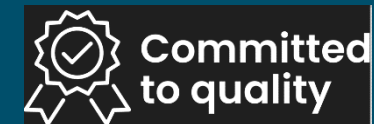


Healthwatch Brighton and Hove: Annual performance report (April 1st 2023 to March 31st 2024)



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April 2024

Annual Performance report (April 1st 2023 – March 31st 2024) – Healthwatch Brighton and Hove

In September of this year, Healthwatch England recognised that Healthwatch Brighton and Hove had shown a 'Commitment to Quality'. This refers to the fact that we had completed their Quality Framework process within the last 3 years (i.e. in 2021). The [Quality Framework](#) is a self-assessment process that helps a local Healthwatch understand what aspects of their service are working well and identify areas for further improvement. We have proudly displayed the Commitment to Quality logo on the front cover of this report. Between January – March this year (2024), we completed the Quality Framework again and will be using the new insights this gave us to help develop our engagement and communication plans, support how we plan and prioritise our work, explore our governance structures and look at how best we can support our staff team and volunteers. This work will also be supported by the results of a stakeholder survey undertaken at the same time. We are grateful to stakeholders from NHS Sussex, the Council, local hospitals and trusts, primary care colleagues and VCSE partners who took the time to give us their valuable feedback.

This annual report should be read in conjunction with our [six-monthly report](#) which covers the period 1st April – 30th September 2023. Our workplan is at the end of this report (Appendix 1).

Performance Indicators	Evidence
<p>1. Intelligence</p> <p>3 key issues every 6 months demonstrating issues identified for needing improvement based on our information line and other engagement intelligence.</p>	<p>1. Closure of the ICT Nursing Team</p> <p>In November, we heard from a concerned patient about the closure of this service. The Brighton and Hove overnight nursing service provides a district nursing and night-sitting service to local people over the age of 18, seven days per week, between the hours 2000 to 0800, to ensure continuity of care to patients outside of normal operating hours. Concerns shared via our information line include:</p> <p><i>“I am contacting you with concern if recent news I have been informed of. I believe the IC24 Team and service in Brighton will end by end of March 2024 and staff will be made redundant. This is of huge concern to me and I imagine other full time carers across Brighton. I rely heavily on this out of hours service for support with catheter bypassing and blockages for my disabled housebound mother and have used this service regularly as a consequence.</i></p> <p><i>“What support is there going to be going forward? Sending people to A&E is not appropriate because of the wait times, infection issues and delays in returning people home. I can vouch for this as my own mother had to attend A&E last Nov22 for the very thing and was left in a bypassing blocked catheter along with soiled clothes for over 20 hours. This resulted in a UTI and an unnecessary 4 week stay in hospital as a consequence. In addition my mother has lost her mobility as she was kept in a bed/chair for those 4 weeks without adequate support to return home.”</i></p>

Performance Indicators	Evidence
	<p data-bbox="723 209 1984 280"><i>“I do not want this to happen again as the fight to get her home was horrendous and stressful.”</i></p> <p data-bbox="723 341 2105 416"><i>“This service is a vital lifeline to individuals and their carers and needs to continue. Please can you let me know any details on the future of out of hours nursing?”</i></p> <p data-bbox="723 475 2096 639">We escalated this concern to NHS Sussex, seeking an immediate response and reassurance around this service, and any future plans. After chasing this up, we received a response in January 2024 which we used to reassure the patient. We shared the answer with our help and information line colleagues to answer future queries:</p> <ul data-bbox="775 695 2107 1390" style="list-style-type: none"> <li data-bbox="775 695 2051 823">• The service has been provided by Integrated Care 24 under contract since 2010, and currently comprises a team of one nurse and one support worker to provide nursing support per night, plus two night-sits provided by a team of two support workers. <li data-bbox="775 839 2107 967">• It is recognised that there could be improvements to the integration with daytime community services and local health and care pathways, and to appropriately manage the risk of short-term closures of the service. <li data-bbox="775 983 2107 1110">• In March 2022 the East Sussex CCG & Brighton and Hove CCG joint Local Management Team approved exploration of the preferred overnight nursing service model for the city and the options for the commissioning of the service. <li data-bbox="775 1126 2085 1302">• It was agreed for the IC24 contract to cease and to absorb the activity in the contract with Sussex Community NHS Foundation Trust, which currently provides daytime community nursing and urgent community response services in Brighton and Hove, as well as daytime and overnight nursing and night sitting services in West Sussex. <li data-bbox="775 1318 2029 1390">• In the consideration of this, it was agreed that the service would deliver significant benefits to older people, those at the end of life, and their unpaid carers, and would

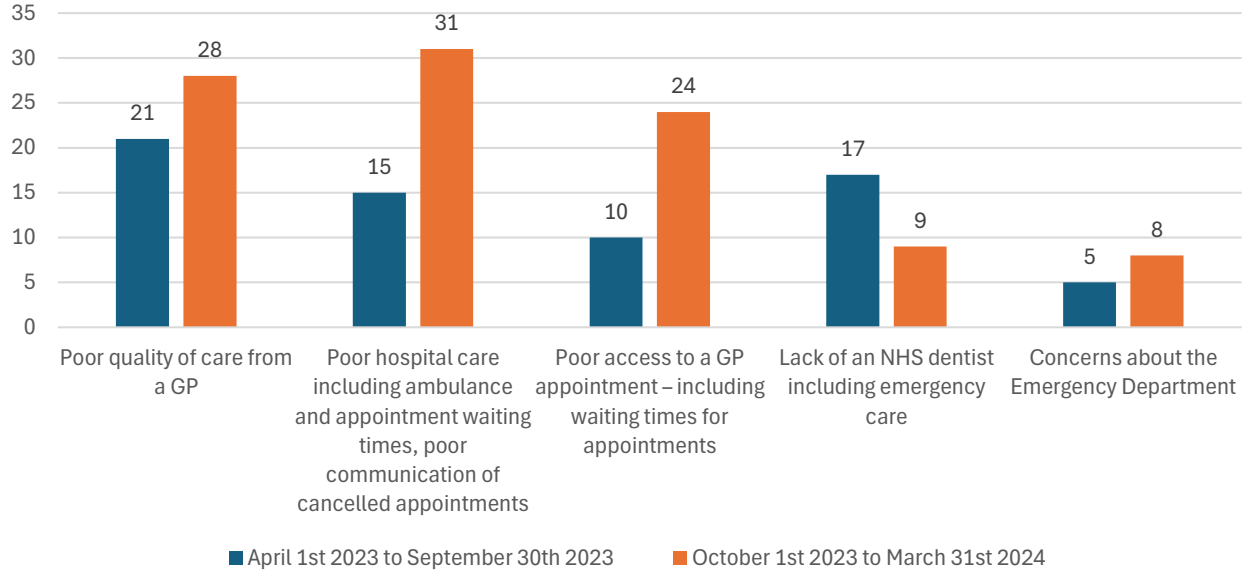
Performance Indicators	Evidence
	<p>enhance patient safety, clinical effectiveness and patient experience as a result of greater continuity and co-ordination of care and support for all.</p> <ul style="list-style-type: none"> • The new service specification for Brighton and Hove now more closely aligns with overnight nursing and night sitting services provided in East Sussex by East Sussex Healthcare NHS Trust and in West Sussex by Sussex Community NHS Foundation Trust. <p>2. Woodingdean Medical Centre</p> <p>In January, we started hearing from patients about access issues at this GP practice and the inability to get an appointment with a doctor. Examples from our information line include:</p> <p><i>“I am just emailing to complain about the lack of appointments at Woodingdean medical centre. I phoned dead on 8.30 this morning for an appointment for my little boy and they were already at full capacity leaving an instant message saying there were no appointments.”</i></p> <p><i>“I am contacting you with ref to Woodingdean medical centre I phoned today at 08.31 pressed the option for a GP appointment and an automated message stating all appointments for today have gone, one minute after opening all appointments are gone.”</i></p> <p>We were also contacted by the Care Quality Commission who wanted to learn whether we had any local intelligence about this practice. In February 2024, we met with Primary Care Leads for Brighton and Hove and escalated our concerns. We were advised that some of the issues were known to the system and that NHS Sussex had recently reached out to the practice to offer support. We have a further meeting in place with the Head of Primary Care</p>

Performance Indicators	Evidence
	<p>(Brighton & Hove) and the practice to see how we can assist in understanding more about patient concerns.</p> <p>3. Outpatient transformation</p> <p>Healthwatch has a long-standing interest in outpatient appointments. In earlier discussions with 53 outpatients, we found that:</p> <ul style="list-style-type: none"> • 52% were dissatisfied or very dissatisfied with communications, or lack of them. • Most were referred by their GP, but GPs did not consistently provide them with information about their referrals. • 57% were not notified that their referral had been sent off. • 61% were not notified that their referral had been received by the hospital. • Only a third of patients had chosen not to chase up their referrals to find out what was going on. <p>More recent local intelligence has showed that the local outpatient service was associated with long waiting lists, lack of alternative treatment locations, poor communication between patient and consultant, and a high number of Did Not Attends (DNAs). We were commissioned by the Outpatient Transformation Team, at NHS Sussex, to run deliberative engagement workshops with the purpose of gaining participant views on new initiatives being explored to improve the Outpatient experience.</p> <p>Four transformations were discussed:</p> <ol style="list-style-type: none"> 1. Advice and Guidance (A&G) (direct communication between GP and consultant); 2. Utilising System Capacity (USC) (e.g. utilising care at alternative sites);

Performance Indicators	Evidence
	<p>3. Patient Initiated Follow-Up (PIFU) (people taking control of their care e.g. by improving communication with consultants); and</p> <p>4. Reducing 'Did Not Attends' (DNAs).</p> <p>The findings are estimated to help deliver long-term change and the patient group we engaged with (from across Sussex) approved the proposed transformations.</p> <p><i>"I'd like to think I now have a better insight into the workings, and the challenges, of the outpatients' system."</i></p> <p><i>"I did enjoy the deliberative engagement process. It is always better if ordinary service users can have some influence on how services are designed."</i></p> <p>The Head of Outpatient Transformation and the Director of Elective Care welcomed our work and its results:</p> <p><i>"We wanted to understand what matters to patients and how we need to adapt our programme accordingly. The discussions and points raised by all participants were of huge value to our programme plan going forward. Overall, the workshops and deliberative engagement process exceeded our expectations and we are incredibly grateful to everyone involved."</i> - Outpatient Transformation Team.</p> <p>It is estimated our patient engagement is already helping to deliver the following impacts:</p> <ul style="list-style-type: none"> • Expanding the NHS App to improve outpatient communication.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • Supporting the development of a GP clinical reference group, to enable co-production of initiatives. • Improving the turnaround of advice and guidance from consultant to GP. • Focusing on a system-wide approach for patient choice. • Supporting Patient Initiated Follow-up with a patient-focused video now shared with all hospitals in Sussex. • Increasing support for those who find it difficult to attend appointments. • Enabling NHS Sussex to work with the Amex to place an advert in the stadium, about the initiatives.
<p>Customer Relationship Manager (CRM) information line with trends. Monitor this data to help detect patterns or emerging issues that may require further investigation.</p>	<p>Data from our information line are posted in Smart Survey.</p> <p>In total, we received 365 enquiries between April 1st and March 31st 2024 (which is an increase on this time last year (240)).</p> <p>These were a combination of phone call messages, feedback through our website, emails and face-to-face engagement.</p> <p>The majority of people contacting the helpline were:</p> <ul style="list-style-type: none"> • Raising a concern or negative experiences about a service (197 people). • Raising formal complaints (31 people). • Requesting information (92 people). • Making compliments about a service (40 people).

