (c) below applies.

- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

## **6. Sensitive information**

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

## **7. Exempt categories**

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

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Healthier Communities Select Committee			
Report Title	Developing Social Prescribing in Lewisham		
Contributors	Portfolio Manager, Whole System Model of Care Programme Lead, Public Health and Age UK	Item No.	5
Class	Part 1	Date:	12 September 2017

## 1. Purpose

- 1.1 This report provides members of the Healthier Communities Select Committee with a briefing on social prescribing activity in Lewisham. The report highlights gaps in activity and plans to further develop social prescribing activity.

## 2. Recommendations

- 2.1 Members of the Healthier Communities Select Committee are invited to note the current position and the planned next steps for the development of social prescribing in Lewisham.

## 3. Policy Context

- 3.1 Members of the Committee considered a scoping note for the in depth review of social prescribing in June 2017. This scoping note set out the policy context, summarised below:

- The challenge of caring for an elderly population, with increasingly complex health needs, has generated considerable interest in the benefits of social prescribing.
- It has been estimated that 20% of GP visits are attributable to social rather medical problems (see the 2010 Marmot review, 'Fair Society, Healthy Lives').
- Some health experts have advocated for the increased use of social prescribing as a mechanism for dealing with increased pressure in primary care.
- Other experts suggest that there is little robust evidence of the effectiveness of social prescribing.

- 3.2 Chapter 2 of the Five Year Forward View clearly states the NHS's commitment to empower people and engage communities to take more control of their own health. A robust and growing body of evidence has demonstrated the value of person-centred and community-centred approaches, alongside greater local understanding of NHS England's self-care efficiency aspiration underpin why coordinated action on self-care and social prescribing is important.

- 3.3 The south east London STP, in common with all of London's STPs includes a commitment to self-care and social prescribing.

#### **4. What is social prescribing?**

4.1 The scoping paper previously considered by the Committee provided a definition of social prescribing.

4.2 The Report of the Annual Social Prescribing Network Conference held in London on 20 January 2016 set out the following short and fuller definition:

Short definition:

*Enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing.*

Fuller definition:

*A means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector.*

#### **5. The extent of social prescribing in Lewisham**

5.1 The scoping note previously submitted to the Committee sets out key activity developed to support social prescribing in Lewisham:

- Community Connections, established in 2013 by a consortium of voluntary sector organisations led by Age UK Lewisham and Southwark, is a community development programme that supports vulnerable adults' access local services and organisations to develop services that respond to identified need. Last year, Community Connections, supported 991 vulnerable individuals in Lewisham - 690 of these individuals through person centred support plans developed by home visiting community facilitators and a further 301 through advice and information given to adult social care on specific cases. Community Connections, Community Development Workers developed 55 organisation support plans working with various community groups and organisations to develop new project or increase capacity of existing projects.
- Lewisham SAIL (Safe and Independent Living) was introduced July 2016 and fully launched in February 2017. Aimed at the over 60s, SAIL provides a quick and simple way to access a wide range of local services to support older people in maintaining their independence, safety and wellbeing. Anyone can make a SAIL referral by simply answering the yes/no questions on the checklist. The checklist enables access to a wide range of support services which improve: Health and wellbeing, mental resilience, social Isolation, financial inclusion, fire safety, home security, safeguarding and personal safety and security. Over 300 SAIL checklists have been received since the scheme went live and around 25% of referrals from GP practices, more than 10 different GP practices represented within this. At the end of June 2017 SAIL Connections has made 416 onward referrals to preventative services aiming to support older people to

remain independent in the community safely. In Southwark, where it's more established, the scheme receives around 200 referrals a month.

- The LBL Health and Social Care Directory of Services has been developed. In May 2017, the web pages had over 12,000 views compared to 8,000 the previous month.
- In addition to the activity highlighted in the scoping note, Lewisham Library Service runs a 'Books on Prescription' service.

5.2 Public Health also commissions a range of schemes that individuals who are recipients of social prescriptions can be referred to. These include:

- 'Exercise on Referral' scheme, a 12-week supervised exercise programme located in leisure centres across Lewisham for people with certain medical conditions or other risk factors. The scheme receives over 2000 referrals a year.
- WeightWatchers / Slimming World. 12 weeks free group sessions for those classified as obese. The services supported over 1000 individuals in 2016.
- Lewisham Stop Smoking Service
- "Be Inspired" programme delivered by Greenwich Co-operative Development Agency (GCDA). This delivers a range of community nutrition and physical activity initiatives including healthy walks, walk leader training, community cookery clubs, food growing and working with community organisations to stimulate volunteering opportunities around good food and physical activity.
- 20 local voluntary and community projects in North Lewisham through the "Choose Health" fund. These include a walking football group at Millwall Football Club, a gardening and social club at Friendsbury gardens, Pulse (Brockley community café) and REMEC Elderly Project.

5.3 A Social Prescribing Review Group was established in December 2016 to develop a system-wide approach to the development of social prescribing in Lewisham. The group aims to deliver a short term project that captures the schemes and activity in Lewisham that might be considered social prescribing, identify gaps in provision to improve coordination/ targeting of activity and potentially establish a more coherent social prescribing model. The group will ensure that activity specifically focussed on mental health not captured in this paper, will be included in the mapping exercise. The stakeholder group includes representatives from Health, Primary Care, Public Health, Social Care and Community Connections.

5.4 Four local care networks have been established to improve connections between services, better co-ordinate care and strengthen relationships between professionals. A number of tools, services and partnerships have been developed to support local care networks to facilitate more effective social prescribing. These include:

- **Neighbourhood Community Teams** (NCTs) These virtual teams bring together district nurses, adult social care staff.
- **Multi-disciplinary Meetings** bring together members of the Neighbourhood Community Teams with GPs and other health and care professionals such as Mental Health workers to plan and arrange holistic coordinated care for patients and service users with complex needs.

- **Neighbourhood Co-ordinators** support health and care staff within each neighbourhood to improve multi-disciplinary working and facilitate effective liaison between health and care providers across Lewisham for patients and services users with complex needs.
  - **Lewisham's Single Point of Access** has a team of advisers who can support residents requiring general health and care information and advice.
- 5.5 Four Neighbourhood Community Development Partnerships, one in each neighbourhood, have been established. The NCDPs, delivered by Community Connections, bring together voluntary and community sector organisations and groups in that area to support community development and connect to statutory health and care providers. Community Connections workers are encouraging local community groups to engage with each partnership, organising the partnership meetings, and playing a key role in aligning the work programmes of the different community development workers in each neighbourhood to maximise the use of resources and avoid duplication. The NCDPs clearly have the potential to enhance the role of the voluntary and community sector in relation to social prescribing.
- 5.6 In 2016, Lewisham Community Education Provider Network commissioned 'care navigation skills' training for GP receptionists. The purpose of the training was to introduce general navigation skills into the non-clinical workforce, so that they may be incorporated, to some degree at least, into the work of staff that have direct patient access. This work is different in scope to training for 'Care Navigators', a distinct role that has been developed in many health and care systems.
- 5.7 A number of voluntary and community sector organisations deliver social prescribing activities in the borough. LVSC, who continue to map social prescribing initiatives in London, has highlighted the work of Sydenham Gardens and the Prince's Trust. In addition, a range of activities are delivered by community organisations that health and care partners can refer into. It is our understanding that these activities include:
- Community Teachsport, deliver the 'Active Lifestyle for All' programme aimed at supporting inactive people to lead active and healthy lifestyles (the team has developed links to some GP practices in N3).
  - Natures Gym provided 2685 volunteer hours to support conservation activities in Lewisham parks.
  - Trinity Laban's 'Retired not Tired' programme provides opportunities for over 60s to take part in creative activity, interact socially and develop new skills.
  - Community Connections' Development Workers support the development of community based services and resources. In the last year, the Community Connections Development Workers supported 55 organisations or groups including supporting 10 groups with funding applications raising £19,608.

## 6. The plans for social prescribing in Lewisham

- 6.1 The development of the on line directory of services has a close link with the development of any future Social Prescribing Model. A project to deliver improvements in the content as well as the search functions and navigability of the directory is

underway. The development of a screening tool/questionnaire which links to the directory will support any future social prescribing model. Please see the separate report on Adult Social Care on-line activity for more detail.

- 6.2 The Healthy London Partnership recently published a Social Prescribing Resource document. Healthy London Partnership intends to build on this resource in 2017 when additional resources and support will be available following further collaboration with NHS England, Public Health England, the Social Prescribing Network, Greater London Authority, London Councils, London branches of the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Public Health (ADPH) and input from local STPs, Clinical Commissioning Groups and voluntary and community sector organisations. This resource pack will be considered by the Social Prescribing Review Group (July) and will help shape the future approach to developing social prescribing activity.
- 6.3 NHS England has selected London as a test-bed for accelerated implementation of self-care and social prescribing. NHSE is in the process of procuring a provider to trial and test new ways of working in relation to self-care and social prescribing in one, possibly two, London STP footprints. The specific service requirement includes the provision of training and engagement with local GP practices and voluntary sector organisations. This involves implementing an evidence-based volunteering for health or health champions model within general practice, new roles and methods of working for GP receptionists, developing a how to guide and evaluation report so that all Sustainability and Transformation Partnerships (STPs) can benefit. The project completion date is 31 March 2018. A number of providers approached Lewisham regarding developing a bid to work in the borough.
- 6.4 The Neighbourhood Community Development Partnerships will each produce a neighbourhood community development plan, informed by Community Connections' gaps analysis, identifying key priorities. This plan will inform the future work of the local partnership, including local health and care partners. There will also be a small grant fund of £25k per partnership to deliver local solutions to the local priorities identified.

## **7. The effectiveness of social prescribing in Lewisham**

- 7.1 Many of the individuals who have accessed the Public Health funded projects and services have benefitted from an increased sense of social inclusion and consequent improvement in mental and physical wellbeing in addition to the improvement in the primary reason for referral e.g. improved physical fitness or weight loss. Many have gone on to become volunteers. This includes becoming walk leaders or delivering a community cookery club.
- 7.2 Community Connections' Community Facilitators use tools based around the 5 ways to wellbeing to support adults experiencing low mood, isolation and poor mental wellbeing to become more connected with community based support services and decrease isolation. In the year 2016-2017 68% of vulnerable adults supported reported an increase in mental wellbeing based on a 5 item checklist completed at the start and end of the Community Facilitators casework. A 3 month follow up using the same

wellbeing checklist shows that self-reported wellbeing continues to increase after community connections involvement. There is a 10% increase in average wellbeing score from the point of referral to 3 months after the end of the Community Connections intervention is completed.

- 7.3 The Social Prescribing Review Group will consider the evidence in relation to the effectiveness of social prescribing when developing plans for future activity. It will draw on the evidence review developed by Dr Marie Polley, Co-Chair of the Social Prescribing Network and Senior Lecturer in Health Sciences and Research at the University of Westminster (due to be available in July). It will also consider the evaluation recently produced by the Integration Pioneer project in Leeds. This will help shape the approach to evaluating local schemes.
- 7.4 If the NHSE self-care and social prescribing initiative takes place in Lewisham, this will provide robust evidence of the effectiveness of this approach.
- 7.5 A review of the SAIL initiative is planned. This will evaluate the first 6 months of the programme and will consider gaps and recommendations for improvement.

## **8. The gaps in social prescribing coverage**

- 8.1 An initial review of social prescribing schemes in Lewisham undertaken by the Social Prescribing Review Group shows that most of the schemes are targeted at specific groups, for example over 60s, people with long term conditions etc. Although the group will work to identify gaps in more detail, it has recognised that an approach that includes both physical and mental health, with broader health and wellbeing objectives would be of benefit. There is an obvious gap in social prescribing tools / support for people under 60.
- 8.2 Lewisham will continue to strengthen and develop connections both within and across its local care networks and build stronger links within and across the voluntary and community sector, through the Neighbourhood Community Development Partnerships. This activity will seek to address gaps in social prescribing coverage as well as gaps in activities for prescribers to refer to.

## **9. Financial Implications**

- 9.1 There are no specific financial implications arising from this report. Any proposed activity or commitments arising from activity to support the development of social prescribing will need to be agreed by the delivery organisations concerned and be subject to confirmation of resources.

## **10. Legal implications**

- 10.1 There are no specific legal implications arising from this report.

**11. Crime and Disorder Implications**

11.1 There are no specific crime and disorder implications arising from this report.

**12. Equalities Implications**

12.1 Although there are no specific equalities implications arising from this report, the development of social prescribing will continue to focus on improving health and care outcomes and reducing inequalities across the borough.

**13. Environmental Implications**

13.1 There are no specific environmental implications arising from this report.

**14. Conclusion**

14.1 Members are invited to note the contents of the report.

If there are any queries on the content of this report please contact [sarah.wainer@nhs.net](mailto:sarah.wainer@nhs.net) or on 020 3049 1880.

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Healthier Communities Select Committee		
Title	Social prescribing in-depth review – first evidence session	
Contributor	Scrutiny Manager	Item 5
Class	Part 1 (open)	12 Sept 2017

## 1. Introduction

At the first evidence session of the committee's in-depth review of social prescribing, members will receive written and in-person evidence from key council officers and partners, including:

- Fiona Kirkman (Preventative and Early Intervention Programme Manager, Lewisham)
- Sarah Wainer (Programme Lead, Whole System Model of Care, Lewisham CCG)
- Camilla Biggs (Lewisham SAIL connections manager)

*(The officer report on social prescribing is included before this note)*

The following written submissions have also been received from a number of local organisations:

- Sydenham Garden (see below – annual evaluation also attached as appendix A)
- Lewisham Carers (see below)
- Lewisham Speaking Up (see below)

## 2. Key lines of enquiry

The key lines of enquiry, as agreed at the last meeting of the select committee, are set out below:

- **The extent of social prescribing in Lewisham:** Who are the partners and organisations currently involved in the development and provision of social prescribing services? What types of activities and interventions are provided, and how many people are being referred? What types of problems is social prescribing commonly used for, and which groups of people tend to be most commonly referred?
- **The plans for social prescribing in Lewisham:** What is the potential for expanding social prescribing in Lewisham? For which problems and groups of people could it play more of a role? What further partners and organisations could be involved in the development and provision of social prescribing? What is the capacity of local partners and organisations to provide more services?
- **The effectiveness of social prescribing in Lewisham:** For which problems and groups of people has social prescribing been used most effectively? How are the outcomes of activities and interventions captured and measured? How is the effectiveness and efficiency of social prescribing schemes evaluated?
- **The gaps in social prescribing coverage:** For which problems and groups of people is social prescribing coverage lacking? What further help and support do providers and other local organisations need to reach more people? What help and support do providers and local organisations need to improve the way they work more generally?

### 3. Written evidence

#### 3.1 Sydenham Garden

***Are you involved in the provision of, or referral to, any schemes in the borough that could be described as social prescribing?***

We run, and refer to social prescriptions.

***If so, what sort of schemes are you involved in? Which groups of people tend to be referred? And which local organisations are involved?***

We provide fixed-length social and creative activity for people experiencing a wide range of mental ill-health. We also provide similar activities for people recently diagnosed with dementia. This is our core provision and all co-workers (the name we give people who access our services) are referred by health professionals. Along with this we also provide workshops, events and volunteering opportunities for local residents that could also be considered a social prescription, but is often not directly referred to by health professionals.

Many local organisations are involved directly and in directly, but primary refers are GP practices, IAPT, Hospitals, Secondary Care teams (old CMHT) CSS, SLAM, Community Connections, and Mindcare. Organisations involved in helping us deliver our work are SLAM, IAPT, Voluntary Services Lewisham and to a lesser extent BL Mind.

Social prescriptions we refer our co-workers to include: Voluntary Services Lewisham (Gardening), Community Connections, Local Library's, Living Well, Time Bank, BL Peer Support, Arts Network, Natures Gym and Dig it.

***From your experience, what are the most effective non-clinical interventions in use in Lewisham and more widely? Is there any evidence on these?***

Without trying to sound big headed I believe our Garden Project (which is based on STH: Social and therapeutic Horticulture), our Growing Lives Project (Also STH but with accreditation and work experience), our Art & Craft Project and our Sow & Grow project (underpinning creative and social activity with CST for people with dementia) are some of the most effective non-clinical interventions I have seen in use, not only in Lewisham but worldwide. I have lived in Malawi, and I've been invited to speak and visit organisations across the UK, in Europe and in the US on behalf of Sydenham Garden, giving me a strong understanding of the effectiveness in comparison to what is on offer. The anecdotal evidence is backed up by our statistical data, which shows that levels of wellbeing are on average catastrophically low, and getting lower year on year, when co-workers join us. However, in the year just evaluated, when co-workers finish with us they leave "at normal levels". This is based on a validated measure called Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), and confirmed through case studies, focus groups, Likert Scale Questionnaires and carer feedback.

Putting our own projects to one side, there is a growing evidence base for social prescriptions, but it's nothing new. Bromley by Bow formalised a social prescribing model back in the 80's. However, there is recent evidence around access to gardening and greenspace – Gardens and Health, Kings Fund. The reports based on the Ecominds project, which include a wealth of evidence for the health and economic benefits of Ecotherapies can be found at, <https://www.mind.org.uk/about-us/our-policy-work/ecotherapy/>. Sustain have gathered evidence and share it at <https://www.sustainweb.org/growinghealth/evidence/> (we are referenced and case studied here too).

Broader evidence points to a greater proportion of health being determined by social factors. Most of the evidence has this figure at around only 30% of health being determined by clinical factors! Yet the vast majority of our local and national health budgets are lost on clinical treatments. The Marmot Review probably makes one of the most compelling cases for change in this area. If 70% of health is determined by social factors, then surely we should see a significant proportion of our budgets funding this area, and a significant proportion of health professionals referring to regularly to social prescriptions?

***Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?***

There is an appetite amongst the adults with mental ill-health that we work with, and amongst the professionals that refer to us. An independent evaluation in 2017 of our Growing Lives not only showed how effective the work was, but that participants felt they would like more of this type of work. This view is consolidated by the fact we have to manage waiting lists and have a third more referrals than we can place.

Another report that would suggest there is an appetite amongst our client group would be the Review of Lewisham Psychological Services in 2015 by Dr Edana Minghella. It showed huge discrepancies in access by gender and ethnicity demographics when compared to the census. Our ethnicity and gender breakdown closely reflects that of Lewisham, and this could be seen as an indication of the appetite amongst such demographics.

***If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?***

As previously mentioned, I believe people with mental ill-health would be of benefit. Ecotherapies, creative and social activities, peer support and physical activity would all be social prescriptions that would be of benefit. However, from our involvement with the Social prescription Network (who published a piece on the Link worker being the key to social prescription success), and from our own experience, the link work between the prescriber is and the prescription is vital. From our experience separate organisations set up to sign post, or link people, do not work (as they serve their own interests, and add an extra “mile” to the patients journey) and we have found funding for our own link worker to be most effective. I would also imagine a link worker or training for a social prescriber to be based and managed in practises themselves to be an effective model also – but please not another costly sign posting organisation!

### 3.2 Lewisham Carers

***Are you involved in the provision of, or referral to, any schemes in the borough that could be described as social prescribing?***

Dr Brian Fisher: As a Lewisham GP, I use Community Connections to refer patients to 3rd sector groups. It is a simple process. I get no feedback from CCs, so I don't know how effective or useful it is for my patients. Also, I don't know how complicated it may be for my patients.

As a patron for Lewisham Carers, I would say that we provide a service to which Lewisham GPs can refer. We aim to make the service as straightforward and helpful as possible. We seek and respond to feedback and understand that the services we provide are much needed and seen to be useful.

***If so, what sort of schemes are you involved in? Which groups of people tend to be referred? And which local organisations are involved?***

Dr Brian Fisher: As a GP, I tend to refer people with multiple problems who are also rather lonely and cut out of society. Using Community Connections means that I don't have to know about the various groups in the borough – I can rely on the system to match up my patient with the most suitable group.

Lewisham Carers operates on a neighbourhood model throughout the London Borough of Lewisham, with regular “pop-up” advice and information sessions in GP practices.

Carers Lewisham provides:

ADVICE, INFORMATION AND ADVOCACY

- Financial and welfare benefits
- Help to complete Lasting Power of Attorney forms
- Combining paid work with caring
- Getting practical help in the home

- Managing the condition of your cared for person
- First Aid training
- Getting support from health and social care
- Your Rights as a carer

#### EMOTIONAL SUPPORT

- 1 to 1 support
- Support groups: Mental Health Carers, Parent Carers, Older Carers, Male Carers
- Coping Strategies training
- Relaxation days, pampering, massage
- Access money for you to have a holiday or time out from caring
- Outings and activities

#### SPECIALIST SUPPORT

- Dementia Support

We offer specialist dementia advice, information and support to the families or friends of the person who are supporting the person with dementia. We work closely with other organisations in the London Borough of Lewisham who offer services to those with dementia and can therefore help you to access any practical help you may need. We can provide information about the illness and help you to cope with the challenges it may bring, as well as financial advice (disability benefits etc.) and emotional support.

- End of Life Support

We offer rapid response and needs assessment, on-going emotional support as well as practical support with Advanced Care Plans, deputyships, benefit checks, and Carers Assessments. We also offer guidance for carers in assessing and planning for future needs throughout referral and signposting to counselling and bereavement support services.

- Counselling and therapy

The counselling service is open to anyone physically caring for, or emotionally supporting a relative, partner or friend with a disability, long-term physical or mental illness, or frailty. Young Carers over the age of 12 can also access this service. Counselling usually takes place on a weekly or fortnightly basis. The maximum length of counselling is 30 sessions.

- Working for Carers

Employment support project for unemployed and economically inactive unpaid carers across South and Central London

We offer:

- One-to-one support
- Needs assessments and action planning
- Carer-specific employability training programme
- Peer and group activities
- Time-limited in-work support to enable sustainable employment

***From your experience, what are the most effective non-clinical interventions in use in Lewisham and more widely? Is there any evidence on these?***

Dr Brian Fisher: As a GP, I think the most effective non-clinical interventions would include:

- Citizens Advice
- Lewisham Carers

- Time Banking
- Deptford Action Group for the Elderly
- Samaritans

I understand that there is evidence on all these groups in respect of health gain.

***Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?***

Dr Brian Fisher: As a GP and as a patron of Carers, I think that there is an increasing appetite for social prescribing. However, the real rate-limiting factor is the threat to groups from government austerity which is decimating the number and size of community groups across the country including in Lewisham.

***If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?***

Dr Brian Fisher: As a GP, I think that there may be more benefit to be gained by patients who are less disabled than the people I described above whom I currently refer to the third sector. It would be easier for them to contact groups and they may possibly get more out of them. Hospitals could do more referrals I should imagine.

Dr Brian Fisher: Speaking as a director of a software company, Evergreen Life, currently offering record access and other IT services to people using the NHS across England, I think that there is an opportunity to develop software that would help to semi-automate social prescribing, widening the user-base and allowing people and patients to make their own choices. This could be offered when people were booking appointments online or ordering repeat prescriptions and/or looking at their records.

### 3.3 Lewisham Speaking Up

***Are you aware of any schemes in the borough that could be described as social prescribing?***

Yes, we run some activities which could be described as social prescribing and we do refer people we work with to other schemes that could be described as such.

