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Note from the Chair



Healthwatch Brighton and Hove is the statutory champion and voice for citizens of Brighton and Hove in relation to health and social care. To ensure a strong, independent

voice we became an independent Community Interest Company on 1st April 2015, we but operated as a project of Brighton and Hove Community Works prior to that date and for most of the period this report relates to.

Having previously set up organisations, I knew that it would take two years to establish independently. However, I had not appreciated how difficult it would be to do this whilst delivering services in such a volatile and fast moving policy and political environment as health and social care.

It is therefore a credit to the Healthwatch Board, staff and volunteers that we have been involved in so many activities that have had considerable impact over the year covered by this report.

The range of burning issues is wide, and expectations are high, including our own. Whilst we want to dedicate more time to the wellbeing agenda, we are constantly drawn into immediate issues, such as urgent care and general practice closures. We have made significant progress with working in partnership with community and voluntary groups where we share agendas and next year will have even more to report on our community and engagement work through our new Spokes programme (see page 10). Our collaborative approach extends to working in partnership with Healthwatch East and Healthwatch West Sussex, e.g. about the care of older people at the Royal Sussex County Hospital (see page 29). Our intelligence also feeds into the Care Quality Commission inspections.

We have recently carried out an independent evaluation of our work. We were seen to be working well at strategic level including on the Health and Wellbeing Board, where we have a place by statute, and generally influencing agendas and making a worthwhile and relevant contribution. Our role and approach as critical friend has been welcomed. The Healthwatch Magazine is well received but we need to extend its reach. Focus on greater public awareness and reach is a priority activity next year.

We plan to undertake a peer review later this year, and this will give us further insight into our strengths and weaknesses. We want to be an excellent Healthwatch in order to secure our budget and be re-commissioned beyond 31st March 2016.

I would like to thank the Healthwatch staff, but especially the Healthwatch Board and volunteers who give their time and expertise voluntarily. We are grateful to community and voluntary partners, many of whom will now be Spokes, for their insight, and look forwarding to work with them more. I would also extend warm thanks to Community Works who have looked after us so well prior to independence and also to our Commissioners for their ongoing support.

Finally I would like to thank members of the public who engage and feed in their views and experiences of health and social care services.

Frances McCabe



Healthwatch Brighton and Hove Independent Chair



Note from the Chief Executive Officer



I was appointed as the new Chief Executive Officer (Maternity Leave Cover) for Healthwatch Brighton and Hove on 1st April 2015, and as a very new member of staff I have been hugely

impressed by the achievements of a small organisation with such a large portfolio of responsibility.

I have been particularly impressed by the extent to which our volunteers have enabled us to reach much further into health and social care services across the city. Our Enter and View and related project work has highlighted important issues such as the care of older people at our hospital, the quality of mental health services for children and young people and the physical state of our eye hospital, and it's great to see that by working with our partners we have seen significant improvements in service delivery.

This year I hope to build on this and, importantly, raise our strategic profile and impact. We will enhance partnership working by creating a new Community Spokes programme with the voluntary sector, and develop better and clearer collaborative relationships with senior stakeholders in the health and social care economy. We will improve our equalities work by ensuring that we use city intelligence on health inequalities to target our engagement.

Most importantly, we will use our unique role and powers to advocate for public and patient voice to be at the centre of our collective responsibility, and where necessary call to account decision making, service quality and delivery. As the health and social care landscape rapidly transforms we will strive to become a successful champion and key partner for positive change.

Nicky Cambridge

Healthwatch Brighton and Hove CEO
Maternity Leave Cover



About 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.

Everything we say and do is informed by our connections to local people, and our expertise is grounded in their experience. We aim to work collaboratively towards the goal of excellent health

and wellbeing for all. We became an independent Community Interest Company (CIC)¹ in April 2015 which enables us to be directly accountable to the public.

We are part of a unique national network supported by Healthwatch England.² There is a Healthwatch in every local authority area and we work closely with our colleagues in East and West Sussex.

As a statutory watchdog our role is to ensure that local health and social care services deliver excellent patient and public led care.

Our mission: To be the consumer champion for health and social care

Our vision

We are working towards a society in which all of our health and social care needs are heard, understood and met.

Achieving this vision will mean that:

- People shape health and social care delivery
- People influence the services they receive personally
- People hold services to account

We achieve this by:

- listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them;

- influencing those who have the power to change services so that they better meet people's needs now and in the future;
- informing and empowering people to get the most from their health and social care services and encouraging other organisations to do the same;
- working with the Healthwatch network to champion service improvement and empower local people.