Performance Indicators	Evidence												
	<p>The five leading areas of concern which we are closely monitoring are:</p> <div data-bbox="725 288 2000 975" data-label="Figure"> <table border="1"> <caption>Top 5 concerns or complaints raised through the helpine - April 1st 2023 to March 31st 2024</caption> <thead> <tr> <th>Concern</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>Poor quality of care from a GP</td> <td>49</td> </tr> <tr> <td>Poor hospital care including ambulance and appointment waiting times, poor communication of cancelled appointments</td> <td>46</td> </tr> <tr> <td>Poor access to a GP appointment - including waiting times for appointments</td> <td>34</td> </tr> <tr> <td>Lack of an NHS dentist including emergency care</td> <td>26</td> </tr> <tr> <td>Concerns about the Emergency Department</td> <td>13</td> </tr> </tbody> </table> </div> <p>Like last year, the most prominent enquiries are raising a concern about any type health or social care service or treatment. The main concern, as for the first 6 months of the year was the poor quality of care from a GP. The top 5 concerns this last year were the same as those from the first 6 months of the year.</p> <p>Comparing the first and last six months of the 2023/2024 year provides an indication of patterns or emerging issues – notably, comments about the poor quality of care from a GP and poor access to a GP have become more frequent. The same trend applies to poor</p>	Concern	Number of people	Poor quality of care from a GP	49	Poor hospital care including ambulance and appointment waiting times, poor communication of cancelled appointments	46	Poor access to a GP appointment - including waiting times for appointments	34	Lack of an NHS dentist including emergency care	26	Concerns about the Emergency Department	13
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Performance Indicators	Evidence																		
	<p data-bbox="721 209 2074 328">hospital care including ambulance waiting times, treatment waiting times and poor communication of cancelled appointments. By contrast, concerns over a lack of NHS dentist have been less common during the last six months of the year.</p> <div data-bbox="721 375 1998 1050"> <p data-bbox="891 395 1832 432">Nature of enquiries - 1st and 2nd 6 months compared 2023/24</p>  <table border="1" data-bbox="734 454 1971 1029"> <thead> <tr> <th>Category</th> <th>April 1st 2023 to September 30th 2023</th> <th>October 1st 2023 to March 31st 2024</th> </tr> </thead> <tbody> <tr> <td>Poor quality of care from a GP</td> <td>21</td> <td>28</td> </tr> <tr> <td>Poor hospital care including ambulance and appointment waiting times, poor communication of cancelled appointments</td> <td>15</td> <td>31</td> </tr> <tr> <td>Poor access to a GP appointment - including waiting times for appointments</td> <td>10</td> <td>24</td> </tr> <tr> <td>Lack of an NHS dentist including emergency care</td> <td>17</td> <td>9</td> </tr> <tr> <td>Concerns about the Emergency Department</td> <td>5</td> <td>8</td> </tr> </tbody> </table> </div> <p data-bbox="721 1106 2101 1359">Compliments were made about the quality of care from a GP, the overall hospital inpatient and outpatients experience (including the Emergency Department), antenatal and postnatal care, dental practices, speed at which the ambulance arrived, Brighton Station Walk In Centre, GP practices, the mobile vaccination at the Hove Polyclinic and the quality of NHS 111 – this illustrates the mixed nature of responses where people have been critical of the same services.</p>	Category	April 1st 2023 to September 30th 2023	October 1st 2023 to March 31st 2024	Poor quality of care from a GP	21	28	Poor hospital care including ambulance and appointment waiting times, poor communication of cancelled appointments	15	31	Poor access to a GP appointment - including waiting times for appointments	10	24	Lack of an NHS dentist including emergency care	17	9	Concerns about the Emergency Department	5	8
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Performance Indicators	Evidence
	<p>Contrasting areas of feedback are show below – with concerns noted below:</p> <p><i>“My hospital inpatient experience was awful.”</i></p> <p><i>“I haven’t been to access my doctor over 3 years, tried many times to get an appointment but there’s always a huge queue.”</i></p> <p><i>“Attended ED at Conquest hospital and was admitted – excellent care. Was later transferred to ED at RSCH – it was like a war zone. When is the system going to start getting the basics right?”</i></p> <p>In contrast, more positive comments included:</p> <p><i>“THE BEST surgery I have ever experienced...The staff are knowledgeable, cheerful, polite and caring. The doctors are sympathetic, patient and painstaking. The care is person-centred, empathetic and holistic.”</i></p> <p><i>“The midwives on the ward have been brilliant.”</i></p> <p><i>“Care in A&E was superb.”</i></p> <p><i>“I visited A&E [Royal Sussex County Hospital] because I thought I broke my wrist. I was seen really quickly and the nurse at the minor injuries clinic was great – knowledgeable and caring.”</i></p> <p><i>“Please could you add that all the medical staff working in A&E [Royal Sussex County Hospital] were actually amazing.”</i></p>

Performance Indicators	Evidence
	<p>As a positive outcome from using the helpline, a total of 121 people (33%) contacting the helpline were signposted for further advice and support. Also, as a further indicator of outcome, approximately 50% or 100 of those who provided demographic information were described as 'seldom-heard'.</p> <p>The helpline also invites people to voluntarily add their demographic data:</p> <ul style="list-style-type: none"> • Most people contacting the helpline were women (131 or 68%), of a White: British / English / Northern Irish / Scottish / Welsh background (81 or 80%), and between the ages of 50 and 64 years (64 or 34%). • Just over one-third (64 or 38%) had a disability, and 22 or 55% of those with a disability had a long-term condition. • The majority said their sex was the same as that assigned at birth (134 or 80%) and 72 or 49% said they were heterosexual, with a notable 46 or 32% saying 'not known'. • Data on marital and civil partnership status, pregnancy, and religion were also provided.
<p>Workplan updated every 6 months and reviewed continually.</p>	<p>See Appendix 1 – includes completed projects where we are monitoring impact, ongoing projects, and ideas we are examining.</p>

Performance Indicators	Evidence
<p>2. Activity</p> <p>Number of Environmental Audits (if applicable) Number of PLACE visits conducted (if applicable).</p>	<p>Enter and Views:</p> <p>1 Enter and View visit to the maternity ward at the Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE. Read the report.</p> <p>1 Enter and View visit to the Atrium at Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE. Read the report.</p> <p>PLACE - Patient Led Assessments of the Care Environment:</p> <p>1 PLACE visit at 51 Rutland Gardens, Hove BN3 5PD. 2 PLACE visits at Mill View, Nevill Avenue, Hove BN3 7HY. The report for Rutland Gardens and Mill View can be read here.</p> <p>4 PLACE visits at Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE. Read the report.</p> <p>Other:</p> <p>Supporting the improvement of patient’s stay at our local Hospital (Southlands hospital). Read the report.</p>
<p>Brief examples of 2 joint projects undertaken with neighbouring Healthwatch East- and West Sussex.</p>	<p>Example 1. New Liaison Lead for Healthwatch in Sussex:</p> <p>This past year has seen a new Liaison Lead for Healthwatch in Sussex to foster links between the three local Healthwatch and the ICS. All three Healthwatch in Sussex contribute to a non-published monthly report and a published quarterly Sussex-wide report on the insight gathered through general engagement and enquiries. We also work with Sussex ICS colleagues to draw in/plan capture of wider insight, as appropriate.</p> <p>As an example of the quarterly Sussex-wide report, we published what we had learnt from listening to people across Sussex from June to September 2023. The report includes a list of the</p>

Performance Indicators	Evidence
	<p>ongoing and new issues raised by the public (such as pharmacy closures, varying access to GP-led care/support from GP surgeries, access to NHS dental care, Maternity care and waiting times to Children and Adolescent Mental Health Services (CAMHS). For each of these areas, we detail the action taken.</p> <p>As an example, access for NHS dental care continues to be an issue raised by the public, and we are talking to commissioners to understand what is being done to reduce inequalities in access. NHS Sussex are currently developing:</p> <ol style="list-style-type: none"> 1. An Urgent Treatment and Stabilisation Plan, as a pilot, to pay 'Units of Dental Activity' (UDAs) plus additional rates for work done and extend the urgent treatment service to include stabilisation treatment, meaning that if follow-up appointment(s) are needed they are available. 2. Rapid Commissioning for Adur, Arun and Worthing: a pilot for existing providers to be commissioned for extra UDAs on a permanent (rather than the current temporary) basis. <p>Example 2 – People’s Experiences of long COVID in Sussex – Qualitative engagement:</p> <p>This report is the second of a two-part engagement exercise undertaken by Healthwatch in Sussex exploring the qualitative experiences of long COVID. The <u>first report</u> was published last year, and this <u>second report</u> was derived from 16 survey respondents who had participated in the first long COVID survey. The key findings were:</p> <ul style="list-style-type: none"> • Most people told us long COVID had a significant impact on their lives, including their physical and mental health.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • Some people experienced improvements in their health since developing long COVID, others learned to adapt and manage their symptoms, but overall many remained adversely affected. • Awareness and understanding of long COVID still appears relatively low amongst the general population, employers, in statutory services, and remains variable between different health and care services and practitioners. • A potential bottleneck remains in accessing support for long COVID [<u>Post COVID Assessment and Support Service/PCASS</u>] due to the main route for long COVID referrals being through primary care, affecting the consistency of experience and uptake. • The diverse range of physical and mental symptoms of long COVID, makes it challenging to deliver a single comprehensive response for any single organisation or service, and support needs to be joined-up. <p>Five recommendations have been shared with NHS Sussex that we are following up to check on progress:</p> <ol style="list-style-type: none"> 1. Recognition of the need for a system-wide [Sussex Integrated Care System – ICS) response to long COVID, which supports increased awareness, rapid diagnosis and referral to PCASS. 2. Increased promotional activity and communication to raise public awareness of long COVID symptoms, impacts and how to access NHS advice and support. 3. Continued awareness raising with primary care health practitioners of long COVID and the PCASS service offer and benefits to service users to support consistent diagnoses and reduced barriers to identification and referral.

Performance Indicators	Evidence
	<p>4. Ongoing development and adaptation of the PCASS service informed by regularly capturing and reviewing user and independent feedback and exploring best practice from long COVID responses in other areas.</p> <p>5. Continued sharing by Healthwatch of feedback on long COVID and experiences of the PCASS service with NHS Sussex to inform ongoing learning and service development.</p>
<p>Website, Facebook page and Newsletter traffic including bulletins.</p>	<p>Website hits – 23,000 (approximately).</p> <p>Google analytics provides Healthwatch with data regarding the number of website visits. For some months, this functionality has been lost. Data has been available from July to the end of March – based on the 17,000 hits during this period we have estimated 23,000 for the year.</p> <p>Facebook posts – 131. Tweets – 174. 9 newsletters issued – to overall mailing list. 1 volunteer newsletter.</p>
<p>Details of issues shared with Healthwatch England such as reports and key issues.</p>	<p>Shared all 31 reports with Healthwatch England and the Sussex Insight Bank – see Q 3, Outputs, number of reports.</p> <p>All our information line enquiries (365 entries) are now automatically shared with Healthwatch England.</p> <p>The following 4 reports fed into wider work for HWE:</p>

Performance Indicators	Evidence
	<p>1. Police removing support</p> <p>In December, we approached Healthwatch England about Sussex plans which would mean that from March 2024, the police will no longer follow up on absconders from hospital and that from January, the police will no longer carry out welfare checks. We wanted to understand if this was a national initiative and/or being heard across the network.</p> <p>We were particularly concerned by the timescales for implementation and plans for other parts of the health service to backfill this function – Sussex has some of the highest volumes of absconders nationally and these are patients who are at high risk of harm. We learnt that these plans formed part of “Right Care Right Person”. We learnt that the LGA had also warned of proposal to withdraw police from mental health cases and that this is being rolled out too quickly in London. <u>The plan, announced 25/07 by the government, police leaders and NHS England, constitutes the start of a national rollout of a model – known as <i>right care right person</i> (RCRP) – pioneered by Humberside Constabulary in 2021.</u></p> <p>Best practice body the College of Policing has said that RCRP led to a large reduction in the deployment of police resources to mental health or welfare incidents from January 2019 to October 2022 in that area.</p> <p><u>The approach would involve</u> police only attending mental health-related incidents:</p> <ul style="list-style-type: none"> • to investigate a crime that has occurred or is occurring; or • to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

Performance Indicators	Evidence
	<p>The policy will be backed by a toolkit guiding police call handlers in being able to appropriately triage divert mental health calls to the correct service.</p> <p>There is no set timeframe for its rollout, with the plan stating that police forces should determine this following engagement with health, social care and other relevant partners.</p> <p>We continue to monitor these plans locally and took part in a debate at the March Health and Wellbeing Board where this discussed. We raised our concerns over patient welfare and safety.</p> <p>2. Emotional support during the perinatal experience - Collective findings from Brighton & Hove 2023</p> <p>Our 5 interviews exploring people’s experiences of emotional support during the perinatal period were shared with Healthwatch England, alongside 15 other interviews from other local Healthwatch. As a result of the collective findings from all 20 interviews, including those from Brighton and Hove, Healthwatch England were able to ask for policy changes regarding the emotional support given to Mums. To read about these, please see the link below: Healthwatch England – policy changes called for.</p> <p>3. Cervical screening</p> <p>We were commissioned by HWE to interview a woman who was hesitant towards cervical screening. Interviews were also done by other Healthwatches. This contributed towards a Healthwatch England blog (January 2024) and also reference to our previous work in the East and Central Brighton PCN: “The resulting lack of awareness is a key factor behind poor uptake rates, according to Healthwatch Brighton and Hove.”</p>

Performance Indicators	Evidence
	<p>4. Healthwatch England Annual Report – 2023–24</p> <p>Healthwatch England informed us that they are using two case studies from our work on dentistry and how we managed a GP surgery to revert to its original hours based on patient feedback. Their proposed text for dentistry is:</p> <p>“NHS Sussex is committed to applying local Healthwatch insight after Healthwatch across Sussex surveyed local people about their experiences of accessing NHS dentistry. Of 220 respondents, they found:</p> <ul style="list-style-type: none"> • Over 62% weren’t confident they’d be able to access NHS dental services over the next 12 months, either for themselves or others. • Almost 22% of people had paid for treatment privately because they hadn’t been able to find or access a dentist to provide NHS treatment. • Almost 36% of respondents were dissatisfied or very dissatisfied with information on services being accurate and up to date.” <p>From the HWE annual report they also write that NHS Sussex said: “We will ensure this feedback is central to our work as we work with dental providers this year to set out immediate and longer-term areas of improvement.”</p> <p>We have since shared two further reports on dentistry to HWE via our south–East Regional Coordinator. One paper from the Health Overview and Scrutiny Committee and another from our own commentary on plans to transform dentistry provision.</p> <p>Their text for the GP surgery that reverted to its original hours is as follows:</p>