***If so, what sort of schemes are you aware of? Which groups of people tend to be referred? And which local organisations are involved?***

As we work exclusively with adults with learning disability, this is the group that we are most aware of in terms of receiving or making referrals. As well as running our own groups, we are also aware of groups run by Heart n Soul who provide arts activity groups for people with learning disability including 'Allsorts' and the Heart n Soul choir.

However, being based in the Albany we are also aware of other schemes that are used by older people, particularly 'Meet me at the Albany' which is an arts based programme run by Entelechy.

We have recently acquired funding from the Deptford Challenge Trust to set up a 'Speak Up and Wellbeing' group for adults with a learning disability who receive little or no support from statutory services. This was a result of us holding a people's parliament event on Loneliness and Friendships. At this event we found that 60% of people with learning disability told us they experienced some level of loneliness. We also observed that the people who said they were lonely most often were those who do receive traditional services such as a day service or support in the community.

We would see this group as one that fits the description of social prescribing. So far, our referrals have come from community connections and service providers. Our aim with this new group is to prevent loneliness and isolation and to support people to make and sustain friendships. We aim for the group to develop as a peer support network. In our view, this will lessen the chances of those people using GP or hospital services for socio-economic based problems that lead to anxiety and depression.

We have also referred people to Community Connections and Volunteer Centre Lewisham, usually because they are experiencing some form of social isolation.

Some of the organisations involved in what we would see as social prescribing: Lewisham Speaking Up, Heart n Soul, Entelechy, Community Connections, Ahoy, Voluntary Action Lewisham, Volunteer Centre Lewisham, Lewisham Disability Coalition,

***From your experience, what are the most effective non-clinical interventions in use in Lewisham, and more widely? Is there any evidence on these?***

From our view of supporting people with learning disability we would say the most important non clinical interventions are those which address the social problems that this group can face. This includes our own work as an advocacy organisation – both 1;1 advocacy for example helping people to resolve issues with debt, benefits housing etc. and self advocacy which addresses issues such as self esteem, confidence, meeting friends and socialising. Activity based groups such as arts, gardening and sports seem to work well. They provide a supportive social environment and should be able to signpost people onto to services if more serious issues arise. We would also imagine that these types of interventions work well with older people and those experiencing mental ill health. As stated in the background paper, evidence is more anecdotal rather than quantitative, but from our experience we know that people do really value these groups and activities.

***Do you think there is an appetite in the borough for the greater use of non-clinical interventions like social prescriptions?***

We would like to see more social prescription type activity in the borough, hence our idea and bid for the ‘Speak Up and Wellbeing’ group. So we definitely have an appetite for this type of intervention!

If so, where else do you think greater use of social prescribing would be of use? Which groups could potentially benefit the most? Which types of interventions?

We would welcome the growth of this type of activity as we do receive referrals for people looking to develop a social life. This can be very difficult for some people with learning disability and autism. We know that disabled people experience higher levels of loneliness and we know that loneliness is detrimental to overall health. More interventions around making friends and developing relationships, including sexual ones will help people have happier and healthier lives. For many learning disabled people, this isn’t something they can do without support. We would like to see a greater focus on supporting people in this area.

Many of the same arguments might be made in relation to older people and those experiencing mental ill health.

#### **4. Further reading**

- Annual Evaluation of Sydenham Garden 2016 – 2017, Sydenham Garden (see appendix A)
- [The Rotherham Social Prescribing Service for People with Long-term Conditions: Evaluation Update](#), CRESR, Sheffield Hallam University, May 2017 (see appendix B)
- [Rotherham Social Prescribing](#) (presentation from King’s Fund event on social prescribing), Janet Wheatley, Chief Executive, Voluntary Action Rotherham (see appendix C)

#### **4. Recommendations**

The Committee is asked to note this information.

If you have any questions, please contact John Bardens (Scrutiny Manager) on 02083149976.



2002 ~ 2017

# Sydenham Garden

*15 years of a growing community*

## **Annual Evaluation of Sydenham Garden 2016 - 2017**





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### 1.) Executive Summary

#### Introduction

Sydenham Garden is primarily a rehabilitation and recovery based organisation, using various creative and therapeutic activities to help people with significant illness in London, predominantly the boroughs of Lewisham and Bromley. While there is evidence to suggest that the activities Sydenham Garden run prevent escalating need, the primary reason doctors and health professionals refer patients to Adult Mental Health (AMH) groups is for recovery purposes. The primary reason doctors and health professionals refer to Dementia groups is to stop dementia symptoms from worsening. The organisation grew and evolved significantly during the 2015/16 period, and consolidated this growth during the period this evaluation considers.

#### Evaluation aim

This evaluation considers Sydenham Garden's four main projects, looks at cumulative totals to generate a picture of the organisations effectiveness, and references the other work Sydenham Garden carried out over the period.

This evaluation was conducted over the financial year 2016-17. The aim was to construct a report on the topics and outputs achieved during the period.



<b>Outputs</b>	2016-17	2015-16	2014-15
Number referred:	421	403	269
Number commencing:	214	246	141
No take up*:	40	41	
Number dropped off**:	29	36	15
Number moved on***:	9	25	29
Number completed:	145	87	99
Number attending at least one session:	349	309	227
Collective attendance:	68%	68%	72%

(Co-workers who commenced their placement during the period are likely to complete it in 2017-18, as the placement is for 12 months. Therefore the completed number relates to co-workers who commenced in 2015-16 and completed in 2016-17)

### **Analysis**

Sydenham Garden has improved, or maintained performance in all areas. The number of co-workers commencing in 2016-17 is down when compared to the previous period, but this should be seen in the light of the very large growth in that year. Despite this we have worked with more co-workers than ever before, and despite this increase, attendance levels have been maintained and drop off improved. This is a very positive result for Sydenham Garden.

*\*No take up: Co-workers or Sydenham Garden have decided after a trial period that the project was not suitable, or that the co-worker didn't want to attend*

*\*\*Dropped off: People stop coming for a variety of reasons such as ill-health, or we were unable to obtain their reason.*

*\*\*\*Moved on: People leave their placement for a variety of positive reasons.*

## 2.) Garden Project



### **Evaluation aim**

This evaluation was conducted over the financial year 2016-17. The aim was to construct a report on the topics and outputs achieved during the period with particular relation to outcomes agreed with funders of the Garden project.

### **Topics**

Wellbeing, ability to undergo physical activity, social inclusion & interaction, developments in life outside of SG project, quality of life, independence and confidence.

### **Method**

#### **Quantitative & Qualitative Study**

In order to assess improvements of the stated topics in co-workers who completed their placement, a Likert scale questionnaire (consisting of 6 items) was used. The questionnaires were completed by the co-workers when they started on the Garden project, and then at quarterly intervals until they completed their placement. We were able to track and analyse this data for 31 co-workers during the period.

In order to assess improvements in mental wellbeing in co-workers who completed their placement, a WEWMBS (Warwick Edinburgh Mental Wellbeing Scale) questionnaire was

used. These were completed by the co-workers when they started on the Garden project, and then at quarterly intervals until they completed their placement. We were able to track and analyse this data for 29 co-workers during the period. Using the data gathered a comparison can be made to the population, and the scale is a recognised, evidenced measure. Because WEMWBS scores show a roughly normal distribution, WEMWBS can be expected to capture the full spectrum of positive mental health without floor or ceiling effects and be suitable both for monitoring trends over time and evaluating the effect of mental health promoting programmes or interventions.

Moreover, co-workers were asked open-ended questions in order to reflect any changes in any of the six topic areas, along with setting their own goals and targets for their placement.

## **Results**

A wide range of mental health conditions were reported by both referring agencies and the co-workers themselves. Schizophrenia, depression, anxiety, social phobia, bereavement, PTSD, cancer, low mood, isolation, diabetes, bipolar affective disorder and other psychosis were all included.

### **Quantitative co-workers study based on Likert Scale Questionnaire**

17 out of 31 co-workers (55%) recorded a positive change in their ability to undergo physical activity.

9 out of 31 co-workers (29%) recorded no change in their ability to undergo physical activity. (5 co-workers reported a worsening in this area)

21 out of 31 co-workers (68%) recorded a positive change to their mental wellbeing.

5 out of 31 co-workers (16%) recorded no change in their mental wellbeing (5 co-workers reported a worsening in this area)

22 out of 31 co-workers (71%) recorded a positive change to their social inclusion and interaction.

5 out of 31 co-workers (16%) recorded no change in their social inclusion and interaction. (4 co-workers reported a worsening in this area)

22 out of 31 (71%) co-workers recorded a positive change to their quality of life.

7 out of 31 co-workers (23%) recorded no change in their quality of life. (2 co-workers reported a worsening in this area)

22 out of 30 co-workers (71%) recorded a positive change to their level of independence.

5 out of 30 co-workers (16%) recorded no change to their level of independence. (3 co-workers reported a worsening in this area)

22 out of 31 co-workers (71%) recorded a positive change to their confidence.

4 out of 31 co-workers (13%) recorded no change to their confidence. (5 co-workers reported a worsening in this area)

These results demonstrate an improvement on the previous period. With the broad range and non-specialist model of the Garden Project they represent an impressive return on any investment made.

### **Quantitative co-workers study based on WEMWBS questionnaire**

	2016-17	2015-16
Group initial average (average of the scores on the first session):	35.10	40.8
Group average (average of all the scores during a placement):	45.97	43.9
Group final average (average of the final score):	44.62	45.9

A change of 3 points or more is considered meaningful (WEWEBS user guide vers.2), and therefore we can conclude co-workers’ mental wellbeing significantly improves during their time in the Garden project.

The general population average score is 50.7. On average, the majority of co-workers score in the low wellbeing category (WEMWBS user guide vers.2) upon starting in the Garden project and score in the moderate wellbeing category upon completion.

Further summaries are available for individual demographics. We can determine from these summaries that co-workers across all demographics experience meaningful improvements to their wellbeing and that the level of severity of difficulty that co-workers are referred to Sydenham Garden with is rising. Despite this, the Garden Project is achieving improvements to similar levels as in previous years.

### **Qualitative co-workers study**

#### **Ability to undergo physical activity**

It is clear that there is a perceived rise in both their ability to, and the amount of physical activity that they partake in. Co-workers made reference to having more stamina, less fatigue and sleeping better. There were also multiple references to eating healthier food, which should lead to better physical ability.

#### **Mental Wellbeing**

Clearly co-workers experience a perceived improvement to their mental wellbeing, which correlates with the results from scale questionnaires. Lower levels of anxiety are referenced along with emotions and feelings associated with good levels of mental wellbeing such as joy, safety, laughter, interest in new things, a sense of peace and being relaxed. There was also one mention of medication being reduced.

#### **Social inclusion and interaction**

In correlation with the Likert Scale question on social inclusion this could be considered as

one of the strongest perceived areas of improvement for co-workers. Without fail the co-workers questioned mentioned an improvement in this area. There was mention of acceptance, feeling part of a group, mixing with others, making friends, a supportive environment, sharing food, gaining a better understanding of people from different backgrounds, talking, sharing experience, feeling less lonely and listening to others. Acceptance and being part of a community were running themes.

### **Confidence**

An increase in confidence was referred to on many occasions. Much of this confidence was talked about in the context of social interaction and taking part in new and group activities. One co-worker stated that they are now able to say they are a confident person, when they couldn't before.

### **Independence**

This area is not directly referenced by co-workers. We could assume that an increase in skills and confidence leads to increased levels of independence. We can also infer that where co-workers have stated they are moving on to voluntary or paid roles that this demonstrates an increase in independence levels.

### **Developments in life outside of Sydenham Garden**

Many co-workers mentioned developments in their life outside of Sydenham Garden. These included cooking and eating a healthier diet, starting and joining creative activity groups, the possibility of fostering or adopting children, volunteering, the possibility of employment, and organising and working on their own garden.

<b>Outputs</b>	2016-17	2015-16
Number commencing:	60	64
Number dropped off*:	10	8
No take up**:	13	
Number moved on***:	4	16
Number completed (did the full 12 months):	30	24

(Co-workers who commenced their placement during the period are likely to complete it in 2017-18, as the placement is for 12 months. Therefore the completed number relates to co-workers who commenced in 2015-16 and completed in 2016-17)

### **Attendance**

Collective attendance for the period was 65.2% (2015-16: 67.3%)

### **Reasons for drop off**

Reasons were given for non-completion during exit interviews. Some were positive or neutral and some were negative. The negative reasons given were: Worsening of health



## **Output results**

The Garden Project has stayed consistent with the previous period. This shows a good ability to consolidate the expansion achieved in previous periods. In attendance there was a small decline. The project should be pleased with achieving high levels of attendance for the demographic, but should also address this trend quickly.

## **Difficulties experienced in the methodology and terminology**

Volunteers and the project lead reported that the WEMWBS statement "I've been feeling loved" caused distress. It was also difficult to get many Garden project co-workers to complete the questionnaires, leaving some co-workers with an incomplete data set.

During the period one Garden Project group suffered a serious decline in numbers. It was concluded that logistical changes to of the group needed to take place. After establishing these changes the group numbers picked back up and now boast a full contingent.

## **The Garden project Conclusion**

The Garden Project has successfully improved the health, wellbeing and, to some extent status of its co-workers.

The rate of improvement ranges between 55% and 71% (2015-16: 46% and 68%), which is strong when considering rates from established and targeted interventions, which normally fall short of 50%.

The co-workers themselves have identified the Garden project as a vital part to the improvements they've experienced and this is validated by the results reported through WEMWBS.

*\*Dropped off: People stop coming for a variety of reasons such as ill-health, or we were unable to obtain their reason.*

*\*\*No take up: Co-workers or Sydenham Garden have decided after a trial period that the project was not suitable, or that the co-worker didn't want to attend*

*\*\*\*Moved on: People leave their placement for a variety of positive reasons.*

### 3.) Art & Craft Project



#### **Evaluation aim**

This evaluation was conducted over the financial year 2016-17. The aim was to construct a report on the topics and outputs achieved during the period with particular relation to outcomes agreed with funders of the Art & Craft project.

#### **Topics**

Wellbeing, ability to undergo physical activity, social inclusion & interaction, developments in life outside of Sydenham Garden, quality of life, independence and confidence.

#### **Method**

##### **Quantitative study and qualitative study**

In order to assess improvements of the stated topics in co-workers who completed their placement, a Likert scale questionnaire (consisting of 6 items) was used. The questionnaires were completed by the co-workers when they started on the Art & Craft project, and then at quarterly intervals until they completed their placement. We were able to track and analyse this data for 18 co-workers during the period.

Moreover, co-workers were asked open-ended questions in order to reflect any changes in any of the six topic areas, along with setting their own goals and targets for their placement.

## **Results**

A wide range of mental health conditions were reported by both referring agencies and the co-workers themselves. Schizophrenia, depression, anxiety, social phobia, bereavement, PTSD, cancer, low mood, isolation, diabetes, bipolar affective disorder and other psychosis were all included.

### **Quantitative co-workers study based on Likert Scale questionnaire**

11 out of 18 co-workers (61%) recorded a positive change in their ability to undergo physical activity.

11 out of 18 co-workers (61%) recorded a positive change to their mental wellbeing.

13 out of 18 co-workers (72 %) recorded a positive change to their social inclusion and interaction.

10 out of 18 (56%) co-workers recorded a positive change to their quality of life.

10 out of 18 co-workers (56%) recorded a positive change to their level of independence.

13 out of 18 co-workers (72%) recorded a positive change to their confidence.

### **Qualitative co-workers study**

#### **Ability to undergo physical activity**

This was not directly referenced by any co-workers questioned.

#### **Mental wellbeing**

Emotions and feelings associated with good mental wellbeing were referred to repeatedly. These included enjoyment, less anxiety and feeling positive.

#### **Social inclusion and interaction**

This was an area that co-workers perceived large amounts of positive change in. This change came about both in the group and Sydenham Garden, but also outside the group as connections and interactions were made with family, friends and other groups due to the Art & Craft project.

#### **Confidence**

Increased confidence is a clear theme throughout the interviews. This included improved confidence to try something, improved confidence in social situations, and improved confidence about their future.



## Independence

Different themes of improved independence were referenced. For one person it was being assertive, for another it was creating things for friends and family, while for another it was going outside more.

## Developments in life outside of Sydenham Garden

Many co-workers mentioned developments in their life outside of Sydenham Garden. These included clearing and caring for their own garden with their son, joining other groups, creating things for friends and family and going out more.

## Difficulties experienced

Beginnings and endings have been shown to cause distress and anxiety for co-workers. The Art & Craft team have shown the ability to develop their approach, along with a high level of aptitude, to mitigate this.

Outputs	2016-17	2015-16
Number Commencing:	16	33
No Take Up*	7	
Number Dropped off**	2	9
Number Moved on***:	3	3
Number Completed:	17	13

(Co-workers who commenced their placement during the period are likely to complete it in 2017-18, as the placement is for 12 months. Therefore the completed number relates to co-workers who commenced in 2015-16 and completed in 2016-17)

## Attendance

Collective attendance for the period was 66.7% (2015-16: 60.6%).

## Art & Craft project Conclusion

The Art & Craft project has increased its output levels. Less co-workers commencing is a sign of the groups being full and waiting lists managed.

The Project has successfully improved the health and wellbeing of its co-workers.

The rate of improvement ranges between 56% and 72% (2015/16: 40% and 72%), which is strong when considering rates from established and targeted interventions, which normally fall short of 50%.

The co-workers themselves have identified the Art & Craft project as a vital part to the improvements they've experienced.

*\*No take up: Co-workers or Sydenham Garden have decided after a trial period that the project was not suitable, or that the co-worker didn't want to attend*

*\*\*Dropped off: People stop coming for a variety of reasons such as ill-health, or we were unable to obtain their reason.*

*\*\*\*Moved on: People leave their placement for a variety of positive reasons.*

## 4.) Sow & Grow Project



### **Evaluation aim**

This evaluation was conducted over the financial year 2016-17. The aim was to construct a report on the topics and outputs achieved during the period with particular relation to outcomes agreed with Lewisham Clinical Commissioning Group and the City Bridge Trust and all Sow & Grow related projects.

### **Topics**

Mental wellbeing, ability to undergo physical activity, social inclusion & interaction, developments in life outside of Sydenham Garden, quality of life and independence levels.

### **Method**

#### **Quantitative study & qualitative study**

In order to assess improvement in physical health, mental health, social interaction, quality of life and independence levels of co-workers who completed their group, a Likert-scale questionnaire (consisting of 6 items) was administered to Sow & Grow co-workers. The

questionnaires were completed by the co-workers twice: during the first weeks of the group and during the last sessions. We were able to evaluate the results for 60 co-workers. The evaluation of improvement was also monitored by questionnaires administered to carers, and the results for 34 carers were collected. The questionnaire was administered twice to carers: once when the group started and when it finished. For Sow & Keep Growing a Sow & Grow group with no fixed ending) the questionnaires were administered on a 6-monthly basis.

Moreover, co-workers and carers were both asked open-ended questions in order to reflect any changes in any of the five topic areas.

## **Results**

Diagnoses of dementia were available for all co-workers and they included: Alzheimer's disease; Vascular dementia; Korsakoffs syndrome, FTD, Mixed dementia and Unspecified dementia.

### **Quantitative co-workers study**

48 out of 60 co-workers (80%) reported a positive result in their ability to undergo physical activity.

48 out of 60 co-workers (80%) reported a positive result in their mental wellbeing.

41 out of 60 co-workers (68%) recorded a positive change to their social inclusion and interaction.

47 out of 60 co-workers (78%) recorded a positive change to their quality of life.

41 out of 60 co-workers (68%) recorded a positive change in their independence levels.

38 out of 60 co-workers (63%) recorded a positive change in their developments in life outside of Sydenham Garden.

### **Quantitative carers study**

23 out of 34 carers (68%) reported a positive result in their co-worker's ability to undergo physical activity.

24 out of 34 carers (71%) reported a positive result in their co-worker's mental wellbeing.

23 out of 34 carers (68%) recorded a positive change to their co-worker's social inclusion and interaction.

25 out of 34 of carers (74%) recorded a positive change to their co-worker's quality of life.

21 out of 34 carers (62%) recorded a positive change to their co-worker's independence levels.

21 out of 34 carers (62%) recorded a positive change to their co-worker's developments in life outside of Sydenham Garden.

### **Qualitative co-workers and carers study**

Participants and their carers were extremely positive about their experience of Sow & Grow. Many improvements were attributed to the project.

### **Ability to undergo physical activity**

There was little direct reference to improved ability to undergo physical activity. However carers and co-workers mentioned finding various physical activities, such as walking or gardening, an important part of the experience at Sow & Grow.

### **Well-being**

Feelings and emotions linked with good wellbeing were repeatedly reported and referenced by co-workers and their carers. Comments referring to enjoyment, satisfaction, anticipation, fond memories, feeling good, laughing, relaxing, interesting, rewarding and being happy were all made.

### **Social inclusion and interaction**

It was made clear that both carers and co-workers perceived Sow & Grow to be a project that helped with social interaction and made co-workers feel part of a group. In some instances co-workers had become socially isolated and Sow & Grow was referred to as the reason this had changed, through helping provide motivation and the social interaction itself. There were also independent comments made about being less shy and improved confidence in social settings.

### **Quality of life**

Co-workers and their carers believe Sow & Grow improved the quality of both their lives. For some this was a general feeling, and for others this was a significant time where a poor quality of life had been reversed.

### **Independence**

Unlike previous years, improved levels of independence was not a strong theme.

### **Developments in life outside of Sydenham garden**

There were very few references to this area. Despite the Likert scale indicating positive results, there were perceptions amongst some co-workers and carers that when their time finished in Sow & Grow they were going to have less activity. However there was some reference to developments inside the home, with improved memory and engagement.



<b>Outputs</b>	2016-17	2015-16
Number Referred:	144	126
Number commencing:	90	104
Number Moved on*:	2	3
Number Completed:	66	59
Number Dropped off**:	9	16
Number of No take up***:	12	4

(Co-workers who commenced their placement during the period could possibly complete it in 2017-18, as the placement is for 6 months. Therefore the completed number relates to co-workers who commenced in 2015-16 and in 2016-17)

### **Attendance**

Collective attendance for the period was 80.5% (2015-16: 76.2%)

### **Reasons for non-completion**

Reasons were given during exit interviews. These reasons were: Physical ill health (5), Moving location (2), No information obtained.

### **Difficulties experienced**

A general discontent grew with the team administering the Likert Scale questionnaires during the period. There was a feeling that it caused confusion for co-workers. It was also difficult to obtain carer questionnaires or interviews and absorbed much of the team's time, which, when considering the team is mostly voluntary, could be seen as a distraction from the core work.

### **Sow & Grow project conclusion**

There is an overall improvement in all areas evaluated for co-workers, varying between 63-80% (2015-16: 76-100%). The observed results according to carers are still high at 62-74% (2015-16: 46-92.5%).

What co-workers report and what carers report generally correlates. Co-workers and their carers identified Sow & Grow as beneficial because it helped them to increase their opportunities for social inclusion and improved their general wellbeing. There were also some reports of cognitive function improvements.

When comparing the 2016-17 period to 2015-16 we see that output levels have stayed consistent (a new group was started in the 2015-16 meaning higher levels commencing). However there has been a negative trend with the Likert Scales, particularly when considering the co-worker reports. It could be argued that the carer reports are more robust given the larger number completed (34 in 2016-17 versus 13 in 2015-16) and that the range starts significantly higher at 62% versus 46% in 2015-16.

