

# FINAL REPORT

## 2020 Stakeholder Survey

Healthwatch Brighton and Hove is the independent champion for people who use health and social care services in Brighton and Hove.

Our job is to make sure that those who run local health and social care services understand and act on what really matters to people. We listen to what people like about services and what could be improved. We share what people tell us with those with the power to make change happen. We encourage services to involve people in decisions that affect them. We also help people find the information they need about services in their area.

Healthwatch Brighton and Hove would like to thank all those who responded to the survey.

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# 1. Headline findings

47 stakeholders told us that:

- 95% (43 stakeholders) say Healthwatch makes a positive impact on health care services.<sup>1</sup>
- 91% (31 stakeholders) say Healthwatch makes a positive impact on social care services.<sup>2</sup>
- 86% (40 stakeholders) say Healthwatch provides insight which positively impacts their organisation.
- 83% (39 stakeholders) say Healthwatch has strong credibility and produces quality work.
- 81% (38 stakeholders) say Healthwatch provides unique patient views that their organisation would otherwise not have access to.
- 77% (36 stakeholders) say Healthwatch has the ability to influence.

Respondents to this survey represented the range of sectors relevant to Healthwatch. The majority worked in hospital care (17%, eight stakeholders), the local authority (17%, eight stakeholders) or in social care (15%, seven stakeholders). A smaller number were from the Clinical commissioning group (CCG) (11%, five stakeholders) and Primary care/GP (11%, five stakeholders). Others represented the third sector, general public, media, dentists, Healthwatch and other health care sectors.

## 2. Introduction

Healthwatch Brighton and Hove conducts an annual survey of stakeholders in order to understand their awareness of Healthwatch and assess their views on our activities over the previous year.

The survey was conducted from 18<sup>th</sup> February 2020 to 25<sup>th</sup> March 2020 and contained thirteen questions. We received responses from 47 stakeholders. This is an increase of 88% on last year's survey, which attracted 25 stakeholders.

The following report presents the findings from this survey. Many of the questions asked this year differ from our previous survey. However, where questions are similar, we have shown comparisons between the two surveys.<sup>3</sup>

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<sup>1</sup> Some respondents indicated 'don't know' for this question.

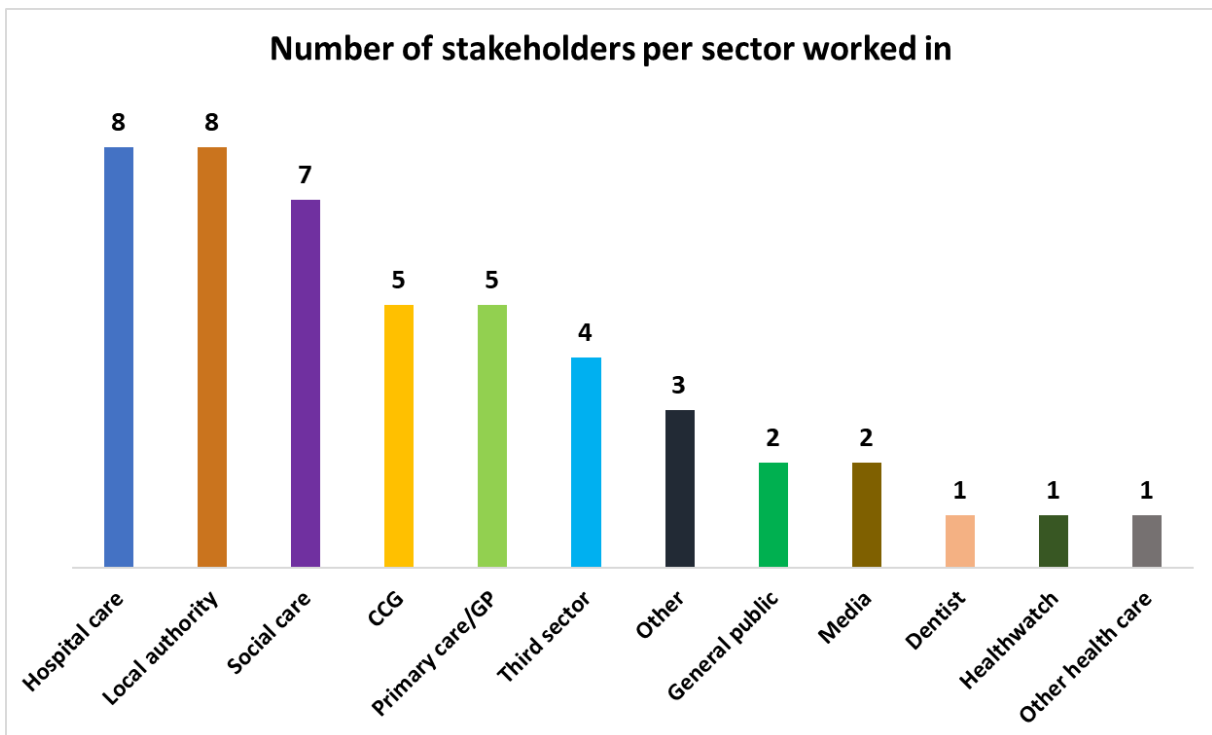
<sup>2</sup> Some respondents indicated 'don't know' for this question.

<sup>3</sup> To read last year's stakeholder survey, please visit our website at:

<https://www.healthwatchbrightonandhove.co.uk/publications/healthwatch-reports/2018-reports/>

## A: Stakeholder sectors worked in

To help our understanding of the reach of this survey, we asked stakeholders to select a sector that most applied to the one they worked in. There was at least one stakeholder from each sector we offered plus three from 'other' who described themselves respectively as 'higher education' or 'Sussex Health and Care Partnership'. The third 'other' stakeholder did not provide a description of the sector they worked in. The majority of stakeholders who responded to this survey were from hospital care (17%, eight stakeholders), local authority (17%, eight stakeholders) social care (15%, seven stakeholders), Clinical commissioning group (CCG) (11%, five stakeholders) and Primary care/GP (11%, five stakeholders).