Performance Indicators	Evidence
	<p><i>“Another factor people mentioned that made it harder to get a GP referral was reduced opening hours. Negative impacts of reduced hours can affect some groups more than others. Changes to opening hours at the New Larchwood GP surgery in Coldean led to problems for patients relying on public transport and others with accessibility issues.</i></p> <p><i>But thanks to work by Healthwatch Brighton and Hove, the surgery returned to its original, more accessible hours. Healthwatch Brighton and Hove contacted every Coldean resident to make sure they had the chance to share their opinions. They shared these with the GP practice partner and local NHS leaders in order to reverse the change.”</i></p>
<p>Number of Health and Wellbeing Boards (HWB) and Health Overview and Scrutiny Committee (HOSC) meetings attended.</p>	<p>4 Health and Wellbeing Boards (28/6/23, 18/7/23, 7/11/23 and 5/3/23) and 4 Health Overview and Scrutiny Committee (12/4/23, 12/7/23, 18/10/23, and 31/1/24) meetings attended.</p>
<p>Total number of Board meetings attended, including Cancer Board, AEDB, SAR, Healthwatch Board, Planned Care Board (aggregated)</p>	<p>92 Board meetings attended.</p> <p>Our most recent Healthwatch board meeting (15th January 2024) included a presentation by Dr George Findley, NHS University Hospitals Sussex Trust, CEO on performance issues including reference to the ongoing police investigation into patient deaths.</p> <p>We also attend a number of additional ‘board-level’ meetings although not classified officially as Boards. These include 12 QGIG meetings, 3 Patient Experience Committee meetings, and 2 Sussex Health and Care Assembly Meetings in Public which is a new group formed following the creation of the ICS.</p>

Performance Indicators	Evidence
<p>Number of decision-making meetings attended by Board, staff and volunteers (aggregated).</p>	<p>719 decision-making meetings attended (excluding Board meetings).</p>
<p>The number of public engagement and consultation events publicised e.g. webinars, group meetings, public panel meetings.</p>	<p>A) Healthwatch events publicised:</p> <ul style="list-style-type: none"> • Four Healthwatch Board meetings. • One <u>Brunswick Festival engagement event</u>. • One <u>Workshop for People, Communities and PCN Partnership Project</u>. • Four workshops for the outpatient transformation programme project. • Wide distribution of flyers to recruit people into the <u>dementia pathways project</u>. • One visit to the <u>Emergency Department</u> at the Royal Sussex County Hospital. • A <u>workshop</u> on reducing the length of stay patients have in hospital and improving their discharge experience. • A quiz run as part of the Ageing Well festival (September to October 2023) • Three Focus groups on older peoples’ experiences of digital technology (people from minoritized ethnic groups). • Student recruitment volunteer engagement event (February 2024). <p>B) External events publicised:</p> <ul style="list-style-type: none"> • LGBT+ History Month • International Volunteer Day • International Day of Persons with disabilities • Carers Rights Day • B&H Older People’s Council Older People’s council Meeting x3 • National Self-Care week.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • National Stress Awareness Day • Movember 2023 • Drop-in Sessions for Survivors of Domestic Abuse from Marginalised and Minoritised Communities (all genders) x 8 • World Mental Health Day • Ageing Well Festival - Historical Health Quiz with Healthwatch • B&H Older People's Council AGM • Black History Month • World Pharmacists Day • World Alzheimer's Day • National Eye Health Week • Organ Donation Week • World Patient Safety Day • World Suicide Prevention day • Samaritans Awareness Day • World Breastfeeding Week • TakePart Festival of Active Living • World Blood Donor Day • Healthy Eating Week • Diabetes Week • Men's Health Week • Carers Week • Pride Month • Volunteers Week • Dementia Action Week • Mental Health Awareness Week • Dying Matters Awareness Week

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • International Day of the Midwife • Stroke Awareness Month • World Health Day • Cervical Cancer Prevention Week • World Aids Day • Dignity Action Day • Student Volunteering Week • Eating Disorders Awareness Week • Zero Discrimination Day • World Oral Health Day • World Autism Acceptance Week • Children’s Mental Health Week • World Cancer Day • Time to Talk Day
3. Outputs	
<p>Number of reports (including service areas reviewed) and total number of people engaged in each review.</p>	<p>31 reports published. Different service areas, numbers engaged, and number of recommendations (if applicable) are shown below.</p> <ol style="list-style-type: none"> 1. Patients in Sussex share their latest experiences of dentistry with Healthwatch. April 2023. 220 people. 2 recommendations – achieved. 2. Celebrating 10 years of Healthwatch. April 2023. Numbers N/A. Internal review, no recommendations. 3. Healthwatch Brighton and Hove Annual Performance Report 2022 – 2023. May 2023. Numbers N/A. Internal review, no recommendations.

Performance Indicators	Evidence
	<p>4. Enter and View report: Maternity Ward at Royal Sussex County Hospital April 2023. May 2023. 6 patients. 5 recommendations.</p> <p>5. Direct Payments (DPs) survey for Brighton & Hove City Council. June 2023. 127 people. 3 recommendations.</p> <p>6. Healthwatch Brighton and Hove – Annual Report 2023. June 2023. Numbers N/A. No recommendations.</p> <p>7. Supporting the development of our local Emergency Department. July 2023. Numbers N/A. No recommendations.</p> <p>8. The dementia pathway across Sussex – patient and carer experience. July 2023. 45 people (38 carers and 7 people with dementia). 27 recommendations, all in progress.</p> <p>9. Healthwatch Brighton and Hove helpline enquiries January–March 2023. July 2023. people. Internal review, no recommendations.</p> <p>10. People, Communities and PCN Partnership Project: Brighton and Hove (Face-to- Face) Workshop. August 2023. 40 people. No recommendations although informed design of materials by UHSx.</p> <p>11. Public engagement event – Brunswick Square festival. September 2023. 50 people. No recommendations.</p>

Performance Indicators	Evidence
	<p>12. Supporting the improvement of patient’s stay at our local Hospitals. September 2023. Numbers N/A. 5 recommendations (‘suggested improvements’).</p> <p>13. Supporting the development of our local hospital (new Cancer Centre). September 2023. Numbers N/A. No recommendations.</p> <p>14. Public engagement event – St Peter’s Patient Participation Group on 6 September 2023. September 2023. 100 people.</p> <p>15. What we heard: how experiences and stories are making a difference? June to September 2023. October 2023. Numbers N/A. Internal review, no recommendations.</p> <p>16. Healthwatch Brighton and Hove six-month Performance Report (April 1st 2023 to September 30th 2023). October 2023. Numbers N/A. Internal review, no recommendations.</p> <p>17. People’s Experiences of long COVID in Sussex: Qualitative engagement (Follow-up study from March 2023). November 2023. 16 people. 5 recommendations.</p> <p>18. Emotional support during the perinatal experience – Collective findings Brighton & Hove 2023. November 2023. 5 people. 6 recommendations.</p> <p>19. Homecare Check Summary Report – November 2023. November 2023. 270 people.</p> <p>20. Enter and View report: The Atrium at the Louisa Martindale Building August 2023. November 2023. Numbers N/A. Internal review, no recommendations.</p>

Performance Indicators	Evidence
	<p>21. Improving the Outpatient experience – Part 2: Information shared with participants. November 2023. 31 people. See report below.</p> <p>22. Improving the Outpatient experience. December 2023. 31 people. 7 recommendations.</p> <p>23. Working together, Healthwatch teams across Sussex have used your experiences and stories to make a difference? December 2024. Numbers N/A. Internal review, no recommendations.</p> <p>24. Healthwatch Brighton and Hove – commentary on the ICS's Shared Delivery Plan and its development. January 2024. Numbers N/A. Internal review, no recommendations.</p> <p>25. Healthwatch Brighton and Hove Workplan of Projects, December 2023. January 2024. Numbers N/A. Internal review, no recommendations</p> <p>26. How Healthwatch Brighton and Hove has used your stories to help improve health and social care services. January 2024. Numbers N/A. Internal review, no recommendations</p> <p>27. Healthwatch briefs the city's Health and Overview Scrutiny Committee. January 2024. Numbers N/A. Internal review, no recommendations</p> <p>28. Healthwatch visits to University Hospitals Sussex NHS Trust as part of the PLACE programme. March 2024. 24 areas 'requiring attention' from nine sites.</p> <p>29. Your experiences of 'Patients Know Best'. March 2024. 159 people, no recommendations.</p>

Performance Indicators	Evidence
	<p>30. Healthwatch visits Mill View Hospital and Rutland Gardens as part of the PLACE programme. March 2024. Three areas 'requiring attention' from two sites.</p> <p>31. Your experiences of Hospital Patient Advice and Liaison Services (PALS) in Sussex. March 2024. 94 people, no recommendations.</p> <p>Numbers engaged from reports = 1163.</p> <p>Numbers engaged via information line, April 1st 2023 to March 31st 2024 = 365.</p> <p>Total people engaged = 1163 + 365 = 1528.</p> <p>Recommendations = 60. Note that recommendations are developed on SMART¹ principles. Where there are no recommendations, the findings and intelligence are shared widely including Brighton and Hove City Council, NHS Sussex, and Healthwatch England.</p>
4. Influence	
Two examples demonstrating impact from attending decision-making meetings - defined as 'meetings with external people across the system where Healthwatch influences or leads decisions	<p>Example 1 - Better patient communication about initiatives to transform dentistry:</p> <p>In February 2024, Healthwatch teams in Sussex met with NHS Sussex leaders responsible for dentistry and learnt about initiatives which are being driven forward to transform NHS dental provision. We asked them to share more details so that local people could see that work was happening to improve the current situation, as people continue to contact us with their concerns around access. We are therefore pleased that NHS Sussex acted on our request and updated their webpages with this information. We will continue working with NHS Sussex,</p>

¹ Specific, Measurable, Achievable, Relevant, and Time-bound.

Performance Indicators	Evidence
<p>made – includes Board meetings’.</p> <p>Could be decisions initiated by Healthwatch, commitments made in meeting minutes, contributions/presentations by Healthwatch.</p>	<p>sharing your views and experiences with them, and will push for further developments. This impact followed a briefing paper that we presented to the city’s Health Overview Scrutiny Committee (HOSC) on dentistry in January which referenced the results of a Healthwatch project (click here).</p> <p>The January 2024 HOSC presented a deep dive on dentistry (January 31st) in which the Healthwatch review is referenced in their agenda paper on dentistry, specifically item (3.1.0):</p> <p><i>“NHS Sussex has used patient feedback collected in the April 2023 Sussex Healthwatch survey, Experiences of Dentistry in Sussex Poll, as well as data and insight gained through our own review of the current position of NHS dentistry in Sussex to inform and develop our Dental Recovery and Transformation Plan.”</i></p> <p>They list the headline findings from the Healthwatch work in item 3.1.1:</p> <ul style="list-style-type: none"> • Once accessed, more people were Satisfied/Very Satisfied (29.5%) than Dissatisfied/Very Dissatisfied (17.8%) with the treatment they received. • 25.5% had accessed NHS dental treatment without any issues, but 40.9% of respondents were unable to receive NHS dental treatment as they had been unable to find dentists able to offer it. • Nearly one-in-fourteen people (6.8%) needed dental treatment but were unable to afford to pay the NHS dental charges. • Approximately one-fifth of people (21.8%) told us they had paid for treatment privately because they had been unable to find or access a dentist able to provide NHS treatment. • Some people (4.5%) had paid for private dental services, so they were able to receive an appointment or treatment faster.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> Seven people (3.2%) told us that they had paid for treatment privately so that their child could access NHS dental services. <p>In item 3.1.3 they state that:</p> <p><i>“We know that many people in Sussex are able to access their first choice of dentist and that we have a higher number of dentists for our population than other areas in the country. The public and patient feedback we reviewed highlights that some people in Sussex are finding it hard to get the care they need. Work is underway to address this, and we welcome the findings of the insight from Healthwatch which we have used to develop our plans to improve access and address inequalities across our communities.”</i></p> <p>Example 2 - Health Overview and Scrutiny Committee – Non-Emergency Patient Transport (NEPT) Agenda Item 24 and Appendix I:</p> <p>This meeting draws reference to <u>Healthwatch Brighton and Hove’s work on Non-Emergency Patient Transport</u> through <u>Agenda item 24</u> and as part of Appendix 1 to the meeting papers.</p> <p>a) Agenda item 24, Item 3.4: The January 2024 HOSC shows how the NEPT contract currently being tendered “reflects the findings of the 2021 national review (in which Sussex was one of 3 pathfinder sites), learning taken from the previous procurement, feedback from system partners and patient groups, including Healthwatch, with Healthwatch in Brighton playing a significant role in service design, development and evaluation of the bids received.”</p> <p>Also, “Commissioners for NEPTS have welcomed both Healthwatch and additional patient representation into their work when developing the new contract specification. This has taken the form of regular attendance by Healthwatch at NEPTS Task and Finish groups, inviting</p>