*\*Moved on: People leave their placement for a variety of positive reasons.*

*\*\*Dropped off: People stop coming for a variety of reasons such as ill-health, or we were unable to obtain their reason.*

*\*\*\*No take up: Co-workers or Sydenham Garden have decided after a trial period that the project was not suitable, or that the co-worker didn't want to attend*

## 5.) Growing Lives Project



A full and independent evaluation of the project is available at [www.sydenhamgarden.org.uk](http://www.sydenhamgarden.org.uk) , or through Sydenham Garden's office team.

### **Evaluation aim**

This evaluation was conducted over the financial year 2016-17. The aim was to construct a report on the topics and outputs achieved during the period with particular relation to outcomes agreed with funders of the Growing Lives Project.

### **Topics**

Wellbeing, ability to undergo physical activity, social inclusion & interaction, developments in life outside of Sydenham Garden, quality of life, independence, confidence and self-esteem.

### **Method**

#### **Quantitative study & qualitative study**

In order to assess improvements of the stated topics in co-workers who completed their placement, a Likert scale questionnaire (consisting of 7 items) was used. The questionnaires were completed by the co-workers when they started on the Growing Lives project, and then at quarterly intervals until they completed their placement. We were able

to track and analyse this data for 28 co-workers who completed during the period. (Some questions were missed by 1 co-worker, meaning those results were compared to 27 co-workers).

In order to assess improvements in mental wellbeing in co-workers who completed their placement, a WEWMBS (Warwick Edinburgh Mental Wellbeing Scale) questionnaire was used. These were completed by the co-workers when they started on the Growing Lives project, and then at quarterly intervals until they completed their placement. We were able to track and analyse this data for 28 co-workers who completed during the period. Using the data gathered a comparison can be made to the population, and the scale is a recognised, evidenced measure. Because WEMWBS scores show a roughly normal distribution, WEMWBS can be expected to capture the full spectrum of positive mental health without floor or ceiling effects and be suitable both for monitoring trends over time and evaluating the effect of mental health promoting programmes or interventions.

Moreover, co-workers were asked open-ended questions in order to reflect any changes in any of the six topic areas, along with setting their own goals and targets for their placement.

## **Results**

### **Quantitative co-workers study based on Likert scale questionnaire**

(This data was taken during the period: February 2016-January 2017)

9 out of 27 co-workers (33%) recorded a positive change in their ability to undergo physical activity.

5 out of 27 co-workers (19%) recorded no change in their ability to undergo physical activity. (13 co-workers reported a worsening in this area).

8 out of 28 co-workers (29%) recorded a positive change to their mental wellbeing. 7 out of 28 co-workers (25%) recorded no change in their mental wellbeing (13 co-workers reported a worsening in this area).

8 out of 27 co-workers (30%) recorded a positive change to their social inclusion and interaction.

5 out of 27 co-workers (19%) recorded no change in their social inclusion and interaction. (14 co-workers reported a worsening in this area).

10 out of 28 (36%) co-workers recorded a positive change to their quality of life.

10 out of 28 co-workers (36%) recorded no change in their quality of life. (8 co-workers reported a worsening in this area).

10 out of 28 co-workers (38%) recorded a positive change to their level of independence. 8 out of 28 co-workers (29%) recorded no change to their level of independence. (10 co-workers reported a worsening in this area).

10 out of 27 co-workers (37%) recorded a positive change to their confidence. 7 out of 27 co-workers (26%) recorded no change to their confidence. (10 co-workers reported a worsening in this area).

15 out of 28 co-workers (54%) recorded a positive change to their self-esteem. 10 out of 28 co-workers (36%) recorded no change to their self-esteem. (3 co-workers reported a worsening in this area).

**Quantitative co-workers study based on WEMWBS questionnaire:**

	2016-17	2015-16
Group initial average (average of the scores on the first session):	42.5	43.9
Group average (average of all the scores during a placement):	46.98	48.3
Group final average (average of the final score):	50.86	43

A change of 3 points or more is considered meaningful (WEWEBS user guide vers.2), and therefore we can conclude peoples mental wellbeing significantly improves during their time in the Growing Lives project.

The general population average score is 50.7. On average the majority of co-workers score in the low wellbeing category (WEMWBS user guide vers.2) upon starting the Growing Lives project and score in the moderate wellbeing category upon completion.

**Qualitative co-workers study**

Interviews, case studies and focus groups were carried out. It is clear that co-workers value their time on Growing Lives and credit it with improvements to their health, wellbeing, social status, economic status and quality of life.

**Ability to undergo physical activity**

The case studies, interviews and focus groups all provide evidence that Growing Lives improves co-workers ability to undergo physical activity, including the feeling of having more energy. In particular, there were references to healthy eating and lifestyle changes that can be assumed lead to improvements in physical health.

**Mental Wellbeing**

It is clear that some co-workers perceive improvements in this area. References were made to feeling "like the pressure is off", feeling relaxed and happy, being positive, hopeful and optimistic.

**Social inclusion and interaction**

There was a strong theme throughout interviews, case studies and focus groups of co-workers improving their social interaction and feeling included. There were also



references to being prepared and empowered for social situations outside of the project and in the future.

### **Quality of life**

Participants clearly perceive an improvement to their quality of life. Enjoyment, fulfilment, achievement, healthy eating and developing new activities at home were all referred to.

### **Independence**

It can be inferred from statements such as "I've started cooking at home" that for some independence levels have been improved. There were references to less medication, to achieving qualifications, to independently leaving the home and to being able to work with others.

### **Confidence**

Some co-workers feel their confidence is improved significantly through participating in the Growing Lives project. This includes the confidence to interact or enter into social situations. It also includes the confidence to take part in challenging activities or try new things.

### **Self-esteem**

While closely linked to independence and confidence, the project felt they'd like to evaluate this subject. From the reports given there is a sense of dignity and pride that the majority of co-workers gain through the experience. It is clear that co-workers feel more valuable, or that their self-worth is improved through the project.

<b>Outputs</b>	2016-17	2015-16
Number commencing:	48	55
Number moved on*:	0	4
Number completed (did the full 12 months):	32	5
Number dropped off**:	5	7
Number achieving Open College Network level 2:	14	9

(Co-workers who commenced their placement during the period are likely to complete it in 2017-18, as the placement is for 12 months. Therefore the completed number relates to co-workers who commenced in 2015-16 and completed in 2016-17)

### **Attendance**

Collective attendance for the period was 57% (2015-16: 63.4%)

### **Difficulties experienced in the methodology and terminology**

There were reported issues for co-workers in understanding questions about social inclusion and interaction.

Attendance for some groups was extremely low. This leads to problems with taking data from individuals. This evaluation did not compare results between regular attendees and poor attenders; however it is likely that poor attenders did not submit enough completed questionnaires to be considered.

### **Growing Lives project conclusion**

This year was a successful year for the Growing Lives project. More data on more co-workers was available than in the previous project year, making this evaluation more thorough and robust.

There have been some negative trends throughout the period and a strategy to address these should be implemented immediately. These include poor attendance, which was low in the first year and even lower in this period. They also included a low number of co-workers completing, even when considering drop off. The project aims to complete 40 each year, and achieved 32 in this period. A review of the numbers suggests that co-workers are remaining on the project for longer than 12 months.

The negative trends are entirely output related. When considering the outcomes the trends are positive, with improvements in all areas reported when comparing to the previous period.

Numerous hard outcomes were reported, including 14 co-workers achieving level 2's in Open College Network accreditation.

Reported themes of soft outcomes included improved health, wellbeing and opportunities. These are supported by meaningful results from the WEMWBS measure.

*\*Moved on: People leave their placement for a variety positive or neutral reasons., such as gaining employment or moving out of the area.*

*\*\*Dropped off: People stop coming for a variety of reasons such as ill-health, didn't enjoy it, couldn't engage, or we were unable to obtain their reason.*

## 6.) Ethnicity and Diversity

### Organisational picture

Ethnicity co-workers	2016-17	2015-16	2014-15
White	60%	57%	57%
Mixed	11%	3.5%	3%
Asian	4%	10%	5.5%
Black or Black British	19%	25%	23%
Other	2%	2.5%	1.5%
Preferred not to say	2%	1%	5%
Not Indicated	2%	1%	5%

Gender of co-workers	2016-17	2015-16	2014-15
Female	54%	50.5%	52%
Male	43%	48.5%	43%
Transgender	0%	0%	0.5%
Other	0%	0%	0.5%
Preferred not to say	1%	0%	2%
Not indicated	2%	1%	2%

Age of co-workers	2016-17	2015-16	2014-15
18-24	4%	4%	5%
25-34	13%	14%	4%
35-44	9%	15%	5.5%
45-54	18%	19.5%	12%
55-64	14%	18%	10%
65-74	7%	6.5%	8.5%
75+	34%	21.5%	21%
Preferred not to say	1%	0.5%	7%
Not indicated	0%	1%	27%

Sexual orientation of co-workers	2016-17	2015-16	2014-15
Heterosexual	77%	80.5%	76%
Gay/Lesbian	5%	5.5%	4.5%
Bisexual	3%	1%	0%
Other	0%	1.5%	0.5%
Preferred not to say	12%	9%	18%
Not indicated	3%	2.5%	1%

Disability of co-workers	2016-17	2015-16	2014-15
Yes	47%	45%	32%
No	36%	41.5%	59%

Preferred not to say	12%	11%	8.5%
Not indicated	5%	2.5%	0.5%

Religion of co-workers	2016-17	2015-16	2014-15
Christian	62%	46.5%	55%
Buddhist	1%	1.5%	2.5%
Hindu	2%	7%	1.5%
Muslim	1%	4%	5%
Jewish	0%	0%	0%
Sikh	1%	2%	2%
No Religion	21%	22.5%	16%
Other	3%	5%	1%
Preferred not to say	8%	10%	16%
Not indicated	1%	1.5%	1%

Marital Status of co-workers	2016-17	2015-16	2014-15
Married	23%	14%	9%
Single	42%	58.5%	54%
Divorced/Separated	10%	9%	12%
Widowed	16%	9.5%	4%
Civil Partnership	3%	2.5%	0.5%
Other	1%	3%	0.5%
Preferred not to say	3%	1%	17%
Not indicated	2%	2.5%	3%

## Analysis

Sydenham Garden has a broad ranging demographic that widely reflects its locality (Lewisham Census 2011). Sydenham Garden is reliant on referrals from medical professionals, but should still focus outreach on Black or Black British ethnicities owing to shrinkage in this demographic over the past 2 years. Considering the gender break down, Sydenham Garden is very effective in engaging with men. In fact, if dementia related projects are excluded, 51% of Sydenham Garden co-workers are male. This is a markedly different proportion to that seen in most psychological services in Lewisham, according to Lewisham CCG's review of psychological therapies in 2015.

## 7.) Other activities and achievements

### Volunteering

Sydenham Garden relies on regular volunteers to help deliver its various programmes. The roles vary from supporting co-workers to take part, to administration tasks, to leading sessions. Sydenham Garden classifies any person who volunteers for more than three hours a week as regular volunteers.

<b>Volunteering outputs</b>	
Regular Volunteers (3.5 hours a week or more):	86
Volunteer forums & training:	6
Community Volunteer days:	7
Corporate Volunteer days:	21
Fairs and events:	5
Total Volunteer Hours:	21,705 (compared to 8775 paid employee hours)

### Short courses and supplementary activities

Regular supplementary activities are run alongside Sydenham Gardens four core projects. During the period these included:

- 12 Community Lunches.
- 6 IAPT activating healthy behaviour workshop days
- 40 Independent Committee led Community Choir Sessions.
- 36 gardening and stabilisation therapy sessions for Tamil Asylum Seekers.
- 48 Singing sessions for people with dementia.
- 4 Art or Craft courses.
- 20 peer led Art Club gatherings.
- Weekly Counselling sessions.

### Maintaining and developing natural habitats and bio-diversity

Sydenham Garden manages and maintains a registered nature reserve, along with restored Victorian Gardens, Greenhouse, and its own designated natural habitat areas across its sites. During the period, Sydenham Garden introduced new habitats including meadow land. Many bird, bat and insect homes were also built. They were awarded the Green Flag in recognition of efforts made.

## 8.) Interviews, case studies and feedback

### Garden interviews

#### **Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

Through work I knew it was a useful experience for people. Also a friend used to work there. Then the G.P suggested it for me.

*What were your reasons for wanting to join?*

Unexpected opportunity for therapeutic activity. Something differing to what had gone before. A weekly session outdoors outside home & work. Free. A whole year.

*What have you enjoyed about your placement?*

The people. Being outdoors. Being part of a group. Not having to talk if you didn't feel like it. Feeling cared for in a low key way. Doing something constructive in natural surrounds. I feel I've been given something.

*What have you gained?*

I have made some new friends and will keep in touch. I feel part of a community. I have gained confidence socially. I have learnt a few things about gardening, but mainly the confidence to have a go. I appreciated plants, trees and the environment more.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I'm socially a bit more confident and spend more time with others. I am less fatigued. When I am tired I tend to push on rather than give in to it. I am more hopeful.

*What will you go on to do next?*

I've joined the monthly community garden days at De Frene when I can. I've gone back to work in a new role and have started a new service. I'd like to adopt or foster. If I can I'd like to volunteer at Sydenham Garden in the future.

#### **Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

Sydenham Garden was suggested to me by a doctor at my memory clinic.

*What were your reasons for wanting to join?*

I joined the Garden group after finishing with the Sow & Grow group. I have always enjoyed doing gardening and wanted to have more knowledge of plants.

*What have you enjoyed about your placement?*

I have really enjoyed meeting new people and feeling supported by co-workers and staff. I don't have many friends and it is nice to have good company.

*What have you gained?*

I have gained knowledge of different plants and how they grow.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I am less shy than I was before. When I moved back to the UK I was isolated and didn't see many people and had no friends. Now I attend different groups during the week and see people from Sydenham Garden outside of the group. I really appreciated being in the group and feel good about myself now.

*What will you go on to do next?*

I plan to join the Sow & Keep Growing group at Sydenham Garden.

**Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred to this project by IAPT Lewisham.

*What were your reasons for wanting to join?*

I was referred (see above) and was encouraged to give it a go, so I did. I have enjoyed the Sydenham garden from the start of my placement.

*What have you enjoyed about your placement?*

I have enjoyed the peaceful surroundings and the work that I do in the garden. It has been good to meet other participants. I have learnt quite a lot of gardening things and enjoy seeing the progress of Sydenham Garden.

*What have you gained?*

Quite a bit of knowledge on gardening. I got to associate with others that have been through the same things in my life. I also gained a bit of peace of mind.

*Have you seen any changes in yourself or your lifestyle during your time here?*

Yes I am a little more outgoing. I can prompt myself to do work with others.

*What will you go on to do next?*

I have joined Growing Lives.

**Garden Co-worker statement:**

I had a garden at home, it used to be a complete wilderness! We would never go out there. Coming to the Garden project has given me the confidence to make a start, and to want to do something, bit by bit, with it and with my children. Now we enjoy the space and regularly use it. You can see everything out of our window, so it's even nicer inside. We've put lights out there. I'm thankful for the opportunity to be part of this. It's brought good memories back from when I was a child, it's helped me write again and helped me be peaceful.

**Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

I heard about Sydenham Garden from a co-worker who was attending a project I was going to. I had heard about Sydenham Garden before so I got a referral from my GP

*What were your reasons for wanting to join?*

I wasn't going out very much and spent a lot of time alone. I had a relapse and wanted support with my mental health. I wanted to gain more confidence, meet other people and learn new skills.

*What have you enjoyed about your placement?*

I have enjoyed how the sessions have encouraged me to build confidence and try new things. Being in the garden has inspired me to be creative again. I have started writing and doing art again which is something I stopped doing.

*What have you gained?*

I have enjoyed learning new skills. I have been able to take the skills I have learnt in the sessions and use them in my own garden. When I look out onto the work I have done in my garden I get a real sense of peace which also inspires my creativity. I have also been able to do gardening for my mum.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I can now say that I am a confident person, which I wasn't able to do before. My confidence has grown during my placement. As the plants in the garden grow I feel co-workers grow as well. I have inner confidence and feel able to do the things that I want to do in my life. I feel like my health is improving and I have been eating healthier, I have been cooking with the produce grown in the garden, which has me more aware of what I am eating.

*What will you go on to do next?*

I would like to continue my work in mental health in higher education. I would like to do some short courses. I would like to set up a creative writing group at Sydenham Garden and am in the beginning stages of planning it.

### **Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

I heard of Sydenham Garden through echo mind an organisation linked to mind. I got referred by my GP.

*What were your reasons for wanting to join?*

I was feeling depressed and wanted to do something more practical, at the time the only things I was offered were medication and talking therapies. I have always enjoyed being outside it really helps with my anxiety.

*What have you enjoyed about your placement?*

I have enjoyed being outside and socialising with other co-workers. I felt accepted in the group because I knew other people had similar issues and understood how I was feeling. I didn't have to pretend and worry about what I was going to say in the group.

*What have you gained?*



I have gained gardening skills and confidence. The garden has helped me to feel more positive.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I feel more confident and less anxious because the garden makes me feel really calm.

*What will you go on to do next?*

I am going to join the Growing Lives Tuesday group.

**Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

I heard about Sydenham garden from my CPN (Community Psychiatric Nurse).

*What were your reasons for wanting to join?*

I wanted to come to meet people and get out of the house. I also enjoy gardening.

*What have you enjoyed about your placement?*

I have enjoyed planting seeds, working in the green house and being outside.

*What have you gained?*

I have learnt more about different people who have different backgrounds which has given me a much better understanding of people. I have learnt that it is good to talk and share experiences with other people.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I feel I am able to listen to people more. One of my targets was to be able to listen to others more and I think I have been able to do that during my time at Sydenham garden which has helped me learn about other people and understand different views and perspective.

*What will you go on to do next?*

I am looking for paid work at the moment. I want to continue doing voluntary work at my local school as a teaching assistant. I might do a course as well, I'm not too sure yet.

**Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

Referred through a Doctor.

*What were your reasons for wanting to join?*

I was depressed, I needed an activity to clear my head, a place to socialise and meet new people.

*What have you enjoyed about your placement?*

I have enjoyed working outside in the garden alongside people. People have made me feel welcome; I have loved laughing as we work together. I have learnt about plants, how to look after them. Working in the garden has taken my mind of things. I've liked cleaning

and washing up.

*What have you gained?*

Social confidence, getting out of the house, learning new things, making new friends and having time to chill.

*Have you seen any changes in yourself or your lifestyle during your time here?*

Yes I feel better, I am more relaxed.

*What will you go on to do next?*

Joining Art & Craft, to build up more confidence and try something new. I feel comfortable trying something new at Sydenham Garden as I know it.

### **Garden co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred by my Psychotherapist at Sydenham Green Practice.

*What were your reasons for wanting to join?*

I wanted to get help with my recovery.

*What have you enjoyed about your placement?*

I have enjoyed the activities in the garden, the friendships I have made and the community spirit.

*What have you gained?*

I feel I have gained more confidence and am in a much better place than I was a year ago. I have gained friends and I don't feel so lonely anymore. I have learnt new gardening skills.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I go out a lot more than I used to. I am more interested in taking on new activities and learning new things.

*What will you go on to do next?*

I plan to go on to the Growing Lives project.

## **Art & Craft interviews**

### **Art & Craft co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred to Sydenham Garden by the Social Inclusion & Recovery Team, part of SLAM.

*What were your reasons for wanting to join?*

I had become very insular since losing my husband and getting divorced. Even leaving the

house made me very anxious and I could go for days without any face-to-face interaction.

*What have you enjoyed about your placement?*

The activities have been a lot of fun, especially when trying a new activity. It's been inspiring to meet other people with similar issues to mine and it feels like a safe environment where I won't be judged.

*What have you gained?*

I have gained a bit more perspective on my own issues (having heard about what others in the group have been through). I have more confidence in talking to others as well as confidence in my own abilities.

*Have you seen any changes in yourself or your lifestyle during your time here?*

Keeping a regular time to be out of the house has helped me with time management. I'm doing much more in my spare time such as painting and making things.

*What will you go on to do next?*

I'm starting with Arts Network this week and once my year in Art & craft is up, I would consider taking a place in the gardening group or go on to the Art Club. Coming to Sydenham Garden has made me realise that I would like a career in the creative sector.

#### **Art & Craft co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred by my GP.

*What were your reasons for wanting to join?*

I was spending a lot of time at home and I wanted to get out more and start seeing people.

*What have you enjoyed about your placement?*

I have enjoyed everything about Sydenham garden, I can't say a bad thing about it. I've enjoyed meeting new people and doing the arts and crafts especially making marmalade and paper.

*What have you gained?*

I don't know what I have gained but I have loved every day I have come.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I go out more which is more than what I was doing before.

*What will you go on to do next?*

I would like to join the art club at Sydenham garden, I have been thinking about volunteering and would really like to volunteer to help other people.

#### **Art & Craft co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred to Sydenham Garden by my GP.

*What were your reasons for wanting to join?*

I wanted to join because of my severe recurring depression due to my chronic pain as a result of my physical disabilities.

*What have you enjoyed about your placement?*

Being accepted for who I am and the adaptations the staff made due to my physical disabilities.

*What have you gained?*

Confidence.

*Have you seen any changes in yourself or your lifestyle during your time here?*

A more positive outlook about my future and life.

*What will you go on to do next?*

I would like to be referred again to Sydenham Garden. For now I plan to find other arts and craft groups to attend.

### **Art & Craft co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred by my GP.

*What were your reasons for wanting to join?*

I wanted to get some support to help with my anxiety and stress.

*What have you enjoyed about your placement?*

I have enjoyed being in the group and making new things. I really enjoy the fact that you never know what your end product will look like and I have been pleasantly surprised at the work I have been able to do.

*What have you gained?*

Coming to these sessions has allowed me to tap into my creativity that I didn't realise was still there. I feel a lot more confident about my art work now.

*What will you go on to do next?*

I think I will start to arrange where I am going to put the art work in my flat. I would like to come back and play some music at the Sydenham Garden Christmas fair.

### **Art & Craft co-worker interview**

*How did you hear about Sydenham Garden?*

From my GP.

*What were your reasons for wanting to join?*

I was feeling very stressed and needed something to help me.

*What have you enjoyed about your placement?*

Everything! I enjoyed making Jam, baking cookies and cakes and selling them at the Christmas fair. I have enjoyed being with the staff and volunteers. I enjoyed every minute.

*What have you gained?*

I have gained a lot of things. I have learnt how to do a lot of things I couldn't do before.

*Have you seen any changes in yourself or your lifestyle during your time here?*

Yes I can make new things. I have been sharing my work and doing art and craft at home with my family. I have been making gifts for family and friends. I made a purse for someone at church and a book for my grandson.

*What will you go on to do next?*

I would like to be a volunteer at the Community Lunch and I would really like to join a baking course.

### **Art & Craft co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred by an IAPT counsellor who I was seeing.

*What were your reasons for wanting to join?*

My counsellor said it might be good for me so I decided to give it a go.

*What have you enjoyed about your placement?*

I have enjoyed the support from the volunteers and the weekly company. I have learnt new art and crafts skills.