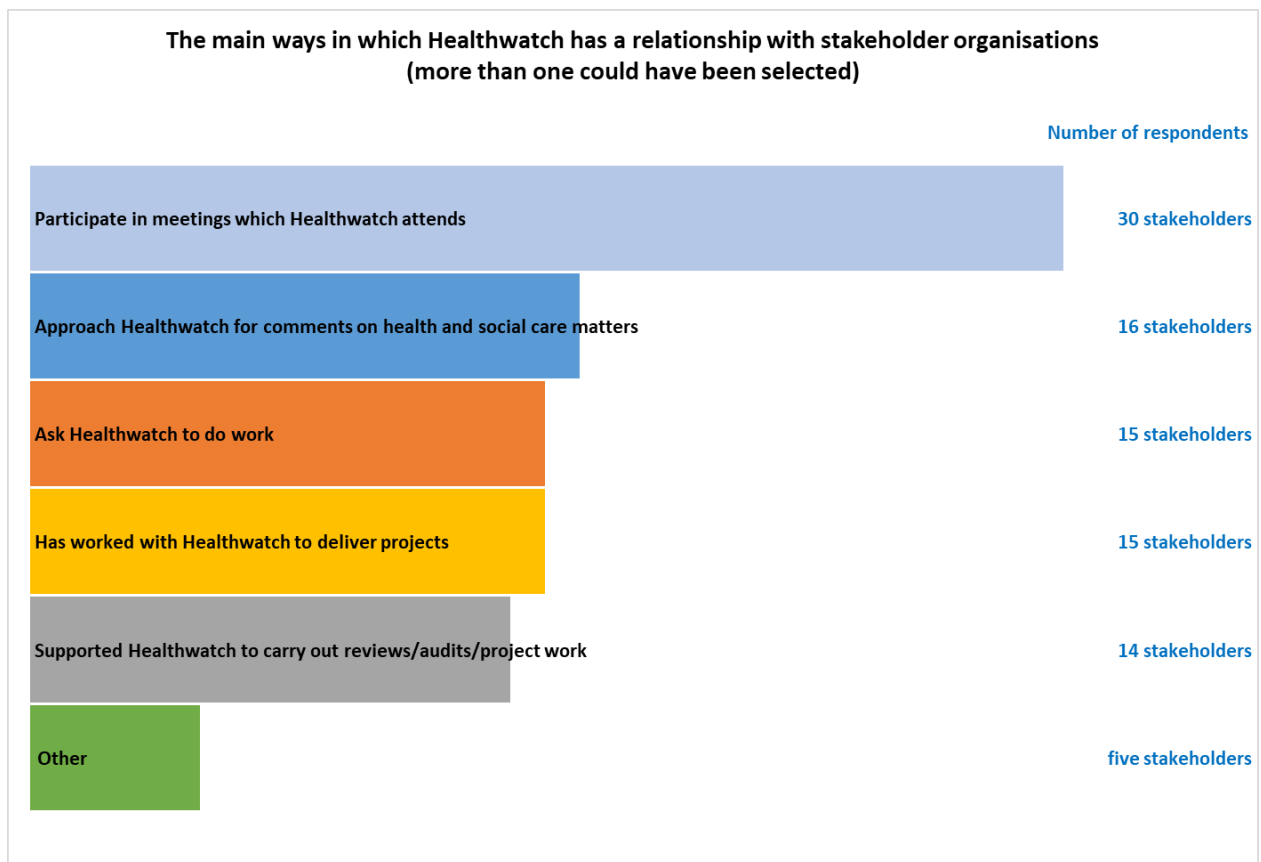


### 3. Findings

## A: Links with Healthwatch Brighton and Hove

### A1: Relationship to Healthwatch

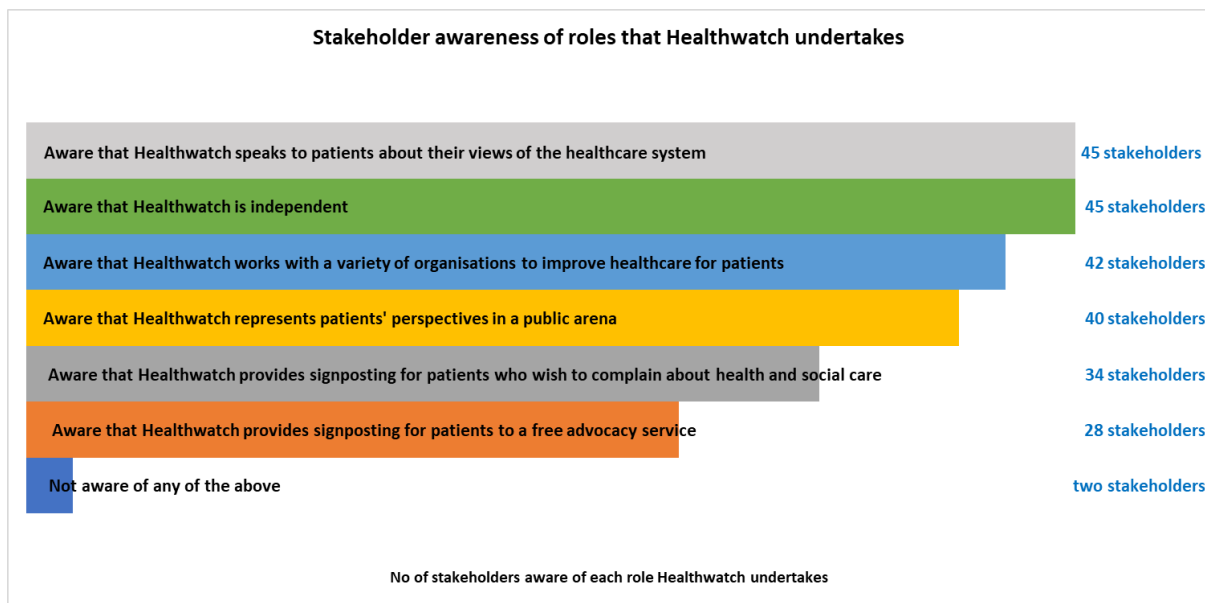
We asked stakeholders to describe the main ways in which Healthwatch Brighton and Hove has a relationship with their organisation. Respondents were able to select more than one option from the six provided. The majority (64%, 30 stakeholders) participated in meetings which Healthwatch attends. In addition, 32% (15 stakeholders) had asked Healthwatch to do work (for them e.g. conducting surveys) and 34% (16 stakeholders) had approached Healthwatch for comment(s) on health and social care matters.



