



Healthwatch Brighton and Hove
Annual Report 2013-14



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Cover Picture: The Mayor of Brighton & Hove, Cllr Denise Cobb unveiling the Healthwatch banner during Healthwatch Brighton and Hove launch event.

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Photo 1: Fran McCabe -
Independent Chair

I am delighted to introduce Healthwatch Brighton and Hove's first Annual Report, for the period April 2013-March 2014. Healthwatch Brighton and Hove is an independent organisation. We support local children, young people, adults and their communities to influence the design, delivery, and improvement of their local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting them when they have concerns or complaints about these services.

We have made a good start in 2013-14. This report covers what we have done and gives some pointers to how we see the future. Our main messages are that we want the citizens of Brighton and Hove to know about us and make contact; and that we want people who feel they do not have a say to talk to us about their concerns regarding health and social care services in Brighton and Hove.

I would like to thank Members of the Governing Body, all the staff and volunteers and all of those who have worked in collaboration with Healthwatch Brighton and Hove in 2013-14.

A handwritten signature in black ink that reads "Fran McCabe".

*Fran McCabe
Healthwatch Brighton and Hove Chair*

Healthwatch Brighton and Hove was set up under the Health and Social Care Act 2012. We have a number of responsibilities and powers. We can make reports and recommendations to health services (the local Clinical Commissioning Group (CCG), NHS England, NHS Local Area Team, hospitals and other NHS services), the local authority social care services, and to the Care Quality Commission (CQC), who inspect standards of care, as well as the national body Healthwatch England.

We can 'Enter and View' services to see how they are being run and what the patient, user and carer experience is. We also have a place on the local Health and Wellbeing Board, which determines the type of health and social care services provided in the City. These powers give Healthwatch Brighton and Hove teeth to help improve services. There is more detail on page 43.

The first year of Healthwatch Brighton and Hove has been in 'shadow form'. Behind the scenes work, setting up the organisation, has been intensive. A number of staff and our Governing Body members came into post only in the last half of the year. Nevertheless, we have carried out a number of intensive pieces of work. These have included:

- Set up of the Healthwatch Brighton and Hove Helpline, with a focus on primary care services (GPs, pharmacists, dentists and opticians). Over 300 people have been helped through the provision of information; signposting to appropriate services; and liaison between patients and service providers. Most calls were about general practice and many of the cases were complex. They not only covered people having problems gaining access to services but also concerns and complaints about the quality and type of service offered were raised. We developed strong connections with complaints and advocacy services, such as Patient Liaison and Advice Services (PALS) and we referred people with complex NHS complaints to an Independent Complaints Advocacy Service (ICAS). There is more detail on page 31.

- Carrying out a major piece of work on Urgent Care in collaboration with the CCG who worked with traditionally harder to reach groups. 179 people completed a survey between July and September 2013. Survey areas included Accident and Emergency (including Children's), Out of Hours GPs, the NHS 111 service, the NHS Station Walk-in Centre and Out of Hours Dentistry and Pharmacy services. Our report showed that people were generally satisfied with Pharmacy Services. 86% were satisfied with Children's Accident and Emergency, but 62% were dissatisfied with the NHS 111 Service. We published our findings in the Healthwatch Magazine and it was reported in the local press. We concluded that because the out of hours services were so confusing and in some cases not reliable, people would continue to use accident and emergency services even when they could receive more appropriate treatment elsewhere. The report was well received by the Clinical Commissioning Group and a number of recommendations acted upon.¹ We continue to monitor the Urgent Care report recommendations; this is leading to further work in 2014-15.

Only 17% of respondents shared positive stories about NHS 111 Service and 62% of people were dissatisfied



- Mini-projects on the Pain Clinic, NHS dentistry and the NHS physiotherapy services:

In our first year of operation, our quarterly data showed a high volume (**74 individual cases**) of concerns about waiting times at the Pain clinic, which is part of the hospital trust. The pain clinic sees people with longer term issues, who are usually in serious discomfort by the time they arrive at the door. We talked to our partners at the NHS ICAS complaints service and took all the data we had to the local Clinical Commissioning Group. As a result, a detailed action plan has been put in place for the department to help reduce Pain Clinic waiting times. We continue to monitor the progress of the plan.

We noticed that our Helpline was getting a steady level of concerns from the public about confusion over NHS dentistry payment systems. We gathered **60 individual cases** from ICAS and the Healthwatch Helpline alone in our first year of operation. These cases were commonly from local people who were confused about charges, and when it was appropriate to be referred to a private dentist. We made the NHS England Surrey and Sussex Area Team aware of this issue, and informed people about dental charging and referrals through our magazine and social media. We continue to monitor this issue and raise it with the Surrey and Sussex Area Team.

Our predecessor organisation, the Brighton and Hove Local Involvement Network (LINK), had identified delays in accessing physiotherapy services. Healthwatch Brighton and Hove surveyed 86 people and found the waiting time for physiotherapy treatment ranged widely. Typically, people should have to wait between 4 to 6 weeks. Some of the **86 people surveyed** were seen within 1 week, but 14% of them waited up to 6 months. 15% people said that their wait was unsatisfactory and made their condition worse. Many people from this group decided to pay for private physiotherapy. For many people, NHS physiotherapy in the city seems to have been a good experience. There was much praise for physiotherapists themselves, and for how organised the service was as a whole. The Physiotherapy report recommendations invited physiotherapy providers to comment on their waiting times and provide information on how patients are triaged and prioritised for treatment. We will monitor progress in a year's time.²

- Talking to members of the public about their experiences of health and social care services, directly reaching over **650 people**, most of whom were people who tend to be excluded (for instance, people whose first language is not English, those with hearing problems). There is more detail on page 23.
- Producing a range of information, leaflets, and banners to promote our work. Our Healthwatch Magazine has received acclaim from Healthwatch England. By March 2014, the Magazine had been produced 11 times, had **1,425 monthly subscribers** with a distribution to over 5000 people in places like GP surgeries.

Our Facebook had **171 Friends** and **475 people followed our Twitter account**. Since we started to monitor hits on our website in November 2013, we have had **9023 page views by 1828 users, 38.3% returners**. There is more detail on page 28.

Developing a high quality recruitment process for volunteers, inducting **34 Volunteers** across a number of roles. There is more detail on page 18.

Establishing working links with the major statutory players including Brighton and Hove Clinical Commissioning Group, Public Health, Brighton and Sussex University Hospitals NHS Trust, Sussex Community NHS Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance NHS Foundation Trust, the Local Authority (Adult Care and Children’s services), the Health and Wellbeing Board, the Overview and Scrutiny Committee and the Care Quality Commission.



From our reports we made **39 requests for information to the CCG on behalf of patients and 59 recommendations**.

Having a place on the Health and Wellbeing Board. During 2013-14, Healthwatch Brighton and Hove made **39 requests for information to the CCG on behalf of patients and made 59 recommendations** from our reports; and we made **14 requests for information to Brighton and Sussex University Hospitals NHS Trust and made 6 recommendations**. There is more detail on page 43.

Appointing a Board of Governors in October 2013 and determining future arrangements for Healthwatch Brighton and Hove as a Community Interest Company, not for profit, with an Asset Lock. The Asset Lock means that any surplus generated income has to be used to further the organisation’s work for the benefit of the community. (See appendix iii)

- Formally launching Healthwatch Brighton and Hove on 5th March 2014 hosted by The Mayor of Brighton & Hove, Cllr Denise Cobb and attended by key stakeholders in the statutory and voluntary sectors.

The agenda is full and the range of issues Healthwatch Brighton and Hove could be involved in is enormous. However, there is little of greater importance than ensuring that people experience good quality, safe health and social care services, and we will endeavour to develop our programmes to reflect this in the coming years. Our primary objective for 2014-15 is to increase the number of people who know about Healthwatch Brighton and Hove so that they can use it when they have concerns, especially those who tend to be excluded. If you want to find out more about our plans for 2014-15, please look at page 46.



What is the job of Healthwatch?

Healthwatch Brighton and Hove supports local children, young people, adults and their communities to influence the design, delivery and improvement of their local health and social care services, now and for the future. We enable people to make informed choices about their health and wellbeing by assisting them when they have concerns or complaints about these services.

The statutory activities of Local Healthwatch:

- promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and social care services;
- enabling local people to monitor the standard of provision of local health and social care services, and influence whether and how these services could and ought to be improved;
- obtaining the views of local people regarding their needs for, and experiences of, local health and social care services, and importantly to make these views known;
- making reports and recommendations about how local health and social care services could or ought to be improved. These should be directed to commissioners and providers of these services, and people responsible for managing or scrutinising them, and shared with Healthwatch England;
- providing advice and information about access to local health and social care services so choices can be made about them;
- formulating views on the standard of provision and whether and how local health and social care services could and ought to be improved, and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England that they advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC), and that they publish reports about particular issues; and
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Under legislation, Healthwatch can:

- enter premises to observe matters relating to health and social care services. These powers do not extend to enter and viewing services relating to local authorities' social services function for people under the age of 18³⁴ (this means that Healthwatch can see for itself what patients and service users are experiencing);
- ask for information from commissioners and providers of health and social care services, who must respond within 20 working days;
- make reports and recommendations and get a reply within 20 working days (this means we can follow-up issues and concerns with people responsible for services and get service improvements);
- refer matters to Overview and Scrutiny Committees, who must respond within 20 working days; and
- sit on the Health and Wellbeing Board (this means we have the opportunity to influence local strategy on health and social care).