Performance Indicators	Evidence
	<p><i>comment on draft Service Specifications and involving patient representation in the assessment of bids to deliver the new service.”</i></p> <p><i>“It is also clear from patient feedback obtained by Healthwatch in 2020 that patients want a service that is better able to keep them informed of the location of their vehicle using modern technology such as smart phone apps, for example, almost 80% would like to receive a text/call when their vehicle is 30 mins away; 95% would like to be kept informed of changes or delays to their transport; 2/3rds would like a mobile phone app to track their vehicles; and 91% would like an exact time when their transport will arrive. With all this in mind, NHS Sussex has consolidated funding sources across acute and mental health providers and developed a vision for a new patient transport offer that includes all components and that will better meet the requirements of patients and the healthcare system in 2025 and beyond.”</i></p> <p>b) Appendix 1 - NHS Sussex Non-Emergency Patient Transport Service (NEPTS) Update</p> <p>3.2 Engagement Work:</p> <p><i>“As part of the development process for the new service, NHS Sussex has completed a full Equalities and Health Impact Assessment (EHIA); carried out engagement with patient groups; and worked closely with acute, community and mental health providers to develop the service model. NHS Sussex commissioning team also enlisted the support of Healthwatch Brighton & Hove and a patient voice representative from the outset of the procurement to help draft elements of the specification and join weekly engagement sessions to ensure quality, engagement and patient voice were at the heart of the service design. Healthwatch has given very positive feedback to the commissioning team on the openness with which we involved – and listened – to the patient voice.”</i></p>

Performance Indicators	Evidence
	<p>In view of this example, the Collaboration and Regional Manager (South), Healthwatch England, stated “that this is an excellent example of Healthwatch working together to have a positive influence on the commissioning of a key local service.”</p>
<p>5. Impact</p>	<p>Healthwatch as ‘expert’ opinion:</p> <p>In October, it was interesting to learn that the Patients Experience Library uses Healthwatch reports and that one of ours has been used by them: “People’s views about remote access to appointments during the Covid-19 pandemic - compilation of evidence”. This demonstrates that our reports are being used as expert evidence by other patient organisations.</p> <p><i>“In early 2020, the Patient Experience Library started collecting and cataloguing published research on people’s experiences of Covid-19. Now, as we head towards three years from the declaration of the first UK lockdown, we find ourselves in possession of a unique archive. We have combed through the evidence base to try to understand whose experiences were recorded, and which aspects of life under Covid have been documented. We found a research landscape in which some topics have been covered extensively while others remain virtually untouched. Equally, some communities come through loud and clear while others are almost voiceless.”</i></p> <p>Healthwatch evidence supporting the development Integrated Care Teams:</p> <p>The purpose of ICTs will be to strengthen the way we collectively deliver an integrated offer of health, care and wellbeing in our communities and neighbourhoods, and improve outcomes across different needs in our population. They are a significant partnership development to enhance how delivery is organised and supported across key shared priority programmes, governance and potentially finance. There will be four new ICT neighbourhood footprints</p>

Performance Indicators	Evidence
	<p>across Brighton and Hove (West, East, Central & North). A population health outcomes approach applies to their development and they are data driven. Data packs have been produced by the three Public Health Intelligence teams across Sussex and NHS Sussex Business Intelligence. team. The packs each contain population health and service data structured to support ICT discussions as they become established, and help them think about the best ways to collaborate on the population health challenges in their area. Embedded throughout these data packs are data obtained by Healthwatch and shared through our reports:</p> <ol style="list-style-type: none"> 1. Integrated community team profiles (brighton-hove.gov.uk) 2. https://brighton-hove.communityinsight.org/ 3. Insight packs - NHS Sussex (ics.nhs.uk) <p>Helping to shape the ICS Shared Delivery Plan:</p> <p>In advance of a Special Health and Wellbeing Board, Healthwatch Brighton and Hove reviewed a revised draft of the Shared Delivery Plan. We provided HWB members with our commentary on the draft Shared Delivery Plan presented to the Assembly in May and the progress made. Our CEO spoke to our report at the June HWB meeting. You can read our briefing report in full, below.</p> <p>https://www.healthwatchbrightonandhove.co.uk/report/2024-01-03/healthwatch-brighton-and-hove-commentary-icss-shared-delivery-plan-and-its</p>

Performance Indicators	Evidence
<p>Example reflecting on progress made on a recommended action regarding a protected characteristic group i.e.: age, sex, gender reassignment, sexual orientation, disability, ethnicity or race, religion or belief, pregnancy and maternity, or marriage and civil partnership.</p>	<p>Views about digital technology – Older people from minority ethnic backgrounds in Brighton and Hove:</p> <p>From a small grant from the Kent, Surrey and Sussex Clinical Research Network, we have explored digital exclusion among older people from minority ethnic backgrounds. The work is in collaboration with Dr Khalid Ali, Reader in Geriatrics at the Brighton and Sussex Medical School.</p> <p>At the time of writing, we have worked with Sussex Interpreting Services and Bridging Change in holding three focus groups and also providing contacts for telephone conversations. Participants represent a range of different ethnicities and experience with digital technology, although with most people reporting themselves to have medium to low confidence.</p> <p>At this stage, there are four overarching themes emerging:</p> <ol style="list-style-type: none"> 1. Most people, although had a mobile, were using this solely to make phone calls or text. There was a particular problem in accessing emails on a mobile. Several commented about the continual problems of passwords. Accessing GPs was a problem when booking appointments online – this was found to be particularly complex for this sample and creates source of frustration. 2. Trust – people have a sense of distrust with technology, especially when conducting financial transactions or when sharing personal information. People spoke of being scammed. 3. Age-related – Most people did not learn about digital technology at the time the internet was emerging. Families, friends and some professional ‘drop-ins’ have been valuable sources of advice and assistance. When learning, because of what people attributed to their age, a

Performance Indicators	Evidence
	<p>step-by-step approach with a slow pace, to learn only what was essential, was seen as more favourable to a 'crash course'.</p> <p>4. Ethnicity – although faith or country of origin had no role in shaping experiences, language was considered a significant obstacle to using digital technology. Being able to read letters, messages, emails and use of the NHS App was impossible for those for whom English was not spoken or was their second or third language. Even if a person’s understanding of English was good, understanding test results from the NHS App and My Health and Care record was problematic.</p> <p>5. Digital technology as a whole – although recognising some of the benefits and inevitability of digitisation, people commented that the world was becoming too digital. This increased the pressure on people to keep up to date with digital developments. If the option of human interaction was not possible, this was particularly frustrating. Only being able to book online GP appointments, buying car parking and purchasing travel tickets were mentioned.</p> <p>We intend to complete our engagement and the final report during April 2024.</p>
<p>Percentage of recommendations influencing service improvement – based on % of recommendation <i>accepted</i> by NHS/CCG and % of those resulting in <i>service change</i>.</p>	<p>All 60 recommendations (100%) from our reports over the last year have been accepted by the commissioning or partner body, mostly by the NHS Sussex Integrated Care Partnership or Brighton and Hove City Council.</p> <p>As many of these recommendations were generated within the last 12 months, it is too early to say how many have led to service change, although being accepted is a prerequisite for this.</p> <p>From projects completed over the last year, 39 recommendations (out of 60 or 65%) have led or are leading to service change from the following four projects:</p>

Performance Indicators	Evidence
	<p>From the Patients in Sussex share their latest experiences of dentistry with Healthwatch (April 2023), Healthwatch in Sussex has shared these findings alongside other intelligence and insight. This forms part of its contribution to the work undertaken by NHS Sussex to map all patient/provider/community/partner dental insight in developing and delivering its 2023-24 Dentistry Stakeholder and Engagement Plan.</p> <p>Also, Healthwatch in Sussex has shared these findings with NHS Sussex, other members of the Sussex Integrated Care System (ICS) and Local Dental Committees to inform activity related to oral health, health inequalities and service commissioning. 2/2 recommendations leading to service change.</p> <p>From The dementia pathway across Sussex – patient and carer experience (July 2023), a new working group (including representatives from the ICB, Alzheimer’s Society, MAS providers and Care Homes) is responding to all 27 recommendations leading to service improvement (see forthcoming ‘3 examples of studies with long term change, beyond 6-month project lifespan’). 27/27 recommendations leading to service change.</p> <p>From the report, Emotional support during the perinatal experience. The interview findings from Healthwatch Brighton and Hove and the further three Healthwatches, alongside a HWE national survey, contributed to HWE’s national report and several focused reports which impacted on NHS England improvements to maternity and neo-natal services. As a result, NHS England has approved a plan to improve the quality and safety of maternity and neonatal services. 6/6 recommendations leading to service change.</p> <p>From the report, Improving the Outpatient experience. The outpatients team in response to the report recommendations have progressed in four areas to date that directly respond to the recommendations: Expanding the NHS App to improve outpatient communication, supporting</p>

Performance Indicators	Evidence
	<p>the development of a GP clinical reference group, to enable co-production of initiatives, supporting Patient Initiated Follow-up with a patient-focused video now shared with all hospitals in Sussex, and enabling NHS Sussex to work with the Amex to place an advert in the stadium, about the initiatives. 4/7 recommendations leading to service change.</p>
<p>3 examples of studies with long term change (beyond 6-month project lifespan).</p>	<p>1. Homecare Check service</p> <p>Our Homecare Check service (previously 'Lay Assessors Scheme') is run in partnership with the local Council. Our volunteers regularly visit and interview local residents who have home care services provided by independent companies, but paid for, either fully or partly, by the council.</p> <p>Our volunteers started in September 2018, but the project was paused during the COVID pandemic and restarted in November 2022. Our findings show that overall, the quality of service provided in our city is high. People value their carers; having regular familiar faces with time to build friendly relationships and when visits are made at reliable fixed times in the day. When it comes to questions about the helpfulness of office staff, rota's being provided, and being kept informed of changes in their care the feedback varies greatly across providers. Since September 2018, 23 Healthwatch volunteers have interviewed 663 service users about their care from 14 different providers. Healthwatch have produced 35 (monthly) reports.</p> <p>These monthly findings to the Council have been used them to hold conversations with care providers to assess the quality and safety of services provided and deliver continual improvements. They have been used to support the Council's work in appointing new providers.</p> <p>We will continue to run our successful project, visiting more people and collating their feedback. You can download our latest report here where you can also watch a video by</p>

Performance Indicators	Evidence
	<p>Jessica Harper, Business & Development Manager (HASC) at Brighton and Hove City Council, explaining why and how the Homecare Check Service was designed and put in place and it's benefits to people.</p> <p>2. Maternity and Mental Health Services – the perinatal experiences of five mothers in Brighton and Hove</p> <p>We were commissioned by Healthwatch England to speak to local women who had given birth after March 2000. Healthwatch Brighton and Hove interviewed five women (four mothers and one partner) about the experience of emotional wellbeing during pregnancy, childbirth and up to one year after childbirth. Healthwatch England (HWE) received five transcripts each from local Healthwatch, including Brighton and Hove (20 interviews in total).</p> <p>Questions were asked about general care and support as well as the effect on the mother (and partner) emotionally and any mental health issues experienced during this time. We were also tasked with researching local services to support Mums and their partners during the perinatal period.</p> <p>Based on the findings above from local mothers, Healthwatch Brighton and Hove have identified the following key themes about emotional support requirements during the peri-natal period:</p> <p>Communication: Mums want clear and honest information about what to expect during the peri-natal period. Where a Mum has concerns, these should be addressed with empathy and understanding.</p>

Performance Indicators	Evidence
	<p>Listen to Mum: Mums want clear and honest information about their labour process and what is happening. Where a Mum feels that something is wrong during pregnancy or labour, the baby should be checked.</p> <p>In-hospital experience: Mums should be placed in a ward with other Mums who have experienced a similar birth e.g. a ward for Mums whose babies are in the special care baby unit; Mums who have lost a baby, should not be placed in a ward with lots of other babies; Mums who have babies in the special care unit, should be fully informed about the progress of their baby.</p> <p>Continuity of care: Where possible, Mums should receive the same mid-wife support both pre- and post- birth.</p> <p>Emotional support post-birth: All Mums should be offered in-person support from a health visitor; and given information about local peer support groups.</p> <p>Staff knowledge: GPs and health visitors should be made aware of the Mum’s birth experience, particularly where this has been traumatic. Proactive emotional support should be offered in addition to the physical check-up offered to Mums at six-weeks post-birth.</p> <p>The interview findings from Healthwatch Brighton and Hove and the further three Healthwatches, alongside a HWE national survey, contributed to HWE’s national report and several focused reports which impacted on NHS England improvements to maternity and neonatal services.</p> <p>Since the HWE report was published, and demonstrating long term change, NHS England has approved a plan to improve the quality and safety of maternity and neonatal services. The</p>

Performance Indicators	Evidence
	<p>HWE feedback report in January 2024, outlines that the following have been approved by NHS England:</p> <ul style="list-style-type: none"> • Promised improved guidance for GPs on carrying out the six-week checks and better access to specialist community perinatal mental health services. • Set out plans for responsibilities for Integrated Care Boards to implement equity and equality plans for maternity and better monitor maternity care. • This will ensure a consistent approach where every mother gets the best care possible. <p>3. Dementia Pathways in Sussex</p> <p>Published in July 2023, this study explored people’s experiences of dementia-related services ranging from visiting the GP, a Memory Assessment service, and the varied support options available following diagnosis. We undertook interviews with 38 carers and seven people with a dementia diagnosis between December 2022 and May 2023. People showed a wide variety of experience in terms of the memory assessment services and the support they received afterwards. For example, some received a detailed care package of support after diagnosis whereas some received little or no support. People living in the same towns received varied levels of support and awareness of support ‘cafes’ were largely by word of mouth.</p> <p>The report has been discussed at the last two Dementia Programme Steering Group Meetings (Sussex) and it was agreed to share the findings with commissioners for information regarding memory assessment services and post diagnostic support.</p>