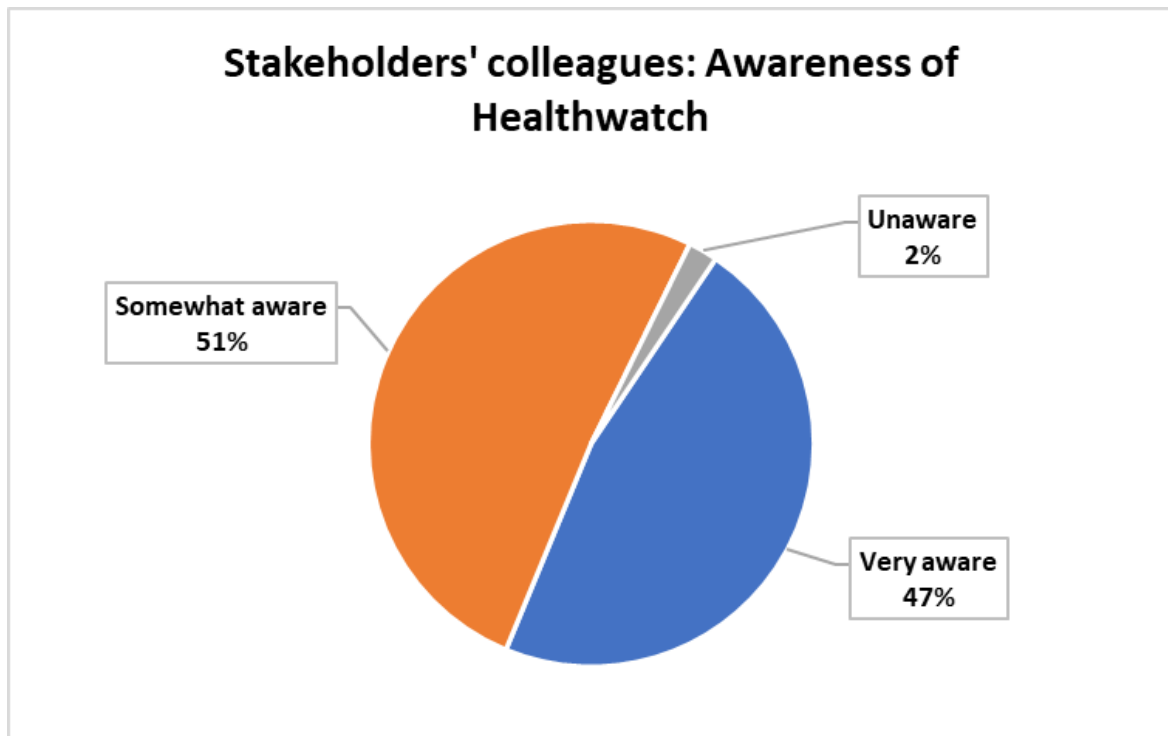
## A2: Awareness of Healthwatch

We asked stakeholders to describe their level of awareness of Healthwatch by stating whether they were aware of different roles that Healthwatch undertakes. Stakeholders were able to select more than one option. The majority (96%, 45 stakeholders) were aware of our independence and also that we speak to patients about their views of the health care system. A smaller majority were also aware that we represent patients' viewpoints in a public arena (85%, 40 stakeholders), and that we signpost patients who wish to make complaints (72%, 34 stakeholders) and also signpost those who need advocacy support (60%, 28 stakeholders).

Last year, we asked only one question about the overall awareness of Healthwatch. Stakeholders were given a five-point response scale from 'excellent' to 'really poor' and 72% of stakeholders reported a 'good' awareness of Healthwatch.



We also asked stakeholders about the awareness of Healthwatch within the rest of their organisation. 98% (46 stakeholders) felt their colleagues were either 'very' or 'somewhat aware' of Healthwatch.



### A3: Stakeholder suggestions to increase awareness

We asked stakeholders to tell us how Healthwatch could increase the level of awareness of our organisation. Below, are some of the suggestions made.

Stakeholder suggestions about how Healthwatch can increase awareness of its organisation:

*“Joint public meetings with third sector advice organisations.”*

*“More social media activity.”*

*“Perhaps by holding an engagement event.”*

*“Linking up more frequently than the current 2-3 days per year.”*

*“Include information on all Brighton & Hove surgery websites to increase patient awareness.”*

*“Perhaps a presentation to all councillors irrespective of which committee they sit on.”*

*“I think we need to hear more about how and what they have influenced and how they have effected change.”*

*“Healthwatch appears to be too independent and not part of the local health system. Advertising campaigns (especially the use of social media) need to be developed so the whole of the city are aware of the existence and purpose of Healthwatch.”*

*“Attending Primary Care Network and Primary Care Patient Participation Group meetings.”*

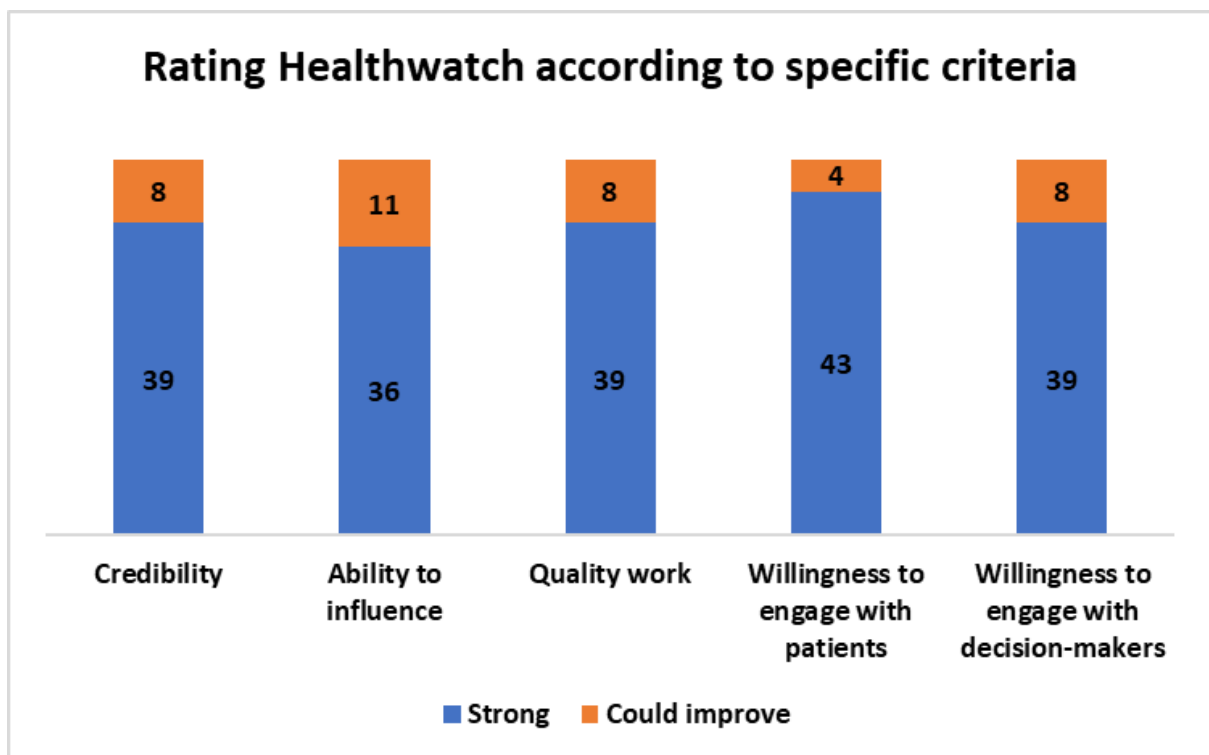
*“Promote what Healthwatch does when visiting hospital and meeting NHS staff.”*

*“Perhaps more press coverage.”*

## B: Understanding the influence and impact of Healthwatch Brighton and Hove

### B1: Rating Healthwatch

We asked stakeholders to rate Healthwatch according to five criteria. Stakeholders were given the option of either selecting 'strong' or 'could improve'. A large majority selected 'strong' for willingness to engage with patients (91%, 43 stakeholders) and credibility, quality work and willingness to engage with decision-makers (83%, 39 stakeholders) and 11 stakeholders (23%) suggested that Healthwatch could improve its ability to influence.