*What have you gained?*

I have learnt how to interact with other people in group and new art skills. I think my communication skills have improved a lot and I am more assertive in expressing what I want and don't want.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I have more confidence now than I did before. I have built close relationships with other members of the group that I keep in touch with outside the group as well for support.

*What will you go on to do next?*

I would like to do more art and craft and other activities. I have been referred to Bromley and Lewisham mind to get more support with this.

### **Art & Craft co-worker interview:**

*How did you hear about Sydenham Garden?*

I was referred by my therapist at Lewisham hospital.

*What were your reasons for wanting to join?*

I wanted to socialise more with people and I had an interest in art and craft.

*What have you enjoyed about your placement?*

I have enjoyed the company and the activities. It is a nice environment to be in. I think the setup is good to not feel nervous. Because there is a focus in the sessions there is less chance of getting anxious because you don't really have to speak to anybody if you don't want to.

*What have you gained?*

I feel more confident and my social anxiety has really reduced. I am more comfortable being around people.

*Have you seen any changes in yourself or your lifestyle during your time here?*

Same as above.

*What will you go on to do next?*

I would like to come to the Art club at Sydenham Garden. I am also planning on doing some voluntary work and getting into paid employment.

## **Sow & Grow interviews, observations and feedback**

### **Sow & Grow Carers interview**

My parents have been lucky enough to both attend the Sydenham Gardens Sow & Grow group. The staff were highly skilled at facilitating all the participants and demonstrated an incredible level of understanding of Dementia and Alzheimer's. All the staff were so positive, cheerful and supportive that my parents quickly settled.

Whilst all the activities were carefully pitched for adults with dementia they were carefully adapted to afford the group their dignity and validated all their contributions. My parents quickly grew to love the group and remembered more about that than many other aspects of their lives.

The activities seemed to be much enjoyed and certain staff members were described in highly positive terms. It seemed to support them to feel valued and sociable again. The scrapbooks created will be much treasured as they are full of lovely pictures of my smiling parents clearly enjoying the experience. It is difficult to describe how and why this was important but it was and the books will remain a great talking point.

Thank you all so much. Your work has touched the lives of my parents and us, their family too.

### **Sow & Grow Co-worker interview**

*How did you hear about Sydenham Garden?*

I don't know.

*What were your reasons for wanting to join?*

I went along with the offer – the reason for wanting to join.

*What have you enjoyed about your placement?*

Everything but especially the gardening.

*What have you gained?*

I have enjoyed meeting people and the companionship.

*Have you seen any changes in yourself or your lifestyle during your time here?*

No, I don't think so.

*What will you go on to do next?*

Walk the dog, do the gardening; what I always do at home. (Would come back to SG but not to other groups).

### **Sow & Grow Co-worker interview**

*How did you hear about Sydenham Garden?*

Emily, my daughter in law told me.

*What were your reasons for wanting to join?*

No special reason.

*What have you enjoyed about your placement?*

I've enjoyed it all. I liked meeting new people.

*What have you gained?*

I've tried new things with new people.

*Have you seen any changes in yourself or your lifestyle during your time here?*

No.

*What will you go on to do next?*

I go to the stroke group but I don't think I'll join any other groups (Would return to SG).

### **Sow & Grow Co-worker interview**

*How did you hear about Sydenham Garden?*

GP.

*What were your reasons for wanting to join?*

At the beginning, not sure really, 'going to university'. What has been beneficial? I look forward to coming, gets brain working.

*What have you enjoyed about your placement?*

I've enjoyed it all. I liked meeting new people.

*What have you gained?*

Friendships, no animosity, no worries. Do have a giggle, thoroughly enjoy myself. Activities make you apply yourself, make the old grey matter work.

*Have you seen any changes in yourself or your lifestyle during your time here?*

Confidence came back. I had been quite within myself, now I'm like I used to be. I've come out of myself.

*What will you go on to do next?*

If I don't come I would be back indoors, not going to search for a group. I wants to continue with a volunteer hat on.

### **Sow & Grow Co-worker interview**

*How did you hear about Sydenham Garden?*

Through Mindcare. Had been going to the Calabash where there was a chair exercise class but did not enjoy it at all.

*What were your reasons for wanting to join?*

Curiosity and to try and get rid of shyness! XXX is always willing to try new things but finds it hard to do it. He makes himself go to things as he does not want to stay in and watch TV all/every day.

*What have you enjoyed about your placement?*

Being able to socialise. Gardening. XXX enjoys the friendliness of the group as he has got to know people, has found it relaxing, interesting and rewarding. He is surprised at his colouring skills.

*What have you gained?*

Meeting people and chatting. Confidence.

*Have you seen any changes in yourself or your lifestyle during your time here?*

Less shy, although still finds initial contact with groups scary. XXX has confirmed to himself that it really is important to keep walking and meeting people as that keeps both his mind and body active.

*What will you go on to do next?*

Will see what is around but not chair exercise.

### **Sow & Grow Co-worker interview**

*How did you hear about Sydenham Garden?*

Through Mindcare.

*What were your reasons for wanting to join?*

I like more the garden. Come from a place with garden and space, countryside. And the company and the people who run it is very happy people.



*What have you enjoyed about your placement?*

The people, the very, very happy people – enjoyed everything garden, the art work, the colour. Very happy atmosphere from any eyes.

*What have you gained?*

I live alone, I have a friend as a neighbour. I'm completely different – more happy, do more things for myself.

*Have you seen any changes in yourself or your lifestyle during your time here?*

My life is more joined – happy family. Happy.

*What will you go on to do next?*

Going on holiday to sister in Greek Island. Hope to come and join at singing group.

### **Sow & Grow co-worker interview**

*How did you hear about Sydenham Garden?*

Various networks dealing with my daughter, who is working in the NHS (National Health Service) made the enquiries.

*What were your reasons for wanting to join?*

I am willing to do anything that could help me come to terms with diagnosis which was a great shock for me.

*What have you enjoyed about your placement?*

I have enjoyed my time at Sydenham because the organisers are helpful and understanding. We also had good every meeting.

*What have you gained?*

Yes, I am gained some more self-confidence and am gradually being able to lead a normal life.

*Have you seen any changes in yourself or your lifestyle during your time here?*

(See above) The previous months before my diagnosis were becoming a case of neglecting the normal life and not eating about anything very much.

*What will you go on to do next?*

I would like to continue with some sort of similar therapy. Some of the things that worry me as the fact that I can no longer write a space properly or even to add up figures. I can barely put 2 and 2 together.

### **Sow & Grow Co-worker interview**

*How did you hear about Sydenham Garden?*

Way back – when someone started here – told her husband.

*What were your reasons for wanting to join?*

When I was told – I said I wouldn't mind going. Back in Ghana I used to go and see my

mum, we had a garden.

*What have you enjoyed about your placement?*

The dancing, the shaking, the singing and the gardening.

*What have you gained?*

I enjoy it, especially the dancing.

*Have you seen any changes in yourself or your lifestyle during your time here?*

In Ghana I used to dance, we all did. We had a garden. I love it, the dancing, the singing.

*What will you go on to do next?*

Made no comment.

### **Sow & Grow Co-worker interview**

*How did you hear about Sydenham Garden?*

I think my daughter found out about it for me.

*What were your reasons for wanting to join?*

Somewhere to go, to meet people.

*What have you enjoyed about your placement?*

Meeting people, otherwise with son on Sunday as with daughter on Wednesday. Word search in evenings.

*What have you gained?*

Made my life more interesting, I make friends and have a laugh.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I just keep going.

*What will you go on to do next?*

Keep going.

### **Sow & Grow Co-worker comments**

I've LOVED the group both the company and the content. I have felt supported by friendships.

It gave me a reason to get up and get dressed, join other people with similar problems. Memory is going, I'm a bit more confused occasionally.

I look forward to coming. It's very good. I feel good afterwards.

I am going to miss this place because I love it here so much. The staff are all so friendly and helpful. I am wishing they could stay.

### **Carers of Sow & Grow co-workers comments**

SG helps his social life. Helps to interact with people. He talks about it when he goes home, he doesn't remember detail, more how he felt.

Meeting people has helped her concentration, she has to remember that she is coming to Sydenham Garden, she does not forget - concentrates better on other things, slight benefit to her memory. Sydenham Garden has been great. It's a shame there are not more.

She really enjoys it. Looks forward to coming. Enjoys interaction. Will often remember what she did 4 or 5 weeks later!

SG is beneficial. She remembers pretty much everything. She makes the most of it.

Thanks for your email and for confirming the date of the last Sow & Grow session. I can't believe that 6 months has passed so quickly! \* has enjoyed the sessions very much so thank you and all your volunteers for the happy times he's had. And not forgetting Mickey the Lurcher of course.

I'm afraid \* doesn't want to join the Singing and Movement group. He seems to have an antipathy to music at the moment. I don't know whether it's connected to his increasing deafness or if his 'hearing' experience has changed. Bromley Carers run several choirs which he's also rejected. It's a pity but the situation may change so I'd be grateful if you would update me on any future groups.

Again, thank you for including \* in the Sow & Grow group. It's a valuable resource and I know he's benefitted from it.

Kind Regards

Sydenham Garden has made a huge difference! Much to the family's surprise he has achieved functions he didn't have before starting. Singing has helped his language, he is doing puzzles at home now, interacting is easier and has grown in confidence.

He has a positive attitude to being at Sydenham Garden. Joining in everything. He speaks about SG when he gets home - he does not forget what he does here. It has more impact than the gym!

### **Co-workers comments from Sow & Grow**

I really enjoy coming here as I meet people with the same little problems as I have and then I don't feel so bad about them. I do crafts at home to keep myself occupied

I love coming here every week. It gives me a lot of happy memories.

Reported on questionnaire; I really enjoyed the group very much. Happy place, I don't find other places as happy.

Commented on last session questionnaire; The friendship of the organisers is great and helped to improve my confidence.

Arrived at the beginning of the session and in response to the volunteer greeting him and asking him how he was he said, 'I'm happy here, I can let go of everything here, nothing to bother me' and he gave a big smile.

## **Growing Lives interviews and case studies**

### **Growing Lives Co-worker interview:**

*How did you hear about Sydenham Garden?*

I heard about Sydenham garden from my support worker.

*What were your reasons for wanting to join?*

I wanted to improve my mental health. I was lacking in confidence and had depression with anxiety.

*What have you enjoyed about your placement?*

I have enjoyed learning new things about gardening. I have enjoyed the practical aspect as well as doing physical work. I have enjoyed socialising with people in the group. It is nice being around other people with similar life experiences.

*What have you gained?*

I think I have gained more confidence and I am not as socially anxious as I was before. I feel comfortable in my own skin now. The seed has been planted for me to do more gardening in the future.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I have built more confidence. My social anxiety has decreased and I don't feel so out of place.

*What will you go on to do next?*

I will be going into full time employment which was one of my goals through my placement. I am feeling optimistic about starting work again. I hope to come back to the Sydenham Garden events.

### **Growing Lives Co-worker interview:**

*How did you hear about Sydenham Garden?*

I heard about Sydenham Garden from my occupational therapist at the social inclusion team.

*What were your reasons for wanting to join?*

I needed to start doing something and get back into a routine. I enjoy being outside and wanted to learn more about gardening.

*What have you enjoyed about your placement?*

I have enjoyed meeting new people and having interesting discussions about different topics. I enjoyed the lunches and being part of a group learning about sustainability.

*What have you gained?*

I have learnt how to work in a team and gained a routine which I think has helped to prepare me for employment.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I am more conscious about what I buy and eat now and I think I have a better awareness and try to live more sustainably and eco friendly.

*What will you go on to do next?*

I will be starting full time work as a manager at a charity shop. I am really excited about this. I hope to still be able to come and visit Sydenham Garden and attend any events.

### **Growing Lives Co-worker interview:**

*How did you hear about Sydenham Garden?*

Through GP (Sydenham Green Health Centre).

*What were your reasons for wanting to join?*

My GP recommended that group interaction and therapy may be a more positive alternative to medication. At that time I also felt that an appointment every week would help in the normalisation process.

*What have you enjoyed about your placement?*

Meeting people, learning new skills, focusing on one thing and maintaining attention.

*Please provide an example of how your social interaction has improved while attending the programme.*

There has been some improvement in being less fearful of social situations and staying inside the home for long periods.

Also dealing with new people in situations (I still have variable levels with these issues, but Sydenham Garden has a good early base in helping with these). A team or classroom environment provided has been instrumental in promoting this.

*Have you seen any changes in yourself or your lifestyle during your time here?*

The appointment has helped me break up the week. Available consultation & connection with my GP has maintained safe-guarding. It has made me feel less isolated. It has helped me focus. It has prepared me for similar situations among people i.e. shopping & going for a walk.

*What would you like to do following your placement at Sydenham Garden?*

I'm unsure. A continued placement through my GP would make me feel more secure in terms of integration with people. These groups are also good training in being able to focus on specific things.

I have great difficulties with these issues and general appointments. Thus it acts as good

life training for people who have difficulty in coping with everyday life due to health issues.

**Growing Lives Co-worker interview:**

*How did you hear about Sydenham Garden?*

Through Mind.

*What were your reasons for wanting to join?*

I was at a very low point in my life and needed to try and come away from my comfort zone and Sydenham garden seem like a good place to do that.

*What have you enjoyed about your placement?*

I have enjoyed so many things about the garden; from the first time I walked in, I was made to feel welcome and part of a team. No pressure was put on me to do anything I was unsure of, people were kind and understanding and have gone above and beyond to help me when needed.

*What have you gained?*

I am little bit more confident, though I still have a long way to go there. (I've gained) friendships and a better understanding of the garden.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I think I cook more with vegetables than I used to. I hope that in the New Year I can try and grow my own.

*What will you go on to do next?*

I would love to be able to volunteer one day.

**Growing Lives Co-worker interview:**

*How did you hear about Sydenham Garden?*

I heard about Sydenham Garden through a friend who was attending at the time, so I went to get a referral from my GP.

*What were your reasons for wanting to join?*

I wanted to get out of the house as I was spending too much time at home, where I was having issues with family.

*What have you enjoyed about your placement?*

I have enjoyed being out in the fresh air and meeting new people. I have gained some good relationships. I have enjoyed doing the gardening work, learning how to grow food and watering the plants.

I have really enjoyed attending other workshops at Sydenham Garden such as fan making, mosaics and jam making

*What have you gained?*

I feel I have gained more confidence. I have gained friendships with other co-workers in

the group. I have learnt how to be around people socially and how to show respect to others.

*Have you seen any changes in yourself or your lifestyle during your time here?*

I have learnt how to say no to people which I found hard to do before but I have learnt how to put myself first and look after myself. I have gained friendships with other co-workers in the group.

*What will you go on to do next?*

I'm planning on taking a holiday and then joining the art club. I would really like to help with the preparation of the Winter fair.

### **Case Study 1 – Roberto**

Roberto was referred to the Growing Lives project through his GP. Roberto had been suffering from depression, and his GP thought that the group interaction and therapy available through the project may be a more positive alternative to medication. Roberto felt that a placement at Growing Lives could help him become less fearful of social situations and help him get out more (he was struggling to leave the house). Roberto enjoyed his Growing Lives placement; he enjoyed meeting new people, and working with them as a team, learning new skills and focusing on one thing at a time, maintaining his attention. Overall, Roberto felt that Growing Lives has made him feel less isolated, helped him to focus and prepared him for social situations in the future. Roberto states that the Growing Lives Project acts as good life training for people who have difficulty in coping with everyday life due to mental health issues.

### **Case Study 2: Michael**

Michael was referred to the Growing Lives project through his therapist at the Improving Access to Psychological Therapies (IAPT) programme. Michael wanted to get involved as he felt that the Growing Lives project offered a way to improve his social anxiety, depression and low energy whilst offering opportunities to learn new skills and 'get away from it all'. Michael really liked the other people on the placement, as they knew where he 'was coming from', meaning he could really open up to them. Michael also enjoyed learning new practical skills (e.g. pruning apple trees) and doing the OCN course which enabled him to learn about the environment. During his placement, Michael told Sydenham Garden that he had started eating more healthily and said: "I feel like I have more energy and I generally feel better. I feel like I have a better structure to my day now".

### **Case Study 3: Stuart**

Stuart joined the Growing Lives project after being referred by Oxleas NHS Trust following treatment for depression. He thought that the Growing Lives Project would enable him to learn new skills, fill the 'gaps' in his CV (due to his ill-health he has been out of work for 10 years), provide a structure to his week and provide opportunities for social interaction. Through the project, Stuart enjoyed meeting people with similar issues, and appreciated the relaxed environment cultivated by the project. At the end of the placement, Stuart stated he had learnt lots of new skills, and that the OCN qualification had really improved

his knowledge. Stuart told Sydenham Garden: "I am always more relaxed and happy when I leave here – I need to think of ways to carry that across the rest of the week". Now that his placement has ended, Stuart's priority is finding work. In the meantime, he is volunteering with Sydenham Garden, which is going really well.



## 9.) Conclusion

This year's evaluation confirms that the level of mental distress suffered by those coming to Sydenham Garden is greater than we have previously recorded. This fact is not surprising in the light of well publicised societal stressors together with fewer voluntary sector opportunities. Despite this the project continues to achieve significant success in facilitating the recovery journey of our co-workers.

The report places considerable emphasis on co-worker interviews which are a vital means of communicating some of the changes which a project like Sydenham Garden can bring about. They help to build up a true picture of the depth of change that is often witnessed by our staff and volunteers.



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# The Rotherham Social Prescribing Service for People with Long-term Conditions: Evaluation Update

Chris Dayson and Chris Damm | CRESR, Sheffield Hallam University

May 2017

## Introduction

Social Prescribing aims to prevent worsening health and improve well-being for people with long-term health conditions. It works by enabling GPs to link patients with sources of social, therapeutic and practical support mainly provided by voluntary and community organisations in their local area. There is significant policy support for Social Prescribing from the Department of Health and NHS England who have both promoted referral to the voluntary and community sector as a way of making health and social care more sustainable.

In Rotherham the Social Prescribing Service is delivered by Voluntary Action Rotherham (VAR) in partnership with more than 20 local voluntary and community organisations (VCOs). The Service was first commissioned as a two-year pilot in 2012 and is now funded until March 2018 through the Better Care Fund. It has two core features:

- A team of Advisors provide a **single gateway to voluntary and community sector support** for GPs and Service users: they receive referrals from GPs of eligible patients and carers and assess their support needs before referring on to appropriate VCS services.
- A **grant funding programme** through which a **'menu' of VCS activities** to meet the needs of Service users is micro-commissioned.

Between September 2012 and March 2016 the Rotherham Social Prescribing Service supported **more than 3,000 local people with long-term health conditions and their carers**, the majority of whom did not have access to opportunities to engage and become active in their local community. They have benefited from a range of services and activities including befriending, arts and crafts groups, exercise classes, complementary therapy and counselling. The service covers the whole of the borough of Rotherham and is one of the largest of its kind in the UK. It is embedded in a

wider programme of Integrated Case Management commissioned by the CCG.

This report provides an updated assessment of the social and economic impact of the Rotherham Social Prescribing Service between September

## CASE STUDY: LOUISE

### Background

Louise suffers from degenerative spinal disease and is in pain a lot of the time. She hoped support through Social Prescribing would help her get fitter and lose weight. Louise said she would like to go swimming but did not feel she would be able to go on her own. She suffered with anxiety and low confidence and was not going out much, relying more and more on family to do shopping so that she didn't have to go out.

### Support

Louise was referred by the VAR Advisor to a Community Hub Support Worker at Kiveton Park and Wales Community Development Trust who supported her to attend a local craft group. Louise was also referred to Learning Community who visited her at home for a number of weeks and supported her to create a Facebook page through which to promote the craft items she makes.

### Outcomes

Three months on from her referral to Social Prescribing, Louise now attends the community craft group independently and the group is self-sustaining, paid for by those who attend. She is now far more confident and less afraid to try new things than she was before. Louise said that she would never have gone to a community group if it had not been for the initial one-to-one support provided through Social Prescribing. She is now teaching younger members of the craft group to crochet and recently ran a stall at a craft fair to sell some of her creations and raise the profile of the craft group.

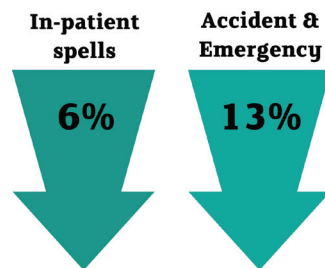


2012 and March 2016.<sup>1</sup> In parallel, the Evaluation has produced a thematic report that explores the impact of the Service from the perspective of GPs.

## Impact on health services

One of the primary goals of the Social Prescribing Service is to reduce the number of costly secondary care interventions amongst a group of patients with long-term health conditions identified as most likely to access secondary care in the near future.<sup>2</sup> To assess progress against this the evaluation uses patient-level Hospital Episode Statistics (HES) to monitor service users' access to secondary care, comparing non-elective inpatient admissions and Accident and Emergency attendances for the 12 months prior to and following their referral to Social Prescribing.

Our analysis has consistently identified **reductions in service users' use of secondary care** after they had been referred to Social Prescribing: for people who engaged with the service in 2012/13 and 2013/14 non-elective inpatient spells reduced by 11 per cent and Accident and Emergency attendances reduced by 17 per cent.<sup>3 4</sup> This trend continued for the people referred to the service in 2014/15, albeit at a slightly reduce rate, with non-elective inpatient spells falling by six per cent and Accident and Emergency attendances falling by 13 per cent.



There are a number of important factors associated with these reductions in secondary use:

**Age:** older people (aged 80 and over) saw an overall increase in the number of non-elective inpatient spells and Accident and Emergency attendances.

**Secondary care use:** people who had been the highest users of secondary care (three or more instances in the last 12 months) saw the largest reductions. For this group non-elective inpatient spells reduced by 46 per cent and Accident and Emergency attendances reduced by 42 per cent.

**Well-being:** people whose well-being improved saw an overall reduction in the number of non-elective inpatient spells and Accident and Emergency attendances. In contrast, for people whose well-being got worse these incidences increased.

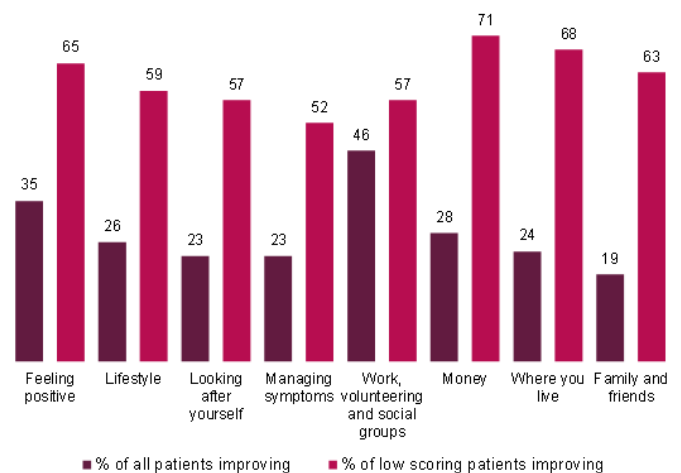
## Impact on service user well-being

Another important goal of the Social Prescribing Service is to improve the well-being of people with long-term health conditions who engage with the service. Throughout the evaluation we have consistently identified **large improvements in the well-being of service users** following their engagement with the service. Between September 2012 and 2014, 82 per cent of service users experienced positive change in at least one outcome area, improvements were recorded for each measure and initially low-scoring patients made most progress. Progress has consistently been most pronounced in the following outcomes:

- Work, volunteering and social groups
- Money
- Feeling positive

This trend continued in 2014/15, an increase in the average score for each outcome and a reduction in the number of low scoring outcomes across the board.