Performance Indicators	Evidence
	<p>Long term change will be achieved in several ways, mostly via a new working and implementation group (including representatives from the ICB, Alzheimer’s Society, MAS providers and Care Homes) dedicated to responding to all 27 recommendations leading to service improvement. These include developing a list of Frequently Asked Questions leaflet for people diagnosed with dementia to avoid overloading with materials, a new ‘My Choice’ booklet to include a more succinct set of information, and materials sent to every Memory Assessment Service (MAS) across Sussex to make the environment more dementia-sensitive (such as clear signposting, recommendations about lighting, etc.).</p> <p>Additional feedback from the report sent to each MAS includes advice about keeping people registered on the MAS, creating named contacts, regular ‘check-ins’, being clear about the purpose of the MAS appointment beforehand by phone, communicating diagnosis verbally in the first instance, reviewing training in the Mental Capacity Act, and recognise that it is not always necessary to complete all questions on an assessment form if it is causing distress,. Although some service-users preferred ‘memory issues’ to the term ‘dementia’, the working group held strong views about the wider use of the term dementia to raise awareness and breakdown the stigma of the condition.</p> <p>The report has also been extensively circulated, supported by social media, and also published on the Patient Experience Library and the Sussex Insight Bank. We have shared this intelligence widely, to the commissioners for overnight nursing and wound care provision in Sussex, the Public Health Age and Dementia Friendly Healthy Lifestyles Team (BHCC), and most recently the Chief Operating Officer at the Sussex Partnership NHS Foundation Trust and the Trust’s Clinical Director for Specialist Older Adults Mental Health Services (Sussex Partnership NHS Foundation Trust). Our work has been cited at a dementia symposium event (March 2024) and we are due to present to work to the Dementia Action Alliance (April 2024).</p>

Performance Indicators	Evidence
	<p>Conversations are ongoing to explore extending this work, including patient opinion of the feedback process on the services received in preparation for the new dementia strategy (2025).</p>
<p><u>Annual</u> performance as regards the Economic, Environmental and Social Value of the work undertaken – delivered within 30 days after the end of the relevant year end. <u>See annual performance report.</u></p>	<p>Economic:</p> <ul style="list-style-type: none"> • By closing our offices and working remotely we have reduced our overheads and are subsequently able to apply this resource to conduct more engagement work with the public. • By working remotely, we have become more agile and flexible in engaging with people and patients outside of traditional office hours. • Over the last year, our team of volunteers have contributed an estimated 3000 hours of work supporting the role of Healthwatch Brighton and Hove. At the time of writing we have 42 active volunteers. We also have a team of student placements. • By securing funds outside of our regular income, we have been able to employ a part time staff members to extend the work of Healthwatch Brighton and Hove (particularly in administrative and volunteer support). <p>Environmental:</p> <ul style="list-style-type: none"> • In February 2024, Healthwatch attended “Net Zero 360: Free sustainability course for businesses in Brighton and Hove” which was funded by the Council. This course will help us calculate our current carbon impact and inform plans to help us meet net zero, supporting our city’s target is to be carbon neutral. We will develop our policy in 2024/25 and publish this to ensure transparency and accountability. • Having closed our offices, we now work remotely – this has reduced our transport by car (and carbon emissions) and public transport. • Now working at home, plastic waste has been reduced by the purchase of less office-based lunches e.g., packaged sandwiches.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • During the office closure, we have shredded and recycled our paper records. • Although we have two 'hot desks' for irregular use, the costs of energy to support this reduced office space are now negligible. • The office space has recently introduced energy efficient storage heaters based on a manual operating system to request heat on demand (i.e. only used when in office). • From working at home, the costs of energy can be regulated to a single room, compared to heating an entire office. • All communications are online, and we no longer use paper. <p>Social value:</p> <ul style="list-style-type: none"> • Our social value is to transfer public and patient feedback on NHS health and social care to decision-makers, to ultimately help improve services for the benefit of local (and healthier) communities. • Our work in understanding and improving digital inclusion helps people to connect socially and with health and social care services. • Our homecare checks, for those people receiving care at home, provide valuable feedback to the council and care providers to help improve the quality of care. • Our work in engaging local residents and retaining surgery hours at New Larchwood surgery, has demonstrated to residents how Healthwatch Brighton and Hove can deliver change to local communities. We are currently working with Woodingdean Surgery to explore the apparent problems that some people face around booking a GP appointment. • We respond to all enquiries to our information line for those people who raise queries. • We have expanded our public-facing engagement events offering more opportunities for people to have their say about health and care services. These include: Brunswick festival, , Ageing Well Festival (where we ran a quiz on health history), Hop 50 + event, speaking at dementia cafes, running a focus group at the Black & Minority Ethnic Community Partnership (BMECP centre), and when recruiting student placements at Sussex University.

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • We endeavour to employ people local to Brighton and Hove. Three of our employees are within walking distance to our office. • We offer student placements from the local universities of Sussex and Brighton. • When recruiting staff, we advertise locally including through the universities. • Our team of volunteers are mostly Brighton and Hove residents.
6. Support	
Number of safeguarding referrals and case escalations undertaken	<p>(Annual totals)</p> <p>7 people were referred to Health and Adult Social Care Access Point for information and advice.</p> <p>17 people were referred to Health and Adult Social Care for review.</p> <p>1 person referred to Health and Adult Social Care Safeguarding.</p>
Number of referrals to PALS and NHS complaints including POhWER.	PALS/POhWER – 85.
Annual report / stakeholder report with strategic partner satisfaction.	<p>Our Annual report for 2022/23 was published in June 2023.</p> <p>We ran a stakeholder survey (survey closed but report not published) between January and February 2024, receiving 53 responses from partners working across the ICS, Council, local NHS trusts, primary care colleagues and VCSE partners.</p> <p>Overall, the results from the stakeholder survey were generally complimentary about the work Healthwatch produces – our ability to speak to patients and share the intelligence with service providers. There was awareness about our unique role, for example in being ‘independent of the NHS’ (96% were aware), ‘that we speak to patients about their views of the healthcare system’ (100%) and that ‘we share patients’ views with decision-makers who commission or</p>

Performance Indicators	Evidence
	<p>design services' (92%). The least level of awareness was that 'we can recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission' (65%).</p> <p>In terms of the quality of our work, there were generally high levels of agreement about our contribution – for example, 'Healthwatch provides insight which positively impacts your organisation' (89% either agreed or completely agreed), 'Healthwatch provides a useful information and signposting service for service users' (82%), and 'Healthwatch makes a positive contribution to meetings in which your organisation and Healthwatch attends' (80%). Also, 46% described the relationship between Healthwatch and a person's organisation as 'strong' with a further 35% saying 'very strong'.</p> <p>In terms of our role, the greatest response to where we could improve was 'Our ability to influence those who deliver and design health and care services', noted by 29% of respondents.</p>
<p><u>Annual</u> 360 review providing performance feedback from neighbouring HW and HWE on impact.</p>	<p>This has not performed directly although Healthwatch East Sussex and Healthwatch West Sussex have contributed to a recent stakeholder survey.</p> <p>In addition, the three Healthwatch teams meet weekly and attend the South-East Healthwatch network meet quarterly. As shown previously under Activity, we have worked with HWE and shared reports with them.</p> <p>In February, Healthwatch England provided feedback on the most recent Annual Report (23/24):</p>

Performance Indicators	Evidence
	<p><i>“In November I was meant to have a meeting with everyone in my patch – but due to capacity issues I ended up focussing on those who we had identified as needing some support on outcome reporting.</i></p> <p><i>“That wasn’t the situation in your case. Not only did we see an increase in the number of reported outcomes in your 22/23 annual report compared to the previous year’s annual report but there was a clear focus on reporting outcomes for communities and groups facing health inequalities.</i></p> <p><i>In addition, there’s promise of more outcomes to come from other work carried out during last year, which I’m sure you’ll do your best to chase up. And of course the other thing that came through clearly was your approach to collaboration, particularly with your local Healthwatch colleagues in Sussex.”</i></p>
<p>Provide advice on best practice for public and patient involvement to commissioners and service providers of health and social care services – 2 examples for annual report.</p>	<p>Example 1 – Informing the NHS Sussex survey ‘Your Experiences of Health and Care in Sussex’:</p> <p>This is an annual survey performed by NHS Sussex (February 2024). They invited Healthwatch to mirror the survey to ensure greater representation of young people, those from minoritized ethnic groups, and to achieve an equal gender breakdown. As part of this process, we offered support to inform this questionnaire on several occasions. This included checking question order, appropriate response options, including a suite of demographic profile questions, quality checking whether questions from the British Social Attitudes survey were accurately replicated, and suggesting suitable page breaks.</p>

Performance Indicators	Evidence
	<p data-bbox="723 209 2011 240">Example 2 – Informing the recommissioning of the Non-Emergency Patient Transport:</p> <p data-bbox="723 300 1984 416">The Service Specification that was issued for any prospective bidder includes several references to the work of Healthwatch Brighton and Hove. From our reports on patient transport, we concluded that patients:</p> <ul data-bbox="723 475 2078 639" style="list-style-type: none"> <li data-bbox="723 475 2078 555">• To know where their transport is and be kept informed – the service specification requires the new bidder to use mobile technology to keep patients informed. <li data-bbox="723 563 1939 639">• To provide better communications about the service and eligibility – the service specification requires this. <p data-bbox="723 695 1339 727">Healthwatch recommended the following:</p> <ul data-bbox="723 786 2069 951" style="list-style-type: none"> <li data-bbox="723 786 2051 866">• Ineligible patients should receive information on alternatives – the service specification requires the new bidder to act as a single point of contact. <li data-bbox="723 874 2069 951">• To host patient forums to routinely hear from patients – the service specification requires the new bidder to hold these and to involve Healthwatch. <p data-bbox="723 991 2051 1155">This learning was noted in the January 2024 Health Overview and Scrutiny Committee (see Q4), which shows how patient voices have helped to redesign a local service. It shows how Healthwatch gave advice on best practice for public and patient involvement to commissioners and service providers as part of the recommissioning process.</p> <p data-bbox="723 1211 2101 1327">More specifically, Healthwatch has provided scrutiny to the recommissioning process, attended relevant meetings, commented on draft Service Specifications, and involved patient representation in the assessment of bids.</p>

Performance Indicators	Evidence
	<p>Providing best practice is a common feature of Healthwatch. Additional examples have been providing training on Deliberative Engagement to the HWE network, co-moderating focus groups with Bridging Change and Sussex Interpreting Services, and providing questionnaire advice for a Public Health Specialist – Age and Dementia Friendly Healthy Lifestyles Team (Brighton & Hove City Council).</p>
<p>Update and review HW Decision making policy.</p>	<p>This was updated this year and can be accessed here. We are in the process of reviewing this and aim to publish an updated version on 24/25.</p>

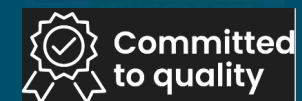
Appendix 1 – Healthwatch Brighton and Hove Workplan of Projects, April 2023 – March 2024

This document describes the health and social care projects that Healthwatch Brighton and Hove (HWBH) has worked on during the past year and those we determined that we were unable to take forward for various reasons. It also describes the work we are currently working on or are actively considering, and which we will take forward into the next year (April 2024 – March 2025). Furthermore, it also describes a number of essential internal projects that support the successful operation of our organisation, many of which are ongoing. This document provides a summary of each project's status and is subject to regular revision.

External projects are identified by Healthwatch using a range of sources including patient feedback; from the many meetings that we attend; from intelligence shared with us by partner organisations and in line with our **Decision Making & Prioritisation Policy**.

The document is divided into the following sections:

1. Recently completed projects where we are monitoring our impact (blue)
2. Active projects that the team is working on (green)
3. Potential future projects under consideration (amber)
4. Projects considered but not being taken forward (red)
5. Internal projects (yellow)



In addition to the named projects in Section 1 and 2 below (which are often limited, or one-off projects), Healthwatch Brighton and Hove’s workplan includes our ongoing work and routine monitoring of health and care services. Our work includes those areas which we know, either through our patient information line or other engagement activities, are of particular concern to patients across Brighton and Hove.

We also deliver work which has a Sussex-wide impact, in partnership with our colleagues in Healthwatch [West](#) and [East Sussex](#) and with the assistance of a dedicated [Liaison role](#) lead (who operates across all three Healthwatch teams and [Sussex Health and Care](#), which is the name for our [Integrated Care System](#)). Our work involves collating feedback, investigating and escalating issues as appropriate.

Our escalation routes are varied and include to: the four Sussex Hospital Trust’s Senior Leadership Teams, the [Care Quality Commission](#), [Healthwatch England](#), our [Integrated Care System](#)’s [Assembly](#), [Patient Experience Committee](#), Quality Governance Improvement Group and Primary Care Commissioning Group and the city’s [Health and Wellbeing Board](#) and [Health Overview and Scrutiny Committee](#).