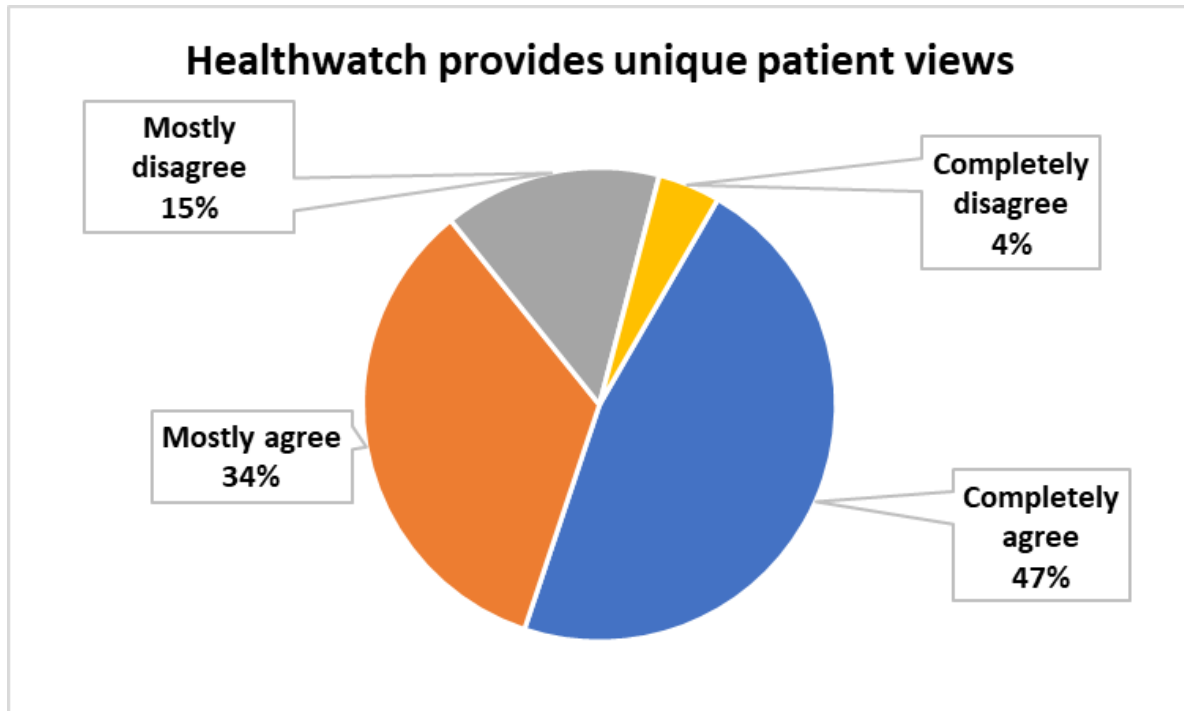


## B2: Healthwatch's ability to influence and impact

We asked stakeholders to indicate to what extent they agreed with several statements about Healthwatch's ability to influence and impact.<sup>4</sup> Stakeholders were given a four-point range from 'completely disagree' to 'completely agree'.

### B2a: Unique patient views

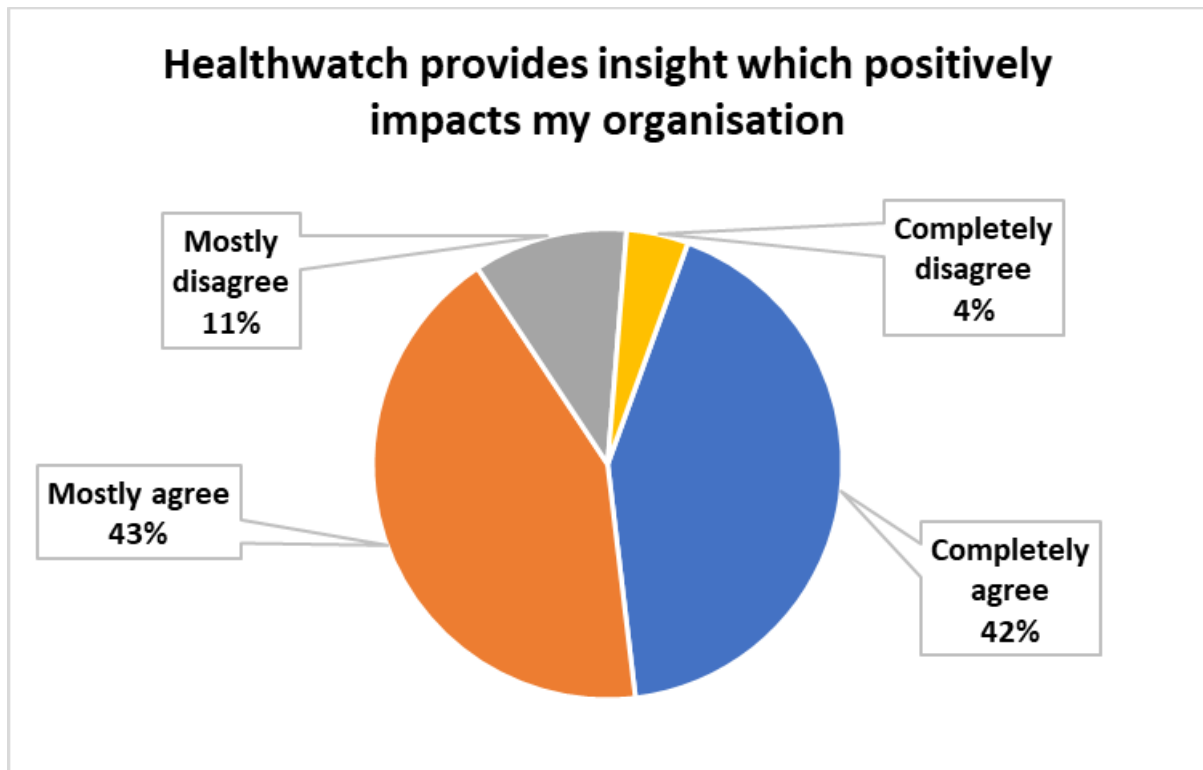
The majority of stakeholders (81%, 38 stakeholders) indicated that they completely or mostly agreed that Healthwatch provides unique patient views that their organisation would otherwise not have access to.