1. A CIC is 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'. We are 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.

2. Healthwatch England is the national consumer champion in health and social care.





Our Staff and Volunteers, Winter Celebration 2014

Our values

Inclusive

- We start with people first.
- We work for children, young people and adults.
- We cover all health and social care services.
- We work for everyone, not just those who shout the loudest.

Influential

- We set the agenda and make change happen.
- We are responsive. We take what we learn and translate it into action.
- We are innovative and creative. We know that we cannot fix things by sticking to the status quo.
- We work with the network of local Healthwatch and Healthwatch England to make an impact both locally and nationally.

Independent

- We are independent and act on behalf of all people.
- We listen to people and speak loudly on their behalf.
- We challenge those in power to design and deliver better health and social care services.
- We like to highlight what works well but are not afraid to point out when things have gone wrong.

Credible

- We value knowledge.
- We seek out data and intelligence to challenge assumptions with facts.
- We celebrate and share good practice in health and social care.
- We hold ourselves to the highest possible standards.

Collaborative

- We keep the debate positive, get things done and keep you updated about the progress.
- We work in partnership with the public, the health and social care sectors and the voluntary and community sector.
- We learn from people's experiences and from specialists and experts. We build on what is already known and collaborate in developing and sharing new insights.

Our strategic priorities

- Engaging with people who use health and social care services
- Providing information and signposting for people who use health and social care services
- Influencing decision-makers with evidence from local people



Engaging with people

Over the past year, instead of expecting the public to come to us, we have focused on going out to communities in Brighton and Hove through a variety of communication channels to ensure that local people have the opportunity to voice their views and opinions.

We have focussed on hearing from those whose voices are less heard. To do this we have undertaken specific engagement with vulnerable people living in the deprived areas of Brighton and Hove where health inequalities are greater, and those with protected characteristics who are often less heard and more vulnerable, especially older people, BME (Black and Minority Ethnic) communities, refugees and asylum seekers, unemployed people, and people with disabilities. Some attempts have also been made to reach young people (under 21) and those who work and so are not traditionally available during the office hours.



Talking to students during Freshers' Week at Sussex University

Community Groups and Events

Members of the public have been given the opportunity to have their say through a variety of methods such as focus groups, events and forums across the City.

In 2014/15 we directly reached approximately 3420 members of the public.

Stalls

In order to share our information, promote our services and engage different people, we have had about 40 stalls, for example:

- at community festivals organised on outlying estates such as Whitehawk, Moulsecoomb, Hangleton and Knoll;
- at events for people with long term conditions, e.g. the Diabetes Information Event;
- at events for people with disabilities, e.g. "Best of Health", an event for adults with a learning disability, their families and paid carers;
- at events for carers, e.g. the Carers Summit, which was held on Carers Rights day 2014;
- at events for BME communities, e.g. Brighton and Hove Black History Month 2014, which had a free fun family day for all ages;
- at events for younger people at both local universities and the B.fest Launch Party for 13-19 year olds;
- at events for older people e.g. LifeLines 'keep happy and healthy at 50+';
- at events for volunteers and those who are employed, e.g. the BUPA Health and Wellbeing Roadshow for employees of a large local insurance company in the city.



Group talks and presentations

We gave a talk and asked for feedback on local health and social care services during Refugee week. We also delivered presentations to members of the Brighton and Hove Osteoporosis Group, Patient Participation Groups, Brighton and Hove Pensioners Association, Sussex Voices (a group of college age young people), and residents of sheltered accommodation schemes (e.g. Elizabeth Court Sheltered Housing Scheme).

Furthermore, in partnership with Sussex Interpreting Services³ we delivered a presentation during their AGM using interpreters. During the event we provided feedback from the actions we had taken the previous year and asked for views on dentistry, Child and Adolescent Mental Health Services, care homes and day centres. This enabled us to reach 104 people, including service users, workers, partners, funders, trustees and SIS members. This event was attended by people speaking Polish, Farsi, Portuguese, Russian, Mandarin, Cantonese, Turkish and Arabic.

Finally, we attended a large number of local resident-led Health Forums and public events. We have built good relationships with local councillors, MPs, community and voluntary sector organisations and small community groups, and encouraged them to share their intelligence and signpost people to us.