'We are glad to have you providing support & voice for patients in Brighton!'

The Brighton & Hove Local Safeguarding Children Board (LSCB)

How do I get involved with Healthwatch Brighton and Hove?

There are many opportunities to become involved, and we provide different ways for people to make their views count.

Healthwatch Brighton and Hove Supporters can:

- receive the Healthwatch magazine;
- take part in a quick survey;
- attend an occasional meeting on an issue of interest.

Or can get more involved by:

- attending Healthwatch public meetings;
- observing Board meetings;
- becoming a member of the Community Interest Company (later in 2014);
- volunteering with Healthwatch Brighton and Hove;
- helping to collect views from the local community.

For more information about getting involved, please contact:

Healthwatch office/general enquiries:

office@healthwatchbrightonandhove.co.uk or

01273 23 40 41



Informed today,
powerful
tomorrow

Introducing the Governing Body



Fran McCabe - Independent Chair

Being Chair of Healthwatch in Brighton and Hove carries great responsibilities and expectations from the public and users of health and care services. Much care is good, but where it is not, I want Healthwatch to work towards achieving the best care for all. For over 40 years, I worked as a nurse and health visitor, and managed social services, charities and national health and social care projects. For the last 3 years, I was the Chair of Age UK Brighton and Hove. I have 3 children, two step-children, two of whom are local and 5 grandchildren.



Bob Deschene - Finance Lead

Bob has 15 years of experience in senior NHS Management in East & West Sussex working in a doctor's surgery, Primary Care Group, Primary Care Trusts and acting as a lead in Older People's Services, Children & Young People's Services, and Mental Health. He has also spent 23 years in the private sector in Canada and the UK in senior financial roles. As well, he has done some volunteer work for Age UK and was a board member of the LINK Steering Group.



Clare Tikly - Engagement and Communications Lead

Clare's experience stems from 50 years of teaching in schools and teacher education. As a Mother and Grandmother, she understands how families are affected by social and cultural changes, and gain from supportive communities. She is active in a patient group and a Local Action Team. Healthwatch is planned to let all people have a say in health and social care in Brighton and Hove. Clare is pleased to be able to work with professionals in these areas and to encourage other people to become involved.



Doris Ndebele - Governing Body member

Doris has a health background, later graduating with a BSc (Hons) in Health Studies. She is passionate about BME issues, being actively involved with projects both at Trustee level and as a paid worker for 16 years. She is currently the Chief Officer at BMECP where she has been for the past 13 years working to develop BMECP Centre. Her work has included nursing, research, workforce planning, community learning and secretarial work. Doris holds an MSc in Managing Voluntary Organisations, a Grad. Cert. in Social Enterprise and a mental health nursing qualification.



John Davies - Research and Intelligence Lead

John is Professor of International Health Promotion at the University of Brighton. He has worked as an academic and practitioner in health promotion, health education and social care at local, national and international levels for over 40 years. Now semi-retired, John sees the work of Healthwatch as being based on the Health for All principles of equality and empowerment and intends to work with the people of Brighton and Hove and service providers to deliver the best health and social care possible.



Mick Lister - Governing Body member

Mick retired 11 years ago as a Telecommunications Manager and started voluntary work as a fund raiser with NSPCC. Working in the voluntary sector soon brought him into contact with people involved in local healthcare, so he joined the South Downs Patient and Public Involvement Forum (PPIF). Local Involvement Networks (LINKs) replaced the PPIFs, so he joined the LINK and was involved as Vice Chair with its transition to Healthwatch. Mick has real perspective of patient and public issues concerning local health and social care.



Rachel Travers - Governing Body member

Rachel is CEO at local charity Amaze (supporting families with disabled children) but has previously worked in various roles at Shelter and the Refugee Council. She is passionate about ensuring our local health services listen and meet the needs of their patients, in particular those who are isolated or vulnerable. Diagnosed and treated for two forms of cancer aged 29 she also has personal experience of using health services.

What is the job of the Governing Body?

The Governing Body sits at the heart of Healthwatch Brighton and Hove. Its job is to oversee, steer and provide support enabling the work of Healthwatch to be carried out efficiently and in line with its core values (see 10 Principles of Public Life - Appendix ii) through individual and group working. (See Setting up Healthwatch Brighton and Hove - Appendix iii)

The Governing Body is responsible for:

- prioritising work schedules, allocating resources and approving reports produced by Healthwatch individuals and working groups;
- ensuring that as far as possible the views of individuals and groups from the City of Brighton and Hove are fairly represented and reflected in the work carried out by Healthwatch;
- communication with the public, other relevant organisations and the media; and
- the establishment of working groups, committees and sub committees as follows:

Governance Committee

Governing Body Lead - Frances McCabe

To advise the Governing Body on matters related to governance with particular reference to Healthwatch policies and procedures.

Engagement and Communication Committee

Governing Body Lead - Clare Tikly

To develop of engagement and communication strategies, and establish procedures for communicating with the public and the media.

Finance Committee

Governing Body Lead - Bob Deschene

To monitor the budget, advise on expenditure requirements, develop procedures for out of pocket expenses such as travel and carers, and oversee the timely completion of the Annual Accounts.

Research and Intelligence Committee

Governing Body Lead - John Davies

To monitor, direct and action the progress of Healthwatch Brighton and Hove Projects, to priorities feedback about health and social care services received from our supporters, the public and organisations, and to receive relevant feedback from strategic boards and meetings.



Photo 2: The Governing Body in action

Introducing the Team and Volunteers

**Claire Jones - Healthwatch Manager
(Strategic and Stakeholder)**



**Jane Viner - Healthwatch Manager
(Operations and Governance)**



**Elaine Elliott - Helpline and
Information Co-ordinator**



**Kerry Dowding - Intelligence and
Projects Co-ordinator**



**Magda Pasiut - Engagement and
Communications Co-ordinator**



**Steve Turner - Volunteer
Co-ordinator**



The job of the team is to tell the community about Healthwatch and encourage people to get involved and have their say, to operate the Helpline, gather and analyse insight and intelligence data, to support volunteers and advise the Governing Body, to provide project support, and to help the Governing Body to develop clear systems, manage the budget and record activities, and report Healthwatch progress to Government.

Volunteering

Healthwatch Brighton and Hove is an organisation led by and for local people. Healthwatch Brighton and Hove involves local people as volunteers in its work for the following reasons:

- to ensure public involvement, ownership and leadership of Healthwatch's work;
- to ensure patient voice and experience is at the centre of Healthwatch's work;
- to enable Healthwatch to involve and reach a wide range of diverse people from different backgrounds and communities and of different ages;
- to help Healthwatch to have credibility with different communities in the city;
- to increase Healthwatch's capacity to fulfil its functions and its work;
- to benefit from a variety of perspectives and a range of skills and knowledge;
- to utilise information and knowledge about health and social care services; and
- to ensure Healthwatch is open and transparent, has an independent voice, and is championed by local people for local people.

Healthwatch Brighton and Hove has **34 Volunteers** across a number of roles.

Engagement and Communications Assistants

Engagement and Communications Assistants assist with a range of duties, including website and social media work, promoting the work of the organisation, and engaging with local communities.

Magazine Assistants

Magazine Assistants help the Engagement and Communications Co-ordinator with all aspects of producing and distributing the monthly Healthwatch Brighton and Hove magazine.



Photo 3: The First Edition of Healthwatch Magazine

Enter and View Authorised Representatives

Local Healthwatch has the power to enter premises owned or controlled by health and social care providers to observe the nature and quality of services. Enter and View Authorised Representatives conduct these visits and report on their observations.

Helpline Volunteers

Healthwatch Brighton and Hove operates a Helpline service that handles queries relating to local publicly funded health and social care services. Helpline Volunteers assist the Helpline and Information Co-ordinator to operate this service.

Healthwatch Representatives

The presence of Healthwatch Brighton and Hove is required at a large number of committee and board meetings across the city. Healthwatch Representatives sit on one or more of these bodies, representing the views of the people of the city (as established by Healthwatch Brighton and Hove), and report back.

Media Monitors

Healthwatch Brighton and Hove needs to keep abreast of what's in the media about health and social care services. Media Monitors survey the local, national and social media on a day to day basis, identifying content likely to be of interest to Healthwatch, and regularly reporting this to the Intelligence and Projects Co-ordinator.

Research and Intelligence Committee Members

The Research and Intelligence Committee is a group of volunteers that meets to decide which issues Healthwatch Brighton and Hove will look at, and the projects that will be undertaken to address them. There are quarterly meetings of the group to prioritise work, and more practical activity to develop the projects between meetings.

Hospital Complaints Peer Reviewers

Brighton and Sussex University Hospital NHS Trust (BSUH) needs volunteers to review with a fresh pair of eyes responses it has made to complaints about its services. These volunteers review samples of complaints and BSUH's responses to the concerns raised, then give feedback to BSUH as a 'critical friend', suggesting how responses might be improved.