<sup>4</sup> To influence decision makers and to make changes to (impact upon) health and social care systems through our work.

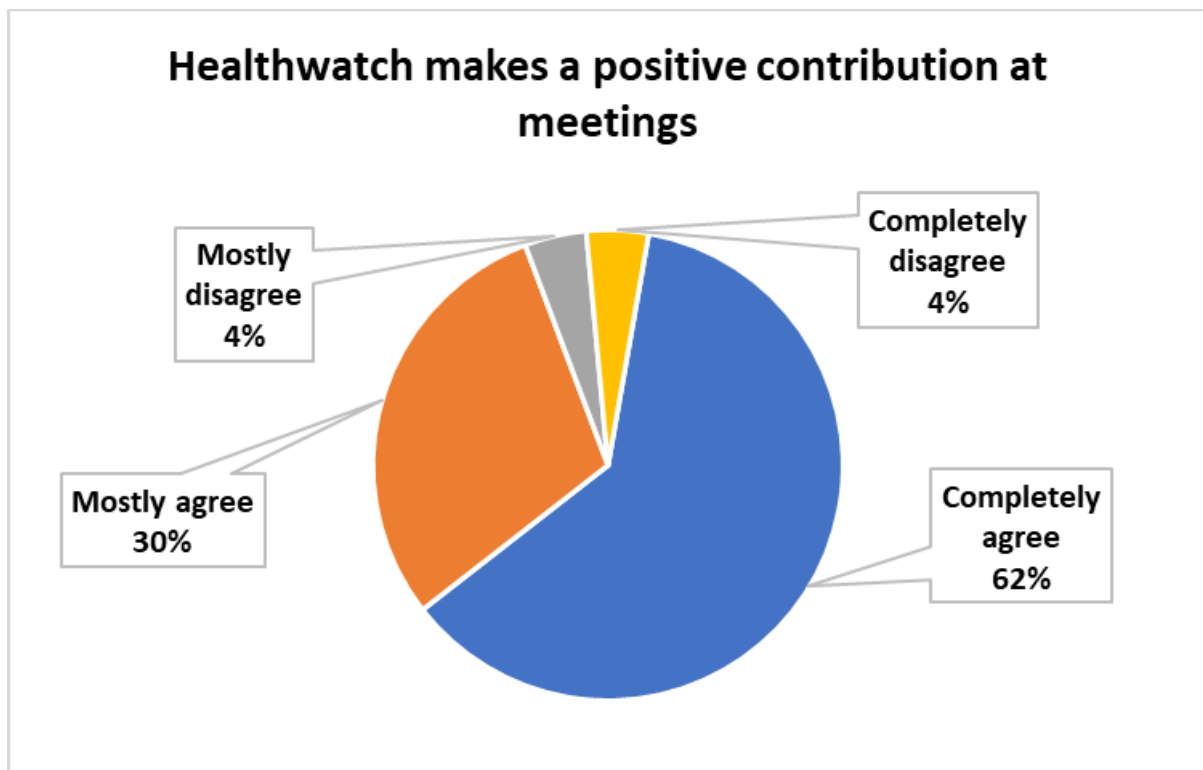
### B2b: Insight leading to impact

The majority of stakeholders (85%, 40 stakeholders) indicated that they completely or mostly agreed that Healthwatch provides insight which positively impacts their organisation.



### B2c: Contribution at meetings

The majority of stakeholders (92%, 43 stakeholders) indicated that they completely or mostly agreed that meetings in which their organisation and Healthwatch attends, Healthwatch makes a positive contribution.

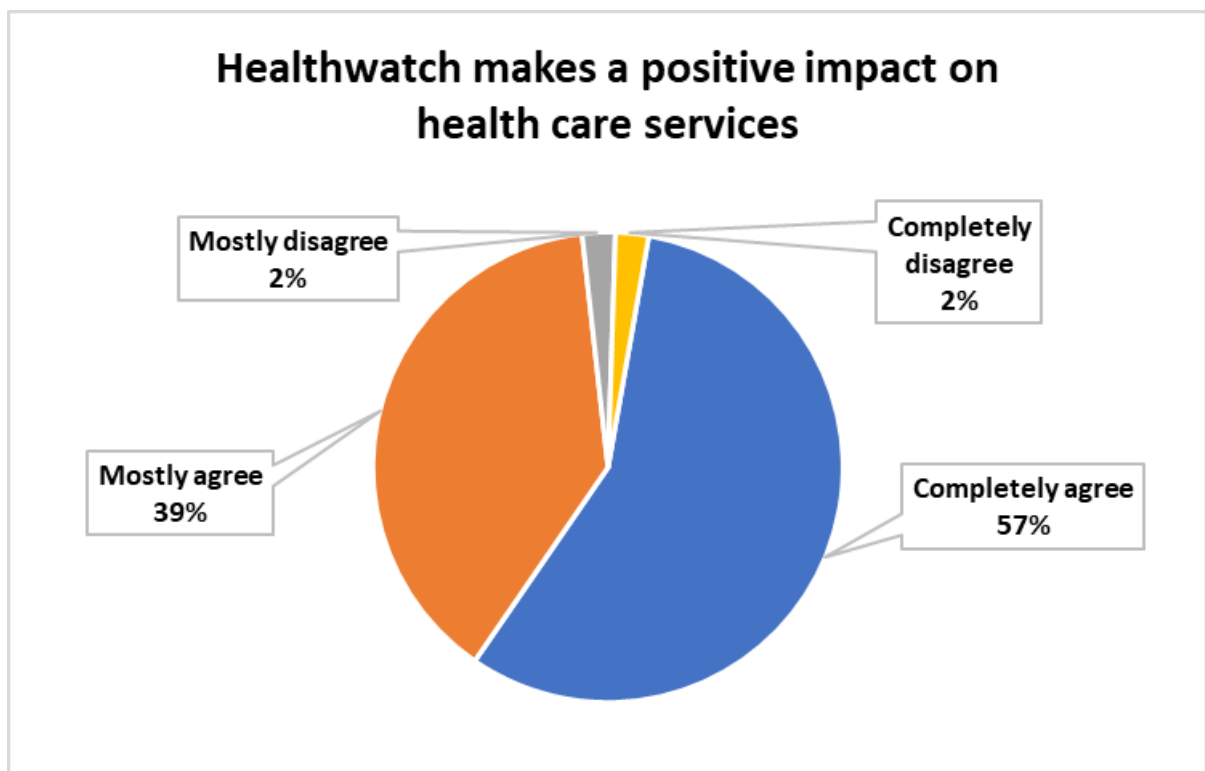


We asked stakeholders to indicate to what extent they agreed that Healthwatch makes a positive impact on a) health care services and b) social care services. Stakeholders were given a five-point response range from 'completely disagree' to 'completely agree' and including 'don't know'.