First Healthwatch Brighton and Hove Board of Directors meeting held in public (June 2014)

Healthwatch events

GMC Consultation

Together with the General Medical Council (GMC)⁴ we organised a consultation on what should happen if a doctor does not meet professional standards. It was part of a larger consultation taking place across the country from 22 August to 14 November 2014. This piece of work aimed to improve the national sanctions system produced by the General Medical Council, and members of the public were asked to provide their feedback on it.

Healthwatch Brighton and Hove Board of Directors meeting held in public

Over the last year we held four public Board meetings. Members of the public were given an opportunity to submit questions prior to the meeting or ask them during a Question and Answer session at the end. In total, those meetings were attended by 15 members of the public.

3. Sussex Interpreting Services (SIS) is an independent local charity and social enterprise that provides accredited Community Interpreters, Translators and Advocates.

4. The GMC is the independent regulator of doctors in the UK.

Community Spokes Programme

In March 2015 we launched our Community Spokes programme. This will enable us to work in partnership with voluntary and community organisations that are closer to and part of diverse communities in the city. The vision is for a 'hub and spoke' model of intelligence and collaboration with the specific objectives of:

- sharing data on health and social care issues;
- identifying minority, hidden, urgent and high volume health and social care issues;
- influencing service provision through patient and public voice and involvement;
- commissioning organisations to undertake specialist research, consultation or other work on health and social care issues that are important to their communities.

Organisations invited to participate in the programme include:

Black and Minority Ethnic Community Partnership (BMECP) – works with BME community groups and organisations, individuals and their families;

Friends, Families and Travellers – supports the Traveller and Gypsy communities;

YMCA DownsLink Group – works with young people and families in East and West Sussex and Surrey;

Mind in Brighton and Hove – works with people with mental health issues;

Age UK Brighton & Hove – works with older people;

The Carers Centre for Brighton & Hove – works with carers;

The Trust for Developing Communities – works with local people and communities;

Brighton Women's Centre – works with all women;

Mothers Uncovered – creative support network for mothers;

Brighton and Hove Speak Out – supports people with learning disabilities;

Brighton & Hove LGBT Switchboard – supports services run for and by LGBT people;

Brighton Housing Trust – works with whole range of people in combating homelessness;

Sussex Interpreting Services – works for all whose English is not a first language;

Hangleton and Knoll Project – supports residents of Hangleton and Knoll ward, one of the most deprived areas in the City;

The Fed – Centre for Independent Living – works with people with disabilities;

Mind Out – a mental health service run by and for lesbians, gay men, bisexual and transgender people;

Amaze – gives information, advice and support to parents of disabled children and children with special needs;

Impetus – a charity which improves the wellbeing and quality of life of vulnerable adults across the city;

Community Works – works with community groups and voluntary organisations;

The Brighton & Hove Food Partnership – an organisation that helps people learn to cook, eat a healthy diet, and grow their own food.

Due East Health and Well Being Residents Forum – engages residents of Whitehawk, an area experiencing significant health inequalities

We have just launched a call for project ideas, and aim to make decisions on these in July 2015 for immediate start. This will form a substantive body of new information and intelligence to inform our work programme for 2015/16.



Communication

In the financial year 2014/15 special attention was paid to the way we communicate with the public. We have increased our visibility through our website, social media and Magazine. On our stalls we introduced various activities to capture people's views, such as using a 'Ketso' kit (a toolkit for creative engagement).

In addition to generic feedback, we have asked about specific services such as hospital food, community respiratory services, community and district nurses, and the bladder and bowel service.

In order to inform our Enter and View work we have asked the public for questions they would like to ask, (e.g. for our GP visits), or for information on services we are doing deeper work with, e.g. Child and Adolescent Mental Health Services.

Furthermore, we have issued 14 press releases highlighting our work. In those we encouraged readers to get in touch with us if they had an experience to share. We also monitored comments that members of the public left online, or through various media publications on local health and social care, and added them to our intelligence.

“Great to find out what's going on in the area and a good source of engagement opportunities.”

Magazine Subscriber

Finally, we have significantly increased the amount of content being published via our website and social media, and in our monthly Magazine, and made sure there is always something interesting for everyone. For example, we produced special editions of the Magazine dedicated to young people and older people, and themed editions on cancer screening and mental health. Some articles have also been produced in easy read format.