**Figure 1 | Overview of outcome change (2014/15)**



<sup>1</sup> All new analysis in this report is based on data from patients who first engaged with the service between April 2014 and July 2015.

<sup>2</sup> Patients are identified using a 'risk stratification' tool.

<sup>3</sup> Dayson, C., Bashir, N., Bennett, E. and Sanderson, E. (2016) *The Rotherham Social Prescribing Service for People with Long-Term Health Conditions: Annual Report*. Sheffield: CRESR, Sheffield Hallam University.

<sup>4</sup> Bashir, N. and Dayson, C. (2014) *The social and economic impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report*. Sheffield: CRESR, Sheffield Hallam University.

## CASE STUDY: GORDON

### Background

Gordon has severe mobility problems and was referred to the Social Prescribing Service as he and his wife are dependent on carers supporting him with tasks like getting in and out of the bath. Gordon had limited social contact outside of the home which created strain between him and his wife. Gordon has a keen interest in practical activities but felt cut off from the wider community and unable to pursue these.

### Support

Following his referral to Social Prescribing, Gordon was supported through an enabler to attend the 'men in sheds' activity group run by Casting Innovations. Once his funded support ended Gordon continued to be involved in the 'group as a volunteer. In addition, Social Prescribing was able to refer Gordon's wife to a complimentary therapy community group for respite from her caring role.

### Outcomes

Gordon continues to regularly attend the 'men in sheds' group as a volunteer, where his role includes welcoming new people to the group, supporting them to engage, supporting the team to deliver sessions and often staying on after the sessions to help tidy away. He has found a real purpose in volunteering at the group and his wife is happy that Gordon can go out and socialise each week, providing her with much-needed regular respite.

These improvements in well-being demonstrate the social value of the Social Prescribing Service. This can be assigned a monetary value using the techniques associated with social return on investment (SROI). It is estimated that between 2012-2015, the social value of the well-being benefits experienced by Social Prescribing Service users in the first year following their engagement with the service amounted around £2 million: a return on investment of £1.11 for each pound (£1) invested in the service rather than the costs avoided by the NHS.

### Impact on the local voluntary and community sector

A recurring theme throughout the evaluation has been the wider benefits of the Social Prescribing Service for the voluntary and community sector across Rotherham. These benefits include:

- **Investment:** since 2012 the CCG has invested £2.2 million in the service, £1.2 million of which has been for grants to provide frontline services.

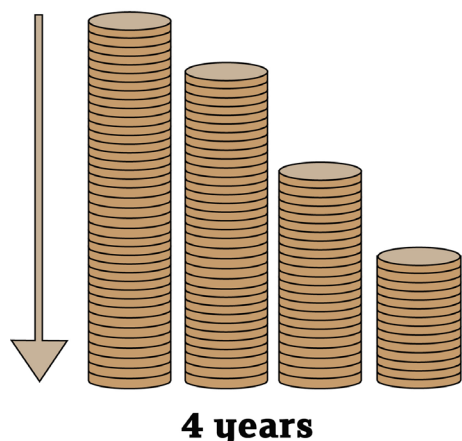
This is at a time when funding for the local voluntary and community sector from other public sector bodies had reduced significantly and has enabled significant leveraging of funding from other sources, including the Big Lottery Fund.

- **Developing and promoting social action and volunteering:** a number of Social Prescribing Service users have used it as a springboard for sustained involvement in community activity. This includes people who have gone on to start their own voluntary groups and become volunteers for the services that supported them. VAR plays a crucial role here, providing advice and guidance about setting-up new groups, support to access funding, and promoting volunteering opportunities.
- **Raising the profile of the sector:** the success of the Social Prescribing Service has demonstrated how local voluntary and community organisations - including very small community and neighbourhood groups - can contribute to local strategic health and social care priorities.
- **A new model of commissioning:** the Social Prescribing Service has developed and embedded an innovative 'micro-commissioning' model through which VAR makes grants of various sizes to local voluntary and community organisations to fund additional frontline services into which the Service refers. This funding has built the capacity of these organisations to support the Social Prescribing Service and fostered an approach where communities are better able to support self-care.
- **Good practice in Asset and Place Based approaches:** The Rotherham Social Prescribing 'model' is an example of good practice in involving people, communities and voluntary organisations in the design and delivery of health and social care services.

### Costs avoided by the NHS

The evaluation has consistently demonstrated that Social Prescribing Service users use fewer NHS urgent care resources in the 12 months following their engagement with the Service when compared to the previous 12 months. Across the first four years of the service this reduction equates to **estimated NHS costs avoided of £647,000: an initial return on investment of 35 pence for each pound (£1) invested.** If these reductions were sustained for three years following engagement with Social Prescribing the cost of delivering the Service would be recouped.

Estimated NHS costs avoided = **£647,000**



## Contact

For more information about the evaluation, including the methodology and other outputs, contact:

**Chris Dayson** | Senior Research Fellow | CRESR | [c.dayson@shu.ac.uk](mailto:c.dayson@shu.ac.uk) | 0114 2253539

For more information about the Rotherham Social Prescribing Service contact:

**Shafiq Hussain** | VAR | [shafiq.hussain@varotherham.org.uk](mailto:shafiq.hussain@varotherham.org.uk) | 01709 834458



Tweet about this report using:

@cdayson\_cresr

@CRESR\_SHU

@VARotherham

@NHSRotherhamCCG

#socialprescribing

## CASE STUDY: SARAH

### Background

Sarah has multiple health problems and is in receipt of disability benefits. As a result, she was socially isolated but was eager to find out about possible social activities when she was referred to Social Prescribing.

### Support

Sarah was supported to attend a local community hub where she began accessing a community exercise group. Her confidence built and she also began participating in a local art and craft group. Sarah really enjoyed the art and craft group and when her funded time came to an end she decided to set-up her own group. She was supported by Voluntary Action Rotherham to set up a constitution with some other group members and to apply for grant funding to get the group off the ground.

### Outcomes

Sarah's community arts and craft group is now well established and has accessed Awards for All funding, a small community grant to support running costs and deliver the group in a community café. Running the group has given Sarah a renewed sense of purpose which has impacted positively on her health and wellbeing.

# Rotherham Social Prescribing

**Janet Wheatley, Chief Executive,  
Voluntary Action Rotherham**

# Rotherham Social Prescribing



- ***‘I’ve got six things wrong with me, I’m on 10 different drugs, I’ve been in and out of hospital for years, but the biggest problem I suffer from is ‘four-walls-itis’***
- ***‘It has helped and assisted in re-integrating me back into society after I was brutally attacked and left with life changing injuries. Social Prescribing filled the gap left in my life not filled by the NHS or RDASH’***



# Rotherham Social Prescribing



- **Sits alongside clinical interventions** - helps people live their lives in a way that feels like living rather than coping and surviving. It provides an integrated response to patient care
- **Where the NHS 'meets' the community and its assets** - shifting the focus from conditions or ages to localities and communities
- **'What matters to me'** as well as **'What is a matter with me'**

# Rotherham Social Prescribing

- **Involved a leap of faith to working differently** - there had to be another dimension to meeting patient needs
- **Co-produced** - between Rotherham CCG, VCS and service users
- **Builds on/ enhances local relationships, respect and trust** - between public sector and voluntary and community sector partners
- **Flexible to meet changing needs** - embedded within CCG and STP
- **Supports and resources VCS** - works with groups and patients
- **Independent evaluation base-** evaluated from onset

# The 'Rotherham Model'



- **Voluntary Action Rotherham (VAR)** on behalf of Rotherham CCG delivers 2 Social Prescribing (SPS) programmes. VAR manages the programme and micro commissions activity from the VCS - contracts/ spot purchases/ grants
- **LTC SPS** works with all GP practices as part of integrated case management approach. Referral pathway identifies patients referred to a VCS advisor aligned to each GP practice. **Started 2012. 5835 referrals**
- **Mental Health SPS** works with 2 cluster groups of patients referred by RDASH to a VCS advisor. **Operating since 2014. 328 referrals**
- Patients/ service users build and direct their own packages of support, tailored to their specific needs by encouraging them to access services provided by the VCS

# Rotherham SPS Research

- **We have a rich and systematic evidence base to support our work** - both schemes have been independently, academically evaluated from the start
- **The evaluations track two main elements**
  - **Improvement in wellbeing and quality of life**
  - **Impact on services either in reduction in demand or potential for discharge/ step down**
- **Plus patients/ users stories through case studies**

# Research Findings

- **Health and wellbeing** - consistently large improvements in wellbeing for all patients/ service users referred. **Over 80%** improvements for LTC patients and **over 90%** for MH service users
- **Reduction in demand for services** - for the LTC service consistent reductions in use of services **6 -11%** reduction in non elective inpatient stays and **13 -17%** reduction in use of A&E services - more detailed analysis shows higher reductions in certain types of patients. For the MHS - **over 50%** discharge from services for those eligible for discharge review
- **Financial Savings** - the above evidence translates into definitive cost avoidance savings for the NHS

# Additional Research Findings

## Impact on Primary Care



Latest evaluation looks at impact from a GP perspective

- Face to face appointments reduced **28%**/ telephone consultations reduced **14%** (tracked in 1 GP Practice)
- Opportunity for holistic response to patient care. A person centred service especially for those with complex needs – ‘heart sink’ patients.
- Helps patients manage symptoms. Some impact on medication usage
- Rotherham SPS also supports carers – helps with family and care breakdown



# Additional Research Findings

## Impact - Vol/ Com Sector



- **SPS is a route into delivering a community asset based approach to health** - connects, through a single gateway, voluntary and small community groups into wider healthcare delivery. It taps into the potential out there in communities and within individuals
- **It supports the VCS to deliver options and solutions to people's needs.** Rotherham's model provides funding to front line VCS organisations .It's a resourced intervention rather than just signposting to already overstretched VCS services.
- **We work with VCS groups alongside SPS users** -help secure additional funding, volunteers, diversify income , new activities, increase citizen engagement/ independence/ resilience. It helps rather than hinders VCS sustainability

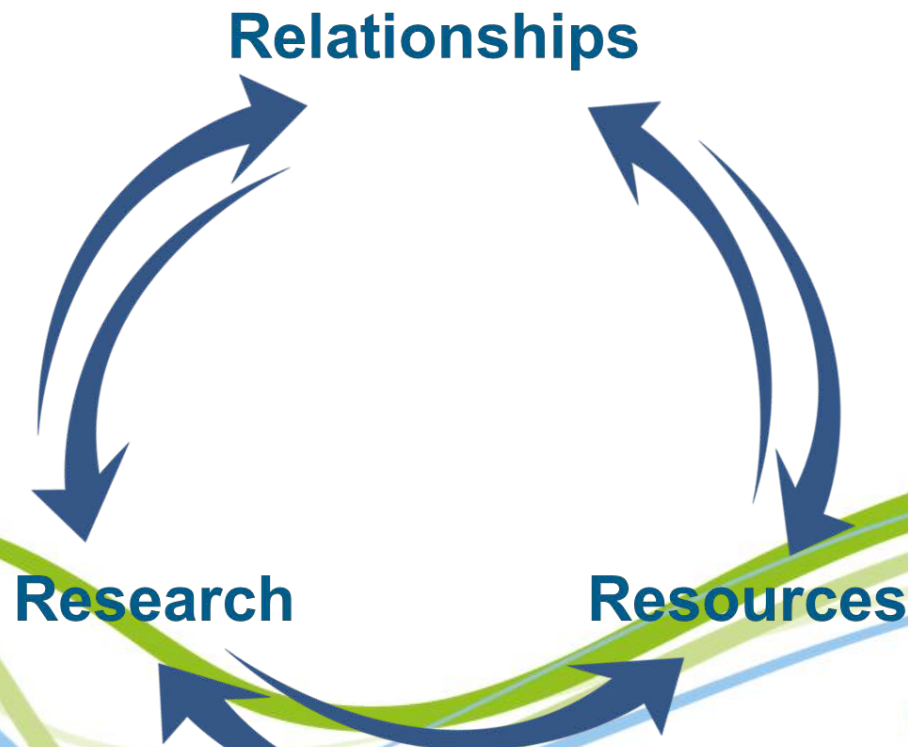
# Essential Lessons Learned

- **Be clear about the outcomes/ target population & clarity on the model** - is it SPS 'lite' or intensive/ signposting or prescription
- **Keep the model and referral mechanisms simple** - single gateway
- **Keep it local** - knowledge and expertise out there from local VCS. The perils and benefits of scaling up
- **Role of link workers/advisors** - linked to practices/ localities part of MDT team - build the relationships and combine expertise
- **Importance of patient/ user to be in charge/ have responsibility for their care** - don't overcomplicate some of the solutions



# Essential Lessons learned

- **Resource the sector to deliver the solutions** - this will enable them to come up with further sustainable options
- **Evidence base** - what target needs are and what works
- **3 R's**



*Your life, Your health*

# It's a Win/ Win/ Win

- ✓ The **CCG/ Health Providers** benefit, as it addresses inappropriate admissions, step down/ discharge of services
- ✓ The **GP's/ Primary Care** benefit, as it gives them a third option other than referral to hospital or to prescribed medication
- ✓ The **Voluntary and Community Sector** benefit, as it supports their sustainability
- ✓ **Most importantly** - the **Patient/ User/ Carers** love it as it improves quality of life, reduces social isolation and moves the people from dependence to independence

## It's a Win/ Win/ Win

- *My health, depression and wellbeing were very low, I had multiple problems to deal with on my own - a husband quadriplegic in a care home with frequent hospital admissions, a trapped nerve affecting my mobility and a seemingly insolvable problem with his new power chair. I felt completely isolated until my GP referred me to your service. At last I felt someone really cared and putting me in touch with other agencies produced life changing results very quickly. An absolutely brilliant service*
- *We feel that as GP's it has helped our workload and patients have had much better outcomes, especially the ones who seem to go round the 'revolving door'- we have been able to stop quite a lot of those 'cause they weren't really medical problems and since we've started using Social Prescribing we've almost put an end to that as well*



## Contact Details

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01709 829821

# Agenda Item 5

Healthier Communities Select Committee		
Title	Healthwatch annual report	
Contributor	Scrutiny Manager	Item 5
Class	Part 1 (open)	12 September 2017

## 1. Purpose

The annual report of Healthwatch Lewisham is attached.

Folake Segun, Director of Healthwatch Lewisham, will present the report and take questions from the committee at the meeting.

## 3. Recommendations

The Committee is asked to consider and note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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# Message from our Chair



## Welcome to the Healthwatch Lewisham 2016/2017 Annual Report.

This report provides an overview of our work this year.

There have been important achievements and demonstrable impact across all areas of health and social care throughout the year. We continue to be a strong and effective Healthwatch, building on all our work, connections and experience developed in our years of providing Healthwatch services in Lewisham. We have continued to be a vital part of the health and social care landscape, working independently to fulfil our statutory responsibilities.

Throughout the year we continued to focus on the priorities identified by the public and on meeting regularly with communities. We also increased the range of ways in which we could hear from people, for example through our Engagement Hubs. Our Trustees, staff and volunteers regularly attend commissioning and provider organisation steering and project groups to improve care.

This was our second year of delivering Healthwatch in Lewisham.

In looking to the future, the Trustees agreed to change the name of the Charitable Company to Community Waves. We feel that this will allow us to build a sustainable organisation with a strong focus on engaging and involving communities, always remaining committed to our Healthwatch responsibilities and values.

The year ahead will see new challenges to health and care for Lewisham residents with increased pressures on Council and NHS finances. Despite this Healthwatch Lewisham will continue to champion the involvement of people in service change.

.....

Our staff team have yet again delivered an exceptional service to and on behalf of the public and I would like to thank them for this. My thanks also go to our volunteers who give up their time freely and without whom we could not deliver our extensive work plan. I would also like to thank my fellow Trustees for their commitment and leadership over the year.

Finally, I would like to thank all service users, members of the public and carers who have spoken to us, completed surveys or taken part in focus groups this year. These contributions are vital to the success of our work in raising the issues which matter most to people.

Linda Gabriel,  
Chair

# Message from our Director

This has been a busy year for Healthwatch Lewisham. Our report doesn't describe every piece of work we carried out but it highlights the very real impact on local health and care services as a result of our activity in 2016-2017.

We were delighted to win the contract allowing us to continue delivering Healthwatch Lewisham. This year we reached more people than ever, and listened to your experiences of how services are meeting or failing to meet your needs. These insights have been shared with commissioners and providers regularly to influence service specifications and delivery. This was the first year we provided the Lewisham Independent Health Complaints Advocacy Service. The service was used by 130 residents, 106 of which were supported by an Advocate. You will find case studies from this work on pages 25, 44 and 45.

Our active volunteer base continues to grow and this year our 21 wonderful volunteers spread the word about Healthwatch Lewisham, carried out Enter and View visits to care homes across the borough and to University Hospital Lewisham.

Our engagement with people who have sensory disabilities and children and young people allows us to magnify the voices of people who are seldom heard. We also delivered training on patient insight to GPs in partnership with the General Medical Council and did the same for Pharmacy Technicians with the Centre for Pharmacy Postgraduate Education.



To ensure that Lewisham residents have a voice in regional developments, we remain involved with the Sustainability and Transformation Partnership for south east London. Healthwatch Lewisham attends the Equalities Steering Group, Stakeholder Reference Group, Planned Care Reference Group and the Patient and Public Advisory Group. Doing so allows us to promote the inclusion of the public in the development of regional plans.

My colleagues and I continue to work hard, juggling a busy schedule of engagement, partnership work, representation and reporting to ensure maximum impact for the experiences you share with us. We look forward to, no doubt, what will be another busy year for our small team who always aim to support you in influencing the way your health and social care services are planned, purchased and delivered.

I would like to thank our Board, my staff, our volunteers, stakeholders and local people for working with us.

**Folake Segun**

**Director, Healthwatch Lewisham**



# Highlights from our year

We've spoken to 3285 local residents face to face



Our volunteers have contributed 901 hours this year which equates to 129 working days



We've worked with 59 local services in our role as patient champion



Our reports have tackled issues ranging from health inequalities to sexting amongst young people



This year we've reached 1,537 people on Twitter



We've met hundreds of local people at our community events





# Who we are

Healthwatch Lewisham is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Healthwatch Lewisham is delivered by Community Waves, an engagement, involvement and participation charity focusing on health and social care based in Lewisham.

## Our Vision

To work with service users and providers towards making Lewisham health and social care services suitable for the people of Lewisham based on strong user evidence and public feedback.

## Our Mission

Healthwatch Lewisham will enable individuals and community groups to have a say in the planning, purchasing, provision and delivery of all local health and social care services.

## Our Values

**Independent** - Healthwatch Lewisham is an independent organisation from Lewisham Council, Lewisham Clinical Commissioning Group, all Health and Social Care Services, Providers and Commissioners.

**Caring** - we are committed to serving with empathy and compassion, ensuring that we listen to people's views and experiences.

**Respectful** - we respect people, treat everyone with dignity, value diversity, are committed to equality and act with integrity.

**Honest** - we are committed to a culture of openness and transparency in all we say and do.

**Critical friend** - we will be constructive as well as challenging with service providers, ensuring that we provide evidence to support what we say and do.

**Connected** - we will work with others through local and regional cross sector links and partnerships to enhance Health and Social Care provision for Lewisham Residents.

**Inclusive** - we are representative of all communities.

**Integrity** - we will rise above individual and single organisational interests and ensure that all that we do is for the benefit of the public and health and social care service users.

**Accountable** - we will be driven by the commitment of local volunteers and the passion of our Board and we will share information about the organisation widely.

During 2016-2017 our priorities, as determined by Lewisham residents, were:

- Access to Services
- Children and young people's health and wellbeing
- Mental health

These categories were identified based on local residents and service users' opinions and conversations held with service providers.

We also analyse our data to see if there are any gaps in service provision.

Due to the extensive nature of projects, some of our work was carried over from the previous reporting year.

Similarly, a few projects have begun this year but will not be concluded until next year.

These issues are further explored throughout this annual report.



*Our Healthwatch Team (from top left corner clockwise):  
Alexandra Doust; Fay Russell-Clark; Marzena Zoladz;  
Peter Todd; Stephanie Wood; Mathew Shaw; Mandy  
Millward; Folake Segun*





We can help you...

Are you still...

*Your views on health and care*

## Listening to local people's views

### General Engagement

Healthwatch Lewisham uses a variety of methods to understand people's needs and experiences. General and targeted engagement by our staff and volunteers is key to what we do and how we make sure voices are heard.

Between 1 April 2016 and 31 March 2017, we engaged with 3285 residents and heard the views and experiences of 1471 users of health and social care services in the borough.

We spoke to 10% more people than we did last year.

We gather experiences through a variety of ways including emails, local events, meetings, via post, telephone, our website, outreach and national services. The main source of comments we receive are from our direct engagement with the public at our engagement hubs.



*Volunteer Blessing Amaechi at Green Man Community Links Carnival*



*Healthwatch Lewisham collecting experiences at People's Day*

People generally choose to share their experiences and stories anonymously. We log these comments in our database and regularly monitor it for developing trends.

An essential part of influencing decision makers is ensuring that all patient stories we capture as part of our public engagement are heard by those in charge of health and social care services.

Our team produces a quarterly intelligence report which analyses the patient stories and signposting enquiries we have received.

We found that Lewisham residents had mixed views about their local services. Service users tended to be happy with the overall quality of treatment/care/service they received.



However, they were frustrated at being unable to book appointments at their GP surgeries, waiting times at hospitals, and felt there was a lack of communication between different services.

A summary of our findings can be found in this report.

We built and maintained relationships with **59** local organisations including service providers, voluntary, community and third sector groups.

We publicise ourselves primarily through our website, a bi-weekly e-Bulletin, social media, press releases, promotional materials and through posters and leaflets located throughout the borough.

Our network continues to grow with the number of subscribers to our e-Bulletin reaching 1,756. Furthermore, our e-Bulletins and news flashes were viewed a combined total of 13,801 times.

Social media is a key platform for our organisation. 1,537 people follow the Healthwatch Lewisham Twitter account and our tweets have generated 85,785 impressions. Impressions are how many times your tweets have been seen.

All of these figures show that the reach of our organisation continues to expand, with our message being heard by more people than ever.



*Healthwatch Lewisham engagement 2016/17*

## Our Engagement Hubs

This year we continue to run Engagement Hubs across the four neighbourhoods in the borough.

Our hubs give Lewisham residents and service users more face to face opportunities to share their experiences of local health and social care services.