Papermates

A group of people with learning disabilities, which each month for the past year has been helping us with mailing out the Healthwatch Magazine.

The Volunteer Policy Working Group

During the setting up of volunteer roles, policies and procedures for Healthwatch, a group of members of the B&H LINK Transition Group, the Volunteer Co-ordinator and the Communications and Engagement Co-ordinator met regularly to oversee and advise on this process. The Volunteer Policy Working Group will continue to meet as a joint body of volunteers, staff and Governing Body members to review volunteer policies and procedures.

Recruitment and induction

Our thorough and high quality recruitment and induction process for volunteers has provided us with an excellent initial group of volunteers, and has been recognised externally - the Volunteer Co-ordinator has been commissioned by another local Healthwatch to provide three volunteer induction training sessions for their new recruits.

'It was probably the best organised and professional training/induction I have ever received as a volunteer. I found it most useful and informative!'

Participant of the Volunteers' Induction Session



How have we reached the communities of Brighton and Hove?

Healthwatch Brighton and Hove has provided a range of opportunities for the citizens of Brighton and Hove to have their say about the City's health and social care services. These opportunities have led to the identification of a number of topics for Healthwatch to look into including Urgent Care, Physiotherapy, Dentistry and Pain Management.

Instead of expecting the public to come to us we have focused on going out into the communities of Brighton and Hove, to ensure that local people have the opportunity to voice their views and opinions about the City's health and social care services.

The Healthwatch Magazine

By March 2014, Healthwatch produced and disseminated 11 editions of the Healthwatch Magazine. The Magazine has a wide distribution and is intended to reach all age ranges, groups and communities in the city. The Magazine is our main mechanism for informing residents about what

'Great Magazine includes mental health features work!'

A Subscriber of the Healthwatch Magazine

Healthwatch is doing, providing opportunities to have a say about issues related to health and social care services in the city, and informing people about changes to health and social care services and policies.

Each of the Magazine editions includes themes that have been identified as gaps through the Helpline and other intelligence work, such as guides for health and social care services during Christmas time or for NHS complaints services. The Magazine also suggests ways for people to improve their well-being and contains sections dedicated to children and young people, LGBT people, carers, disabled people and older people.

Each month members of the public have the opportunity to submit a question for consideration by the Chief Executive of Brighton & Sussex University Hospitals NHS Trust. This is then published along with the answer. As well, we often use the Magazine to publish calls for people's stories or experiences of services.

'Just read the July issue and I think it was very good. I like the clean look and the varied subject matter. I also found it very easy to print off the recipe which I am going to do!'

A Subscriber of the Healthwatch Magazine

At the end of March 2014 Healthwatch Brighton and Hove Magazine had **1,425** subscribers (**1,060** received the Magazine via email and **365** via post). However, its distribution is much higher: approximately 5,000. Copies are shared by the city's main health and social care stakeholders with their clients and members of staff, for instance by the Sussex Community NHS Trust, Brighton and Hove Clinical Commissioning Group, and some GP surgeries. Further copies are distributed by the Engagement and Communication Co-ordinator during various events and engagement activities.

Papermates, a group of people with learning disabilities, have been volunteering for our organisation for the past year and they have played a significant role in helping to distribute our Healthwatch Magazine. Each month they have tirelessly stuck labels on, stuffed and franked envelopes for postal copies of the Healthwatch Magazine.



Photo 4: Papermates at work

Community Groups and Events

Members of the public have been given the opportunity to have their say about health and social care services at a variety of groups, events and venues across the City. Healthwatch has directly reached approximately **650** members of the public.

Some of the events are listed below:

- Annual General Meeting of Sussex Interpreting Services. Healthwatch facilitated an interactive workshop which collected the views and experiences of Sussex Interpreting Services' service users who speak Arabic, Cantonese, Farsi, Portuguese, Spanish/Portuguese and Russian, and of the public present, on hospital discharge, physiotherapy, A&E, healthy living and GP services.⁵
- Healthwatch Public Meeting where members of the public had an opportunity to find out more about what Healthwatch does and how people can have their say on local services. They were able to say how they would like Healthwatch to involve them, and ask the Healthwatch Brighton and Hove Shadow Governing Body questions. The second part of the event was mostly focused on gathering the views of local



Photo 5: Healthwatch First Public Meeting

people to assist the Council and the NHS in the development of the 'Happiness: Brighton & Hove Mental Wellbeing Strategy'. Participants had a chance to have their say on what helps them cope with the stresses of life today, and what could be done better to help everyone living in the city to maintain mental wellbeing. A draft report from the consultation event is available on our website.⁶

- Discussion with representative of Friends, Family and Travellers on how we can ensure that the voices of gypsies and travellers are heard.
- Discussion with representatives of Action for Hearing Loss on how we can ensure that their clients' voices are heard
- Brighton Women's Voices, where the Engagement and Communication Co-ordinator had informal chats about Health and Social Care services and the role of Healthwatch.
- Domestic Violence Involvement day for Black and Minority Ethnic Women in the community.
- Health event in Moulsecoomb where we had a great opportunity to meet with the local Patient Participation Group (PPG) and the Local Area Team (LAT), and talk to residents about their health and social care issues.
- PPG Network meetings, where we have given presentations and held question and answer sessions.

We have held stalls, giving out information and capturing people's views at the following events:

- Best of Health 2013, an event for people with a learning disability, their family, friends and carers.
- Keep happy and healthy at 50+, an event for elderly residents of Patching Lodge, a new facility for Extra Care in Brighton.
- 50+ event for elderly residents of Hangleton and Knoll.
- Big Sunday, Brighton event, run by mums for mums.
- Amaze information fair for parents and carers of children and young people with disabilities and special needs.
- Sector Summit Marketplace for community and voluntary sector organisations.

- City College Brighton and Hove Diversity event. Young people had the opportunity to have their say.
- Newroz (the Kurdish New Year), an informal discussion about Healthwatch.

Community Spokes

The importance of developing partnerships with community and voluntary organisations was identified in the original Healthwatch bid. The Healthwatch Governing Body recognised it is vital Healthwatch works in partnership with community and voluntary organisations in the city who have direct insight into people's experiences of health and social care services, enabling Healthwatch to see a wider picture and give special insight into particular groups in the city and any issues they might be facing. During 2014-2015 we plan to work with 16 organisations to develop partnership agreements.

Healthwatch Publicity Materials

We have developed a range of materials including:

- leaflets;
- posters;
- credit card size fold out leaflets;
- banner pens; and
- a pull up banner.



Photo 6: Healthwatch banner pen

In March the Mayor of Brighton and Hove officially launched Healthwatch. The event was attended by 40 delegates from across health and social care services (providers, commissioners and community organisations). This event was used as an opportunity to give stakeholders packs of our publicity material for display in their organisations.



Photo 7: Official Launch of Healthwatch Brighton and Hove event, from left: David Rogers, Healthwatch England Committee Member; The Mayor of Brighton & Hove, Cllr Denise Cobb; Frances McCabe, Chair of Brighton and Hove Healthwatch; Dr Xavier Nalletamby, Chair of Clinical Commissioning Group; Dr Max Kammerling, Medical Consultant in Public Health (Public Health England) Working with NHS England Surrey and Sussex Local Area Team

We have also displayed posters in a variety of places including local libraries, the universities, Brighton and Hove City College, supermarkets, coffee shops, fish and chip shops and the Chinese Food Market.

The Healthwatch Website

The Healthwatch Brighton and Hove website (www.healthwatchbrightonandhove.co.uk) includes regular updates on changes to local and national policies, changes to health and social care services, consultations, and events.

It also has sections called:

- ‘Your voice matters’ with an electronic feedback form, where people can inform us about what’s happening in health and social care. Website visitors can make a complaint, report good practice or ask for information.
- ‘Health Engagement Organisations and their opportunities’ where people can find a list of organisations funded by the Brighton & Hove Clinical Commissioning Group to undertake engagement activities, along with links to the consultations they run.
- ‘What we have done’, where all editions of the Magazine, reports, policies, notes from meetings and various other documents are published.
- ‘Find services’ where guides to health and social care services during Christmas time and NHS complaints services produced by us are published. This section also contains information about key national and local services, as well as links to the NHS Choices and Information Prescriptions website: <http://www.ipbh.org.uk/> .
- ‘Get involved’, where we list the volunteering opportunities we have available, and detail other ways of being involved.

We started to monitor Healthwatch Brighton and Hove website activities on 19th November 2013. From that date until 31st March there were **9023** page views, by **1828** users. **38.3%** of them were returning users.

Facebook

The Healthwatch Facebook account was developed to engage with a younger audience, and is used to keep our Facebook 'Friends' up-to-date with Healthwatch activities, changes to local and national policies, changes to health and social care services, consultations and events. It also helps us to keep up-to-date with other organisations' health and social care related activities and engage with them. As of the end of March 2014 Healthwatch Brighton and Hove had **171 Friends**.

Twitter

The Twitter account was developed to link us with the key health and social care organisations, health professionals and younger audiences in Brighton and Hove. On this platform we share information about Healthwatch activities, changes to local and national policies, changes to health and social care services, consultations and events. As of the end of March 2014 Healthwatch Brighton and Hove had **475 Followers**.

