



**A STAKEHOLDER EVALUATION OF
HEALTHWATCH BRIGHTON & HOVE
MAY 2015**





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Executive Summary

Healthwatch Brighton and Hove Community Interest Company (HWB&H CIC) is the independent watchdog for health and social care services in Brighton and Hove. It was set up under the Health and Social Care Act 2012 and started to operate on 1st April 2013.

Healthwatch Brighton and Hove became a CIC on 1st April 2015, turning 2 years old as it did so. The new Board felt it would be useful to undertake focussed simple evaluation to inform future work. It was agreed to do this with key public sector stakeholders and the general public. In general terms public response came from those people already engaging with us.

Respondents not only had a chance to review HWB&H performance but also provide some input into the HWB&H work plan for 2015-16.

It should be noted that the report relates to a relatively small and specific sample of respondents who are already engaged with the work of HWB&H. The majority of public respondents had volunteered at some point with HWB&H and/or used our services and the public sector respondents are active partners in our work. For this reason, we have called the report a 'stakeholder evaluation'.

In general, HWB&H has been seen to perform well, with respondents giving an average score of 7.6 out of 10 (where 1 is poor and 10 is excellent) for general performance. HWB&H has been praised for putting patients at the heart of its

work and its willingness to work collaboratively, whilst still scrutinising and holding the public sector to account.

Its role as 'critical friend' is highly valued, partly as a result of its programme of Enter & View visits, but more particularly through its representation at key strategic partnerships in the city, such as the Health & Wellbeing Board and the Primary Care Transformation Group. Whilst HWB&H got off to a shaky start in its first year, the leadership of the organisation in the second year has been praised for bringing detailed understanding of health and social care issues, alongside gravitas and integrity, to city wide discussions and debates.

Respondents felt that HWB&H had engaged positively with key stakeholders, and was open and honest in its reporting. It has reached into key strategic health and social care forum across the city and has been able to influence agendas, bringing important patient perspectives and engaging in a high level of debate. It has skilfully navigated important agendas and difficult issues and is valued as a conduit of information and for bringing 'soft intelligence' from the public. The organisation has been also highly praised for its monthly magazine.

There was concern, however, that the reports produced by the organisation did not provide sufficient context of either the national and local policy agendas or the specific service reported on, nor make connections across services within provider organisations and across the city. There was also cause for concern at the quality of representation at some key strategic boards/partnerships. Furthermore, it was felt that HWB&H



could have publicised and promoted itself more widely to the public and patients, and engaged more directly with established patient groups, such as Patient Participation Groups, and that direct communication with key stakeholders on forward planning and organisational matters, such as key staff changes, could be improved.

The general conclusion of these processes was therefore that HWB&H has begun to raise its game over the past 12 months and all respondents highly value its role and potential.

Introduction to Healthwatch Brighton and Hove

Healthwatch Brighton and Hove is the independent watchdog for health and social care services ensuring that local people have a voice in the services they use.

It was set up under the Health and Social Care Act 2012 and started to operate on 1st of April 2013 under the umbrella of Community Works, (formerly known as Brighton and Hove Community and Voluntary Sector Forum (CVSF), which had been awarded the contract by the Brighton & Hove City Council to develop the service.

The first year of the organisation was in 'shadow form'. Behind the scenes work setting up the organisation was intensive.

As of 1st of April 2015, Healthwatch Brighton and Hove become a Community Interest Company (CIC), which is a type of

not for profit community organisation, with an Asset Lock. The Asset Lock means that any surplus income has to be used to further the organisation's work for the benefit of the community. HWB&H is also part of the Healthwatch England national network. There are 152 local Healthwatch organisations across England.

Local Healthwatch organisations work with Healthwatch England. The latter's central duty is to use the intelligence and information from local Healthwatch to influence central government in policy, practice and delivery terms.

The main purpose of Healthwatch is to support local children, young people, adults and their communities to influence the design, delivery and improvement of their local health and social care services, now and for the future. It enables people to make informed choices about their health and wellbeing by provide information, advice and assisting them when they have concerns or complaints about these services. Healthwatch also empowers local people and communities by giving them the opportunity to express their views about the health and social care of the local area where they live and work.