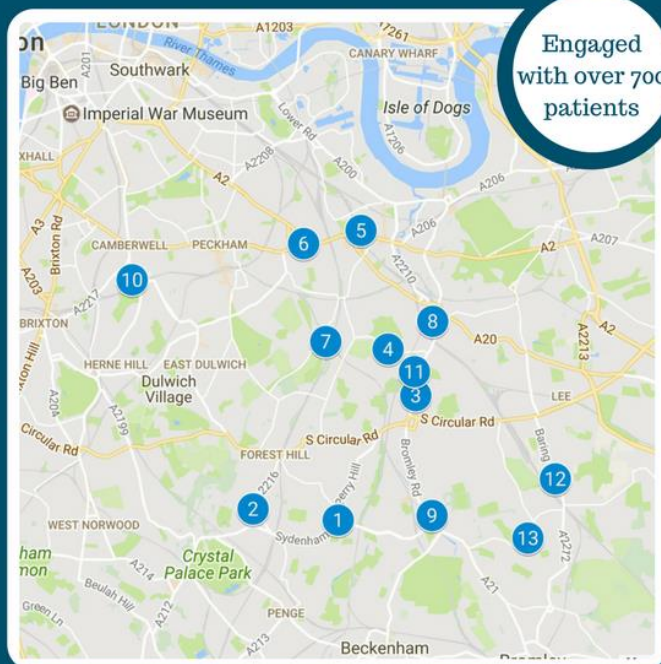
Hubs are attended on rotation and are advertised at the venues, through our bulletin and by our voluntary sector partners. We have a presence at 7 GP surgeries in the borough.

Run by staff and volunteers, residents share their opinions, stories, ask questions and are signposted to other services. This general engagement also gives Healthwatch Lewisham the opportunity to tell people about us and recruit people to our network.

During 2016/2017, Healthwatch Lewisham ran 47 hubs and spoke to 766 residents.

## Engagement Hubs

**healthwatch**  
Lewisham



1. Sydenham Green Group Practice
2. Wells Park Practice
3. Kaleidoscope
4. Hilly Fields Medical Centre
5. Waldron Medical Centre
6. Queens Road Partnership
7. Honor Oak Group Practice
8. Lewisham Market
9. South Lewisham Health Centre
10. King's College Hospital NHS Foundation Trust
11. Lewisham University Hospital
12. Grove Park Community Group
13. Downham Health & Leisure Centre

## Feedback Centre

We are always looking for ways that we can hear from more people.

To do this we have developed an online Feedback Centre which is accessed through our website and will help residents share their experience of health and social care services. It will be launched on the 1<sup>st</sup> April 2017.

The Feedback Centre provides an opportunity for anyone to comment about local services. People can easily and **anonymously** rate the care that they receive in a simple way. There is also the opportunity to rate local services, using a 5-star system. The new online Feedback Centre is accessible on mobile phones, computers and tablets. All you need to do is visit our website, [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

Healthwatch Lewisham believes that by helping people to easily express their views, we can improve health and social care. We will also continue to use our regular engagement methods of capturing patient stories, such as telephone, paper-based questionnaires and public events.

Analysis of all the data will help us to better understand what the public feel about local services and represent your views in our role as patient champion - helping to make your services shaped the way you want.

If you would like to access the new Feedback Centre and provide feedback about a local health and care service, please visit [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

The screenshot shows the Healthwatch Lewisham Feedback Centre website. At the top, there is a search bar with the text "Find your service by name or location" and "Search for a service by name or location, and leave your feedback...". Below the search bar, the main content area is titled "Review a service". On the right side of this section, there is a "Sort by" dropdown menu set to "Last Reviewed". The main content area lists three services with their respective icons, names, addresses, phone numbers, websites, and star ratings:

- St John's Medical Centre**: 56-60 Loampit Hill, London, SE13 7SX, 02086921354, www.stjohnsmedcentre.co.uk, 5 stars (Based on 1 reviews)
- Honor Oak Group Practice**: Honor Oak Health Centre, 20 Turnham Road, Brockley, London, SE4 2LA, 02030492345, www.honoroakgrouppractice.co.uk, 4 stars (Based on 2 reviews)
- Lewisham Hospital**: University Hospital Lewisham, Lewisham High Street, London, SE13 6LH, 02083333284, www.lewishamandgreenwich.nhs.uk, 4 stars (Based on 9 reviews)

On the right side of the page, there is a "Browse" section with a "View All" link. It lists various service categories with icons:

- Hospital
- GP
- Dentist
- Social Care
- Pharmacy
- Urgent Care
- Emergency Care
- Community Health
- Other



## Targeted Engagement

In order to gather a broad and diverse range of views, Healthwatch carried out targeted engagement with under-represented and seldom heard groups across the borough.

### Children and Young People

The experiences of children and young people continues to be a key priority for us.

From previous engagement carried out with young people, we identified a gap in the knowledge around young people's views regarding healthy relationships and of their experiences of sexual health clinics.

Furthermore, Lewisham has the 2nd highest teenage conception rates in London and joint third highest rates in England (Lewisham JSNA, 2016)

Our CYP officer engaged with 424 young people to explore their attitudes and experiences around sexual health and healthy relationships, the laws around sexual activity, as well as to raise awareness and signpost local young people. To do this we carried out interactive workshops with young people at schools, shared an online survey, and conducted mystery shopping at local sexual health services.

Young people told us that they are unaware of the laws around sexting and pornography, the potential consequences, and the services available to them locally.

As a result, we recommended that young people are educated about the repercussions of sexting, pornography and taught healthy relationships before they reach the age where they are likely to be sexually active.

Young people also recognise the need for a specialised under 25's sexual health service to be available in all neighbourhoods in the borough.



*CYP Officer Fay at Young Lewisham project*

“The information the CYP Officer gives during the sessions are very important to our young people, they are encouraged to ask questions and have an opinion on all the subjects covered in a totally safe, non-judgemental environment. This is really important for the young people we work with at young Lewisham.

The CYP Officer is fantastic at gaining young people's trust and quickly breaking down barriers with her relaxed, humorous and fun delivery.

She creates lively informative discussions about difficult but essential subjects for young people. And has definitely educated some young people here, who would otherwise never have spoken about sex in such a mature way.”

Sam Marshall, Young Lewisham Project

## Disabled People

We learnt through information from NHS England and Lewisham CCG that there is a lack of engagement with many under-represented groups, including people with sensory impairments and those with learning difficulties.

Our ‘See Hear Now’ project highlights the experiences of deaf, blind, partially sighted, and residents with learning disabilities when they access health and wellbeing services.

We found that many disabled people experience difficulties in booking a GP appointment, did not know their eligibility for interpreters, and have difficulty in accessing health and social care information.

We heard many positive comments about services and examples of good practice across the borough.

The majority of people felt that NHS staff would benefit from disability awareness training and said big improvements could be made by making minor adjustments.

All of the groups we spoke with praised the current advocacy provision but recognised that the current service is limited and that demand is currently outweighing service capacity.

Our recommendations:

- Ensure disability awareness training for ‘frontline’ staff and implement simple measures to ensure that communication needs are met.
- Enable ‘reasonable adjustments’ to ensure equality of access for disabled people.

- Ensure that all written communication directed to patients is written in accessible formats.
- Provide all possible contact details to ensure both deaf and blind people can contact services. Ensure contact information (including emails) is easily found.
- Ensure the sustainability of the current advocacy services and increase the service provision to meet the demand and need.

## Impact

Providers and commissioners were very receptive of our ‘See Hear Now’ report and worked with us, local community groups and patients, services users and carers on service development and design.

“We have worked with Healthwatch Lewisham on a number of initiatives to make sure the views of people with learning disabilities are heard. This included inviting Healthwatch to our self advocacy groups and our people’s parliament. The people we work with have contributed to the ‘See Hear Now’ report on the accessibility of health services in Lewisham. We always find Healthwatch Lewisham ready to listen and take on board our comments.”

**Martin Stitchman, People’s Parliament project lead, Lewisham Speaking Up**

## SEE HEAR NOW

This report is the result of a review carried out by Healthwatch Lewisham to provide an insight into the experience of deaf, blind, partially sighted and learning disabled residents when accessing health and wellbeing services.

*National research suggests that disabled people, in general, often face unacceptable difficulties when they try to use NHS services.*

### FINDINGS

Receptionists do not always remember to alert people who are blind and people need to enquire when their turn is.

- Disability awareness among staff was one of the most highlighted themes. It was found that there are many examples of good practice but there are also gaps and areas for improvement.

A local person with learning difficulties said: 'Good service in A&E. The staff introduce themselves to you and tell you what they will be doing.'

"We are in the 21st century and the technology has advanced. Why is it still so difficult for deaf people to access services?"

- Provision of accessible information was another critical issue highlighted by the review. Many participants suggested they experience hurdles at access points, for example not being able to find appropriate contact details to services and telephone numbers being provided to deaf people.

- Interpretation was the most critical issue for deaf people, with eligibility, difficulties in booking interpreters and cancellation being the other main concerns.

Deaf participants often need to book an interpreter when they book a GP appointment, however this is not always arranged in advance.

- There is a clear need for an increased provision of advocacy services to support patients.

### RECOMMENDATIONS

- Ensure disability awareness training for 'frontline' staff and implement simple measures to ensure that people's communication needs are met.
- Ensure that all written communication to patients is written in accessible formats. Provide all possible contact details to ensure both deaf and blind people can contact services. Ensure contact information (including emails) is easily found.
- Ensure the sustainability of the current advocacy service and increase the service provision to meet the demand as needed.
- Ensure the sustainability of current advocacy services and increase the service provision to meet the demand.



## Health Inequalities

In line with our priorities, Healthwatch's routine engagement often includes feedback around patient registration and access to health and social care.

As part of our priority around access to primary care services, Healthwatch Lewisham identified concerns around the ease of registration with local GP practices. Further stories suggested those who struggled most often lived in temporary accommodation or had no fixed abode.



This led to us carrying out further qualitative research, together with Healthwatch Bromley, focusing on the health needs of those who are at risk economically or identify as vulnerable, as well as any particular challenges they may face in accessing health and social care services.

We visited food banks across both boroughs and people were informally interviewed about their experiences of accessing health and social care services. Those in attendance also shared the circumstances which has caused them to access these community services. The community providers of food banks were also engaged, regarding information around numbers and their front-line experiences.

The 'Banking on a Meal' report highlighted the areas of success in the current community and clinical services offered and identified areas for improvement in service access for those who are most vulnerable.

We found out that:

- Those suffering from financial hardship are more likely to suffer from lower standards of physical health and mental wellbeing
- Zero hour contracts and unsecure employment often leaves people without sufficient resources to support themselves and their families, and thus become dependent on local support, such as food banks
- Lack of communication between services means people are susceptible to falling through the gaps. This was most evident with benefit processing and a delay in payments, often for reasons unknown to the claimant
- GP registration and access to primary care was severely restricted by a lack of permanent address, despite legislation stating that it is not a necessary requirement

The impact of 'Banking on a Meal' is explored later in this annual report.

The full report can be found at [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)



## Seldom Heard Groups

In March 2017, we delivered a workshop on access to local health and social care services to women from the Afghan and Central Asian Association. We shared various ways residents can access local services.

Information was provided about GP Out-of-hours services, NHS 111, sexual health services and Improving Access to Psychological Therapies (IAPT) to enable these women to find services in the future. We also shared useful resources such as the Health Help Now app.

During the year we also engaged with communities who do not speak English as their first language. A detailed account of the project can be found later in this report.

“The Healthwatch workshop was extremely informative. Many women were unaware of what support is available to them outside of the GP and Hospital. At the end of the session they felt like they had a better understanding of the system.”

Rabia Nasimi, Development Officer,  
Afghanistan and Central Asian  
Association



*Engagement Officer Marzena with the Afghanistan and Central Asian Association*

## What we've learnt from visiting services

### Enter and View

We have the statutory power to enter and view any health or social care service and talk to those receiving care from that service.

During 2016/17, 3 Enter and View visits were carried out to care homes in the borough.

These were:

- Penderley Lodge
- Manley Court
- Welcome Care Home

We wanted to understand what activities were being run for residents.

These care homes were identified based on recent Care Quality Commission (CQC) inspections.

Healthwatch offered suggestions and recommendations to help improve the experience of residents. These focused on improving recreational activities, which we felt lacked both creativity and variety for the residents.

### Our Authorised Enter and View Representatives

Jennifer Gillard

Geraldine Richards

Margo Sheridan


Sian Stickings

### Impact

At the time of writing, we are currently finalising our Enter and View reports for publication.

Every Enter and View report is shared with relevant providers and commissioners in the London Borough of Lewisham.





*Helping  
you find the  
answers*

## How we have helped the community access the care they need

Healthwatch Lewisham provides an information and signposting service for members of the public who live or access health and social care services in the borough.

We respond quickly, efficiently and effectively to any signposting queries we receive. If we are unable to answer an information request using our database of local services, we will endeavour to find a person or organisation who can bring a resolution.

People are able to access our service in a variety of ways;

- Ringing the office phone line
- Through our contact form found on our website
- By email
- By social media
- By speaking to one of our team at regular Engagement Hubs

152 people contacted the Healthwatch Lewisham signposting service during April 2016 to March 2017.

These enquiries covered a range of different health and social care issues; from GP registration requests to support options for people with dementia.

The highest number of signposting enquiries received related to GP services.

The majority of people who contacted the service were looking to register with a new GP. This is the direct result of services including Lewisham Hospital and GP surgeries regularly referring residents to our signposting service.

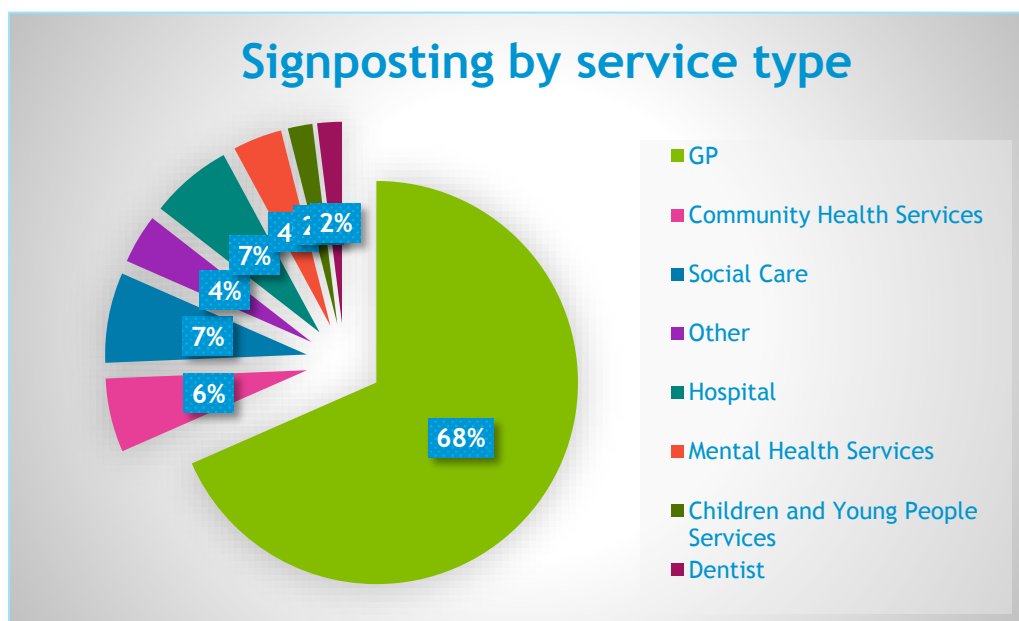
Increased engagement at our hubs has enabled Healthwatch Lewisham to provide more face to face signposting support.

When compared to 2015-16, signposting enquiries covered a wider variety of issues.

All information gathered is used to identify trends either by service type or in relation to specific providers.

Signposting enquiries are fed into our quarterly intelligence reports which is presented to key stakeholders and service providers in the borough.

The chart below provides a breakdown of the enquiries by service type.





## Examples of signposting enquiries in 2016/17

### Enquiry:

Ms A wanted to make a complaint on how her fiancé was treated when he contacted SLaM. Her fiancé was referred to the mental health service by his GP, however he is now suffering from a period of mental ill health after the phone conversation he had with SLaM. Her fiancé was upset because he was unable to get a face to face assessment and instead was called unannounced by the service. During the assessment, the gentleman openly admitted to occasionally using drugs and alcohol. Upon hearing this, the person assessing him refused to deal with him any further and discharged him to a drug and alcohol abuse unit, stating that he couldn't receive help for his mental health until he had been completely alcohol- and drug-free for some time. Ms A is furious with this response as her fiancé is not an addict and this incorrect response has led her fiancé to no longer want to seek help for his mental health issues.

### Response:

We provided Ms A with contact details for SLaM's dedicated telephone line for complaints (PALS). Furthermore, we spoke to the Patient & Public Involvement Lead at SLaM to help resolve the issue. We then facilitated contact between both parties.

### Enquiry:

Ms B asked us at Downham Celebrates where she could access a sexual health clinics since Downham Health and Leisure Sexual Health clinic has become a young people's clinic.

### Response:

We signposted Ms B to the two sexual health clinics in the borough which are open to all ages. The Primary Care Centre and the Waldron Health Centre.

**Enquiry:**

Ms C contacted us after visiting her GP to explore the options of assisted pregnancy treatments. She was informed that she did not qualify for IVF/ IUI treatments because her boyfriend has children from a previous relationship. She didn't understand how this affected her eligibility for fertility treatments as she has not had any children.

**Response:**

We provided the following information: NICE guidelines state that women under 40 should be offered three cycles of IVF treatment if they've been trying to get pregnant for two years. The provision of IVF treatment varies and often depends on local CCG policies. Furthermore, CCGs may have additional criteria you need to meet such as not having any children already, from both your current and any previous relationships. Ms C was signposted to the South-East London Treatment Access Policy and to Infertility Network UK.

**Enquiry:**

Ms D phoned us because she needed to make an appointment with the Breast Clinic following her receipt of a referral letter. She believed the appointment was at Lewisham Hospital. When she phoned the number on the letter the call went through to Queen Elizabeth Hospital. Ms D was frustrated as she believed she was being directed to a different service.

**Response:**

We confirmed that Lewisham Hospital does not have a breast clinic and that Queen Elizabeth Hospital provides the service for the boroughs of Greenwich, Lewisham and Bexley. We signposted Ms D back to Queen Elizabeth Hospital so that she could book her appointment.

## Lewisham NHS Independent Advocacy Service

From the 1<sup>st</sup> April 2016, Healthwatch Lewisham has provided the Lewisham Independent Health Complaints Advocacy Service.

The service supports people who feel they have not had the treatment they expected from the National Health Service (NHS) and want to complain; the law says you have the right to have the support of an advocate. Our service is free, independent of the NHS and confidential.

### Our service:

- Gives the opportunity to speak confidentially to someone who is independent of the NHS
- Answers questions to help you make decisions
- Supports you to write emails/letters to the right people
- Supports you to explore your options at every stage of the complaint
- Acts on your direction rather than the wishes of others
- Helps clients prepare for meetings e.g. agenda, questions and possible outcomes
- Goes with clients to meetings with medical professionals if required



We have supported 130 residents, and helped 106 in making a complaint against a local NHS service this year.

### Our service cannot:

- Help you to claim compensation
- Get an NHS employee disciplined
- Help you with complaints about private medical treatment
- Give medical advice
- Give legal advice
- Provide Independent Mental Health Advocacy support (but we can signpost to it)
- Support you with issues outside of the NHS complaints procedure

Contact our Lewisham Independent Health Complaints Advocacy Service

Call us on 020 8315 1916

Monday to Friday 9.00am - 5.00pm



## LEWISHAM ADVOCACY SERVICE

Healthwatch provides the Lewisham Independent Health Complaints Advocacy Service.

Our service is free, confidential and independent of the NHS.

### We can:

- Support you to make an NHS complaint
- Provide a Self Help so you can manage your own complaint
- Signpost you to other people or organisations for information
- Remotely or intensively assist you e.g. accompany you to a meeting if required
- Involve an interpreter or a translator if needed.



**mental health services** - diagnosis and support

**GP practices** - lack of access and difficulties with onward referrals

### COMPLAINT THEMES

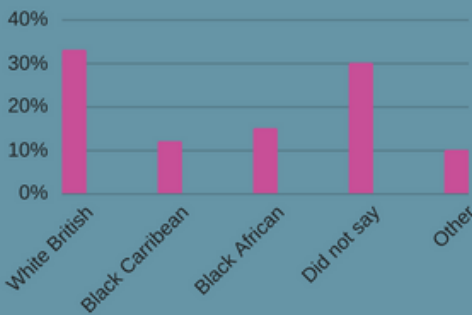
**clinicians** - poor communication around procedures and operations

**medical records** - access and accuracy of records

### DEMOGRAPHIC INFORMATION

We have supported over 130 local people

73% of those supported were female and 27% were male



### PATIENT FEEDBACK

Following a meeting at Maudsley Hospital  
*"Thanks for coming, your support's invaluable."*

Regarding a meeting at Lewisham Hospital  
*"Thanks again for attending at such short notice. The key points were very helpful."*

Following a local resolution meeting, a patient now feels he is being listened to by his clinician and is more involved in his treatment. He reached his desired outcome due to Healthwatch's advocacy support.



## Noel's Story



Noel is a single man in his 50s who suffers from depression, a personality disorder and other mental health conditions as well as sleep apnoea. He also lives alone and has few friends and no family. Noel does not use the internet nor does he have a mobile phone, only a landline. Noel also has problems with writing.

His main pleasure and activity is keeping fit but recently he was experiencing a lot of pain in his knees and, despite investigation, had been told to carry on going to the gym. He had seen a number of different GPs at his Surgery who had only prescribed over-the-counter pain killers.

A local volunteer organisation referred Noel to Healthwatch Lewisham for support in bringing his complaints to both his local hospital and his surgery.

His advocate drafted letters on Noel's behalf to both the surgery and hospital which were then read out to him over the phone for him to correct and amend. He also received copies in the post for his records. The letters were duly sent out to the organisations.

Noel was very anxious about his knees and contacted his advocate on many occasions for reassurance. The advocate contacted the organisations to check on progress of the complaints made and discovered results of an MRI scan were being awaited before replying. This information was passed on to Noel.

On some occasions Noel was so depressed about his situation that he talked about 'ending it all' and therefore the advocate had to discuss the adult safeguarding policy with him.

The MRI results showed that Noel had arthritis and that there was nothing surgically that could be done. Noel was unhappy with this, so the advocate tried to explain that the Trust had answered his questions and unfortunately the answers were not as he would have wanted.

On further discussion Noel agreed that it would be a good idea to meet with the GP to see if there was more he could do. The advocate arranged this with the surgery following numerous interactions with Noel.

The advocate supported Noel at the meeting which covered many aspects of Noel's health and treatment. The surgery was able to offer further support and referrals to local services and for help with his sleep apnoea.

Noel was happy with the result of the meeting. He felt the advocacy service had made the surgery more aware and were more proactive offering him help. However, he did feel that they may not have acted in the same way if there had not been an advocate present.





*Making a  
difference  
together*

## How your experiences are helping influence change

An essential part of influencing decision makers is ensuring that all the views, stories and experiences we capture are heard by those in charge of health and social care services.

Our primary method of doing this is by producing reports and submitting them to the relevant providers and commissioners.

During 2016/2017, we produced six reports.

- Banking on a Meal
- Let's Talk About Sex
- Pharmacy services in the London Borough of Lewisham
- See Hear Now
- Seldom Heard Speaking Up
- Self Care Matters 2016



## Access to Services: Health Inequalities - Banking on a Meal

We carried out a project focusing on the health needs of those who are at risk economically or identify as vulnerable, as well as any particular challenges they may face in accessing health and social care services.