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

Magazine Subscriber

Importantly, the Healthwatch Magazine is also produced in hard copy. It is one of only a few hard copy publications in the city; we do it to ensure we reach people who do not use the Internet, for instance many older people.

We are very happy to report that we receive regular praise for our Magazine from a wide range of stakeholders.

As at 31st March the Magazine had 1,445 subscribers, but with a much wider distribution. It is distributed by the City's main health and social care services, e.g. the Sussex Community NHS Trust (5,000 readers), some GP surgeries, the Outpatients Department in the Royal Sussex County Hospital (RSCH), Cardiac Outpatients in RSCH, and various voluntary organisations and charities (such as Samaritans, Interact, Brighton and Hove Speak Out).

Healthwatch Promotion

There are of course still many people in Brighton and Hove who do not know much about our work, so last year we spent quite a lot of time on distributing our publicity in GP practices, dental surgeries, opticians, care homes, libraries, children and family services, Mill View Hospital, Royal Sussex County Hospital, some pharmacies, community and voluntary organisations, community centres, coffee shops, post offices, book shops, pharmacies, nurseries and crèches. We have also been featured in local newsletters and magazines, for instance 'Homing In' (a Council magazine which is sent to approximately 14,000 residents of Brighton and Hove).

Finally, we asked residents of Brighton and Hove to share their stories with us on local television and radio stations and through our press releases.



Eaton Place

Through our communication channels and engagement activity we learnt that one of our local GP practices, Eaton Place Surgery, was at risk of being closed. The practice had been looking after about 5,600 patients. The majority of them were living in areas identified as suffering from greater than average health inequalities. Alongside other stakeholders we monitored what was happening and gathered information about the experiences of patients affected. We also liaised with Health and Wellbeing Board members, local Councillors, the MP, community workers from the area, patients, local GP practice managers and others on the issue.

We chaired one of the public meetings to find out how best we could support Eaton Place surgery patients in that difficult time. We shared all of our intelligence and findings with the NHS England Surrey and Sussex Area Team⁵ and requested information on their plans to address the issues. After the practice had to close, we e-mailed all of the alternative practices suggested to patients by NHS England. We requested a statement on options available to patients, information as to whether or not they were accepting Eaton Place Surgery patients, any restrictions in catchment area, and instructions on what patients needed to do next. We also offered support to practices to ensure a smooth transition process for Eaton Place Surgery patients.

We issued a press release, in which we informed the public of the current situation and actions they needed to take, and encouraged them to contact our Helpline for further information and assistance. In the end, we produced a report on all of our findings and observations which we shared with the Health and Wellbeing Board for inclusion in the NHS England report on the process and learning gained from it.

Enter & View and Other Visits

Carrying out Enter and View visits is a key role for all local Healthwatch organisations. Local Healthwatch Authorised Representatives carry out these visits to health and social care services (except social care services for children) to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012⁶ allows us to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

From April 2014 to March 2015 in total we undertook 14 Enter and View Visits to local health and social care services, including 4 different wards in the Royal Sussex County Hospital. We talked to people who use services specifically designed for older people, people with learning disabilities, and people mental health issues.

Healthwatch Authorised Representatives: our eyes and ears

We have a dedicated group of volunteers who undertake Enter and View visits, who we call Authorised Representatives. Authorised Representatives are lay people from our local community who carry out the observations and ask people what they think of services, using a common sense approach and an observation checklist created by us. Authorised Representatives receive full Enter and View training which includes safeguarding adults at risk. The volunteers are fully checked by the Disclosure and Barring Service (DBS), and have their photographs and names on our website (<http://bit.ly/1BLTTjF>) so providers know who will be visiting their service.

5. This is a regional branch of NHS England that supports the commissioning of high quality services and directly commissions primary care and specialised services. As from 1st April 2015 NHS England Surrey and Sussex Area Team has become NHS England South (South East) and includes Kent.
6. Full version of the Health and Social Care Act 2012 is available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Our volunteer Authorised Representatives for 2014/2015 were:



Farida
Gallagher



Nick
Goslett



Felicia
Jones



Sylvia
New



Tim
Sayers



Sue
Seymour



Paul
Wilson

Visits to Adult Social Care Services

We decided to visit six adult social care services in the city, building on the findings of our predecessor organisation Brighton and Hove Local Involvement Network (B&H LINK). The work had found that one of the top issues of concern for care home residents was a lack of activities and social occupation. People reported feeling bored and isolated whilst receiving residential care. We therefore undertook visits to assess how social activities were currently organised and offered, and made recommendations on areas for improvement such as involving residents in activity planning where possible.