The work of this organisation is led by local people for their community. Currently, HWB&H CIC is run by 8 Directors and a Chief Executive Officer all of whom have been working in the health and social care field for many years. They are supported by 4 members of staff, (1 full-time, 3 part-time), and 36 volunteers.

A number of staff and Board members came into post towards the end of the first year of operation and the CEO was



only recently appointed. It should also be noted that over the last 2 years, HWB&H has experienced managerial change three times. Nevertheless, the organisation has been carrying out a number of intensive pieces of work.

Healthwatch statutory activities with regard to local health and social care activities include:

- promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of services;
- enabling local people to monitor the standard of services, and influence whether and how these services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of services and importantly to make these views known;
- making reports and recommendations about how services could or ought to be improved. These should be directed to commissioners and providers of these services, and people responsible for managing or scrutinising them, and shared with Healthwatch England;
- providing advice and information about access to services so choices can be made about them;
- formulating views on the standard of provision and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England that they advise the Care Quality

Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations directly to the CQC), and that they publish reports about particular issues; and providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Under legislation HWB&H can:

- enter premises to observe matters relating to health and social care services. These powers do not extend to enter and viewing services relating to local authorities' social services function for people under the age of 18;
- ask for information from commissioners and providers of services, who must then respond within 20 working days;
- make reports and recommendations and get a reply within 20 working days (this means HWB&H can follow-up issues and concerns with people responsible for services and get service improvements);
- refer matters to Overview and Scrutiny Committees, who must respond within 20 working days; and
- sit on the Health and Wellbeing Board (to influence local strategy on health and social care).



Purpose of this study

This report will draw upon views of various parties and will provide an evaluation of the degree to which the organisation meets its statutory functions according to a sample survey of the public and key public sector stakeholders which whom the organisation works.

The aims are three-fold:

- To explore the views of a sample of local people about the effectiveness of HWB&H
- To understand the perspective of key public sector stakeholders' experience and opinion
- To understand priority areas of focus for the next year.

Research Methodology

An online questionnaire (Survey Monkey) entitled 'How are we doing?' was promoted during the period between 19th February and 16th March 2015. Hard copies of the survey were also available from the HWB&H office on request. The survey was promoted to members of the public via the HWB&H website, social media, local media, Healthwatch Magazine, Health Promotion mailing list and Community Works mailing lists. There were 8 multiple choice questions as well as open questions relating to the quality of services delivered by HWB&H, as well as the space to share any significant issues that the respondents wished to raise. **A total of 49 respondents provided their views.** Despite wide circulation, we would acknowledge that the majority of these people were

already engaged with HWB&H and the results should therefore be seen within this context.

In addition, the Chief Executive Officers of key public sector organisations were invited to interview during April and May 2015. Not all were able to respond in the timescale, but those that did were asked a series of qualitative questions.

Those interviewed were:

- Geraldine Hoban, Chief Operating Officer of Brighton & Hove Clinical Commissioning Group (B&H CCG)
- Denise D'Souza, Executive Director Adult Services at Brighton & Hove City Council Paula Head, Chief Executive of Sussex NHS Community Trust (SCT)
- Matthew Kershaw, Chief Executive of Brighton & Sussex University Hospitals NHS Trust (BSUHT)
- Paula Head, Chief Executive, Sussex Community NHS Trust (SCT)

Data Analysis

Thematic analysis is a method for identifying, analysing and reporting patterns within data. Here it was used with the intention of understanding respondents' answers and concerns in more detail, particularly those that were not predicted or prompted by the original question.



Findings and Discussion

Different service users, different awareness

General Public views

In general terms members of the public had learnt about HWB&H predominantly through having worked in local health and social care services.

9 out of 49 found out about the organisation through Brighton & Hove Community Works (formerly Community and Voluntary Sector Forum (CVSF)). 6 individuals said that they knew about HWB&H through their involvement with Brighton and Hove Local Involvement Network (B&H LINK), the predecessor of HWB&H.