Areas of focus include:

1. Patient concerns about safety at [University Hospitals Sussex Trust](#) following poor CQC outcomes and a live police investigation into patient deaths. We are also focussed on maternity and the Emergency Department.
2. Access to primary care services, i.e. GP’s, NHS dentistry and high street pharmacy services.
3. Service changes, notably to GP practices.
4. Access to Mental Health services, especially CAMHS (Children and Adolescent Mental Health Services).
5. Access to hospital services, including waiting times.
6. Ambulance services.
7. The quality of home care.
8. Non-emergency Patient Transport Services.
9. Conducting our series of routine Enter and Views to health care services.

We deliver projects in partnership and with the help and support of local voluntary and community groups and other organisations. We would like to express our sincere thanks to them. **You can see which organisations we have worked with at the end of this document.** You can read more about our work and the impacts this has in our latest [six-monthly Performance](#) (April-September 2023).

Completed projects where we are monitoring impact.

Name	Source of project	Project lead	Details	Status and impact
1. Healthwatch Brighton and Hove (HWBH) Enter and View visit to maternity services	HWBH and University Sussex Hospitals Trust (UHSx)	Clary Collicutt (Project Coordinator)	In April, Healthwatch Brighton and Hove (HWBH) staff and volunteers undertook an Enter and View visit to the maternity ward at the Royal Sussex County Hospital. The team talked with six patients across the three wards and asked for their views on their experiences of maternity services. This was an important follow-up visit, conducted with Maternity Voices Partnership and which followed a poor Care Quality Commission report into maternity services. We reported positive findings overall but highlight a need to focus on good communications between staff and parents.	Work completed in April 2023. Report published in May. Impact. Our report was discussed by the UHSx’s Patient Experience and Engagement Group which is attended by senior staff including Maternity Matrons. Our recommendations are being tracked by UHSx for implementation. The report was also shared with the Integrated Care System’s Quality Governance Improvement Group and Patient Experience Committee, which explore all aspects of patient safety and patient involvement. We also shared our report with the CQC.
2. Supporting the development of our new local Emergency Department	HWBH and UHSx	Clary Collicutt	HWBH invited other organisations, such as Possibility People, to attend an Emergency Department (ED) redevelopment stakeholder and engagement session held at the Royal Sussex County Hospital. A £48 million investment has been agreed to expand and improve the existing ED	Work completed in May 2023. Report published in July. Impact. The Trust want to use these events to ensure that the ED redevelopment reflects patient’s opinion and needs. HWBH will continue to engage with the Trust to ensure that we are

Name	Source of project	Project lead	Details	Status and impact
			<p>Department over the next four years. HWBH has previously reported that the current ED is not fit for purpose, due to its size and layout. This means patients are having to wait longer, and this can negatively impact the care they receive or their overall experience.</p> <p>In September 2023, Healthwatch attended the second workshop in the series, and we were able to find out the progress UHSx has been making to date.</p>	<p>involved in the ongoing plans to redevelop the ED. We have already been asked to join a regular Steering Group and will be attending further engagement events (with VCSE).</p> <p>Report published in April 2024.</p> <p>Here's a summary of what we found out from the session:</p> <ul style="list-style-type: none"> • The finalised floorplan of the Acute floor has been agreed upon. • The new footprint will be 66% bigger than the current acute floor, allowing more space for resuscitation, ambulance, triage areas, and walk-in waiting areas. • Staff observation of patients has been considered throughout the design process. For example, cubicles have been designed around a central staff space so staff can see the patients. • Ensuring that it is clear to patients where they are and where they need to go has been fundamental in the design process. The areas

Name	Source of project	Project lead	Details	Status and impact
				<p>where patients can freely walk are straightforward to navigate, and all other areas are staff-controlled.</p> <ul style="list-style-type: none"> • Due to the lack of natural light in the ED, UHSx are considering how to improve the lighting. • Demolition work has started on level five of the Millennium Building. This will create space for the construction of the new Medical Assessment Unit. • Work continues on planning how to keep the Acute floor running as normal through the construction of the new ED
3. Direct Payments project	Brighton and Hove Council (BHCC)	Dr Lester Coleman (Head of Research)	The Council wanted to hear views and experiences from people who receive Direct Payments which help people, or someone who is cared for, to receive financial support for their care needs.	<p>Work completed in June 2023 Report published in July.</p> <p>Impact. Since publication, the Commissioning Manager, Brighton and Hove City Council, Health and Adult Social Care acknowledged the importance of this report in influencing service change: <i>“This Healthwatch report is an essential element of Brighton and Hove City Council’s commitment to improving</i></p>

Name	Source of project	Project lead	Details	Status and impact
				<p><i>access and support for using Direct Payments, as a way of enabling individuals and families to buy (with local authority funding), their own care and support. BHCC has completed a Review of the systems, policy, information, advice, and provision of DP's, of which this survey is critical. We are now moving to an improvement plan, which will include addressing the recommendations within this report."</i></p>
<p>4. Dementia Pathways project</p>	<p>NHS Sussex</p>	<p>Dr Lester Coleman</p>	<p>HWBH conducted interviews with patients living with dementia and their carers to understand their experiences and ideas to improve the support offered to them.</p>	<p>Work completed in June 2023. Report published in July.</p> <p>Impact. The impacts from our project are being implemented at a new working and implementation group (including representatives from the ICB, Alzheimer's Society, MAS providers and Care Homes) dedicated to responding to all 27 recommendations leading to service improvement. These include developing a list of Frequently Asked Questions leaflet for people diagnosed with dementia to avoid overloading with materials, a new 'My Choice' booklet to include a more succinct set of information, and materials</p>

Name	Source of project	Project lead	Details	Status and impact
				<p>sent to every Memory Assessment Service (MAS) across Sussex to make the environment more dementia-sensitive (such as clear signposting, recommendations about lighting, etc.).</p> <p>We have shared this intelligence widely, to the commissioners for overnight nursing and wound care provision in Sussex, the Public Health Age and Dementia Friendly Healthy Lifestyles Team (BHCC), and most recently the Chief Operating Officer at the Sussex Partnership NHS Foundation Trust and the Trust's Clinical Director for Specialist Older Adults Mental Health Services (Sussex Partnership NHS Foundation Trust). Our work has been cited at a dementia symposium event (March 2024) and we are due to present to work to the Dementia Action Alliance (April 2024).</p>
5. NHS Sussex public opinion survey (summer 2023)	NHS Sussex	Dr Lester Coleman	A Sussex-wide survey was conducted to gather public views on the Integrated Care System's (ICS) Shared Delivery Plan and what issues people were most concerned about. Healthwatch Brighton and Hove	<p>Work completed in July 2023.</p> <p>Impact. HWBH delivered a report to NHS Sussex in July 2023 reflecting the views of over 400 people. Our data was combined by NHS Sussex with wider survey</p>

Name	Source of project	Project lead	Details	Status and impact
			(HWBH) targeted specific patient groups (i.e. those routinely less heard from) to ensure a wider breadth of opinion was collated.	responses and a final report was presented to the Integrated Care System’s Patient Experience Committee in November. This Committee seeks assurance that public opinion is being actively gathered and acted upon. HWBH will continue to follow up with NHS Sussex on actions from this work.
6. HWBH Enter and View to the Louis Martindale Building	HWBH and University Sussex Hospitals Trust (UHSx)	Clary Collicutt	In August, our volunteers visited the Atrium at the new Louisa Martindale Building at the Royal Sussex County Hospital. The team talked with six outpatients and their relatives and asked for their views on their experience of the new Atrium building, about their first impressions of the new building, how it compares to when they visited the old hospital, about the food and drink available and if there is anything that could have been done to improve it further. Our findings were very positive.	Work completed in August 2023. Report published in November . Impact. Our report was discussed by the UHSx’s Patient Experience and Engagement Group and discussed by the Trust’s Executive Team which asked for assurance that our recommendations would be acted upon. Our recommendations are being tracked by UHSX for implementation and HWBH will monitor their implementation to ensure they happen.
7. Primary Care Network/ Patient Participation Group	NHS Sussex	Michelle Kay (Project Coordinator)	In May, HWBH hosted a successful event with over 40 participants from across GPs, patients, NHS Sussex and Voluntary and Community Groups (VCSE). This examined how best to	Work completed May 2023. We published a summary report in August 2023.

Name	Source of project	Project lead	Details	Status and impact
engagement event			<p>ensure that Primary Care Networks (PCNs) make better use of their Patient Participation Groups (PPGs). The goal was to deliver better public involvement.</p> <p>Notes: PCNs are groups of GP practices working together; PPGs consist of patients who wish to be involved in their local practices, taking an active role in developing local health services.</p>	<p>Impact. The final Sussex wide report is awaited (expected January 2024). This will deliver a toolkit that will encourage greater involvement of patients in the services being delivered by their GP practices, building on best practice. HWBH will actively monitor how this toolkit is being used following its publication.</p>
8. Digital and Data project	NHS Sussex/HWBH	Clary Collicutt and Dr Lester Coleman.	<p>HWBH reviewed a range of reports/ quantitative/qualitative data on “digital and data” to deliver a thematic report for the first NHS Sussex Integrated Care Board (ICB) Digital and Data Board in November. HWBH is conducting a variety of projects on digital and data which is a priority for our health care system and critical for patients who use technology to support their health and wellbeing.</p>	<p>Work completed in September 2023.</p> <p>Impact. HWBH delivered our report to NHS Sussex in September. We were asked to present our findings to the NHS Digital and Data Board in November. HWBH will continue to follow up with NHS Sussex on how they are acting on our findings.</p>
9. Research project on pharmacies	Healthwatch England	Michelle Kay	<p>We supported Healthwatch England (HWE) by interviewing pharmacy users and pharmacy staff to learn more about their views and experiences. The project started in September 2023</p>	<p>Work completed in October 2024.</p> <p>We submitted three transcripts and summaries from our interview to Healthwatch England. We interviewed two patients and one pharmacist.</p>

Name	Source of project	Project lead	Details	Status and impact
				<p>Healthwatch England are finalising their report using input obtained from across the Healthwatch watch network. We will publish this once it is made available.</p> <p>Impact: We are waiting for Healthwatch England to publish their national report.</p>
10. PLACE visits	HWBH / University Hospitals Sussex NHS Trust	Clary Collicutt	<p>In October/November, we supported University Hospitals Sussex and Sussex Partnership Foundation Trust to complete their annual PLACEs visits. Patient Led Assessments of the Care Environment involve local people (“patient assessors”) going into hospitals to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance, the extent to which the environment is able to support the care of those with dementia or with a disability.</p>	<p>Work completed in October 2023.</p> <p>We published our two reports: PLACE visits: University Hospitals Sussex Place: Sussex partnership Foundation</p> <p>Impact: <i>“The report offers fantastic, credible, balanced insights into the experience of our patients attending our sites for care in a highly readable and accessible format – thank you. The report will be taken to the Trust’s Patient Experience and Engagement Group in March to be discussed and so that actions can be tracked. The report will also be shared with service leads. The Trust is already taking action in many of the areas identified. For example we will be carrying out routine audits of corridors,</i></p>

Name	Source of project	Project lead	Details	Status and impact
				<p><i>the feedback about natural light in the cancer centre is reflective of that we have had from other patients, and is shaping the designs for the new cancer centre and a new nutrition and hydration policy is under development to make clear expectations of staff with regarding to feeding.”</i></p> <p>Nicole Chavaudra - Director of Patient Experience, Engagement and Involvement</p>
<p>11. Outpatients’ Deliberative Engagement Workshops</p>	<p>HWBH / NHS Sussex</p>	<p>Michelle Kay</p>	<p>HWBH on behalf of Healthwatch teams in Sussex was commissioned by NHS Sussex to run workshops for the purpose of gaining participant views on new initiatives being introduced into the Outpatient experience. HWBH led the project supported by our volunteers and colleagues from Healthwatch East and West Sussex and NHS Sussex. 31 participants were recruited from across Sussex. Our findings are already having an impact.</p>	<p>Work completed in November 2023. Report published in November.</p> <p>Impact. The findings from this work are already having impact, notably supporting better patient communication. For full details of the changes which this project is helping to make, please visit our webpage.</p> <p><i>“We really wanted to understand what matters to patients and how we need to adapt our programme accordingly. These workshops were well attended with all participants making a valuable</i></p>

Name	Source of project	Project lead	Details	Status and impact
				<p><i>contribution. The discussions and points raised were really interesting and of huge value to our programme plan going forward. Overall, the workshops and deliberative engagement process exceeded our expectations, and we are incredibly grateful to everyone involved."</i></p> <p>Outpatient Transformation Team.</p>
12. Deliberative Engagement training	Healthwatch England	Michelle Kay	<p>On the back of our successful Outpatient Deliberative Engagement project, we were funded by Healthwatch England to deliver a training session to the rest of the Local Healthwatch network across England to expand this productive method of patient engagement.</p>	<p>Work completed in November 2023.</p> <p>Impact. Our training means that this method of engaging patients will be used, across the country by other Healthwatch teams. Deliberative engagement focuses on increasing participants' knowledge of a subject and encourages viewing the subject objectively, and from many viewpoints, enabling them to make more informed judgements.</p>
13. Emotional support during the perinatal experience	Healthwatch England	Michelle Kay	<p>We contributed to a nationwide review on maternity services. We spoke to local women and their partners about emotional support during the perinatal experience (pregnancy, birth, and post-birth up to one year afterwards)</p>	<p>Work completed January 2023. Report published November 2023. (delay occurred pending publication of the final, national report by Healthwatch England).</p>