For the following two questions (B2d and B2e), the percentages shown do not include those stakeholders who indicated 'don't know' as a response.

**B2d: Impact on health care services**

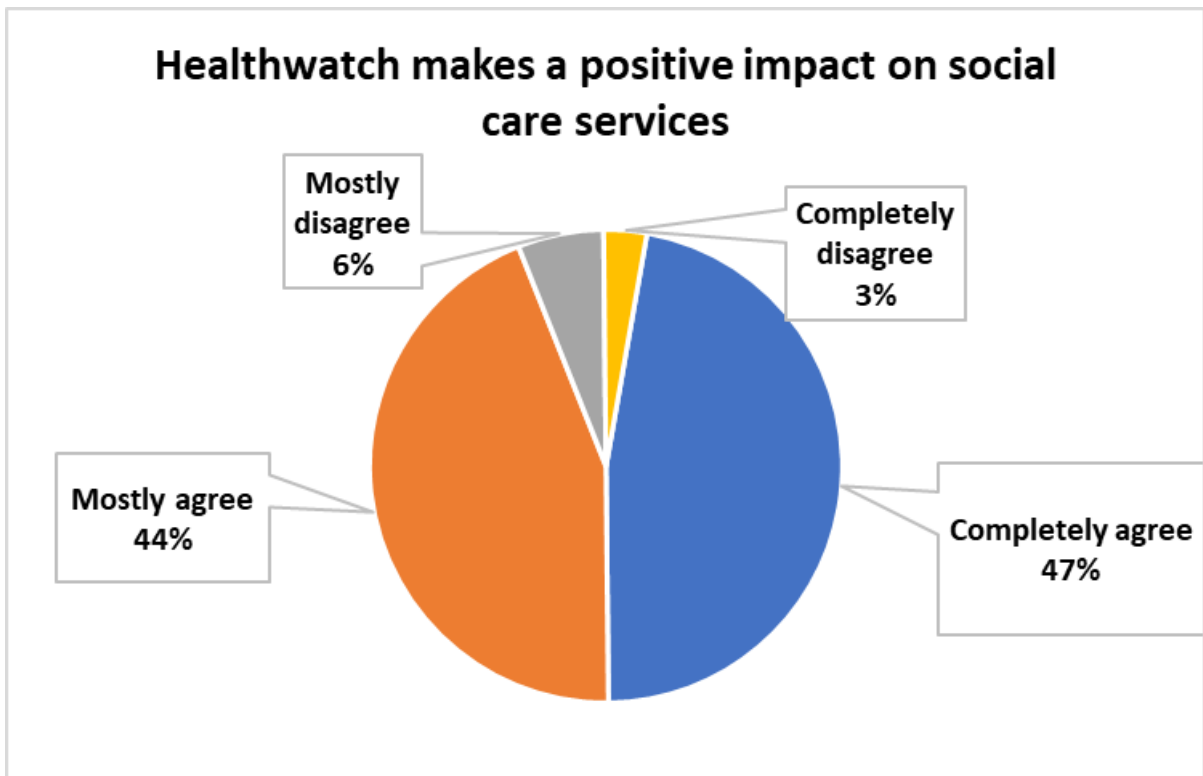
The majority of stakeholders (96%, 42 stakeholders) agreed Healthwatch makes a positive impact on health care services.



Last year we asked stakeholders whether they felt Healthwatch had "impact on health services" and 78% felt we had. This difference from 78% last year to 95% this year represents an increase of 17 percentage points.

**B2e: Impact on social care services**

The majority of stakeholders (91%, 31) agreed Healthwatch makes a positive impact on social care services.



Last year we asked stakeholders whether they felt Healthwatch had “impact on social care services” and 69% felt we had. This difference from 69% last year to 91% this year represents an increase of 22 percentage points.

### **B3: Stakeholder comments on where impact has been made**

We asked stakeholders to describe any examples of where Healthwatch has had impact/influence in their organisation. Below, are some of the examples given.

Stakeholder examples of where Healthwatch has had impact/influence in their organisation:

*“Presenting reports to (public) meetings such as the health & wellbeing board meetings.”*

*“Following an Oral Health review in Care Homes [this] had a great deal of impact on the uptake of Oral Health Training for staff. This has resulted in further documentation in line with CQC (Care Quality Commission) requirements.”*

*“Contributions from Healthwatch volunteers during PLACE assessments have been very useful and helpful.”*

*“Sharing information with the CCG: Reports on patient experiences e.g. [hospital] discharges /GP's that can be used to support changes to service delivery.”*

*“Lay Assessor social Care surveys have collected a range of views which are fed back to Council and social Care providers.”*

*“PLACE recommendations will facilitate environmental improvements at my place of work.”*

*“Providing a unique patient/carers view, influencing the patient pathway and a first-class advocate for patient services.”*

*“Provided safe, supported, rewarding volunteering opportunities for our students...likely to increase their employability.”*

*“Writing insightful reports around patients' views and concerns.”*

*“Engaging with young people, hearing their voice [about] local services which has greatly improved our understanding of these services and what are young peoples' specific needs.”*

Further stakeholder examples of where Healthwatch has had impact/influence in their organisation:

*“Brilliant answer/question session at HOSC.”*

*“Strongly engaged with our local Safeguarding Adults Board, where the views of Healthwatch are valued and taken into account directly in decision making.”*

*“We have really valued Healthwatch’s voice within our Sussex Health and Care Partnership/s Unwarranted Clinical Variation Programme’s work, [...] shaping our approach, understanding of current [falls and fragility] care pathway issues and solutions to improve outcomes for our population.”*

*“Active member of the patient experience group, conducting independent reviews of care delivery across the service.”*

*“Held us to account. Told us areas which need to be explored due to bad patient experience.”*

*“Brings independence to meetings and safeguarding workstreams.”*

*“Improving patient transport services for people on renal dialysis. [...] Raising awareness of discrimination in PIP and ESA. Keeping patient experience at the forefront of Emergency Department services, advising on improvements. Challenging issues around cancer performance and patient experiences in some clinics e.g. breast cancer. Keeping up the challenge on long referral times for treatments. Shining the spotlight on general practice and long waits for appointments.”*

#### **B4: Stakeholder suggestions on where more impact could have been made**

We asked stakeholders to describe any examples of where Healthwatch *could have had more impact/influence*. Below, are some of the examples given.