A further 4 respondents said they had previously worked for the organisation, either as volunteers, or had been involved in its transition from B&H LINK into HWB&H.

“Firstly I got to know Healthwatch through my previous employment in social care and health, and then through Healthwatch volunteering.”

It is worthwhile mentioning all other responses in the survey which explain respondents’ awareness of HWB&H, such as:

“I chair a health trust so Healthwatch is a key stakeholder for me and I actively seek contact with it to gain patient perspective.”

Other ways included gaining awareness through the CCG, public meetings, and other local bodies such as Healthwatch West Sussex, the Fed Centre for Independent Living, the Patient Participation Group at Portslade Health Centre and/or Brighton & Hove City Council. Additionally, knowledge about HWB&H had spread through: word of mouth, friends, leaflets, Healthwatch Magazine, articles in local newspapers and stalls at community events.

Feedback on HWB&H main services/activities

General Public views

Healthwatch B&H Public Meetings

HWB&H organises meetings to provide a space for members of the public to express their views and hear about health and social care developments.

However, the survey showed that the majority of respondents (20 out of 49 individuals) had never attended any HWB&H public meetings. This was attributed to lack of awareness of these opportunities.

In contrast; those respondents who had attended HWB&H public meetings (9 out of 49) referred to them as useful, well organised and informative:



“I attended the mental health consultation big meeting at City College Brighton & Hove and found the event extremely interesting and well organised.”

“I think I went to an emergency services meeting @ Brighthelm. It was a useful forum to express concerns and to hear about what steps were being taken to deal with issues and other changes being made. I especially liked the egalitarian feel of being able to talk as equals with professionals.”

“In the most the meetings were very informative. Some of the details of procurement were confusing at times but in general I felt that Healthwatch sells itself well.”

2 responses gave a sense of neutral or negative outcomes from the meetings:

“It is too early for me to have a view”

“Nothing has changed after a lot of sensible suggestions made at meetings.”

Helpline Service

The aim of the Helpline Service is to provide people with information and signpost to local health and social care services. This includes how to access them and what to do if things go wrong. HWB&H mostly supports individuals with queries related to local NHS services, including those provided by GPs/family doctors, dental surgeons, pharmacists and opticians. The Helpline is open from Monday to Friday from 10am to 12 noon each day.

If people wish to make a complaint about an NHS or social care service, HWB&H can put them in touch with advocacy services. HWB&H works hand in hand with Impetus, which provides the statutory Independent Complaints Advocacy Service (ICAS); commissioned as part of the package of services.

Year	2013	2014	2015 (up to April)
Cases	295	480	132

Table 1: Helpline Cases

Although the number of Helpline cases has been increasing since 2013, the survey sample indicated that only 2 individuals had used the Helpline Service themselves and 3 people said that they had not heard about it at all.

“Efficient and kind listening ear, useful information, support and signposting”

Respondents could see the potential use of the Helpline however.



“Being able and having someone who could write the comments about the health services down for me would be useful.”

Volunteering opportunities

Volunteers have played a significant role within HWB&H. They come from a wide variety of settings and backgrounds and therefore provide valuable insight into the organisation.

By April 2015, HWB&H had developed a volunteering network of 36 individuals. Volunteers contribute to numerous aspects of the organisation by giving their time, energy, skills and talent to help reach the organisation’s goals.

During the research, 7 out of 49 individuals described a positive volunteering experience with HWB&H mainly due to a wide range of opportunities, as well beneficial outcomes in terms of gaining life experience and raising self-confidence.

“As a Healthwatch volunteer, I feel they are most professional in their support and training of volunteers.... I feel valued and that my volunteering is actually doing some good.”

Some of the respondents also felt that volunteers are well supported and public sector stakeholders’ said that in general they had a positive experience of working with Healthwatch B&H volunteers.

In contrast to this, one of the respondents felt that their experience had deteriorated over time.