Name	Source of project	Project lead	Details	Status and impact
			and gave findings to Healthwatch England who called for national policy change.	<p>Impact. Healthwatch England received five transcripts each from local Healthwatch, including Brighton and Hove (20 interviews in total). From the collective interview findings and other evidence collected directly, they produced and published a national report and several focused reports which impacted on NHS England improvements to maternity and neo-natal services. To read these reports click on the links below:</p> <p>Maternal mental health: The changes your feedback made possible Stories from new mothers: the importance of good communication Stories from new mothers: accessing maternal mental health service</p>
14. Cervical screening (women's health)	Healthwatch England	Michelle Kay	HWE provided funding for HWBH to conduct semi-structured interviews with women who haven't taken up, or are hesitant about taking up, cervical screening tests, or face barriers in accessing cervical screening tests. HWE are focussing on groups which historically have faced greater barriers to screening or have lower uptake	<p>Work completed in January 2024.</p> <p>We submitted our interview transcript to Healthwatch England. Healthwatch England are finalising their report using input obtained from across the Healthwatch watch network. We will publish this once it is made available.</p>

Name	Source of project	Project lead	Details	Status and impact
			<p>rates. This work supports the government's Women's Health Strategy in 2022 and the development of the Sussex-wide strategy. HWBH is focussing on interviews with younger women.</p>	<p>Impact: We are waiting for Healthwatch England to publish their national report.</p>
<p>15. Health Counts survey</p>	<p>Brighton University / Brighton and Hove City Council</p>	<p>Dr Lester Coleman</p>	<p>HWBH supported Brighton University with their Health Counts survey which is run every 10 years. The survey gathers robust information by geographical area on health and social care needs including inequalities across the population. HWBH performed user tests of the survey and have promoted it through our VCSE and other networks. Work commenced in October.</p>	<p>Worked completed in March 2024.</p> <p>Impact. HWBH invited other local groups and our volunteers to user test the survey. Feedback from a diverse representation of our city fed into the survey design, improving the questions and content. The survey was promoted at the March Health and Wellbeing Board where Healthwatch's involvement was acknowledged.</p> <p>We started the promotion of the survey in March 2024 across our various channels.</p>
<p>16. Health inequalities - A data review to inform a LGBTQ commissioning toolkit</p>	<p>NHS Sussex</p>	<p>Clary Collicutt and Dr Lester Coleman. This is a partnership</p>	<p>NHS Sussex launched health inequalities grant scheme in 2023. We were successful in our bid to deliver a project in conjunction with Switchboard. The project will produce an LGBTQ toolkit, suite of graphics and training package including an</p>	<p>The HWBH element to this work was completed in March 2024.</p> <p>Impact: We shared our report with Switchboard and NHS Sussex. The next stage is for Switchboard to use our report to support the development of their</p>

Name	Source of project	Project lead	Details	Status and impact
		project with Switchboard	animation, for health professionals, commissioners etc. The aim is that professionals and NHS Sussex will use this toolkit to deliver health and social care services which best meet the needs of LGBTQ+ people.	<p>toolkit. Whilst our work has officially ended, we will continue to work with partners and support them. We received very positive feedback from NHS Sussex about our report, citing it as an example of best practice.</p> <p>We have also shared our report with Brighton and Hove City Council who are keen to use it to support the development of a city-wide Joint Strategic Needs Assessment which describes the health and social care needs to our LGBTQ population. We will continue having conversations with the Council on this.</p>
17. Patient Knows Best poll	Healthwatch in Sussex	Simon Kiley, Insight and Intelligence Manager, Healthwatch East Sussex	In February 2024, the three local Healthwatch in Sussex sought people's experiences of 'Patients Know Best' through a short web-based poll. You can read what people told us below. Patients Know Best is designed to create a single secure Personal Health Record where health/social care providers bring together patient information in one place. Patients can then access correspondence, test results and other features.	<p>Work was completed in March 2024. Report published in March.</p> <p>We heard from 159 people from across Sussex, including 82 people from Brighton and Hove</p> <p>Responses were generally favourable. We learnt that people want:</p> <ul style="list-style-type: none"> Improved awareness amongst health professionals of Patients Knows Best

Name	Source of project	Project lead	Details	Status and impact
				<ul style="list-style-type: none"> • Increased connectivity between Patients Know Best and other datasets • A clearer and simpler digital 'offer' from NHS services • Access to a greater range of test results and information • Improved information around test results • Increased communication option <p>Impact: We shared our results with NHS Sussex and learnt of plans to recommission the service. We will follow up on this and ask whether our poll findings can be developed into something wider.</p>
18. Young Healthwatch	HWBH/RuOK service	RuOk is funded by HWBH to deliver this project. HWBH Leads are Alan Boyd /Dr Lester Coleman	Collecting the voices of Children and Young People (CYP) is a critical element to the work of HWBH. We have commissioned the RuOK service (a drink/drugs service) to understand the barriers to accessing services amongst LGBTQ+ CYP. The project started in September with a series of focus groups. The project will deliver a report and series of videos as well as a guide for professionals	By March, the project was nearing conclusion. The report was being finalised along with interactive resources and series a guide for professionals working with young LGBTQ people. We will publish the final products shortly and determine how best to disseminate these.

Name	Source of project	Project lead	Details	Status and impact
19. People's Profile Public Engagement: Parents/Carers of children aged 5 years and under.	Care Quality Commission	Michelle Kay	<p>In October, CQC issued a call for tenders for organisations to deliver engagement work with patients. The purpose of this work is to engage with people about health and care issues impacting them, their families, and carers. They were particularly looking at how people access and use healthcare services, barriers to their ability to do this and recommendations for how CQC could involve and co-design with them. HWBH will be speaking with parents of young children (0-5yrs of age) to understand how they use services to support the wellbeing of their children and any barriers to access. The project started in December. A survey was issued in January and a series of 1:1 interviews were held. We worked with other local groups to deliver this project such as Mothers Uncovered. Volunteers were involved in conducting interviews, identifying key themes, and supporting the analysis of the survey.</p>	<p>Work completed in March 2024.</p> <p>We are awaiting a response from the CQC before we publish the report.</p>
20. NHS Sussex public opinion	NHS Sussex	Dr Lester Coleman	NHS Sussex again asked us to support them with a Sussex-wide survey to gather public views on the Integrated	Work completed in March 2024.

Name	Source of project	Project lead	Details	Status and impact
survey (winter 2023/24)			Care System's (ICS) Shared Delivery Plan and what issues people were most concerned about. Healthwatch Brighton and Hove (HWBH) targeted specific patient groups (i.e. those routinely less heard from) to ensure a wider breadth of opinion was collated.	Impact. HWBH delivered a report to NHS Sussex in March 2024 reflecting the views of over 350 people. Our data will be combined by NHS Sussex with wider survey responses and a final report was presented to the Integrated Care System. HWBH will continue to follow up with NHS Sussex on actions from this work.
21. Patient Advice and Liaison Service (PALS) poll	Healthwatch in Sussex	Simon Kiley, Insight and Intelligence Manager, Healthwatch East Sussex	March 2024, the three local Healthwatch in Sussex sought experiences of Hospital 'Patient Advice and Liaison Services'. PALS provides a point of contact for patients, their families and their carers. They offer confidential advice, support and information on health-related matters.	<p>Work was completed in March 2024. Report published in March.</p> <p>We heard from 94 people from across Sussex shared their views with us, including 24 from Brighton and Hove.</p> <ul style="list-style-type: none"> • 36.2% told us PALS made little difference to their experiences of managing their health, 33.0% found it made it easier/better and 10.1% harder/worse. • The feature of PALS most identified as <i>Excellent</i> (30.9%) was 'Delivering the outcome you were seeking'. However, this was also the aspect most identified as <i>Poor</i> (33.0%). • More than a quarter of respondents rated PALS as <i>Poor</i> for ease of access, being

Name	Source of project	Project lead	Details	Status and impact
				<p>kept informed, quality of information and delivering outcomes.</p> <ul style="list-style-type: none"> • PALS were most identified as <i>Not at all helpful</i> in: resolving problems, signposting outside the NHS, explaining complaints advocacy and listening to feedback. <p>The feedback we received from Brighton and Hove residents that they had poorer experiences of using PALS.</p> <p>Impact: We shared our results with NHS Sussex and University Hospitals Sussex who provide the PALS service who have agreed to discuss this with. They advised that the PALS team have juts 7 FTE PALS officers working across our four main sites, and we manage hundreds of enquiries a week meaning that demand outstrips capacity. Many of the enquiries they receive are complex and require time to investigate. We wil continue to follow up with the Trust.</p>

1. Active projects (those we are currently working on to be carried forward into 2024/25)

Name	Source of project	Project lead	Timescale (estimated)	Details	Status
Healthwatch Brighton and Hove (HWBH) Enter and View visit of the Emergency Department	HWBH and University Sussex Hospitals Trust (UHSx)	Clary Collicutt (Project Coordinator)	March-April 2024	In March, Healthwatch Brighton and Hove (HWBH) staff and volunteers undertook an Enter and View visit to the Emergency Department. The team talked with six patients. This was a visit which followed a poor Care Quality Commission report and negative media coverage. It also supports our current involvement in the redevelopment of the Emergency Department.	Work was completed in March 2023 and our report will be published in April.
Digital use among older people from underserved communities	Kent, Surrey and Sussex Clinical Research Network via a HWBH Board member.	Dr Lester Coleman	September 2023 – April 2024	At the time of writing, we have worked with Sussex Interpreting Services and Bridging Change in holding three focus groups and also providing contacts for telephone conversations. Participants represent a range of different ethnicities and experience with digital technology, although with most people reporting themselves to have medium to low confidence.	The project started in September. Interviews and focus groups are currently taking place. 3 more participants required and preliminary report drafted. Expected to be completed by end of April 2024.
UHSx Mystery Shops	HWBH and UHSx	Clary Collicutt (Project Coordinator)	Ongoing	UHSx have been developing their Welcome Standards programme, which was borne out of the Communication Charter developed by Healthwatch B&H as part of	The first Mystery Shop is being planned for June 2024.

Name	Source of project	Project lead	Timescale (estimated)	Details	Status
				<p>our Outpatient-focused Putting good communications with patients at the heart of service change report. The Welcome Standards programme is now a significant programme of training and self-evaluation around a set of criteria. This work is funded by the UHSx charities and includes a budget for validation and they have asked HWBH to conduct enter and view work to appraise the extent to which the standards are met. The first mystery shop took place in March 2024.</p>	
<p>Enter and View visits and Patient Led Assessments of the Care Environment (PLACE)</p>	<p>HWBH</p>	<p>Clary Collicutt (Project Coordinator)</p>	<p>Ongoing</p>	<p>HWBH has re-established our Enter and Views (E&Vs) visits of local hospital following COVID. To date, we have conducted visits to maternity wards and to the Louisa Martindale Building Atrium (see above). We are considering visiting the Emergency Department and inpatient Mental Health services.</p>	<p>Enter and Views will be routinely conducted.</p> <p>Reports summarising our PLACE visits were published in March 2024.</p>
<p>Local Authority Homecare checks (ongoing project)</p>	<p>BHCC</p>	<p>Will Anjos (Project Coordinator)</p>	<p>Ongoing</p>	<p>This is an ongoing and hugely successful Council-funded project, in which HWBH volunteers interview people in their homes about their care, which is wholly or partly funded by the Council. Our reports have been used to commission new home care</p>	<p>A report summarising our activity is available here where you can also watch a video from our Commissioner praising the project. We are proud</p>

Name	Source of project	Project lead	Timescale (estimated)	Details	Status
				<p>providers and to support discussions between the council and providers to deliver continual improvement.</p>	<p>of the impacts that this project has delivered and have submitted an entry to the 2023 Healthwatch Annual Awards.</p>
<p>Dementia (hospital services)</p>	<p>University Hospitals Sussex NHS Trust</p>	<p>Dr Lester Coleman</p>	<p>March – September 2024</p>	<p>In March, HWBH met with the Trust's Dementia Lead nurse. We learnt that the trust struggles to obtain feedback from patients or their families about services/care and they want to revise and strengthen their feedback systems to improve feedback capture (redesign the feedback system used). The trust is developing a new dementia strategy which they want to be coproduced, so they want feedback to support this. The new strategy needs to be written by January 2025. We discussed how HWBH could help and we are developing proposals to interview service users to (1) ask the about their experiences of the service, (2), how to develop a useable feedback system and (3) to identify someone to join the Trust's Dementia Operational Group which currently does not have any public representation.</p>	<p>We are developing final proposals with the Trust and hope to commence this project in April.</p>

Name	Source of project	Project lead	Timescale (estimated)	Details	Status
Musculoskeletal services (MSK)	NHS Sussex	Cheryl Berry Healthwatch West Sussex and Alan Boyd, HWBH	March 2024 – final date TBC	The Musculoskeletal (MSK) service is undergoing change and a new contract will start in 2024 to provide a single Sussex-wide referral system into services with the aim to improve the patient experience. NHS Sussex has advised that they wish to involve HWBH further in MSK service development.	Discussions were held in March and HW were asked to be part of the procurement team who will assess bids to deliver the new service. Both HWBH and HW West Sussex are involved in this work
Young Healthwatch	HWBH / Brighton and Hove City Council	Alan Boyd	March – September 2024	HWBH has been holding discussions with the Council. Amaze and PaCC to conduct research and patient engagement on vaping amongst children with SEND and autism. The city has a smoking cessation policy but the Schools Wellbeing survey has identified that vaping is becoming increasingly popular amongst children and young people, however the health impacts are not fully understood. Far less is known about the reasons why children SEND might choose to vape. With the support of Amaze and PaCC we will conduct a survey, carry out desk top research and focus groups to learn more.	Discussions were held from September 2023 onwards but agreement to proceed was reached in March 2024.
Healthwatch in Sussex polls	Healthwatch in Sussex	All three Healthwatch teams	February 2024 onwards	The three Healthwatch in Sussex teams have agreed to deliver a series of monthly market testing style polls to sense check the public's opinion/experiences on a	In February, we ran our first Sussex-wide poll on Patient Knows Best and published our report. This

Name	Source of project	Project lead	Timescale (estimated)	Details	Status
				range of topics. These short, 6 question, 2-minute surveys will give us high-level insight which we can use to identify larger projects but also to bring to the attention of NHS Sussex any emerging issues. Each Healthwatch team will lead on four polls each over the next 12 months	was led by Healthwatch East Sussex. They also led on the March poll which is on PALS services . In April, HWBH will lead a poll seeking insight on the Memory Assessment Service.
Whitehawk GP practice	NHS Sussex / HWBH	Alan Boyd	December 2023 - final date TBC	HWBH have been involved in discussion about who will provide GP services based for the Whitehawk area. Our ideas have already influenced the service specification and we are attending a variety of meetings associated with this work, including communications and equalities. HWBH has been invited to join the procurement panel who will determine who the next provider will be.	