External Media

Healthwatch Brighton and Hove has also been featured in the following websites directories and local media:

Local newspapers, magazines and newsletters

The Argus newspaper, The Brighton and Hove Independent, The Whistler magazine, Brighton and Hove News magazine, The latest 7 magazine, Gscene Magazine, The Pensioner, Sussex & Kent ME/CFS Society Newsletter and The Royal Sussex County Hospital patient magazine.

Radio

Juice FM

Websites

- Local commissioners' websites
- Local surgeries' and other service providers' websites
- Community and voluntary organisations' websites
- Independent Complaints Advocacy Service website: <http://www.bh-impetus.org/projects/independent-complaints-advocacy-service-icas/>
- Information Prescriptions website: <http://www.ipbh.org.uk/>
- East Sussex County Council Information Library Service website:
http://www.escis.org.uk/Entry/View/Healthwatch_Brighton_and_Hove/47048
- Some local Councillors' sites (for instance Cllr Graham Cox's)
- JustPhysio website: http://www.justphysio.co.uk/physiotherapy-article-801693441-brighton_physio_waiting_times.html

Directories

- Where to go for: <http://www.wheretogofor.co.uk> . This website contains details of projects and services in Brighton and Hove that are useful for young people aged 16-25.
- Summer Fun brochure: annual guide, which contains details of a range of activities for children, young people and families.

Press Releases

Finally, as of 31st of March 2014, we produced 6 press releases:

- Local charity to run independent health and social care consumer champion
- Good feedback on Physiotherapy services in Brighton and Hove, but marred by delays in getting an appointment for some people
- What local people think about urgent health care services in Brighton and Hove
- Healthwatch Brighton Public Meeting
- Healthwatch Brighton and Hove comes out from the Shadow
- Your Voice Counts....

Healthwatch England Branding and Use of Trade Mark

We have implemented Healthwatch branding in all communication activities undertaken (website, email, Facebook, Twitter, Healthwatch Magazine etc.), and adjustments were made where required (e.g. using Helvetica typeface, which is more accessible than Trebuchet, for the magazine). On 28th November 2013 we signed the Trade Mark Licence Agreement.

What are we doing to make sure Healthwatch is accessible?

When individuals and groups become Supporters of Healthwatch Brighton and Hove, the process involves gathering data regarding their access requirements including:

- communication (large print, magnifier, braille, audio);
- hearing (BSL Interpreter, induction loop, deaf blind Interpreter, speech to text reporter, lip speaker);
- language (translation of documents, interpretation service, CD format and writing with pictures);
- mobility and dietary requirements.

As detailed above provisions are made to ensure Healthwatch Supporters have access to communication formats that meet their individual needs:

- text (large print, coloured paper, magnifier, braille, audio);
- hearing (BSL interpreter, induction loop, Deaf Blind interpreter, speech to text report, lip speaker);
- language (translation of documents, interpretation service);
- CD format and writing with pictures.

This information is used to ensure that when material is sent out to Supporters it is sent in an appropriate format. The data is also used when planning events to ensure that venues and catering meet people's individual needs.

Providing advice and information

Helpline

Healthwatch Brighton and Hove operates a Helpline Monday to Friday from 10am to 12 noon each day.

Email:

help@healthwatchbrightonandhove.co.uk

Tel: 01273 23 40 40

During 2013-2014 around **320** people contacted the Healthwatch Helpline. We provided people with information and signposting about local health and social care services. This included how to access them and what to do if things were going wrong. We mostly helped with queries related to local NHS services, including those provided by GPs/family doctors, dental surgeons, pharmacists and opticians.

If people wished to make a complaint about an NHS or social care service we put them in touch with advocacy services. We developed a very close working relationship with Impetus, which provides the statutory Independent Complaints Advocacy Service.

Most of the enquiries we dealt with about primary health care were related to GP/dental surgeries - there were not as many about pharmacies and opticians.



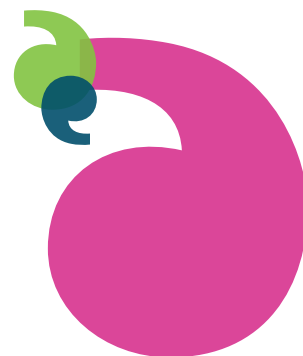
In most cases these involved liaising with the Practice Manager (with the patient's consent) to achieve a mutually satisfactory outcome. Sometimes people didn't know that they could speak with the Practice Manager themselves, lacked the confidence to do so, or may have had a disagreement with the practice in the past and felt unable to handle the conversation themselves. Our liaison sometimes resulted in patients receiving specific types of treatment/referrals that they felt they should be having and were not.

With dental practices we often had to clarify patients' entitlement to the various types of treatment covered by the NHS and costs for such courses of treatment. We had several enquiries regarding patients being referred to private treatment unnecessarily.

Many of the people we spoke with preferred to try to resolve issues amicably with their GP/dentist rather than have to change practice, although we pointed out that this was possible - the main reason for their wishing to stay with their current GP/dentist was that they had been there for years (sometimes decades) and felt that their regular practitioner knew them and their medical/dental history well.

In some cases however we had to find out about a practice's complaints procedure and relay this to the patient, also ensure that they were aware of the NHS escalation process and possible advocacy support from ICAS.

Enquiries that were not primary care related were referred to the appropriate NHS Trust's Patient Advice and Liaison Service. Even if we passed issues on, we still recorded them on our database and maintained 'ownership' until we had confirmation of action taken. Many of these related to length of time taken for referral appointments with consultants, and the PALS teams were often able to have these accelerated with departments. The occasional out of area enquiry we received was passed on to the appropriate Healthwatch (usually East or West Sussex), but also recorded on our system.



The amount of help given to individuals varied depending on the needs they disclosed. Some people could be given a phone number/e-mail address/website to contact the service provider/PALS team themselves, while others needed us to do more liaison on their behalf and report back to them.

Depending on the person's physical or mental health needs, we also offered information about possible local or national support groups and referred people to these, e.g. Mind in Brighton and Hove and Age UK. This is something that adds value to the Helpline and which may not have happened as much with the previous Primary Care Trust PALS service - our project management of the Information Prescriptions website also complements this side of our service.

To help improve services, anonymised data from the Helpline was fed back to the organisations responsible for the planning, commissioning and delivering of local health and social care services.

Dentistry mini-project

We noticed that our Helpline was getting a lot of calls about dentistry. We gathered 60 individual cases from ICAS and the Healthwatch Helpline alone in our first year of operation. These cases were commonly from local people who were confused about charges, and when it was appropriate to be referred to a private dentist. We made the NHS England Surrey and Sussex Area Team aware of this issue, and informed people about dental charging and referrals through our magazine and social media.

Information Prescriptions Website

One way of providing information and signposting to Helpline callers was via the Information Prescriptions website (a project managed by Healthwatch Brighton and Hove) which holds information about local health and social care services and ways people can be supported to improve their health and wellbeing



Information Prescriptions is a website (www.ipbh.org.uk) that provides a “one stop shop” approach to information on health conditions, health and social care services and local and national sources of support. It also includes a calendar of health related campaigns and events.

The website is recognised throughout the city and is seen by key partners as a first point for information and advice, whether for an advice provider or for a service user/carer/client/member of the public. The project has attracted national interest from the Patient Information Forum and Department of Health.

Brighton and Hove Healthwatch have a key function around providing advice and information to the public, and have been using the Information Prescriptions website since Healthwatch was established. In partnership with Adult Social Care and Health colleagues, we are best placed to continue to promote the website throughout the city, and undertake targeted work with GP practices (who are already aware of, and in some cases using, the website) in line with the Clinical Commissioning Groups vision for supporting individual patients and for “Social Prescribing”.

Healthwatch Brighton and Hove has worked hard to make sure that its work plan is driven by a clear and accountable evidence base. We have used information from local people about their experiences of health and social care services via the Helpline, community outreach, postal surveys, consultation events, the Magazine, online surveys, the website - your voice matters feedback form, Facebook and Twitter.