“I felt valued as a volunteer in the early days, but it now appears that intelligent and experienced volunteers are no longer being given responsible positions”

and therefore, this respondent sees this service as:

“(...) very disappointing and not a good use of public money”

Another respondent pointed out that volunteers’ involvement in HWB&H has decreased compared to their time with B&H LINK.

Another survey participant said of volunteering for HWB&H:

“It is very judgemental, stigmatising, being not accessible to all, having chaotic approach with poor communication.”

This respondent also referred to their volunteering experience as feeling under pressure due to:

“(...) unrealistic expectations and excessive demands”

Magazine and public communication

HWB&H produces a free monthly magazine with updates on local issues relating to health and wellbeing in Brighton & Hove. From the responses to the survey it is clear that the Healthwatch Magazine is very popular.



Those who voiced a favourable view of the magazine mostly referred to it as “informative”, “topical”, “regular”, “clear and user friendly” and “not too long winded”.

“Your magazine is ace. It is a great way to get a quick but regular understanding of what you do, and what else is going on in Health and Social Care in the City.”

Regarding the topical character of the magazine, some individuals said that:

“It is very helpful to have a sense of top emerging issues and actions on them. I particularly liked the December edition about what to do if you are ill over Christmas.”

“It is informative and topical. I like the focus of particular subject for each issue.”

“Good to read a regular update on your work and other organisations in the city. We also submit articles which sometimes get used.”

One of the respondents pointed out what they see as the lack of information regarding the successful activities and outcomes of Healthwatch B&H. He said:

“You do not publicise any changes you have been instrumental in and whilst the magazine is not about your organisation, I think you would do well to show people what their involvement with you has achieved.”

In addition, there were some concerns around its lack of visibility/circulation across the city..

In terms of general communication, it was felt that information sent via email was:....

“(.)is good, brief and straight to the point”

However, HWB&H should develop better ways for communicating with people who do not use the internet.

Performance ranking

Public sector stakeholders’ views

When asked how well HWB&H had performed generally over the past 12 months on a scale from 1 to 10 (where 1 is poor and 10 is excellent), the average score was 7.25. Three respondents ranked it at 7 and one at 8.

The general view was that HWB&H had done well and had been a good partner to work with, taking into consideration the rapid start-up required and the limited resources available. It has achieved a relatively high profile but needs to give clearer messages. Those that were aware of internal management issues within HWB&H felt that the organisation had done well under difficult circumstances.



General Public views

We asked public respondents to rate how well HWB&H as an organisation is fulfilling its statutory activities.

Respondents said that the organisation is best at **influencing local services** through its position on the Health and Wellbeing Board. Fulfilling this statutory function was rated as 8 out of 10.

The organisation was given 8 by survey participants, with regard to **promoting health and social care events and consultations**.

The goal of **providing advice and information about access to local health and social care services** was scored at 8 and was therefore considered to be in the top 3 of its most helpful functions.

Making your views known to those involved in commissioning, delivering and monitoring services has received the fourth highest score (nearly 8) in the survey in which the local people think HWB&H does well.

The last two remaining successful HWB&H activities were associated with **obtaining your views about local health and care services** with the average score of 7.5 and finally, the activity considered by respondents as not being carried out as well was linked to **promoting our services** (7).

Evidence and examples of success for HWB&H

Public sector stakeholders' views

Respondents felt that HWB&H had done well on a range of issues including:

- Putting the patient perspective at the heart of its work.
- Engaging positively with key stakeholders.
- Being a 'critical friend' - both scrutinising and supportive at the same time.
- Being open and reporting observations as honestly as possible.
- Having reach into key strategic health and social care forum across the city.
- Influencing agendas, bringing key patient perspective issues to the table and engaging in a high level of debate.
- Being focussed and covering issues comprehensively.
- Skilfully navigating important agendas and difficult issues where independence was critical.
- As a conduit of information and bringing 'soft intelligence' from patients and the public to the table.