This year we aim to develop a social occupation best practice guide for residential services.

Visit to Royal Sussex County Hospital older people's wards and the Acute Medical Unit

In January 2015, as a result of receiving a significant amount of intelligence from patients, carers and staff, we worked with Healthwatch East Sussex to carry out a joint visit to the Royal Sussex County Hospital. The visit covered quality of care, access to information, and staff behaviour.

As a result of our intelligence the visit was to three older people's wards (Emerald Ward, Overton Ward, Chichester Ward) and the Acute Medical Unit known as AMU. The objectives of this visit were:

- to gather feedback from patients and staff in a range of wards looking after older people at the Royal Sussex County Hospital;
- to gain an overview of the quality of care and a better understanding of the main issues faced in these wards; and
- to share any observations on good practice.



We shared our findings and recommendations with the Brighton and Sussex University Hospitals NHS Trust, and its responses were included in our report.⁸ A range of actions were noted as underway, but we continued to hear of poor practice and negative patient experiences, particularly in the AMU. As a result, in March 2015 we asked the Care Quality Commission (CQC)⁹ to look into the care provided in this unit. Following our escalation CQC Inspectors conducted a visit and plan to do more in the near future. We have also started to plan further visits working alongside the CQC and other stakeholders keen to improve the situation.

GP pilot visits

The primary care landscape and service provision is changing rapidly in Brighton and Hove, so we plan to undertake up to 12 visits to GP practices during 2015/16. The practices have been chosen based on a range of clear criteria:

- those practices about which we receive regular calls via our Helpline;
- those not recently visited by the CQC;
- a cross city representation of the six GP clusters¹⁰ in the city;
- feedback from NHS Choices website;¹¹
- patient population size; and
- soft intelligence gained from our partners and community engagement.

In March 2015 we undertook three pilot Enter and View visits to look at areas such as access, quality and environment, and to test questions and assessment tools. On the basis of this and our new Community Spokes work we are currently co-designing the refreshed survey and observation tool, taking into account the issues, needs and circumstances of the patient practices we intend to visit. As part of our final report we intend to include a new section on community intelligence.

During all Enter and View visits we have made 63 recommendations to services. Click on the name of service for the full report.

8. "The care of older people in four Wards of the Royal Sussex County Hospital" report is available at: <http://bit.ly/1HU5hk4>

9. The Care Quality Commission monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety

10. Developing Enhanced Health and Wellbeing Activities, Health and Wellbeing Board, March 2015, available at: <http://bit.ly/1GwY8Uh>

11. NHS Choices (www.nhs.uk) is the online gateway to the National Health Service in England, providing health & lifestyle advice, along with information about local services and the latest health news.



Name of Service	Type of Service	Number of Recommendations
Links Road Surgery	GP Practice	6
Carden Surgery	GP Practice	9
Albion Street Surgery	GP Practice	7
Older people's wards at RSCH	Local Hospital	7
Hospital Discharge Lounge	Local Hospital	11
Somerset Day Centre	Day Centre (Older people)	3
Preston Park Recovery Centre	Day Centre (Mental Health)	4
Active Aspirations Day Centre	Day Centre (Learning disabilities)	1
Marine View Rest Home	Residential Home	5
Loxwood House Residential Home	Residential Home	5
Rottingdean Nursing and Care Home	Residential Home with nursing	5