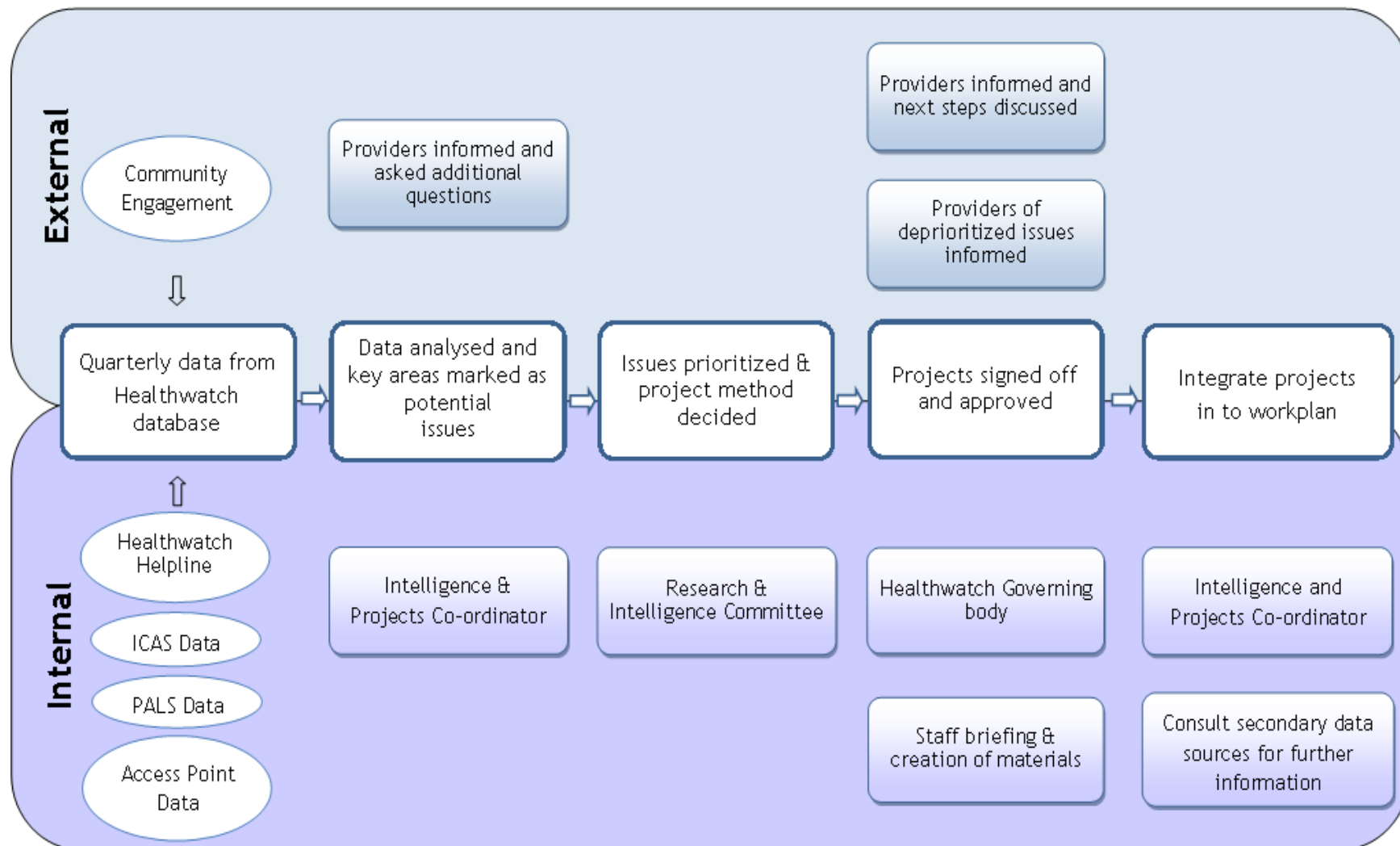
We are the only Healthwatch in the South East to receive regular information from every single Trust's PALS department, as well as information from the local council regarding social care, and from the local ICAS. This wide ranging amount of data allows us to easily detect trends and issues as they emerge so that we can act more effectively on issues that matter to patients.

Our Research and Intelligence Committee uses a comprehensive tool based on the Joint Strategic Needs Assessment tool to choose which projects to add to our Work Plan. Volunteers are present in every stage of the prioritisation process, and all of our processes are available publically on our website.⁷ Healthwatch England recently promoted our work in this area to the entire local Healthwatch network as an example of best practice in how to prioritise projects. You can find out more about Healthwatch Brighton and Hove's prioritisation tool on our website.

NHS 111

In our first year, we received 57 individual calls, emails, and other pieces of intelligence about the NHS 111 service. We found out that the key issues of concern were the being able to access the service, the quality of the service, and the timeliness of responses. We influenced and monitored the service locally, through key meetings and reports such as the urgent care report. We noticed that many issues patients told us were important were on a national scale, so we also escalated our findings to Healthwatch England. This will mean that Brighton & Hove residents' voices and concerns will be heard and addressed at a national level.

How we decide on our projects



Project Case Study - Pain Clinic Waiting Times

The challenge / problem

Pain Clinic

In our first year of operation, our quarterly data showed a high volume (74 individual cases) of concerns about waiting times at the Pain clinic, which is part of the hospital trust. The pain clinic sees people with longer term issues, who are usually in serious discomfort by the time they arrive at the door.

How we addressed the problem

We talked to our partners at ICAS who confirmed that they had also received a high volume of complaints about Pain Clinic waiting times. We also raised this in our intelligence sharing meetings with the local Clinical Commissioning Group, who said they too had picked this information up.

Summary of what changed following our work / how our work made a difference

As a result of our intelligence sharing, the CCG decided to make a detailed action plan for the department. Healthwatch Brighton and Hove and the CCG.

Project Prioritisation

During 2013-2014 the following issues were prioritised:

- Urgent Care
- Physiotherapy
- Dentistry
- Pain Clinic

and throughout the year projects have been undertaken, led by the Research and Intelligence Committee, to examine them.

You can find Healthwatch Brighton and Hove's Urgent Care⁸ and Physiotherapy⁹ reports on our website.

Main A&E site - Royal Sussex County Hospital

The Urgent Care report highlighted that the public were concerned about their safety in A&E, as there can be many intoxicated people in the waiting room during peak hours, which can feel scary and intimidating. Concern was also expressed regarding the cleanliness of the A&E waiting room, notably in the toilet area. Brighton and Sussex University Hospitals NHS Trust confirmed it already has significant security presence with CCTV cameras and walk rounds in the emergency department by security guards, so issues can be picked up and specific incidents responded to quickly. However they are now reconsidering these arrangements, and we have suggested that a permanent presence in the waiting room might help people feel safer. In response to our comments about cleanliness, the cleaning rotas are to be increased in the area, and the issue is to be picked up with the cleaning company so that the highest standards are maintained.

Increasing the knowledge, skills and confidence of local people in questioning how health and care services are planned and run.

Relationships

We have been building key relationships with stakeholders such as the Brighton and Hove Clinical Commissioning Group, the NHS England Surrey and Sussex Area Team, Patient Participation Groups, Brighton and Sussex University Hospitals NHS Trust, Sussex Community NHS Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, the Local Authority, the Health and Wellbeing Overview and Scrutiny Committee, and the Care Quality Commission, and we have a seat on the Shadow Health and Wellbeing Board.

Voice

The presence of Healthwatch Brighton and Hove is required at a large number of committee and board meetings across the city. During phase one of development Transition Group Members represented Healthwatch at key meetings across the city. A pool of volunteer Representatives has now been recruited to sit on one or more of these bodies, representing the views of the people of the city (as established by the Healthwatch Brighton and Hove evidence base), and report back.



Empowerment

Healthwatch has also supported members of the public to get involved in the following ways:

Patient-Led Assessments of the Care Environment (PLACE)

During May and June 2013 members of the Healthwatch Brighton and Hove Transition group attended Patient-Led Assessments of the Care Environment (PLACE) training and took part in inspections in the Royal Sussex County Hospital, Mill View Hospital, Nevill Hospital and Rutland Gardens assessments.

During these visits our representatives looked at: cleanliness, the condition inside and outside the building, fixtures and fittings, how well the hospital building meets the needs of those who use it, e.g. through signs and care parking facilities, the quality and availability of food and drinks, how well the environment protects people's privacy and dignity.

Healthwatch Brighton and Hove and Brighton & Sussex University Hospitals NHS Trust Development Group Meeting

The event was focused on listening to the views of patients and the public to help Brighton and Sussex University Hospitals Trust improve Accident and Emergency Services at the Royal Sussex County Hospital.¹⁰

Healthwatch Brighton and Hove and Clinical Commissioning Group - City Wide Urgent Care Forum

Participants had the opportunity to meet with Urgent Care service Commissioners and Service Providers, Brighton and Hove Clinical Commissioning Group, NHS England, Brighton and Sussex University Hospitals NHS Trust, and South East Coast Ambulance Service NHS Foundation Trust, to rank recommendations from the Healthwatch Brighton and Hove Urgent Care Report¹¹ and have their say on urgent care services. To find out more please see summary of the event.¹²

Joint Happiness-Wellbeing Strategy

Brighton & Hove residents have higher levels of mental ill-health than the average for England, across a range of indicators. A third more people have a diagnosis of severe mental illness and nearly 10% more (aged 18 and over) have a diagnosis of depression recorded by their GP. Twice as many people are admitted to hospital following self-harm and approximately a third more die by suicide. Increasing numbers of children and young people are being referred to Child and Adolescent Mental Health Services and presenting with self-harm at A&E.

Improving mental wellbeing has been identified as a key priority for the City by Brighton and Hove Health and Wellbeing Board in its strategy for the City Council and NHS.

Community Works (CW) and the Trust for Developing Communities (TDC) were commissioned by the Public Health Department at BHCC to undertake consultation on the development of the Brighton & Hove Mental Wellbeing Strategy with a range of stakeholders. These included a, public meeting hosted by Healthwatch Brighton and Hove.

The draft Brighton & Hove Mental Wellbeing strategy ¹³ is due to be presented to the Brighton & Hove Wellbeing Board in June 2014.



Photo 8: Members of the public during the consultation on the development of the Brighton & Hove Mental Wellbeing Strategy.