More specifically, respondents considered HWB&H to have performed well in:

- Enter & View visits and reports, which were seen as a key HWB&H 'tool' by 2 respondents.
- Work focussing on care of older people and A&E.
- Better Care agenda discussions, by bringing a consistent view.
- Engagement on the Health & Wellbeing Board and the Primary Care Transformation Board.



- Public scrutiny of the integration of services between NHS and BHCC through representation at the Health and Wellbeing Board.
- Engagement in public events, particularly the co-commissioning event, where HWB&H strengthened public scrutiny and was articulate and robust in its contribution.
- The Children & Adolescent Mental Health Services (CAMHS) Report prompted the CCG to undertake a review of the service.
- The reports on Urgent Care & Hospital Discharge were both challenging and influential.
- Use of social media, which is improving.

General Public views

Respondents generally said that out of the various activities HWB&H does, the regular publishing of the Healthwatch Magazine is the most successful.

“Production of the magazine online is excellent.”

Other activities acknowledged by survey respondents as being performed well are ‘Enter and View’ visits and associated reports. Respondents also referred to the report on the Eye Hospital which played an important role in securing additional resources to improve the environment in this hospital.

Other examples where HWB&H performed well included:

- Great communication from the HWB&H staff, feeding back about

its projects, for instance on hospital discharge. The latter helped Adult Social Care in their work on improvement of the experience of people who are being discharged.

- Appointing experienced volunteers to undertake responsible positions with the volunteer coordinator supporting them well.
- Good representation of HWB&H by its Chair.
- Running a good consultation on mental health, supporting the virtual summit consultation run by Adult Social Care team at Brighton & Hove City Council.
- Providing support to Patient Participation Groups.
- Being present at numerous events in the city and delivering good presentations.
- Being involved in the Health and Wellbeing Board and Health Overview and Scrutiny Committee.

Areas of improvement for HWB&H

Public sector stakeholders’ views

Respondents understood that HWB&H was still a young organisation with only a small team of people working for it, and that the dual role of engagement and providing a voice were challenging. They reflected that HWB&H could have performed better on the following:

- The initial set up period meant that HWB&H took its eye off the ball and did not become active soon enough.



- Providing context and making connections across services within provider organisations and across the city within its reports.
- Quality of representation at some key strategic boards/partnerships.
- Publicising and promoting HWB&H to the public and patients.
- Communication with key stakeholders.
- Having a wider intelligence role within the hospitals.

Specifically:

- The 'Urgent Care' report did not contextualise the service or make connections across relevant services within NHS organisations.
- In the first year or so, HWB&H requested detailed responses from the CCG to questions which were confused, appeared to lack context and wasted staff time and effort. This has now improved and HWB&H is seen as more strategic and engaging in sensible and mature conversation.
- An early venture with the CCG, where work on a report was co-owned by both organisations but the resulting document reflected issues differently from both parties, led to important learning. That is; whilst collaboration is essential as part of a constructive relationship, it is important for HWB&H to keep its distance from health and social care service public sector bodies to which it is acting as critical friend.

- The HWB&H representative on the Safeguarding Board should be either the Chair or CEO of HWB&H, to reflect the importance of this Board.
- There appears to be a lack of interface between HWB&H and PPGs and other patient involvement groups.
- The report on Older People's Care at the Royal Sussex County Hospital seemed to put the blame for patients not being discharged on to the social care system and did not contextualise the situation, where delays can be due to a range of issues including transport and medication. The draft report was not shared with BHCC Adult Social Care Services for comment before publication.
- The Enter & View programme in social care establishments could be better planned with providers to ensure that visits are conducted in a timely manner and do not clash with other inspection regimes e.g. BHCC and CQC inspections.
- HWB&H does not seem to have communicated directly with key stakeholders in the health and social care arena on organisational matters such as independence from Community Works, setting up a CIC, recruitment of new CEO.
- HWB&H has not communicated its forward plan with key stakeholders, who therefore do not know what issues HWB&H is, or will be, working on and cannot respond directly.