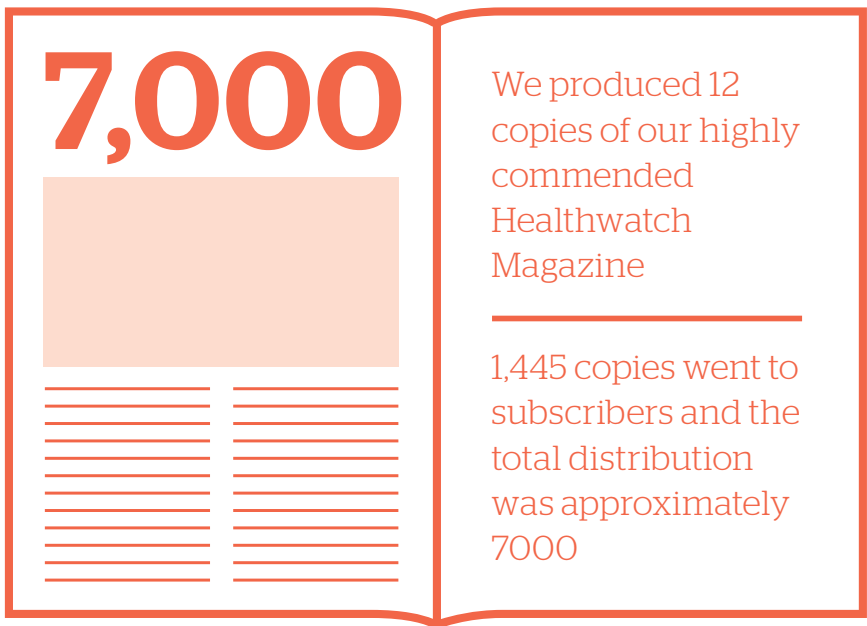
Patient-Led Assessments of the Care Environment (PLACE) visits

Every year each NHS Trust is required to undertake Patient-Led Assessments of the Care Environment. These are assessments that look at the cleanliness, condition, appearance and maintenance of the environment in which care takes place. They also assess food quality and service and the extent to which the environment promotes the privacy, dignity and wellbeing of patients. The assessments must be undertaken by teams comprising a mixture of patient assessors and staff from the trust.

A small number of our volunteers acted as patient assessors in PLACE visits for Brighton and Sussex University Hospitals NHS Trust this year. They assessed the Sussex Cancer Centre, the Sussex Eye Hospital, and a number of wards at the Royal Sussex County Hospital. As a result of the PLACE visit to the Eye Hospital, the need for a substantial refurbishment programme has been identified, which will replace windows and change room layouts. The programme is monitored by us. You can find more detail on this piece on page 30.

263 
950 

As of 31st March 2015 we had 263 Facebook friends and 950 Twitter followers



14 

We issued 14 press releases highlighting our work

63 
recommendations

We undertook 14 Enter and View Visits and made 63 recommendations to services



Providing information and signposting

Healthwatch Brighton and Hove Helpline

Healthwatch Brighton and Hove operates a Helpline Monday to Friday from 10am to 12 noon:

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

We provide people with information and signposting about local health and social care services. This includes how to access services and what to do if things go wrong. This year we have mostly helped with queries related to local NHS services, including those provided by GPs/family doctors, dental surgeons, pharmacists and opticians. If people wish to make a complaint about an NHS or social care service we put them in touch with advocacy or complaints services.

We work in partnership with Impetus (a local voluntary organisation), which provides the statutory NHS Independent Complaints Advocacy Service (ICAS) through an operating agreement. Over the last financial year we have passed on approximately 50 cases to this organisation. We also signposted people to many other local advocacy services such as Sussex Interpreting Services, Mind Community Advocacy and Age UK for more specialised support depending on their needs and/or community of interest.

“You have been helpful, understanding and patient ... thank you for your help today - much appreciated to be listened to and treated with respect.”

Helpline User



“Thanks so much for persevering with this. I am very grateful for you tenaciously sticking with this complaint.”

Helpline User

Our Helpline service dealt with 329 cases. We supported 267 individual members of the public and 24 external organisations (an individual or organisation may have had more than one case open during the year).

About 30 members of the public have now contacted our Helpline on more than one occasion since it opened in April 2013. Whilst we aim to inform and empower people to manage or resolve their own health and social care concerns, it is satisfying for us to know that some people (often with complex issues) feel able to approach us for assistance more than once if the need arises.

We received a steady flow of enquiries related to mental health issues from people who disclosed having mental illness, anxiety, depression and so on currently or in the past. People have asked for information on how to cope on their own, although many were also from parents and carers concerned about the mental well-being of family members. This often results in long and challenging phone conversations or e-mail correspondence which can include a degree of emotional support for the enquirer and subsequent signposting to more specialist organisations or liaison with service providers and commissioners.

Although we do not yet have capacity to provide a drop-in service, a few people have popped in to Community Base to speak with us and others have arranged one-to-one appointments to fit with their access needs. A few people have contacted us via social media, and this is an area that we are keen to develop during 2015/16.