Pain Clinic

In our first year of operation, our quarterly data showed a high volume (74 individual cases) of concerns about waiting times at the Pain clinic, which is part of the hospital trust. The pain clinic sees people with longer term issues, who are usually in serious discomfort by the time they arrive at the door. We talked to our partners at the NHS ICAS complaints service and took all the data we had the local Clinical Commissioning Group. As a result, a detailed action plan is being put in place for the department to help reduce Pain Clinic waiting times. We will continue to monitor the progress of the plan.

Pharmacies

The Urgent Care Report revealed some positive things that our local pharmacies could be doing to spread important health and social care information. We worked together with the NHS England Surrey and Sussex Area Team to make this happen. Information on which pharmacies in the city are open late became more readily available, there has been renewed encouragement to put up service leaflets in local pharmacies, and information has appeared in the community pharmacy newsletter which informs pharmacists about NHS 111 and asks them to keep patients informed about waiting times.

Healthwatch has used its powers throughout the year to examine Urgent Care, Physiotherapy, Dentistry and Pain Management services.

Requests for Information and Recommendations

To help us in our work, we have some legal powers, set out in the Health and Social Care Act 2012. One of these powers is the right to request information and make recommendations to organisations, which helps us to deliver our project work effectively.

During 2013 - 14 Healthwatch Brighton and Hove has requested information from and made recommendations to the following organisations:

Brighton and Hove Clinical Commissioning Group

39 Requests for Information
59 Recommendations

Brighton and Sussex University Hospital NHS Trust

14 Requests for Information
6 Recommendations

Sussex Community NHS Trust

3 Requests for Information

South East Coast Ambulance Service NHS Foundation Trust

5 Requests for Information



Children's A& E

Visiting the Emergency department at the Princess Alexandra Children's hospital can sometimes be stressful and tiring for children and their carers. We learned in summer last year that people were finding it difficult to locate food and drink facilities in the Emergency department waiting room area. After talking to the hospital about these concerns, they have improved signage for visitors, directing them to vending machines, water fountains and the main cafeteria areas. Our feedback has been very positive and visitors report that they are now much more able to locate food and drink facilities offered by the hospital.

Enter and View

3 key physiotherapy sites in the city were visited by Transition Group Members to ask people to complete a survey. A total of 86 people completed the survey, including 27 from The Royal Sussex County Hospital, 7 from Brighton General Hospital and 14 from Hove Polyclinic.

Recommendations to Healthwatch England

In our first year, we received 57 individual calls, emails, and other pieces of intelligence about the NHS 111 service. Alongside influencing and monitoring the service at a local level, we also shared our research results, along with all of our anonymised data, with Healthwatch England, influencing change to the service on a national level.

Healthwatch Brighton and Hove finances are overseen by the Governing Body Finance Committee. The staff team have processes in place to record and monitor Healthwatch finances, overseen by Community Works Finance Officer. The financial processes meet charitable, company audit and accounting requirements. Community Works audited accounts will be made available at their General Meeting in November.

Healthwatch INCOME AND EXPENDITURE 31.03.14

Total Grant received £199,000.00

Expenditure

Participation Costs	£4,178.21
Communications & Marketing	£21,675.95
Event Costs	£1,589.99
Rent & Insurance	£2,141.59
Staff Costs	£131,993.78
Office Costs (Phone, Postage, Photocopying)	£1,696.70
Management Costs (Legal Fees, Accountancy, IT)	£389.67
Governance Costs	£7,766.90
Training Activity	£235.84
Consultancy Costs	£3,412.16
<u>Total Expenditure</u>	<u>£175,080.79</u>

Our overall objective for the coming year is that we are better known by the citizens of Brighton and Hove and that people who feel they do not have a say, talk to us about their concerns regarding health and social care services in Brighton and Hove.

Independence

We will strengthen our governance arrangements as we move into becoming a Community Interest Company. This will involve:

- completion of the registration process to become a Community Interest Company;
- inviting community organisations and individuals to become members of the Community Interest Company;
- recruitment of additional Governing Body members;
- transfer of staff from Community Works (former CVSF) to Healthwatch Brighton and Hove;
- taking over full management of the budget; and
- developing an income generation plan to assist the sustainability of Healthwatch Brighton and Hove.

Volunteers

We will ensure staff and volunteers are supported and their work developed, through:

- the recruitment of Helpline Volunteers;
- providing good quality support and management for the new cohort of Volunteers;
- providing training, support and development opportunities; and
- as the need emerges the creation of new Volunteer roles.

Research and Intelligence

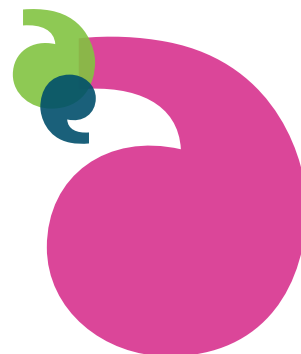
We will continue to refine and extend the analysis and use of our insight and intelligence data and develop our systems, for positioning the data in local and national policy contexts, through:

- extending our repertoire of methods for gaining information and intelligence from the public, patients and users of services, especially the Enter and View of services for vulnerable people;
- continuing the detailed work on Urgent Care and other issues that emerge from our data and intelligence, such as: unsafe hospital discharge, adult social care service visits and NHS dental patients' rights;
- ensuring that we can respond to new and urgent issues as they emerge; and
- promoting our success to the public so that they become more aware of services that have changed as a direct result of having their say.

Helpline

We will improve public knowledge about Healthwatch, especially our role in providing information and signposting support, by:

- increasing the Helpline hours;
- providing drop-in sessions; and
- enhancing the role of Information Prescriptions.



Ability to Influence Services

We will continue to work with the statutory sector in health and social care, to feedback concerns of the public, patients and users of services. We will continue to influence policy, practice and decisions, and to improve people's experience of services. This will be done by:

- further development of feedback mechanisms with community organisations and the public;
- having a pool of trained representatives at key strategic meetings; and
- ensuring Healthwatch Insight and Intelligence data is conveyed to statutory partners.

Engagement and Communications

We will strengthen the involvement and engagement of public and community organisations, including Subscribers. For those who tend to be excluded, in particular young people, we will:

- implement the Engagement and Communication Strategy to ensure that the focus of our marketing campaigns is to get out to people whose voices are seldom heard;
- work with 16 organisations (Community Spokes) to develop partnership agreements;
- encourage more people to subscribe to the magazine, twitter and facebook; and
- target areas with the highest health inequalities.

Report Distribution

This report is available on the Healthwatch Brighton and Hove website:

<http://www.healthwatchbrightonandhove.co.uk/content/what-weve-done>

The July 2014 edition of the Healthwatch Brighton and Hove Magazine will be dedicated to providing a summary of the Annual Report.

The published report has been shared electronically with:

- Healthwatch England
- The Care Quality Commission
- NHS England
- Brighton and Hove Clinical Commissioning Group
- Health and Wellbeing Board
- Health and Wellbeing Overview and Scrutiny Committee
- Brighton and Hove City Council
- Public Health
- Health and Social Care Providers and Commissioners
- Local Voluntary and Community Sector Organisations
- Healthwatch Subscribers

Further Copies of the Report

Further copies of this report and the other reports mentioned are available for download from the Website: www.healthwatchbrightonandhove.co.uk or by contacting the Healthwatch Office.

We Welcome Your Feedback

We would really welcome your comments and feedback regarding this report. Please forward your feedback to:

Healthwatch office/general enquiries:

Email: office@healthwatchbrightonandhove.co.uk

Phone: 01273 23 40 41

We would like to take this opportunity to thank all of our Healthwatch Supporters and volunteers, and the public, for their ongoing support. We would like to give particular mention to:

Yvonne Rivers, John Homstrom, Jenny Backwell and Libby Young for all of your support in getting Healthwatch up and running.

LINK Transition Steering Committee

Alexandra Barnes, Bob Deschene, Colin Vincent, David Price Watkins, Doris Ndebele, Farida Gallagher, Francis Tonks, Gabraella Howard-Lovell Hilary Denyer, Mick Lister, Peter Lloyd, Rachele Howard, Robert Brown MBE, Sathi Sivapragasam, Sylvia New and Tim Sayers.