2. Potential future projects under consideration

Name	Source of project	Details	Likelihood of proceeding
Woodingdean GP Practice	HWBH	In February 2024, HWBH began receiving negative patient feedback about this practice and the difficulties people were experiencing in booking a GP appointment. We were contacted by the Care Quality Commission to share any insight we had as they had also been receiving negative feedback. To date, we have shared our insight with the CQC and NHS Sussex. We are in separate discussions with NHS Sussex about how HWBH might support the practice, which may include conducting an Enter & View and patient survey and/or chairing a meeting between the practice, NHS Sussex and Patient Participation Group/Residents' Association.	High – actively pursuing
Integrated Neighbourhood Teams	HWBH	Integrated Neighbourhood Teams are a key priority for the Sussex Integrated Care System. The purpose of ICTs will be to strengthen the way we collectively deliver an integrated offer of health, care and wellbeing in our communities and neighbourhoods, and improve outcomes across different needs in our population. They are a significant partnership development to enhance how delivery is organised and supported across key shared priority programmes, governance and potentially finance. HWBH has held discussions with the lead at the Council who is taking forward the implementation of ICTs in Brighton. At this stage, we have offered our support and desire to be involved and as a result we have been invited to join a new Task and Finish group. Future project work on ICTs uncertain at this time.	Medium – actively pursuing
Ethnically diverse communities	Bridging Change / HWBH	HWBH has held discussions with leads from Bridging Change who aim to create a more equal and diverse society with positive outcomes for Black Asian and minoritised ethnic people. We met to discuss how HWBH and BC might work together to enhance the voices of the communities they represent. At this time, no project has been identified but we will remain in contact.	Medium – actively pursuing

Name	Source of project	Details	Likelihood of proceeding
Supported Housing	YMCA Brighton	<p>HWBH met with the CEO of YMCA Brighton. We discussed a number of potential areas for engagement and scrutiny of services:</p> <ol style="list-style-type: none"> 1. Staying Well space – this is delivered by Southdowns and is available outside of normal hours. It’s intended to provide emergency support and reduce A&E and GP attendance, but the service is underused. Why? 2. Arch Healthcare are a GP practice providing a dedicated service to those who are homeless. But what is provision like for those who are homeless or in supported accommodation across the city? Are all GP’s trained to deliver equal levels of support? 3. Services going into supported housing to deliver care to residents works best for them but the only service which doesn’t provide ‘in reach’ is Mental Health support 4. User groups exists for each of the supported housing sites so there is an existing structure to engage with this cohort 5. A focus group to discuss general health and social care needs with men might identify a bigger project 6. Common Ambition https://www.bhcommonambition.org/ have brought together people with lived experience of homelessness, frontline providers, and commissioners through co-production within homeless health services. Their aim has been to improve health services and outcomes for people experiencing homelessness in Brighton & Hove. Their funding ends in March and they are keen on legacy, so we could usefully meet with them to see if they have work which we might continue 7. Changing Futures https://www.changingfuturesussex.org/ have been working with individuals experiencing multiple disadvantage, including those who are homeless so we might partner with them 	Medium – actively pursuing

Name	Source of project	Details	Likelihood of proceeding
Health Care Support Workers roles	University Hospitals Sussex NHS Trust	HWBH met with colleagues at the Trust. We learnt that Health Care Support Workers roles are new. These are Mental Health trained roles which have been piloted in A&E to provide enhanced support to people who are waiting for admission. They have replaced Registered MH Nurses who are often temporary and very expensive. They want to conduct a review with people who have been discharged to gather their views about how useful these roles are. The feedback could help expand the pilot and identify areas of improvement. We will follow up on this with the lead nurse and identify whether we could interview service users who have been discharged.	Medium – actively pursuing
Inequalities work with East Brighton Food Partnership (EBFC)	NHS Sussex Coproduction	HWBH has been speaking with East Brighton Food Cooperative to develop project work that will support our engagement with communities they serve. We would like to understand more about their views and experiences about health and social care services. Geographically speaking, these communities are reported to have higher levels of deprivation and worse health outcomes.	Medium – actively pursuing
Women's Health	NHS Sussex	NHS Sussex are developing a women's Health Strategy and wish to engage with service users on aspects of the Strategy. There is a National Women's Health Strategy and this is also a priority area for HWE. HWBH will be seeking further discussions with NHS Sussex about their plans to engage with people on this important topic.	Medium – actively pursuing
Oral Health Needs Assessment	Mentioned at NHS Sussex Board meetings	HWBH is aware that there is a need to refresh the oral health needs assessment and we are keen to be involved given our interest and work on dental health	Medium – being monitored. A priority area but we await developments
Lifelines (Volunteering Matters)	Lifelines and Healthwatch	HWBH were approached by a staff member at Volunteering Matters about an opportunity to apply for joint funding from the BHCC Communities Fund to team up with Lifelines to explore people who have Multiple Compound Needs (MCN) and their experiences of health and care. We are proposing using any	Medium – actively pursuing

Name	Source of project	Details	Likelihood of proceeding
		funding to deliver 12 (one a month) detailed interviews with people who have MCN. This cohort of people have been identified by BHCC as part of their CORE20PLUS groups who suffer health inequalities locally.	
Research Engagement Network	Response to a bid from Sussex Partnership Foundation Trust (SPFT)	HWBH were altered to a bid being submitted by SPFT for funding from the NHS to promoting Diverse Participation in Research. HWBH have discussed how we might be involved in this work but agreed that for the current funding round (in 23/24) we do not have capacity to be involved.,	Low - we will explore whether to pick this work up again in 24/25

3. Projects considered but not being taken forward.

Name	Details
Community Diagnostic Centres (CDCs)	HWE has advised that CDCs are one of the areas they will focus on this coming year. We subsequently learnt that the CDC located in Brighton was not one which Healthwatch England wished to focus on. Healthwatch colleagues in West and East Sussex did undertake some work at local CDCs
Overnight dressing	We followed up a discussion with NHS Sussex who had approached us about supporting them on this topic. We were advised that there were no plans to directly engage with people, only to keep us informed about this work.
Electronic Patient Records (EPR)	HWBH was approached by leads at UHSx on proposals to improve the digital offer to patients to help them manage their health care records online. We discussed with them how patients might be involved and whether more patient engagement needs to happen but were later advised that this work was not proceeding
Wound Care	As above, HWBH followed up on this after being directly contacted by NHS Sussex Leads but there is no work to be done until NHS Sussex advises HWBH about the new Wound Care Steering Group.
Digital engagement (UHSx)	UHSx have piloted digital software to enable patients to undertake their pre-op assessments for surgery away from the hospital. The Trust wishes to expand the technology (nationally) and involve more patients to understand how the technology can be further improved. HWBH was asked to deliver focus groups with patients over a 12-month period. In October, we were advised that UHSx had withdrawn its application for funding to deliver this project.

Name	Details
Ear, Nose, Throat (ENT)	Following on from the above, CLEAR reverted to HWBH with their plans for a similar ENT study and how best to involve patients in this. HWBH and NHS Sussex met / exchanged emails (June/July) but again the proposed timelines were determined to be prohibitive.
Direct payments (extension)	HWBH explored the potential to expand the direct payments work that we had completed in June 2023 so that it covered parents of children who receive this award. This is now regarded as a non-starter, as the initial project led by HWBH, captured views of parents.
Sleep Studies	Sleep studies HWBH HWBH identified this as an area of interest from meeting papers / other intelligence but no further work on this topic has been identified
Eye Health	HWBH met with leads of a recent review of Ophthalmology services across UHSx. HWBH and NHS Sussex held several meetings with those leading this ('CLEAR') about including patient engagement. The timescales have prevented the work from progressing.
Dementia pathways (extension)	HWBH suggested expanding the dementia pathways project, which we completed in June, to include a patient survey. Whilst this has been raised with commissioning leads, it has not progressed as of August 2023. HWBH's report is already delivering impacts, so we have abandoned this work at present.
Diabetes	NHS Sussex made HWBH aware of a project focussing on diabetes and sought expressions of interest to deliver this. HWBH consulted with the Trust for Developing Communities (TCC) about potential partnership working and their reply was positive, however they advised that they were submitting a joint bid with the Hangleton and Knoll Project (HKN) - both groups have strong background in diabetes and were subsequently successful with their bid. No further action for HWBH at present.
Digitally excluded	CQC issued a request to the HW network to conduct a piece of work working with specific groups on digital exclusion, however their timeframe was prohibitive (March-May). We nevertheless submitted a proposal should they not receive any bids. We were not successful.

5. Internal projects – Will Anjos (Project Coordinator) and Katy Francis (Project Support Officer) lead these.

Name	Details	Likelihood of proceeding
Review of All HWBH policies	HWBH is reviewing all its internal policies. A HR specialist volunteer is supporting us.	Ongoing
Healthwatch activity	HWBH records all activity including meetings, reports, media work, social media etc. This data set feeds into 6-month and annual reports to the HWBH Commissioner.	Ongoing
6/12-month performance reporting	HWBH is contractually required to submit a summary report outlining our performance on a 6 month and annual basis. These reports are published .	Ongoing
Data Storage & Archive System	HWBH will complete the process of organising data storage and usage across the system.	Ongoing
Cyber Essentials Certification	HWBH has an ongoing requirement to get 'NCSC Cyber Essentials' certification to remove obstacles to data sharing with other organisations, including BHCC and trusts, as well as to improve our retender offer.	Ongoing
Data Sharing / DPIA	HWBH has put in place a data sharing agreement with other organisation for collaborations.	Completed but subject to review as required
Data security	HWBH monitors system and devices using Microsoft InTune to ensure continued integrity and security. We also monitor any breaches and apply learning from these.	Ongoing
Website development	HWBH aims to improve the Feedback capture pages on our website to include an Easy Read document and enhanced demographic data capture. We will also update our website.	Ongoing
Staff recruitment	Staff recruitment campaigns are undertaken as required.	As required
Volunteer recruitment	HWBH will put in place an agreed process to recruit, induct, train and support volunteers.	Ongoing
Volunteer engagement	HWBH will keep in regular contact with our volunteers, offering social events and opportunities to be involved in our work.	Ongoing
HWBH public-facing events	HWBH will organise attendance at a variety of public facing events to raise awareness of HW and capture more insight.	Ongoing

Name	Details	Likelihood of proceeding
Communications & Engagement Strategy	HWBH will review our Communications and Engagement Strategy to support our work.	Ongoing
Stakeholder survey	HWBH will be conducting stakeholder survey in early 2024.	January – March 2024
Prioritisation and planning	HWBH will review its current project prioritisation and planning policy to ensure it best supports our work.	Ongoing
Impact tracker	HWBH will develop an Impact Tracker to support our work and allow us to monitor our impact.]	Ongoing
Equalities Impact Assessment	HWBH will complete an updated Equalities Impact Assessment to demonstrate our reach and engagement with different communities and groups with protected characteristics.	Ongoing

Local voluntary and community groups we have worked, or joined up with, to deliver our projects and work:



Trust for
Developing
Communities



BRIDGING CHANGE

BRIGHTON & HOVE
**AGEING WELL
FESTIVAL**

Brunswick Festival



Other partners we have worked, or partnered with, to deliver our projects and work:



Sussex Partnership
NHS Foundation Trust

Sussex
Health&Care



Sussex Community
NHS Foundation Trust



**South East Coast
Ambulance Service**
NHS Foundation Trust



University Hospitals Sussex
NHS Foundation Trust



**Brighton & Hove
City Council**

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