Examples of Helpline enquiries

GP Practices:

- patient choice of GP practice/specific practitioner
- poor staff attitude
- concern about inaccurate/incomplete medical records
- being unable to get timely appointments
- trouble with arranging repeat prescriptions
- cost of GP letters to prove eligibility for matters such as housing moves or financial assistance.
- access for patients with Asperger Syndrome
- closure of Eaton Place Surgery

Dental Practices:

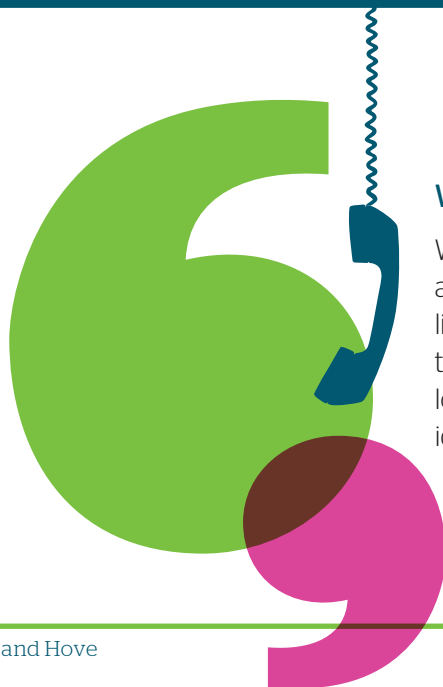
- trying to find local dentist taking on new NHS patients - conflicting information from Primary Care Support Service/NHS Choices and practices themselves
- clarifying fees, e.g. for hygienist appointments
- querying "non-NHS patient days"
- accessing emergency appointments at own dental practice

Hospitals:

- patient pathway and co-ordination of services
- referrals and waiting times for initial appointments, e.g. Digestive Diseases, Neurology, Orthopaedics
- quality of Orthopaedics surgery
- issues with Urology services
- appointments booking service, e.g. last minute cancellations without adequate explanation/ notification; location not stated on appointment letter/text, resulting in missed appointments
- cancellation of operations

Adult Social Care:

- ensuring care at home following hospital stays
- co-ordination and communication between health and social care services
- eligibility for assistance with nursing/care home fees
- funding for mobility equipment
- quality of care in residential settings



We would like to hear more about...

We have continued to receive many enquiries about GP and dental practices (where we often liaise with practice managers on behalf of patients to resolve issues), but fewer enquiries regarding local pharmacies and opticians. We have therefore identified this as a priority area for 2015/16.



Information Prescriptions and My Life Brighton and Hove

During 2014/15 we were commissioned by the local Clinical Commissioning Group (CCG) to develop and promote the 'Information Prescriptions' project and its companion website, 'My Life Brighton and Hove'. During this time, we helped to increase awareness of the project and site and facilitate its steering group. We also helped source information for the site and identify volunteers for user testing.

'My Life Brighton and Hove' website:

- www.mylifebh.org.uk

With the introduction of the Care Act,¹² the CCG in partnership with Brighton and Hove City Council re-launched the project under the title of 'My Life Brighton and Hove'.

'My Life Brighton and Hove' provides a 'one stop shop' approach to information on services, health conditions, and local and national health and social care resources. It also includes a calendar of health related campaigns and events.

A key role for us is to provide accurate and easy access to advice and information for the public. We are therefore re-working our promotional literature and embedding 'My Life Brighton and Hove' into our patient information and signposting to ensure its use during 2015.

Other ways of providing people with information about local services

In addition to the above, we have explored other ways to provide people with information and help them navigate the health and social care system. These include:

The monthly Healthwatch Magazine: This is our main mechanism for informing residents about what Healthwatch is doing, providing opportunities to have a say and informing people about changes to services and policies as well as major consultations and events. Every Magazine includes themes that have been identified as gaps through the Helpline and other intelligence or engagement work, such as guides for health and social care services during Christmas time or for NHS complaints services. 'A Guide to Health Services' section is in every edition.

The Magazine also suggests ways for people to improve their wellbeing and contains sections dedicated to children and young people, people from the Lesbian, Gay, Bisexual and Transgender community, carers, disabled people and older people.

The Healthwatch Brighton and Hove website: Our website (healthwatchbrightonandhove.co.uk) includes similar updates and information. It also has a section called 'Find Services' which contains information about bank holiday and out of hours access. There are links to NHS Choices and an opportunity to join our mailing list and follow us on social media.

¹² The Care Act 2014 is a new law about care and support for adults in England. For full version see: <http://bit.ly/1BM0oTj>



Our stall at Brighton and Hove BME Communities Wellbeing Event

Stalls: At our stalls we always have a large amount of information on how to complain or raise concerns about services, as well as on services such as cancer screening, NHS Health Checks or other hot topics.