Community Spokes

Arran Evans - Sussex Interpreting Service - Director
Chris Lau - Carers Centre for Brighton and Hove - Director
Claire Sillence - Hangleton and Knoll Project
Clive Gross - Brighton and Hove Independent Meditation service
Doris Ndebele - BMECP - Chief Officer
Geraldine Des Moulins - FED - Chief Officer
Gillian Unsworth - Mind
Helen Jones - Mind Out - Director
Jessica Sumner - Age UK -Chief Executive
Joanna Martindale - Hangleton and Knoll Project -Chief Executive
Jo Ivans - Impetus - Interim Chief Executive Officer
Kaye Duerdoth -Trust for Developing Communities - Chief Executive

Lisa Dando - Women's Centre

Mark Cull -YMCA Support Services Manager and Right Here - Project Manager

Michelle Gavin - Friends, Families and Travellers

Natalie Woods -LGBT Switchboard

Rachel Travers - Amaze - Chief Executive

Sarah Pickard - Speak Out

Zoe Matthews - Friends, Families and Travellers Strategic Health Improvement Manager

Papermates

Joanne, Lee, Foad, Carol, Margaret, Brian, Christine, Julia, Valerie, Debs, Mona, Ana, Melvyn and Carol

We would also like to thank the following stakeholders for their continued support:

Healthwatch England

David Rogers - Committee Member

Olly Grice - South Region Development Officer

Care Quality Commission

Claire Martin - Inspection Manager GPs

Surrey and Sussex Area Team

Amanda Fadero - Chief Executive

Julia Datcham Baily - Director of Nursing and Quality

Health and Wellbeing Board

Councillor Rob Jarrett - Health and Wellbeing Board Chair

Overview and Scrutiny

Councillor Sven Rufus - Health and Wellbeing Committee Chair

Giles Rossington - Acting Head of Scrutiny

Public Health

Tom Scanlon - Director of Public Health

Kate Gilchrist - Head of Public Health Intelligence

Alistair Hill - Public Health Officer

Brighton and Hove City Council

Michelle Pooley - Community Engagement Co-ordinator & Healthwatch
Commissioner

Denise D'Souza - Director of Adult Social Care

Steve Barton - Lead Commissioner Children Youth & Families

Sara Fulford - Care Standards Officer

Brighton and Hove Clinical Commissioning Group

Xavier Nalletamby - Chair

Christa Beesley - Chief Clinical Officer

Geraldine Hoban - Chief Operating Officer

Jane Lodge - Patient Engagement and Experience Lead

Patient Participation Groups (PPG)

Dr Jonny Coxon - Local Member Group GP Lead (Central)

Dr Darren Emilianos - Local Member Group GP Lead (East)

Dr Anne Miners - Local Member Group GP Lead (West)

David Bowden - PPG Network Chair

Brighton and Sussex University Hospital NHS Trust

Julian Lee - Chair

Matthew Kershaw - Chief Executive

Sherree Fagge - Chief Nurse

Jane Carmody - Head of Patient Experience, PALS and Complaints

Sussex Community NHS Trust

Susan Sjuve - Chair

Paula Head - Chief Executive

Louise Dentten - Complex Complaints & Clinical Governance Team

Sussex Partnership NHS Foundation Trust

John Bacon - Chair

Lisa Rodrigues - Chief Executive

Peter Lee - Patient Experience Team

South East Coast Ambulance Service NHS Foundation Trust

Tony Thorne - Chair

Paul Sutton - Chief Executive

James Pavey - Operations Lead

Louise Hutchinson - Patient Experience Lead

Community Works

Ceri Davies - Chair

Sally Polanski - Chief Executive

Impetus - ICAS

Julia Reddaway - Interim Chief Executive Officer (Maternity Cover)

Jo Ivens - Chief Executive Officer

Gill Reynolds - ICAS Service Manager

Louise Peim - Senior Advocate ICAS

Information Prescriptions

Vicky Cadby - Information Prescriptions Project Co-ordinator

Sandra Webzell - Senior Library Assistant, The Library, Audrey Emerton Building,
Royal Sussex County Hospital

i. IT'S ALL JARGON! WHAT ARE YOU GOING ON ABOUT?

Annual Report

This is a yearly report that Healthwatch is required in law to publish by 30th June, to tell people about Healthwatch activities during the last financial year.

Authorised Representatives

Authorised Representatives are a panel of authorised Healthwatch volunteers and staff, whose role is to Enter and View premises of publicly funded health and social care services within Brighton and Hove for the purpose of observing services and service delivery. The panel observe and assess the nature and quality of services, obtain the views of people using those services, validate evidence already collected and gather information from staff, services users and carers. All Authorised Representatives receive training and undergo a criminal record check (DBS check).

Care Quality Commission (CQC)

In April 2009 The Health Care Commission was replaced by the Care Quality Commission (CQC) which is the independent regulator ('watch dog') of all health and adult social care in England. Their aim is to make sure better care is provided for everyone, whether in hospital, in care homes, in people's own homes, or elsewhere. Their vision is of high quality health and social care which supports people to live healthy and independent lives, helps people and their carers make informed choices about care, and responds to individual needs.

Clinical Commissioning Group (CCG)

Clinical Commissioning Groups are groups of GPs that, from April 2013, are responsible for designing local health services in England. They do this by commissioning or buying health and care services including:

- elective hospital care;
- rehabilitation care;
- urgent and emergency care;
- most community health services; and
- mental health and learning disability services.

CCGs work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, CCGs have, in addition to GPs, at least one registered nurse and a doctor who is a secondary care specialist. CCGs are responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area.

Commissioning

This is the process of identifying what services are required and making someone responsible for providing them. When two or more agencies such as Social Services and Clinical Commissioning Groups do this together, it is known as Joint Commissioning.

Community Interest Company (CIC)

A CIC is essentially a limited company (either by shares or guarantee) and can be public or private. The difference between a CIC and an ordinary company is the special additional features, which include a 'community interest test' and 'asset lock'.

This means that the CIC must produce an annual community interest company report setting out what the CIC has achieved in the year in furtherance of its community interest objectives, and which must be made publicly available. Healthwatch Brighton and Hove is registering to become a CIC by Guarantee. The Asset Lock means that any surplus generated income has to be used to further the organisation's work for the benefit of the community.

Councillor

Elected representative to the City Council, whose role is to agree on policy for the City and effect changes to policy.

Disclosure and Barring Service Checks (DBS)

The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged to become the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks. A DBS check may be needed for certain jobs or voluntary work - e.g. working with children or in healthcare and social care.

This service enables organisations in the public, private and voluntary sectors to make safer decisions by identifying people who may be unsuitable for certain work, especially where it involves children or adults at risk.

Enter and View

To enable Healthwatch to gather the information they need about services, there will be times when it is appropriate for them to see and hear for themselves how those services are provided. This is why the Government has introduced duties on certain commissioners and providers of health and social care services to allow Authorised Representatives of Healthwatch to enter premises and observe the nature and quality of services. Healthwatch Brighton and Hove has the right to enter premises to:

- observe and assess the nature and quality of services;
- obtain the views of people using those services;
- gather information from staff, service users and carers; and
- validate evidence already collected.

Governing Body

The group of people, which have been elected to officially run an organisation.

Health and Wellbeing Board

The Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from Healthwatch to plan the right services for their area. It looks at all health and care needs.

Improved joint working should help ensure that each member of the Health and Wellbeing Board can draw on their strengths, whether that's clinical expertise, local knowledge or understanding the needs of patients and the public, to help shape commissioning strategies to meet local needs.

LINKs (Local Involvement Networks)

Local Involvement Networks (LINKs) were the predecessors of Healthwatch. Their aim was to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported by a host, the role of LINKs was to find out what people want, monitor local services and to use their powers to hold them to account.

Surrey and Sussex Local Area Team

It provides strategic oversight and leadership of the health care system, based on the views and experiences of patients and the public.

This is the local arm of the NHS England, responsible for:

- commissioning primary care (GPs, dentists, optometrists and pharmacists) across Surrey and Sussex;
- specialist commissioning (this is for relatively rare and specialist treatments that need to be commissioned across higher population numbers);
- emergency preparedness, resilience and response;
- CCG development and assurance; and
- system oversight, partnerships, and quality and safety.

Local Authority

This is Brighton and Hove City Council. Social Services is one of the Local Authority departments.

NHS (National Health Service)

The NHS is the state healthcare provision in the United Kingdom, for providing free or subsidised medical care, established in 1948 and financed mainly by taxation and national insurance.

Outcome Measures

These are ways that we measure what difference our work has made.

Health & Wellbeing Overview & Scrutiny Committee

The Health & Wellbeing Overview and Scrutiny Committee performs the overview and scrutiny function in relation to the health service in accordance with the National Health Service Act 2006 and associated Regulations. It also has a remit to scrutinise social care and education issues relating to both adults and children.

PALS (Patient Advice and Liaison Service)

Each NHS Trust covering Brighton and Hove (Brighton and Sussex University Hospitals NHS Trust, Sussex Community NHS Trust, Sussex Partnership NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust) has a PALS service.¹⁴ PALS offers confidential help, advice and support to patients and their carers, assistance in quickly resolving problems and concerns on your behalf, explanations of complaints procedures, and information on the NHS and health related matters.

Patient-Led Assessments of the Care Environment (PLACE)

April 2013 saw the introduction of PLACE, which is the new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments see local people go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff is doing their job. 50% of the assessment team should be made up of patient assessors.

Patient Participation Group (PPG)

Most of the 47 GP practices in Brighton and Hove have set up a Patient Participation Group (PPG).

PPGs are run locally by volunteer patients and practice managers and help strengthen the relationship between practices and their patients. PPGs contribute ideas, feedback and suggestions directly to their practices.

Many PPGs run meetings at their practices, but most are also proactive by email and social media. This means that even if you are only an occasional user of your local surgery or cannot attend meetings, you will be able to give your views.

PPGs can also help shape future decisions about local healthcare. Two PPG members sit on the Local Member Group for their area. Local Member Groups include a Clinical Lead from the CCG who listens to patients' views and feeds them back to the CCG Governing Body. The voice of patients is therefore very much at the heart of the Board's decision-making process.

Policy

A set of ideas or a plan of what to do in particular situations that has been officially agreed by a group of people or an organisation, e.g. Expenses Policy.

Providers

Organisations, that supply a service e.g. dentists, doctors, nursing homes, hospital services etc. The term refers to any organisation whether statutory, community and voluntary sector or in the private sector that provides community care services, e.g. Care UK which runs Brighton Station Health Centre.