The report highlighted the areas of success in the current services offered and identified areas for improvement in service access for those who are most vulnerable. Banking on a Meal was a high quality, evidence based report with key local recommendations, and advocated the importance of local work on prevention and early intervention.

### Impact

The comparative nature of the report offered the opportunity for the sharing of best practice between local authorities and health providers, and encouraged a more joined up method of working.

This work and the report has also been used to inform wider regional thinking, such as the Our Healthier South East London programme, and has inspired similar pieces of work in other local Healthwatch.



# BANKING ON A MEAL

Healthwatch's Community Engagement Officer visited 5 food banks across the boroughs of Bromley and Lewisham - they found that:

- Zero hour contracts and insecure employment often leaves people without sufficient resources to support themselves and their families, and thus become dependent on local support, such as food banks.
- Lack of communication between services means people are susceptible to falling through the gaps. This was most evident with benefit processing and a delay in payments, often for reasons unknown to the claimant.

*It is evident in this case that poor communication between social care and health services, resulted in a local resident being left isolated and without support at his time of need. If local services are allowed to continue to operate disjointedly and in silo, it is likely that there will be an increased chance of growing health inequalities.*

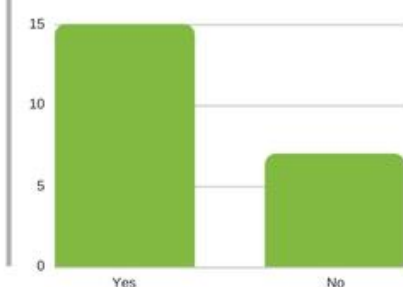
- 57% of those spoken to had suffered some form of sexual, physical or domestic violence prior to becoming homeless.
- 16 people had slept rough.
- 15 participants had not used the homeless healthcare services.

## Homeless Health

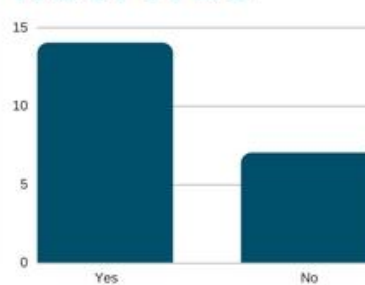
### VISITED A GP



### VISITED A&E



### ADMITTED TO HOSPITAL



Of those surveyed, only **39%** had been able to access a GP service.

**Over half** had been admitted to hospital in the last 12 months.

**61%** had visited A&E recently.

## HEALTH INEQUALITIES IN BROMLEY AND LEWISHAM

"Housing is a fundamental need for good health and wellbeing, and inequalities in a range of health issues can be tracked back to the quality of housing" - The Joint Strategic Needs Assessment for Bromley (2015)

## Pharmacy Services in the London Borough of Lewisham

Healthwatch Lewisham's Access to Services project in 2015/2016, demonstrated the high demand for GP services in the borough. Our general engagement suggested that pharmacy services are often not considered by service users as an alternative to GP services and that pharmacies may be underutilised by patients and service users.

Following on from this and as part of our Access to Services priority we undertook a project to gain better understanding and appreciation of the people of Lewisham's attitude towards pharmacies.

We visited 10 pharmacies across the four neighbourhoods and gathered **128** responses.

From the views and experiences we gathered it was evident that patients and service users felt they received a high quality of local service from pharmacies.

94% of respondents rated their pharmacy 'good' or excellent'

Our data showed:

- Dispensing services are particularly well received, with positive opinions regarding the quality of service and the time taken to deliver prescriptions
- The majority of patients prefer to seek medical advice from their GP rather than from their pharmacy
- However 67% have sought advice on a current or a long term condition issue at the pharmacy

- Patients seem unfamiliar with some of the services provided by local pharmacies. Only 25% of people use additional services with the highest number accessing smoking cessation advice

### Recommendations

1. Further promotion of the additional wellbeing services offered by pharmacies. An increase in the uptake of these services would be hugely beneficial to the community
2. Increased display space for signposting information to improve patient access to the full array of services available.
3. Targeted work around medicine management and the disposal of unwanted drugs by local commissioners and health authorities

### Impact

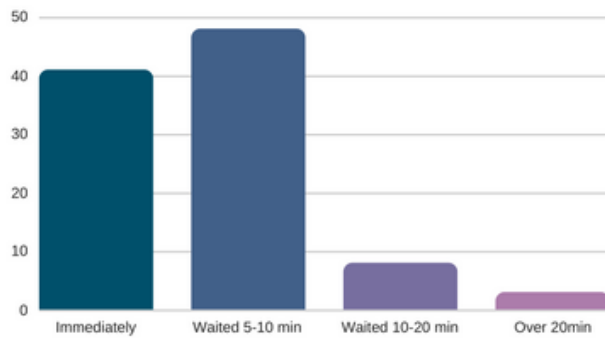
The report and its recommendations have been well received by the relevant service providers. We were asked to share our knowledge at a Professionalism for Pharmacy Technicians Design Day.

Our findings have been included in Healthwatch England's national report 'What Do People Think of Community Pharmacists' which explores the role that community pharmacists play in meeting people's healthcare needs.

## Pharmacy Services in the Borough of Lewisham

Lewisham residents are happy with services provided by local Pharmacies with 89% of people happy with the prescription advice and 86% rating the service received from pharmacy staff as good.

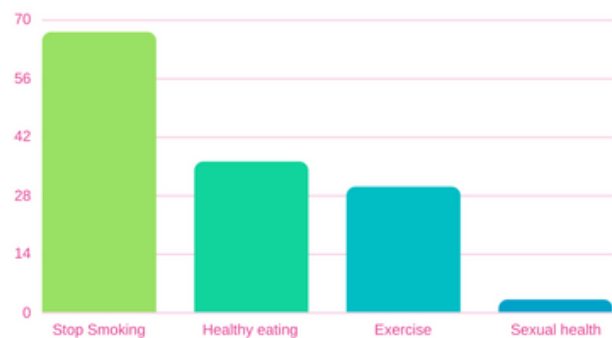
### Waiting Times



The majority of respondents (89%) were able to collect their prescription within 10 minutes of which 41% were able to collect immediately (up to five minutes).

### Healthier Lifestyle

26% of respondents used the healthier lifestyle advice service provided by their pharmacy.



## Consultancy Services

The result shows that in Lewisham people are most likely to consult with their GP on a healthcare issue with 74% of the respondents indicating this choice. 17% of residents chose pharmacists as their preferred option and 9% chose other medical professionals.



## RECOMMENDATIONS

- A higher profile given to the role of pharmacies in treating health problems and managing long term conditions.
- Further promotion of the additional well-being services offered by pharmacies
- Increase display spaces for signposting services.
- Increase awareness and understanding of safe medicine disposal.



## Seldom Heard Speaking Up

Over the last two years, Healthwatch Lewisham have engaged with several communities, for whom English is not their first language, including:

- Vietnamese community
- Tamil community
- Polish community
- Turkish community
- Refugee groups

We discovered that these communities often face similar issues to the general public, such as difficulties in accessing GP services, problems with referrals and staff attitudes.

It was however evident that these groups face additional barriers, such as lack of knowledge about local services, a limited understanding of how the health system works, and difficulties in accessing translation services.

Several issues were specific to individual communities and they were:

### Polish Community

- Lack of trust towards medical professionals
- Lack of referrals, leading to delayed diagnosis and treatment
- Dependence on native or private practices for medical assistance

### Vietnamese Community

- Lack of clarity around eligibility to translation services
- Poor quality of translation services for Vietnamese participants
- Lack of knowledge about local service provision

### Tamil Community

- Communication difficulties which result in the self-selection of GPs that speak Tamil

### Turkish Community

- Lack of clarity around waiting times for referrals
- Many participants were not happy with medicine replacements offered by pharmacies, or doctors prescribing low quality medicine

### Refugee Community

- Refugee participants of Chinese origin complained about the lack of health checks available for younger people

We found that experiences by people who do speak English as their second language are often exacerbated by communication barriers, and by a lack of knowledge about NHS provision both locally and nationally.

For a full list of recommendations and responses you can access our reports at

[www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

## SELDOM HEARD SPEAK UP

Healthwatch Lewisham engaged with communities that don't speak English as their first language including Vietnamese, Tamil, Polish, Turkish and Refugee groups to find out about their experience of access to health and wellbeing services.

### RECOMMENDATIONS

- Provide appropriate training for staff to enable improved communication and cultural awareness.
- Clarify and publicise the eligibility criteria for interpreting services for Lewisham residents.
- Inform the patient about the expected waiting time for a referral. Provide an acknowledgement so the patient is reassured of the access to service.
- Enable and encourage health professionals to seek confirmation that the patient understands how the prescribed medicines work, the side effects and the correct dosage.
- Give patients the opportunity to ask questions about their medicines.

*Healthwatch discovered that people who don't speak English as their first language often face difficulties in accessing GP services, problems with referrals and issues with staff attitude.*

*However, we also found that there are additional barriers that people experience, such as lack of knowledge about local services available; lack of knowledge about how the system works and what to expect; difficulties in accessing translation services; and lack of clarity around eligibility.*

Vietnamese participant:

"I waited 20 minutes for an interpreter at a hospital. No interpreter was provided and I was told to go home and bring a relative to the re-booked appointment."

Polish participant:  
"My husband fainted and had a seizure but he didn't get a referral for an MRI scan or any other tests."

A refugee, mother:  
"When you're unwell and try to book an appointment they say the earliest one is in two weeks. I can't hold on for two weeks. So I have no choice but to go to A&E."

## Working with other organisations

Reporting is just one of the ways that we ensure the patient voice and experience is at the heart of service design and implementation.

The relationships we have built with commissioners and providers have allowed patients, service users and the public to influence changes in health and social care services.

### SLaM

In July, Healthwatch Lewisham and three other local Healthwatch worked in partnership with South London and Maudsley NHS Foundation Trust (SLaM) to gather the public's views on SLaM's proposed plans around a Centralised Place of Safety.

The police can use the law (section 136 of the mental health act) to take people from a public place to a "Place of Safety" if they seem to have a mental illness and be in need of care. A Place of Safety is a place where mental health professionals can assess people's needs and work out the best next steps.

At the time of the consultation, there was a small place of safety in each of the SLaM boroughs (Croydon, Lambeth, Lewisham and Southwark). SLaM's plans were to replace these with one larger Centralised Place of Safety on the Maudsley Hospital site in Southwark.

We supported SLaM to invite further engagement and designed an Open Day to discuss the proposal. We used our extensive networks to help promote the event widely, and encouraged people to voice their opinions about the Centralised Place of Safety.

Around **200** people came to the open day and all feedback was shared with the team of managers, clinicians and service user / carer consultants who are overseeing the developments. Discussions about the Place of Safety are on-going and service users & carers continue to be involved in developing the service.

Healthwatch continues to monitor and inform the public of any further developments relating to the Place of Safety.



## Lewisham CCG

In January 2017, NHS Lewisham Clinical Commissioning Group commissioned Healthwatch Lewisham to deliver engagement activities with seldom heard groups in Lewisham. This engagement was to support a future model of Primary Care Extended Access, organised around the needs of patients and local populations.

We engaged with:

- People from Black Caribbean backgrounds
- People with a learning disability
- People with physical or sensory disability
- People with mental health issues
- People living in areas of deprivation

We organised five focus groups to engage communities across Lewisham. Engagement sessions enabled meaningful interaction with individuals and groups to gather both positive and negative experiences. Their opinions on a one centre model for extended access were also discussed.

The engagement focused on patients' current experiences of using extended access appointments and their views on what may be needed to ensure equitable access to extended hours primary care within Lewisham.

A total of 71 people were engaged over a five week period.

Our findings were:

- Nearly all patients engaged had experienced difficulties in booking routine appointments at their local GP practice. Many commented that they had to wait up to two weeks to see a doctor
- In the case of urgent appointments, several of those engaged said they had presented at A&E as they had been unable to secure an appropriate appointment with their own practice. In light of this, most respondents felt they would utilise the extended access service if it meant they were able to see a doctor at an earlier date
- For those with long term conditions or additional needs, they placed a higher priority on familiarity with their own local GP
- When asked if they were happy to attend the centre for routine check-ups, the majority were happy to do so, as they already attend for blood tests and similar follow up appointments

### Impact

Our comprehensive engagement with each of the seldom-heard groups was used to help inform Lewisham CCG's Primary Care Extended Access Model.



## Palliative Care

This year, Lewisham CCG were working towards re-procuring the Community Specialist Palliative Care Service to be run by a single provider. The CCG sought to engage local patients, carers and residents to give their feedback and views on the project.

We attended key events representing the experiences of patients and carers with disabilities (including Mental Health), learning disabilities, and the LGBT community. We were able to share their general experiences and needs around end of life care.

“Healthwatch provided valuable insight to our commissioning process through participation at our patient and stakeholder events. They represented the views of patients and carers in Lewisham and directly influenced decisions being made around the development of a new service specification and the evaluation of an upcoming tender for a new Community Specialist Palliative Care service.”

**Karla Richards, Joint Commissioning Manager, NHS Lewisham Clinical Commissioning Group**

## Rebooting Diabetes Training in Lewisham

In November 2016, we attended an event to explore education and training needs for healthcare workers to better serve the diabetic population of Lewisham.

Healthwatch explained that it was not only healthcare workers that needed training. Instead there should be a strong emphasis on the need for patients to self-care and healthcare workers to support them.

Furthermore, we ensured that the patient perspective was considered during every step of the training process.

### Impact

The information we provided was fed back to the CCG Diabetes Transformation Programme and will be used to design educational framework.



*CCG Palliative Care Workshop*

## Care Quality Commission

The relationship between Healthwatch Lewisham and the Care Quality Commission (CQC) has strengthened over the last 12 months.

During 2016/2017 we fed our intelligence into the CQC's inspection of the University Hospital Lewisham, which was part of the overall review for Lewisham and Greenwich NHS Trust.

We were able to share with them over **60** personal experiences from patients focusing on good practice and highlighting gaps in service provision.

These views were collected from a variety of sources, including our hub engagement, advocacy service and a dedicated focus group.

All of our reports continue to be shared with the CQC to add local insight to their work.

We promote every consultation and CQC rating of local services through our communications network, which includes our e-Bulletin, website and social media platforms.

Healthwatch Lewisham did not feel it necessary to make any direct recommendations to the CQC in the last year.



## OHSEL

Healthwatch Lewisham has been involved with the development of the Our Healthier South East London programme.

Over the last year, OHSEL has transformed into the NHS Sustainability and Transformation Partnership (STP) for south east London. Each STP exists to ensure that health and care services are based upon the needs of local populations.



After the publication of our STP plan, the six south east London Healthwatch produced a joint response. We stressed the importance of ongoing engagement around the implementation of the STP. We also highlighted the need to address health inequalities, provide reassurance to local people about concerns over privatisation of services, and the significance of joining up health and social care services.

We have fed local intelligence directly into the programme, with a specific focus on planned care and equalities.

Our network is informed of any developments with the STP through our e-Bulletin, website and social media.



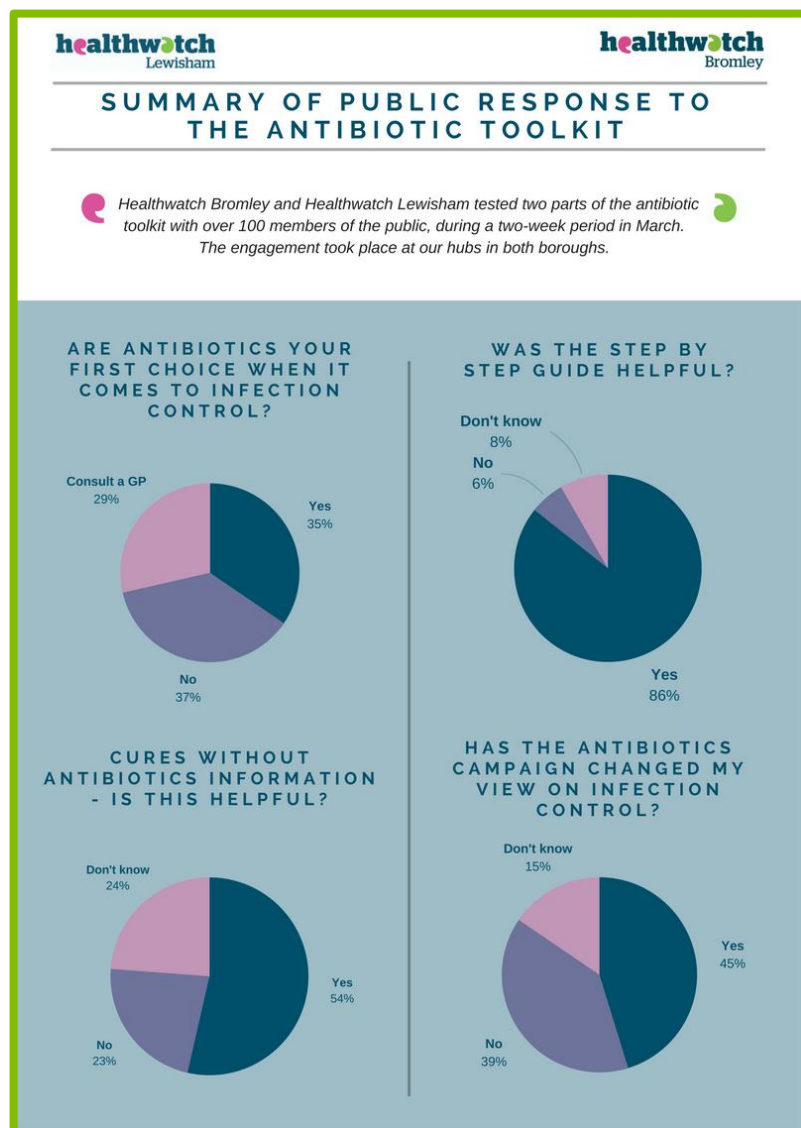
We continue to give the opportunity for Lewisham residents to influence changes in the health and social care sectors both locally and nationally.

During the last year, we supported Public Health England with a pilot of their new Antimicrobial Resistance Public Engagement Toolkit.

The aim of the toolkit is to provide Public Health England and voluntary organisations with a compilation of resources to improve public engagement on antimicrobial resistance (AMR).

We asked local people to evaluate the effectiveness of the toolkit. Initially we asked them whether antibiotics would be their first choice when treating a minor infection. The survey revealed that 34.5% would choose antibiotics as a first option.

We then presented them with the AMR toolkit resources. After reading the documents, we asked the same participants whether they still would. 45% of the public said that they would now change their minds and not choose antibiotics for minor infections in the future.



## Centre for Pharmacy Postgraduate Education

In March 2017, we participated in the Professionalism for Pharmacy Technicians Design Day to bring a patient/ service user focus to the development of the learning package and assessment.

### Impact:

“The Centre for Pharmacy Postgraduate Education (CPPE) is most grateful for the patient and public perspective provided via Healthwatch. Working together to develop learning material for pharmacy technicians enabled real life situations to be taken into account and genuine experiences of people who access pharmacy services to be included.

Scenarios were constructed to help pharmacy technicians explore how they might handle different situations they may face when delivering pharmacy services. By having Healthwatch involvement, the focus shifted to the service user’s needs and moved away from a “one size fits all” method of solving problems. Having participants consider how their actions are viewed from a member of the public’s perspective resulted in a more patient-centred approach.

Healthwatch’s presence highlights the importance of going the extra mile in order to benefit the patient. Hearing about the impact that healthcare professionals’ actions have on service-users’ outcomes is powerful. Having Healthwatch support in developing learning material for healthcare professionals is hugely beneficial”.

Samantha Quaye, Centre for Pharmacy Postgraduate Education



*Healthwatch at Pharmacy Technician Design Day*

## Quality Accounts

Healthwatch Lewisham responds annually to the Quality Accounts of the NHS trusts and providers delivering services across the London Borough of Lewisham.

These are:

- Lewisham and Greenwich NHS Trust
- South London and Maudsley NHS Foundation Trust

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*Impact: Our evidenced based feedback allows us to directly respond to the providers’ performance and delivery over the last financial year, and to ensure patient experience and engagement is at the heart of their work.*

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We regularly meet with the NHS Trusts and submits relevant intelligence and insight from our routine engagement.

## Self Care Matters 2016

Following the success of last year's event, we organised a second informative event on self care during Self Care Week in November 2016 to raise awareness about the importance of self care and the self-management of long term health conditions.

Self Care Matters began with a market stall, with a variety of themed tables to allow participants to access information easily. Each table focused on a particular area, such as long-term conditions, minor illnesses, sexual health, mental health and activities to promote wellbeing.

Speakers from Bromley and Lewisham Mind, SELVIS, Lewisham and Greenwich NHS Trust and Diabetes UK provided workshops.

Self Care Matters 2016 helped bring local organisations together for the benefit of the public.



Thank you to everyone who attended our **AGM and Self Care Event**

**healthwatch**  
Bromley

**healthwatch**  
Lewisham

## How we've worked with our community

A core value of Healthwatch Lewisham is to involve local people in our work.

Without the support of fantastic volunteers, we would be unable to capture anywhere near as many views and experiences from the public.

By helping to raise awareness at local events as well as sharing our intelligence at stakeholder meetings, their dedication enables us to further our reach.

Below are a couple of examples of how volunteers have supported our projects.

### Access to Services - NHS Dental Practices

Our volunteers supported us by helping to gather views and experiences from **132** residents relating to dental services in the borough, in order to understand the provision of dental services and how residents access them.

We found that:

- The cost of treatment is an issue in Lewisham and this is preventing adults from attending the dentist
- Patients were unsure of what treatment they could have on the NHS
- Registration levels of children and young people are lower in Lewisham than in neighbouring boroughs
- Some patients were unaware of the cost of treatment before having their procedures. This left some patients reluctant to return to the dentist
- A number of surgeries do not have the complaints procedure information available. It is a legal requirement for dental surgeries to display this information



## Integrated health and social care

The Healthier Communities Select Committee approached Healthwatch to support their integrated health and social care enquiry by gathering experiences of local residents.

This select committee is responsible for overseeing and scrutinising the provision of service and performance of health bodies providing services for local people.

Our involvement focused on gathering feedback from vulnerable and seldom heard communities including people with learning disabilities, disabled people and people with mental health difficulties. Through this work we supported the committee to gather **70** experiences of local people that fed directly into the enquiry.

As a result of the enquiry the committee produced the following recommendations:

- Lewisham Health and Care Partners (LHCP) should ensure that all staff are able to provide a personalised and responsive service to people in their homes at all times
- LHCP should review how the current complaints process for community

based services is working and how and when people are notified of it

- LHCP should review how the changes to health and social care are being communicated and how people, residents and staff are being engaged in the process. They should engage with relevant local stakeholders to help with this. Other areas have made use of case studies to help with explaining complex changes like this

“The Committee is extremely grateful to Healthwatch for their help organising this series of engagement events and collecting such useful evidence from these different groups. The Committee has found the stories from local people of real life situations incredibly insightful and helpful.”

Healthier Communities Select Committee





## Partnership and Representation

Healthwatch Lewisham is part of many strategic and operational meetings, groups and networks and provides feedback on experiences of health and social care.

Our staff and volunteers represent Healthwatch Lewisham on various key partnership groups and meetings in the borough, which enables us to voice the public's views directly to commissioners and service providers.