Stakeholder examples of where Healthwatch *could have had more impact/influence*:

*“[I’m] not sure about direct influence on health & social care decision makers (officer level) - [Has Healthwatch] attended management / team meetings for example?”*

*“Advertise the findings more.”*

*“Children and young people’s views and experiences of health services.”*

*“Relocation of core services across the city.”*

*“[To help avoid] potential closure of services e.g. Possability People’s Disability Advice Centre .”*

*“I think Healthwatch could be more demanding than it currently is, and hold organisations to account even more robustly, using its powers when it may need to.”*

*“[More impact on] home care services including cleaning companies.”*

*“[More impact/influence on] health and social care integration.”*

*“More promotion of what has been achieved. User stories to make it real; Wider ways of finding out what really matters to people.”*

*“Perhaps more proactive in raising safeguarding concerns through the LA safeguarding reporting pathways.”*

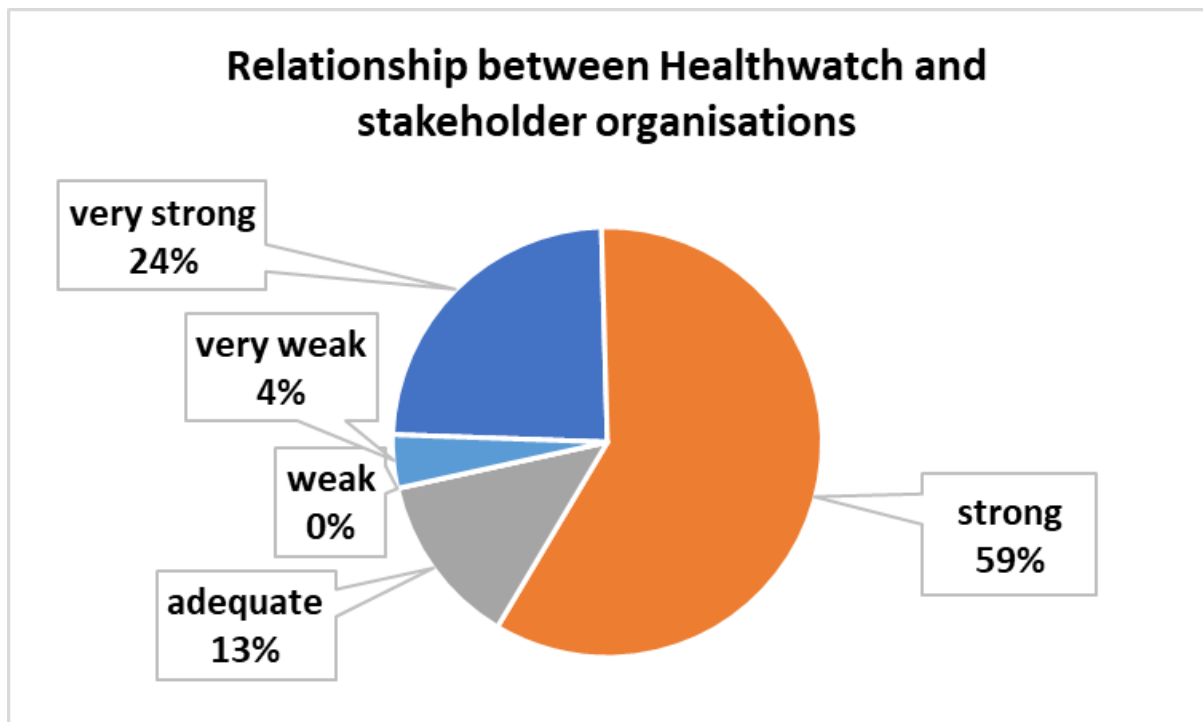
*“I am not aware that Healthwatch Brighton and Hove is taking on some of the challenges facing migrant communities in the way that some other Healthwatch organisations in other parts of the UK are doing.”*



## C: Healthwatch Brighton and Hove Overall

### C1: Relationship with stakeholder organisations

Healthwatch asked stakeholders overall, how they would describe the relationship between Healthwatch and their organisation. Stakeholders were given a five-point range from 'very strong' to 'very weak' with a middle option of 'adequate'. The majority of stakeholders (81%, 38 stakeholders) felt the relationship between their organisation and Healthwatch was either 'strong' or 'very strong'. Two stakeholders felt the relationship was 'very weak'; No stakeholder selected 'weak'. 'adequate' was selected by 13% of stakeholders.



Last year, Healthwatch asked the same question with the same five-point scale and 60% of stakeholders reported a 'strong' (either 'strong' or 'very strong') relationship with Healthwatch. This difference from 60% last year to 81% this year represents an increase of 21 percentage points.

## C2: Reasons for weak relationship

For those stakeholders who selected very weak (two stakeholders), we asked if they could tell us why? Here are the comments we received.

### Stakeholder comments

*“I don't know what the relationship is”*

*One surgery asked us to provide more notice of any visit to the surgery in order not to ‘get in the way’ of their work.*

## C3: Additional stakeholder comments

We gave all stakeholders the opportunity to provide any other comments on their experience of Healthwatch Brighton and Hove. Here are the comments we received.

### Stakeholder comments

*“Good experience to work with Healthwatch last year.”*

*“We have always had a positive experience working with B&H HW and we are grateful for the support they provide to us.”*

*“This is variable - mostly dependent on relationships.”*

*“As a volunteer, they appear to apply rigorous research and have systems to provide comparative reports. Evidence base for supporting patient and user feedback is excellent.”*

*“Hub and spoke model didn't continue past the first year and at that point our relationship with Healthwatch reduced down to negligible [...] little personal contact [...] I no longer know who works at Healthwatch, what the specific aims / pieces of work are in any given year.”*

### Further Stakeholder comments

*“Very much welcome working with Healthwatch.”*

*“Healthwatch are responsive and proactive about engaging with us. We know that the organisation understands the particular needs of our students. We have been working with Healthwatch for many years and it feels like a mutually beneficial relationship.”*

*“I don't know about Healthwatch or what it does.”*

*“Our experience is that they are reactive with us as opposed to proactive, having said [that] when we do approach them they are responsive.”*

*“I guess Healthwatch will have a strong relationship with parts of the city council including my team which commissions Healthwatch but I am not sure about other parts of the City Council.”*

*“Very welcoming and friendly staff, proactive, knowledgeable and available to provide help and support when needed. Great communication! Thank you for a great partnership!”*

*“Accessible, friendly, informative, clarity of information, good communication.”*

*“Always positive, engaged representatives and always very willing to work in partnership.”*

*“Rubbish, think they are level with the CQC.”*

## 4. Learning points

David Liley, CEO of Healthwatch Brighton and Hove responds to stakeholder suggestions made in the survey.