General Public views

Respondents generally said that Healthwatch B&H could have done better in raising awareness about its services and work. Some respondents said that they found it difficult to understand what HWB&H actually does and what influence it has.

“General awareness of Healthwatch seems to be intermittent when talking to patients and members of the public and stakeholders - some are very knowledgeable and aware and others have not heard of Healthwatch at all.”

It was also suggested that HWB&H could do better at selling its own success in a short easy-to-remember message, having more public facing events and assessing how much hard-to-reach groups know about its activities.

“More public meetings and more diverse outreach will publicise it better.”

Within the answers respondents also mentioned particular health and social care services that might benefit from mutual co-operation, for instance Crossroads, Roads Safety.

Other suggestions for improvement:

- Valuing and championing your volunteers, increasing volunteering and improving Project Management
- Championing patients' voices, e.g. around closure of Eaton Place GP surgery

- Keeping a closer eye on NHS services. HWB&H shouldn't rely on their statistics
- Reduce the duplication of HWB&H staff presence during various meetings
- Improving communication with people who don't use the internet
- Challenge decisions of the Health and Wellbeing Board more rigorously
- Further and deeper work regarding CAMHS (Children and Adolescent Mental Health Services)
- Taking action over unfit complaints processes, stepping in to highlight to those with power diagnostic failures and subsequent cover-ups and sever unprofessionalism by health and social care professionalism
- Improve work on social care, and better promote activities in this field.
- Focusing more on the outcomes, not outputs - don't spread yourself too thinly.
- Clarification of role with public health.

What agenda or work themes should HWB&H be picking up in 2015/16?

Public sector stakeholders' views

There was consistency of views across respondents concerning priorities for 2015/16, with the main issues being:

- The interface between NHS and social care services leading to



better multi-agency working and integrated services, particularly provision of services in the home rather than in hospital, and in-reach services including the Rapid Response Services.

- The Better Care agenda.
- Enter & View visits - stakeholders consider these as a vital means of independent scrutiny, but want to see a planned programme in setting up the visits. In particular, BSUHT would like to invite HWB&H to work with them to support the implementation of HWB&H's recommendations so that the work goes beyond the written reports.
- Commissioning primary care and co-commissioning.
- Focus on specific services such as children's services and acute services.
- Place more emphasis on the Safeguarding Board and ensure high quality representation.

In responding to feedback from public sector stakeholders, HWB&H should also:

- Continue to build the public profile of HWB&H through engagement work with public and patient groups.
- Improve direct communication with public sector stakeholders on organisational matters, such as key staff changes.
- Ensure that all HWB&H research and reports are embedded within the national and local policy and strategy contexts.

- Ensure that HWB&H representatives are of the calibre to represent the organisation at a high enough level and are fully briefed and prepared.

General Public views

From the suggestions the respondents gave in this section, it has become clear that the major area for focus during the next year is associated with **mental health, wellbeing and reducing social isolation**. It was also said that HWB&H should support health and social care services in working more closely together.

Among other suggestions, there was mention of:

- better communication with all individuals who may benefit from HWB&H work;
- access to Primary Care;
- diabetes and dementia care
- cancer treatment and physiotherapy waiting times;
- areas of common complaints, such as A&E, hospital discharge, NHS 111, patient transport;
- patient and public involvement in transforming GP services;
- checking that GP surgeries are coping with the extra demand after closing Eaton Place surgery;
- privatisation of NHS;
- lobbying commissioners to fund community health;
- engaging more with BME, LGBT , homeless people, children/young people, refugees and single parents;



- making sure that services within community are fit for their purpose;
- focusing on what is happening on the periphery of services and where people are falling through the gaps which may cause harm;
- inspecting NHS wheelchair provision in Brighton and Hove;
- looking more closely into the circumstances surrounding elderly individuals living on low incomes; the services they are entitled to and better transport links for them so that they are not isolated within their own homes; and
- promoting HWB&H services.

Additional/miscellaneous opinions from respondents

The general feedback from colleagues working in the public sector was good; however, there is a sense that HWB&H is not as clearly 'on the radar' as it might be.