Stakeholders

Individuals, carers, staff and organisations that are affected by or involved in the service or project in question.

Statutory Agencies

These are public services such as Health Services, Housing Authorities, Libraries, etc. which exist to meet the requirements of various Acts of Parliament and carry out the statutory duties they are obliged to in law.

Voluntary sector organisation: a charity or not-for-profit organisation

In the field of health and social care, some voluntary sector organisations that you would probably have heard of are Age UK and the British Heart Foundation.

Work Plan

The work plan will help the Healthwatch Governing Body to identify:

- what issues Healthwatch will work on;
- who will be doing the work;
- when the work will start and what the timescales will be;
- why Healthwatch is working on the issue and what progress is being made;
- how we will know that we have made a difference, i.e. what the measures of success will be.



ii. 10 PRINCIPLES OF PUBLIC LIFE

Members of the Governing Body should have regard to the 10 Principles of Public Life, which underpin the Code and define the standards, which Members are expected to uphold. The principles do not create a statutory obligation for Members and do not form part of the Code of Conduct but you should be aware that a failure to act in accordance with these general principles may also amount to a breach of the Code of Conduct.

Selflessness	Members should serve on the public interest and should never improperly confer an advantage or disadvantage on any person.
Honesty & Integrity	Members should not place themselves in situations where their honesty and integrity may be questioned, should not behave improperly, and should on all occasions avoid the appearance of such behaviour.
Objectivity	Members should make decisions on merit, including when making appointments, awarding contracts, or recommending individuals for rewards or benefits.
Accountability	Members should be accountable to the public for their actions and the manner in which they carry out their responsibilities, and should co-operate fully and honestly with any scrutiny appropriate to their particular office.
Openness	Members should be as open as possible about their actions and those of their authority, and should be prepared to give reasons for those actions.
Personal Judgement	Members may take account of the views of others, including their political groups, but should reach their own conclusions on the issues before them and act in accordance with those conclusions.
Respect for Others	Members should promote equality by not discriminating unlawfully against any person, and by treating people with respect, regardless of their race, age, religion, gender, sexual orientation or disability. They should respect the impartiality and integrity of the authority's statutory officers and its other employees.
Duty to Uphold the law	Members should and, on all occasions, act in accordance with the trust that the public is entitled to place in them.
Stewardship	Members should do whatever they are able to do to ensure that their authorities use their resources prudently, and in accordance with the law.
Leadership	Members should promote and support these principles by leadership, and by example, and should act in a way that secures or preserves public confidence.

iii. Setting up Healthwatch Brighton and Hove

Healthwatch Brighton and Hove is a new organisation. It replaced the Brighton and Hove Local Involvement Network (B&H LINK), which closed on 31st March 2013, and provides some additional services. Following a competitive process, Brighton and Hove City Council put in place an agreement with Brighton and Hove Community and Voluntary Sector Forum (CVSF) to set up and develop Healthwatch Brighton and Hove. CVSF is the local umbrella organisation for the city's community and voluntary sector, and hosted the B&H LINK for five years. You can find out more about CVSF's approach to setting up Healthwatch Brighton and Hove here:

www.healthwatchbrightonandhove.co.uk/content/what-weve-done.

Phase One: Transition into Healthwatch Brighton and Hove

As part of its approach to setting up Healthwatch Brighton and Hove, CVSF was committed to continuing to work closely with the volunteers involved in the B&H LINK, to ensure they had opportunities to feed into the development of Healthwatch. This has enabled their experience and expertise to inform the work undertaken by Healthwatch Brighton and Hove during the set up period, whilst new mechanisms for engaging with and involving patients and residents and new volunteers were being developed.

With this in mind, 16 ex-B&H LINK volunteers and three Healthwatch staff members came together in April 2013 to form a Transition Group. It was agreed that the group would be an interim measure, and have a limited lifespan and remit until the end of July 2013.

The Transition Group continued to prioritise a list of unfinished B&H LINK activities and projects under Healthwatch Brighton and Hove, and continued to raise concerns about services with health and social care providers and commissioners. Members of the Transition Group also attended meetings on behalf of Healthwatch Brighton and Hove to help ensure that patients' voices and experiences were heard at these meetings, and to continue to consolidate relationships with the City's providers, commissioners and decision-makers.

The Transition Group did not take on any governance or financial decisions relating to the setting up of Healthwatch Brighton and Hove. This responsibility remained with CVSF trustees until Healthwatch's own governing arrangements were put in place. The Group however had contributed to, and helped to shape, the development of Healthwatch Brighton and Hove's Helpline, Volunteering Strategy, and Hospital Project.

Phase Two: Development - Establishment of Healthwatch Brighton and Hove Shadow Governing Body

From August to October 2013, Healthwatch Brighton and Hove held an open recruitment process to appoint an Independent Chairperson and Members to a Shadow Governing Body.

The governance arrangements for Healthwatch Brighton and Hove include an overarching Governing Body made up of members of the public, service users and representatives of independent Engagement/Advocacy organisations representing some of the diverse communities of the city.

The Government has put in place legislation that places obligations on Local Healthwatch. Local Healthwatch must be a body corporate that is a social enterprise.¹⁵

During this phase the new Shadow Governing Body's role was to agree its legal form (what kind of social enterprise it should become), and ensure an open and transparent structure for making decisions and enabling local people to influence what it does, acting in accordance with The Ten Principles of Standards in Public Life (Appendix ii).

As well as undertaking its core functions, the Shadow Governing Body also oversaw the implementation of the Volunteering Strategy and recruitment to volunteer roles.

Whilst CVSF was responsible for delivering the Healthwatch contract, the Healthwatch Brighton and Hove Shadow Governing Body was the autonomous body driving and overseeing the work, ensuring that Healthwatch is accountable to the public and its stakeholders.

During this phase, there were working arrangements between the CVSF's Trustee Board and the Healthwatch Brighton and Hove Shadow Governing Body to ensure clear lines of responsibility, independence and accountability. CVSF employed staff to support the work of Healthwatch, and had responsibility for financial management, insurance and contract compliance.

Phase Three: Independence - Healthwatch Brighton and Hove Community Interest Company

From April 2014, Healthwatch Brighton and Hove will be an independent entity with its own legal form. The Shadow Governing Body sought legal advice from a solicitor who specialises in advising voluntary and community organisations. The solicitor recommended the most appropriate legal structure - in fact, the only possible legal structure for an organisation with the community's interests at its heart, the need to generate income, and a paid Chair was a Community Interest Company with an Asset Lock.

The Asset Lock means that any surplus income generated has to be used to further the organisation's work for the benefit of the community.

As a Community Interest Company with an Asset Lock, the Memorandum of Association is prescribed. However, the Shadow Governing Body wants to make sure that it is open and transparent. Once registered, the Memorandum of Association will be publicly available and the Board of Directors will ensure that Board meetings are as open and accessible as possible.



Contact Details

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office@healthwatchbrightonandhove.co.uk or 01273 23 40 41

Healthwatch Helpline:

help@healthwatchbrightonandhove.co.uk or 01273 23 40 40

(10am-12pm, Monday-Friday)

Website: www.healthwatchbrightonandhove.co.uk

Free Postal address:

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Healthwatch Brighton and Hove
Brighton
BN1 3XG

Registered Office address:

Community Base
113 Queens Road
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¹ Brighton and Hove's Urgent Care Report, October 2013 available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/urgent_care_services_report_oct13.pdf (20.06.14)

² Brighton and Hove Physiotherapy Report, December 2013 available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/physiotherapy_report.pdf (20.06.14)

³ The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

⁴ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).

⁵ Sussex Interpreting Services' Service User Views and Experiences 27 June 2013, available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/uploads/SIS_service_user_exp_27_June_2013_report.doc (20.06.14)

⁶ Report on consultation with a range of stakeholders on the development of the Brighton & Hove Mental Wellbeing Strategy April 2014, available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/report_draft_100414.pdf (20.06.14)

⁷ <http://www.healthwatchbrightonandhove.co.uk/content/what-weve-done> (20.06.14)

⁸ Brighton and Hove's Urgent Care, October 2013 available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/urgent_care_services_report_oct13.pdf (20.06.14)

⁹ Physiotherapy Report, December 2013 available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/physiotherapy_report.pdf (20.06.14)

¹⁰ Hospital Pilot Meeting Notes July 2013, available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/hospital_meeting_notes_02_07_2013_finaldoc.pdf (20.06.14)

¹¹ Brighton and Hove's Urgent Care, October 2013 available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/urgent_care_services_report_oct13.pdf (20.06.14)

¹² Health Forum Summary and Evaluation, December 2013 available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/health_forum_summary_and_evaluation_v2.pdf (20.06.14)

¹³ Report on consultation with a range of stakeholders on the development of the Brighton & Hove Mental Wellbeing Strategy April 2014, available at:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/report_draft_100414.pdf (20.06.14)

¹⁴ <http://www.healthwatchbrightonandhove.co.uk/sites/default/files/complaints-advice.pdf>

¹⁵ Section 222 (2) and (8) of The Local Government and Public Involvement in Health Act 2007 (as amended by section 184 Health and Social Care Act 2012.)



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