### 4.1 How Healthwatch Brighton and Hove could increase the level of awareness of its organisation (Section A3, page seven).

#### 1. “Joint public meetings with third sector organisations”

We work closely with Community Works as the main infrastructure organisation for the voluntary and community sector in the City. We are also involved in a ‘Sector Connector’ project in the area of mental health. This involves working with voluntary organisations and patient self-help groups towards improved joint working and coproduction but is not yet in the public view.

#### 2. “Telling more about what we have influenced and what we have changed” and “more social media activity”

Our Annual Report, produced each June, aims to share changes made as a result of our influence and is available on our website. This year we aim to produce a short easy to read version.

Our social media presence has increased since this survey was carried out, and in response to the Covid-19 situation. As a small team, we are also seeking volunteers to help us improve our visibility on social media.

#### 3. “Holding engagement events”

Young Healthwatch hold several engagement events each year, reaching out to young people for example through schools and colleges. We are also seeking volunteers of all ages who can help us increase this work.

#### 4. “Include information on all Brighton and Hove surgery websites to increase patient awareness”

An excellent idea. We will approach the NHS to ask if this is possible, for GP surgery websites and for hospitals and Community Health online and social media.

#### 5. “Presentations to all Councillors”

We have begun working with Council officers to arrange this, for example we produced a bulletin specifically for Councillors and MPs during the Covid-19 period.

#### 6. “Healthwatch is too independent”

The independence of Healthwatch is vital to our role as a ‘critical friend’ to the health and social care system. We know from feedback given by decision makers that they value the challenge we bring and generally find it is delivered as helpful criticism. We try to make recommendations achievable and realistic.

Healthwatch is accountable to our Board of Directors. Their meetings are advertised on our website and are held in public. We are also accountable to Brighton and Hove City Council who commission our services and we provide regular performance reports. We also provide annual presentations to Councillors at the Health and Wellbeing Board and Health Overview and Scrutiny Committee.

Local Healthwatch are also accountable to Healthwatch England who support 152 local Healthwatch across the country and license us to use the Healthwatch brand. Healthwatch England are part of the Care Quality Commission (CQC), the official regulators but also operate with a high degree of independence.

#### 7. “Attend Primary Care and Primary Care Patient Participation Group meetings”

Our authorised volunteers attend and participate in these meetings.

#### 8. “Promote what Healthwatch does when visiting hospitals and meeting NHS staff”

We probably forget sometimes that staff in the NHS change all the time and there will always be folks who are not familiar with our work - great suggestion and we will find ways of improving how we promote ourselves during visits.

### **4.2 Stakeholder suggestions on where more impact could have been made (Section B4, page 16).**

#### 1. “Influence at officer level in health and care organisations”

Our main remit is to engage with people using services and provide our findings to service providers and decision makers. We work with other organisations who have more direct access to specific communities, for example we are supporting FFT (Friends Families and Travellers) with issues involving access to basic facilities during lockdown. During Covid-19 we have escalated concerns from local people to senior NHS managers in Sussex. We have worked with hospitals, GP Practice and care home staff to carry out projects in this past year.

We recognise health and care practitioners and some managers may have more expertise than we have. However, with our small team of five (mostly part-time) staff, we need to approach our task with a degree of humility and focus on the evidence and service user experience. That said, we welcome you to invite us along to meet your team.

2. “Advertise your findings more”

We do try....on a limited budget....and we will know that Healthwatch is truly valued when the NHS and local authority do our promotion for us. It would be great to see information on Healthwatch attached to every payslip that goes out to health and care workers or attached to Brighton and Hove City Council mailshots to the public.

3. “Children and Young People’s views and experiences of health and care services”

Please see our annual reports and our website including our review on the children’s emergency department and our Young Healthwatch reports.

4. “Relocation of core services across the City” and “[to help avoid] potential closure of services”

Healthwatch are kept aware of these issues, mainly through the Health and Wellbeing Board. We tend to get involved if there is evidence of a deficit in engaging the public or service users. Please contact us if there is something we may have missed.

5. “Healthwatch could be more demanding and robust in using its powers”

Good challenge....come and work for us as a volunteer, make a difference, we always try to be part of the solution not part of the problem.

6. “[More impact on] home care companies including cleaning companies”

Healthwatch carries out monthly visits to people receiving home care services in the City. We provide feedback from these people to Brighton and Hove City Council and to the private companies delivering the services. We have offered to extend these reviews to include Community Health services and to vulnerable people with housing needs. Those offers have not yet been taken up.

7. “Health and social care integration”

A major priority for Healthwatch, we hope that some of the great cooperation we have seen during the virus lockdown is extended into the future. Post-virus challenges will include restoring services and recovery of our local economy and communities. We believe many working practices will change forever and this must include local people in the design and delivery of health and care services.

8. “Raising safeguarding concerns”

Our authorised volunteers, Board and staff all have safeguarding training and we regularly raise safeguarding concerns. Healthwatch also co-Chairs the committee that reviews adult safeguarding reports for Brighton and Hove.

9. “Better promotion, user stories, [to find out] what really matters to people”

Great challenges that we are very aware of - come and volunteer for us!

10. “Raising migrant community issues”

Healthwatch have recently finished a service review with Young Healthwatch of how young BAME people use sexual health services in the City. This and other reports will be launched after the virus lockdown period. The organisations providing these services have been made aware of our results and recommendations. We haven't been very active in the past with migrant issues, and if there are specific concerns we should address, please let us know.

#### **4.3 Reasons for weak relationship (Section C2, page 18).**

1. “[I] don't know what the relationship is?”

To improve your working relationship with us, please get in touch for a discussion with David Liley, Chief Officer, Healthwatch Brighton and Hove.

2. “[Healthwatch] get in the way”

If any organisation or individual has had a poor experience working with us please get in touch for a discussion with David Liley, Chief Officer, Healthwatch Brighton and Hove. If we cannot resolve the issue, we will put you in touch with our Commissioners at Brighton and Hove City Council or direct you to our complaints procedure.

#### **4.4 Additional stakeholder comments (Section C3, pages 18-19).**

We welcome the many complimentary comments as well as your suggestions for learning. In addition to the ways discussed above, we will endeavour to:

- Make more organisations aware of our work and presence through regularly checking in with colleagues.
- Produce more regular bulletins with information on health and care services in the City as we have been doing during the Covid-19 period.
- We already work very closely with the CQC. We meet quarterly in person and regularly share evidence and suggestions from service users. This helps to improve their inspection system and we endeavour to continue this influential work, post Covid-19.

Many thanks to everyone who provided us with feedback.

Please visit our website at: <https://www.healthwatchbrightonandhove.co.uk>