Respondents offered further views and/or comments, as follows.

- Engagement is more important than consistency in representation; whilst having a range of people representing HWB&H takes more time in terms of people getting up to speed with agendas etc. and forming relationships, this leads to a more open and transparent relationship.
- HWB&H has raised its game over the past 12 months; the leadership has been fantastic, with a real understanding of health and social care issues, as well as good

personal skills and gravitas leading to representation by HWB&H of the highest integrity, and this has been mirrored by other key HWB&H representatives.

- HWB&H has been able to tread a careful line of working alongside and challenging public sector partners.
- Some respondents said that they have worked well with HWB&H over the past year and don't want to find themselves in 12 months' time having to establish new relationships with a whole set of new people because the contract has gone to a different organisation, as this would be unhelpful and distracting.

General Public views

Generally, respondents were satisfied and appreciative of the focused and dedicated work that HWB&H does for local people.

"I think you do a fab job and I admire your dedication and the quality of your work!"

Respondents expressed particular gratitude to the HWB&H Engagement and Communications Co-ordinator for being extremely open to joint working and very pleasant during outreach activities.

However, there was concern over the Health and Wellbeing Board's accountability, since it includes voting members who are not elected by anyone.

Finally, according to one respondent, there has been little feedback from HWB&H regarding the quality of



experiences of people using, or finding their way through, adult social care services. Getting feedback to secure improvements was seen as important by the public and Brighton & Hove City Council.

“Keep up your great and pioneering work. All the best”

You Said, Our Response

The following summarises key findings described in this document. It sets out recommendations our respondents made and describes how Healthwatch Brighton and Hove is, or will be, taking action.

Our Annual Report sets out our strategic priorities for the forthcoming year and this ensures the recommendations are integrated into our plans.

- **HWB&H should provide context and make connections across and within the city and its services when producing reports.**

HWB&H will add strategic information to all future reports and will also share drafts with key stakeholders to ensure information is contextualised.

- **HWB&H should improve the quality of representation at some key strategic boards/partnerships.**

HWB&H will review its current representation structure and membership and quality issues accordingly.

- **HWB&H should publicise and promote HWB&H more to public and patients.**

This is one of our top priorities for 2015-16 and a range of actions are detailed in our Annual plan.

- **HWB&H should improve its communication with key stakeholders, particularly with regard to major changes or developments such as Board and CEO appointments.**

HWB&H will improve its communication with key stakeholders by developing better relationships and understanding respective requirements. In particular we will look to streamline our information requests and be more proactive in our strategic planning.

- **HWB&H should have a wider intelligence role within the hospitals.**

HWB&H will aim to undertake broader consultation as part of its work on hospitals.

- **HWB&H should keep its distance from health and social care service public sector bodies to which it is acting as critical friend.**

HWB&H is now an independent Community Interest Company and will use this mechanism to maintain distance whilst raising issues constructively through a range of channels.

- **The HWB&H representative on the Safeguarding Board should be either the Chair or CEO of**



HWB&H, to reflect the importance of this Board.

HWB&H have already acted on this recommendation and either the Chair and/or CEO will attend these meetings in the future.

- **There appears to be a lack of interface between HWB&H and PPGs and other patient involvement groups which needs to be addressed.**

HWB&H have already acted on this and reached out to organisations supporting PPGs in order to involve them in the work. This will be further developed in 2015-16.

- **The Enter & View programme could be better planned with providers to ensure that visits are conducted in a timely manner and do not clash with other inspection regimes, e.g. BHCC and CQC inspections. Furthermore the work should develop beyond the initial visits and recommendations.**

HWB&H will engage with BHCC and other stakeholders at an early stage regarding its planned programme of visits and work with providers to identify development opportunities arising from its findings.

- **HWB&H has not communicated its forward plan with key stakeholders, who therefore do not know what issues HWB&H is, or will be, working on and cannot respond directly.**

HWB&H is in the process of producing a business plan which will be shared with all

stakeholders. It will include the findings of this evaluation.