Partnership Groups and Meetings	
Meeting	Host Organisation
Antimicrobial Resistance (AMR) Public Involvement	Public Health Lewisham
Lewisham Adult Safeguarding Board	Lewisham Council
Lewisham EPIC Meeting (Engagement, Participation, Involvement Committee)	SLaM
Lewisham and Greenwich Patient Experience Committee	LGT Trust
Lewisham CCG Governing Body Meeting	Lewisham CCG
Lewisham CCG Integrated Governance Committee	Lewisham CCG
Lewisham CCG PEEF	Lewisham CCG
Lewisham CCG Prescribing and Medicines Management Group (PPMG)	Lewisham CCG
Lewisham Community Development Steering Group	Lewisham Council
Lewisham Food Partnership Meeting	Multi Agency
Lewisham Health and Wellbeing Board	Lewisham Council
Lewisham Maternity Voices	MSLC
Lewisham Mental Health Joint Consultative Partnership Board	Multi Agency
Lewisham Primary Care Joint Committees (PCJC) Meeting in Public	Multi Agency
Local Healthwatch Leaders Group	Healthwatch
Our Healthier South East Equality Group	OHSEL
Our Healthier South East London Patient and Public Advisory Group	OHSEL
South East London CCG Stakeholder Reference Group	South London CSU

We continue to maintain an active representative on the Lewisham Health and Wellbeing Board.

Our representative is supported in this role through the provision of regular work updates and discussing issues that have been found through our engagement at Work Plan Committee Meetings. This enables our representative to raise concerns and highlight issues on behalf of local residents.

A woman with dark hair, wearing an orange safety vest over a black top and a pink lanyard, is shown in profile, looking to the left and speaking. The image is overlaid with large, semi-transparent blue and green circles. The text "It starts with you" is written in white, italicized font within the blue circle. The woman's hands are visible at the bottom, with pink nail polish. A lanyard with the text "healthwatch" and "healthwatch.co.uk" is visible around her neck.

*It starts  
with you*

## #ItStartsWithYou

### Helen's Story



Helen suffers from bipolar disorder. She had been sectioned and admitted to a local mental health unit. While she was a resident, she felt

that some members of the staff did not treat her with respect and dignity. She also did not understand why she was sectioned.

At the time of her complaint, she felt distraught, lost and vulnerable. She approached Healthwatch for support in bringing her complaint against the medical staff on the ward. Helen wanted an apology for the poor treatment she received, an explanation of the reason why she was sectioned and further information regarding her aftercare in case of relapse. She also wanted to have access to her medical record.

As a sectioned patient, it was necessary for our advocate to visit Helen to understand the full extent of her concerns. Our advocate explained the options available through the complaints process and Helen was able to choose her next steps.

Following the meeting, a complaint letter was then drafted and emailed to Helen for approval; she requested some changes which were made and sent to the Trust.

At various stages of the complaint, Helen's health fluctuated and therefore our advocate had to be sensitive to her situation.

Helen said she was experiencing problems with the internet at the hospital and so requested for further communication to be posted.

Upon the Trust's receipt of the complaint, Helen met with the in house complaint investigator and a number of changes were made and issues resolved. During the meeting, Helen received an apology and explanations around her treatment. The Trust also began conversations with staff on the ward about the distressing nature of being restrained and medicated, to encourage a greater understanding and empathy for patients.

As a result of the complaint, the Trust promised to reflect further on its systems regarding medical record requests by patients. It was felt that future requests should go via the ward manager. Patient facing signs would be displayed to this effect and it would become a standing item within all community team meetings.

Helen was very satisfied with the outcome of her complaint. By raising the issues on the ward, Helen has helped the Trust to reflect on some of its processes and practices to re-evaluate them for the benefit of others.

Due to her poor health at the time while on the ward, Helen was not in a position to make the complaint herself. She did not have the means at her disposal or the capacity to put on paper her wishes and feelings. **Helen praised the advocacy service and said she could not have achieved the same result without their support.**

## #ItStartsWithYou

### Sue's Story



Sue, a Lewisham resident, contacted Healthwatch Lewisham's advocacy service to complain about the lack of care that her mother received from her

GP practice. Sue's mum, Vera, had been ill for several months with symptoms of vomiting, headaches, lower back pain and bowel problems. Various tests had been carried out and the surgery reported nothing untoward.

Problems continued and Sue liaised many times with the surgery who prescribed antibiotics. Finally, an out-of-hours GP expressed concern and more tests were needed. Vera's husband was unable to cope and contacted the surgery again - a GP agreed to visit and arrange for an ambulance to take Vera to A&E for tests. Sadly, the consultant diagnosed advanced cancer and Vera died very shortly after admission.

Sue made her complaint to the surgery and NHS England, with the hope that what her family experienced would not happen to others. She feels they were utterly failed by the GPs, that they were not listened to and that they did not treat her mother with any duty of care. She hoped that procedures will be put in place or lessons learned to change processes.

We supported her by chasing the responses from NHS England. Replies from both organisations were received and forwarded to the client. Sue wanted to have a meeting with the practice to discuss what had happened to her late mother and so the advocate arranged a local resolution meeting with the surgery on her behalf.

The advocate accompanied Sue to the meeting and her questions were answered in full by the practice manager and the three GPs who had been involved in her mother's care. The practice acknowledged that there had been failings in delayed referrals to the cancer specialists - tests had been done but these were not followed up. The practice manager said she would review the audit and send through a preliminary report to Sue and her family of where the gaps in service were. Changes would then be put in place and a further audit conducted in 6 months' time to show evidence of changes.

**'I really do hope that our meeting has touched the hearts of all of those involved and that Mum will be remembered by ensuring this does not happen again'**

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After the meeting, Sue praised Healthwatch for their help and support - she was very satisfied with the advocacy service.

By contacting the Healthwatch Advocacy service, Sue was able to highlight gaps in service provision and influence changes in local health services.



# *Our plans for next year*








## What next?

Our work plan is based on the priorities identified from listening to the public, and then checked against what we learn from strategic meetings and from commissioners.

Our work doesn't sit neatly within the year and so many of the priority projects which are currently being carried out and worked have been mentioned in this report but will be detailed in the 2017/2018 Annual Report.

We also will remain flexible enough to respond to unplanned issues or events.

Our priorities for 2017/2018 remain:







-  Mental Health
-  Access to Services
-  Children and Young People's wellbeing

In the year ahead we will continue to produce reports on local services and provide recommendations on behalf of the public.

We will ensure that people from all backgrounds and communities have a say on their health and social care services.

We will continue to inform people about the changes affecting health and social care services across Lewisham and the surrounding areas - particularly those changes that will affect the whole of south east London.

We have the following projects which will be conducted in 2017-2018:

-  Access to Social care services
-  Out-of-hours access in primary care
-  Enter and Views to Lewisham Care Homes
-  Obesity project - Children and Young People
-  Accessible Information Standard
-  Diabetes peer support groups

### Feedback Centre

We will be launching a new and updated website in April 2017. This will include a full directory of local health and social care services, with a feedback facility to enable the public to rate local services and leave comments.

This will enable more people and more residents to be reached, allowing us to build a better picture of health and social care services in the London Borough of Lewisham.

### STP

The next year will see change through the Sustainability and Transformation Plan for south east London.

We will continue to monitor the development and implementation of the STP, ensuring that the patient experience and improving patient outcomes are kept at the forefront of any and all future service delivery changes.

### Local Care Networks

We will continue to be involved in the ongoing development of the integrated care networks in the borough and the wider strategy to join up care, in and out of hospital for patients.



*Our people*



## Decision making

### Community Waves Trustee Board

Community Waves Ltd holds the Healthwatch contract for the London Borough of Lewisham. Community Waves specialises in effective engagement and involvement that impacts on community wellbeing and development.

Our Trustee Board was responsible for making sure that Healthwatch Lewisham met its statutory obligations and set strategic objectives during 2016-17.

Trustees, who are all volunteers, abide by a clear set of policies and procedures including guidelines on conflicts, interest, equality and diversity and a code of conduct.

#### Our Trustees

Linda Gabriel (Chair)

Leslie Marks (Vice-Chair)

Dr Magna Aidoo

Nigel Bowness

Dr Brian Fisher

Geraldine Richards

Bev Tanner (Treasurer)

Margaret Whittington



From left to right; Dr Magna Aidoo, Linda Gabriel, Dr Brian Fisher

## Healthwatch Lewisham Work Plan Committee

The subcommittee plays an important role in overseeing Healthwatch Lewisham's strategic direction, monitoring, and advising the progress of Healthwatch Lewisham against its work plan.

We have a diverse range of members, who embody a variety of different backgrounds and experiences enabling our Board to reflect the different communities in the London Borough of Lewisham.

Members of the committee review issues relating to Healthwatch in detail and make recommendations regarding this. The Chair of the work plan committee provides updates at the quarterly Trustee Board meetings.

The Work Plan Committee met 4 times during the last year. All minutes of these meetings can be accessed on our website.

Key policies and procedures are published on the Healthwatch Lewisham website once they have been agreed.

“The Lewisham Work Plan Committee provides a forum for trustees and members to support and help develop the work Healthwatch delivers in Lewisham. Drawing on their expertise and experience of health and social care services, and the local community, the committee helps to identify opportunities to involve and engage the people of Lewisham in meaningful discussions. Work this year has focused on a wide range of issues, from self-care and access to services for marginalised communities, to sexual health services for children and young people. The committee is passionate about informing the development of local health and social care services to meet the needs of the people of Lewisham. The Lewisham Work Plan Committee is committed to ensuring the independence, inclusivity and effectiveness of Healthwatch within the borough.”

**Magna Aidoo, Chair of the Lewisham Work Plan Committee**

### Lewisham Work Plan Committee Members

Dr Magna Aidoo, Nigel Bowness, Linda Gabriel, Dr Brian Fisher, Geraldine Richards, Bev Tanner

## How we involve the public and volunteers

Volunteers and lay people are at the heart of decisions that we make. Our Board members are volunteers as are the lay volunteers on the Work Plan Committee.

Last year 21 volunteers supported Healthwatch Lewisham's work.

Our priorities were identified after consulting with the public. We then use a prioritisation matrix to decide which areas of work to focus on.

We seek to add value and bring evidence based information with our work.

Volunteers are a vital part of Healthwatch Lewisham's activities. Our volunteers bring valuable skills and knowledge to Healthwatch Lewisham that we can draw upon to make a real difference.

Some people have experience of services as a patient or a service user and some have useful knowledge of health and social care services from previous professional roles.



Much of our strength is rooted in the passion of the people who choose to become involved with us and we are very much aware of this.

Volunteers play a crucial role in enabling us to reach as many people as possible.



Our volunteers have either led or supported us on a number of projects, have provided high level representation, visited services and reached out to communities and neighbours to share our message.

In total, volunteers have contributed 901 hours this year, which equates to 129 working days. The value of our volunteers during the year was £15,716.

We would like to take this opportunity to thank all our volunteers for their hard work and dedication throughout 2016/17.



## Join our Healthwatch family

Providing help in so many different ways, volunteering for Healthwatch allows you to gain new experiences and skills as well as help out your local community.



If you are interested in volunteering with us, please contact Volunteer and Involvement Officer Peter Todd on 020 8315 1927 or email [petert@healthwatchbromley.co.uk](mailto:petert@healthwatchbromley.co.uk)

Opportunities currently being offered include:

- **Advocacy Volunteer** - This role involves supporting our Advocacy Officers to help residents make a complaint against a local NHS service
- **Outreach Volunteer** - This role involves the volunteers being our eyes and ears in the community as well as raising awareness of Healthwatch and how we can help the public
- **Communications and Social Media Volunteer** - This role involves supporting the Communications Officer to develop our network and help boost our reach on social media
- **Enter & View Authorised Representatives** - These volunteers have the opportunity to visit local health and social care services as well as undertake PLACE visits
- **Admin Volunteers** - These volunteers help with a variety of office based tasks which enables the organisation to work effectively



# *Our finances*



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	107,428.00
Funding received from local authority to deliver NHS Complaints Advocacy	46,410.00
Lewisham CCG	9,600.00
<b>Total income</b>	<b>163,438.00</b>
<b>Expenditure</b>	
Operational costs	12,606.00
Staffing costs	114,947.00
Office costs	20,722.00
<b>Total expenditure</b>	<b>148,275.00</b>
<b>Balance brought forward</b>	<b>15,163.00</b>



*Healthwatch Lewisham celebrating Christmas 2016*



# Contact us

## Tell us your experiences of health and social care

We want to hear from as many of you as possible about your experiences of health and social care services in Lewisham.

The more we hear from you the more effective we can be in representing you and helping to improve services.

### You can contact us by:

- Sharing your experiences in the Feedback Centre on our website:  
[www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)
- Email:  
[info@healthwatchlewisham.co.uk](mailto:info@healthwatchlewisham.co.uk)
- Telephone: 020 8315 1916
- Completing the Talk to Us form on our website:
- Write to us:

Healthwatch Lewisham,  
Community House,  
South Street,  
Bromley,  
Kent, BR1 1RH

## Sign up to our mailing list

If you want to keep up with the work of Healthwatch Lewisham, then contact us and tell us that you want to join our mailing list.

Alternatively, you can sign up by visiting [www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk) and entering your email address at the bottom of the homepage in the 'subscribe to our mailing list' box.

We will send you our bi-weekly e-bulletin and you will also hear about our latest reports and opportunities to get involved.

## Healthwatch Lewisham Volunteers

Volunteers are central to the work of Healthwatch Lewisham. We already have a fantastic team of volunteers who help to capture views and experiences of health and social care and who represent patients and service users in meetings across the county.

Please get in touch if you are interested in finding out more about volunteering for Healthwatch Lewisham.

## Events

We take part in a large number of events across Lewisham. When you see us, please come up and say hello and tell us about your experiences of health and social care.

If you are organising an event and would like us to be involved, then we would love to hear from you.

Please see here for our events:

[www.healthwatchlewisham.co.uk/events](http://www.healthwatchlewisham.co.uk/events)

## Online

You can also keep in touch with our work and download our latest reports and newsletters at:

[www.healthwatchlewisham.co.uk](http://www.healthwatchlewisham.co.uk)

Also, keep in touch through social media at:



Healthwatch.Lewisham



@HWLewisham

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Lewisham Clinical Commissioning Group, Healthier Communities Select Committee and Lewisham Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	6
Class	Part 1 (open)	12 September 2017	

## 1. Purpose

To advise Members of the proposed work programme for the municipal year 2017-18, and to decide on the agenda items for the next meeting.

## 2. Summary

- 2.1 At the beginning of the municipal year, each select committee drew up a draft work programme for submission to the Business Panel for consideration.
- 2.2 The Business Panel considered the proposed work programmes of each of the select committees on 22 May 2017 and agreed a co-ordinated overview and scrutiny work programme. However, the work programme can be reviewed at each Select Committee meeting so that Members are able to include urgent, high priority items and remove items that are no longer a priority.

## 3. Recommendations

3.1 The Committee is asked to:

- note the work plan attached at **Appendix B** and discuss any issues arising from the programme;
- specify the information and analysis required in the report for each item on the agenda for the next meeting, based on desired outcomes, so that officers are clear about what they need to provide;
- review all forthcoming key decisions, attached at **Appendix C**, and consider any items for further scrutiny;

## 4. The work programme

4.1 The work programme for 2017/18 was agreed at the Committee's meeting on 25 April 2017.

4.2 The Committee is asked to consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria. The flow chart attached at **Appendix A** may help Members decide if proposed additional items should be added to the work programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the Committee agrees to add additional item(s) because they are urgent and high priority, Members will need to consider

which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

## 5. The next meeting

5.1 The following reports are scheduled for the meeting on 1 November 2017:

Agenda item	Review type	Link to Corporate Priority	Priority
<b>Social prescribing in-depth review evidence session</b>	In-depth review	Active, healthy citizens	Medium
<b>CQC inspection of Lewisham and Greenwich NHS Trust</b>	Standard item	Active, healthy citizens	High
<b>Lewisham hospital update (systems resilience)</b>	Standard item	Active, healthy citizens	High
<b>Public health annual report</b>	Standard item	Active, healthy citizens	Medium
<b>Partnership commissioning intentions</b>	Standard item	Active, healthy citizens	High
<b>Adult social care charging framework</b>	Standard item	Active, healthy citizens	High
<b>Consultation on day centre meals</b>	Standard item	Active, healthy citizens	High

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these items, based on the outcomes the Committee would like to achieve, so that officers are clear about what they need to provide for the next meeting.

## 6. Financial Implications

There are no financial implications arising from this report.

## 7. Legal Implications

In accordance with the Council's Constitution, all scrutiny select committees must devise and submit a work programme to the Business Panel at the start of each municipal year.

## 8. Equalities Implications

8.1 The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing

the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.2 The Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

8.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

## 9. **Date of next meeting**

The date of the next meeting is Wednesday 1 November 2017.

### **Background Documents**

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

## Scrutiny work programme – prioritisation process



Healthier Communities Select Committee work programme 2017/18

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	25-Apr	13-Jun	20-Jul	07-Sep	01-Nov	30-Nov	24-Jan	06-Mar
Lewisham future programme	Standard item	High	CP9	Ongoing								
Sustainability and transformation plan	Standard item	Medium	CP9	Apr								
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	Apr								
Select Committee work programme 2017/18	Constitutional req	High	CP9	Apr								
CCG update on primary care changes	Standard item	Medium	CP10	Apr								
In-depth review	In-depth review	Performance	CP9	Dec		Scope		Evidence session	Evidence session	Report		
SLaM quality account	Performance monitoring	Medium	CP9	Jun								
Neighbourhood care networks update	Standard item	Medium	CP9	Jun								
Adult Safeguarding Board introduction	Performance monitoring	High	CP9	Jul								
Grove Park Health Centre	Standard item	High	CP10	Jul								
Lewisham and Greenwich NHS Trust Quality Account	Performance monitoring	Medium	CP9	Jul								
CCG review of access to urgent care	Standard item	High	CP10	Jul								
Information item: notes of meeting with GST	Standard item	Medium	CP9	Jul								
Information item: Developing Lewisham's Adult Social Care On-line Activity	Standard item	Medium	CP9	Jul								
Healthwatch annual report	Standard item	Medium	CP9	Sep								
Healthwatch hospital discharge report	Standard item	Medium	CP9	Sep								
CQC inspection of Lewisham and Greenwich NHS Trust	Performance monitoring	Performance	CP9	Nov								
Lewisham hospital update (systems resilience)	Standard item	High	CP9	Nov								
Public health annual report	Performance monitoring	Medium	CP9	Nov								
Partnership commissioning intentions	Performance monitoring	Medium	CP9	Nov								
Adult social care charging framework	Standard item	High	CP9	Jul								
Integration review update	Performance monitoring	Medium	CP9	Nov								
CQC update on care homes	Performance monitoring	Medium	CP9	Sep								
CQC inspections of SLaM	Performance monitoring	High	CP9	Nov								
Leisure centre contract	Performance monitoring	Medium	CP9	Nov								
Transition from children's to adult social care	Standard item	Medium	CP9	Nov								
Adult safeguarding	Performance monitoring	High	CP9	Jan								
Adult learning Lewisham annual report	Performance monitoring	Medium	CP9	Jan								
Delivery of the Lewisham Health & Wellbeing priorities	Performance monitoring	High	CP9	Mar								

	Item completed
	Item on-going
	Item outstanding
	Proposed timeframe
	Item added

Meetings					
1)	Tuesday	25 April		5)	Wednesday 01 November
2)	Tuesday	13 June		6)	Thursday 30 November
3)	Thursday	20 July		7)	Wednesday 24 January
4)	Thursday	7 September		8)	Tuesday 6 March



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## FORWARD PLAN OF KEY DECISIONS

### Forward Plan September 2017 - December 2017

This Forward Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"\* means an executive decision which is likely to:

- (a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;
- (b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

	<b>Blackheath Joint Events Policy 2017-2020</b>	13/09/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
	<b>Housing Infrastructure Fund - Bids for Catford town centre, Lewisham Interchange and Lewisham Gateway</b>	13/09/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith,		

**FORWARD PLAN – KEY DECISIONS**

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Deputy Mayor		
	<b>Fostering Strategy</b>	13/09/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
February 2017	<b>Telephony re-procurement</b>	13/09/17 Mayor and Cabinet (Contracts)	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
August 2017	<b>New Homes Programme</b>	13/09/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
August 2017	<b>Agreement to enter into a contract to deliver a Training and Work Experience Programme in Good Hope Cafes with For Jimmy</b>	13/09/17 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2017	<b>Sangley and Sandhurst Road Highway Improvement Scheme Contract Award</b>	13/09/17 Mayor and Cabinet (Contracts)	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		

**FORWARD PLAN – KEY DECISIONS**

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April 2017	<b>Proposed revision to the contract structure of the Downham Health &amp; Leisure Centre PFI</b>	13/09/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
	<b>Foster Care Preferred Provider Framework Extension</b>	13/09/17 Mayor and Cabinet (Contracts)	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
May 2017	<b>Audited Accounts and Pension Fund Accounts 2016/17</b>	20/09/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
May 2017	<b>Financial Regulations and Directorate Schemes of Delegation</b>	20/09/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
	<b>Insurance Renewal Contracts</b>	26/09/17 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		

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March 2017	<b>Achilles Street Regeneration Proposals</b>	04/10/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2017	<b>Joint Strategic Depot Review</b>	04/10/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Rachel Onikosi, Cabinet Member Public Realm		
June 2017	<b>PLACE / Deptford: Precision Manufactured Temporary Accommodation</b>	04/10/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
	<b>Discretionary Business Rates Scheme 2017/2018 Revaluation Support</b>	04/10/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Kevin Bonavia, Cabinet Member Resources		
June 2017	<b>Update and preferred provider position refurbishment of Ladywell Playtower.</b>	04/10/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith, Deputy Mayor		
	<b>Debts write-off for Recoupment of Invoices</b>	04/10/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin,		



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Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Cabinet Member for Children and Young People		
	<b>Response to Consultation regarding changes to Targeted Short Breaks Provision</b>	04/10/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
May 2017	<b>Community Services Youth Theatre and Performing Arts Review</b>	04/10/17 Mayor and Cabinet (Contracts)	Aileen Buckton, Executive Director for Community Services and Councillor Joan Millbank, Cabinet Member Third Sector & Community		
May 2017	<b>Transfer of the Applications Support Function to the LB Brent Shared Service</b>	25/10/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
	<b>Lewisham Homes Business Plan</b>	25/10/17 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Damien Egan, Cabinet Member Housing		
June 2017	<b>Gypsy and Traveller Local Plan Update</b>	25/10/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith,		

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			Deputy Mayor		
	<b>School Improvement Partnership</b>	25/10/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for Children and Young People		
	<b>Introduction of a new Public Space Protection Order</b>	25/10/17 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Janet Daby, Cabinet Member Community Safety		
May 2017	<b>Report of the Barriers to Participation Working Party</b>	22/11/17 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Suzannah Clarke, Chair Planning Committee C		
May 2017	<b>Lewisham Future Programme 2018/19 Revenue Budget Savings</b>	06/12/17 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member Resources		
June 2017	<b>Deptford Lounge &amp; Tidemill School Facilities and Centre Management</b>	06/12/17 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin, Cabinet Member for		

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			Children and Young People		

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