- **HWB&H should do more to value and champion volunteers and increase volunteering.**

HWB&H has already established new Volunteering Forums and continues to recruit new volunteers where there is need.

- **HWB&H should keep a 'close eye' on services and specifically capture patient experience and not rely on statistical data. It should be a stronger independent voice and challenge decisions more publically; particularly at strategic forums such as the Health and Well Being Board.**

HWB&H will ensure all engagement work captures patient experience to add to the important quantitative data it collects. It will use this to enable a stronger voice.

- **HWB&H should do more to emphasise and deliver on its role in relation to adult social care - it is currently heavily focused on health.**

HWB&H recognises this to be the case and has already taken steps to improve its work with adult social care. It has also appointed a Social Care lead board member.

- **HWB&H should improve its relationship with public health and develop working relationships.**

HWB&H recognises this and has invited representatives of public



health to engage in an intelligence and joint working workshop.

Our Priorities for 2015-16 - Your Views

- **The integration of health and social care, particularly provision of services in the home rather than in hospital, and in-reach services including the Rapid Response Services. This includes 'Better Care'.**

HWB&H is a member of various strategic forums in the city including the Better Care Board and will use this to ensure it is responding appropriately. Furthermore it will seek more proactive relationships with home care providers through its engagement with Sussex Community NHS Trust and voluntary sector partners such as Impetus.

- **Commissioning/co-commissioning primary care and access to GPs and multi-disciplinary teams, particularly given the development of cluster working in GP practices.**

HWB&H is a member of the Primary Care Transformation Panel, Health and Wellbeing Board and Overview and Scrutiny Committee and it uses these forums to ask questions and call developments to account. Furthermore it will seek to support the new Patient Reference Panel for primary care in partnership with the CCG.

- **Members of the public prioritised: mental health, access to**

GPs, diabetes and dementia care, wellbeing and reducing social isolation.

HWB&H will ensure this feedback is embedded in its business and operational plans and seek partnerships with organisations more closely involved in issues such as diabetes and dementia care.

We will also visit residential and nursing homes where people with dementia live. We have had a special focus on older people with dementia in hospital and/or at end of life through our Enter and View programmes and this will continue.

- **Waiting times in relation to cancer treatment and physiotherapy were also raised as a priority concern by the public.**

HWB&H analyses waiting times every quarter and takes action when concerned, including meeting very regularly with the CEO at the hospital where we directly raise these issues.

- **HWB&H should do more to act on complaints raised by the public especially where there are unsatisfactory outcomes.**

HWB&H offers a peer complaints review process, however will review this for effectiveness; we also plan to hold a conference on complaints in November using new tools developed by HW England.

HWB&H should act on the closure of Eaton Place (and since the survey, Goodwood Court) to check that GP surgeries are coping with the extra demand.



HWB&H undertook a great deal of work on Eaton Place which is described in our Annual Report. We also fed directly into the NHS England review of how the closure was managed. We are currently monitoring the situation regarding Goodwood Court to ensure lessons were learnt from this.

- **HWB&H should do more regarding the privatisation of NHS and lobby commissioners to fund community health work.**

All Healthwatch organisations are unable to engage in direct political or lobbying activities.

- **HWB&H should engage more with BME, LGBT, homeless people, children/young people, refugees and single parents.**

Our Community Spokes programme enables us to work in partnership with community and voluntary organisations working directly with these communities. This plus our timetable of events and outreach should improve our reach.

- **HWB&H should focus on what is happening on the periphery of services and where people are falling through the gaps which may cause harm.**

This will be considered as part of our business plan for 2015-16.

- **HWB&H should inspect NHS wheelchair provision in Brighton and Hove.**

- This will be considered as part of our work plan for 2015-16 in partnership with the Federation of Disabled People and other stakeholders.

- **HWB&H should look more closely at the experience of elderly individuals living on low incomes, the services they are entitled to and better transport links for them so that they are not isolated within their own homes.**

- This will be considered as part of our work plan for 2015-16.