Social media/mailling lists: We actively use Facebook, Twitter and local mailing lists to disseminate information.

Reports: We widely promote all our reports (which include service provider responses to our recommendations).

Correspondence: We raise questions and request information. For example, we wrote to Sussex Community NHS Trust about their phlebotomy service, as we were receiving reports that people were struggling to get through to them using the phone. Since then the service has started to run a walk-in system at the Polyclinic for those who are able to visit them. This means that for most people appointments do not need to be booked in advance, resulting in more rapid phone response times.

“The webpage ‘Raising Concerns and Complaints: Useful Guides’ is awesome! Tells people what they need to know. Simple yet colourful, interactive, very interesting and informative, clearly written.”

Website User Feedback

Improving Patient/User Information

- We helped to make the Community Short Term Service leaflet more user friendly by providing patient feedback.
- We provided feedback on the NHS 111 factsheet to help ensure the information was user friendly.
- We contacted NHS Choices to alert them to the difficulty in searching for data on hospitals, as a result of which they changed the wording on the website.
- We undertook a ‘Mystery Shopping’¹³ exercise regarding GP out of hours answerphone messages and gave individual feedback to help make the messages clearer and more comprehensive for patients.
- We informed NHS England and our local Clinical Commissioning Group of GP practices in our area which had yet to create a website.

13. This is a tool used externally by market research companies, watchdog organizations, or internally by companies themselves to measure quality of service, or compliance with regulation, or to gather specific information about products and services.



Contact us!

Helpline

01273 23 40 40 (Monday-Friday)

email

help@healthwatchbrightonandhove.co.uk

We can provide you with information and signposting about local health and social care services. This includes how to access them and what to do if things go wrong.

We can help you with queries related to local NHS and social care services, including those provided by **GPs/family doctors, dental surgeons, pharmacists, opticians.**



We are here to listen to your concerns, suggestions, questions and comments.

If you need to make a complaint about an NHS or social care service we can put you in touch with an advocate who can offer support and guidance.

Over the last year
we dealt with

329

Helpline cases

We supported

267



individual members of the public, and

24

external organisations

(an individual or organisation may have had more than one case open during the year)

We referred

50

people to our sister service, the Independent Complaints Advocacy Service (ICAS)



Influencing decision-makers

We receive and analyse a wide range of data and intelligence regarding patient and public experience of health and social care services. We anonymise this information and share it with key organisations, so that service providers and commissioners can make relevant improvements. Some of the examples of this work are listed below.

Primary Care

Following our Mystery Shopping project in 2013-14,¹⁴ we found that five GP practices did not have websites available for their patients to refer to for information. We shared this finding with the NHS England Surrey and Sussex Area Team and the local Clinical Commissioning Group (CCG).

We have also made our local Area Team aware of issues around access to dentistry by raising this at our local Quality Surveillance Group¹⁵ meeting. As a result the local Area Team requested more information and assured us that it was a priority in our area.

Influencing Commissioning

We work directly with commissioners (the people who plan, agree and monitor services) about important issues that affect the care of people in Brighton and Hove. During 2014/15 we have held meetings with commissioners responsible for a number of key services. We met with the Urgent Care Commissioner to let them know patients' views on hospital discharge and improvements that could be made to the process of leaving hospital.

We also met with the commissioner responsible for Child and Adolescent Mental Health Services (CAMHS) to go through our report on the service and discuss what changes could be made. A Joint Strategic Needs Assessment¹⁶ is now under way and we are actively contributing.

14. 'Mystery Shopping Project Results Summary' report is available at: <http://bit.ly/1B58mMu>

Quality meetings with the CCG

Every three months we meet with the local Clinical Commissioning Group's quality team to share intelligence and issues gained through our engagement and Helpline work. As a result, the information we share contributes to the CCG's monthly quality report, and is used as evidence in 'deep dive' activities regarding specific services. We have shared patient stories on topics such as carer involvement in the treatment of people with mental health needs, information on respiratory care, medication management and mental health issues within Brighton and Sussex University Hospitals NHS Trust, and feedback on care homes. Through these meetings Healthwatch has contributed to a CCG review of referral management and the acquisition of services to ensure that new services reflect patient experience and need.

Healthwatch Representatives' Network

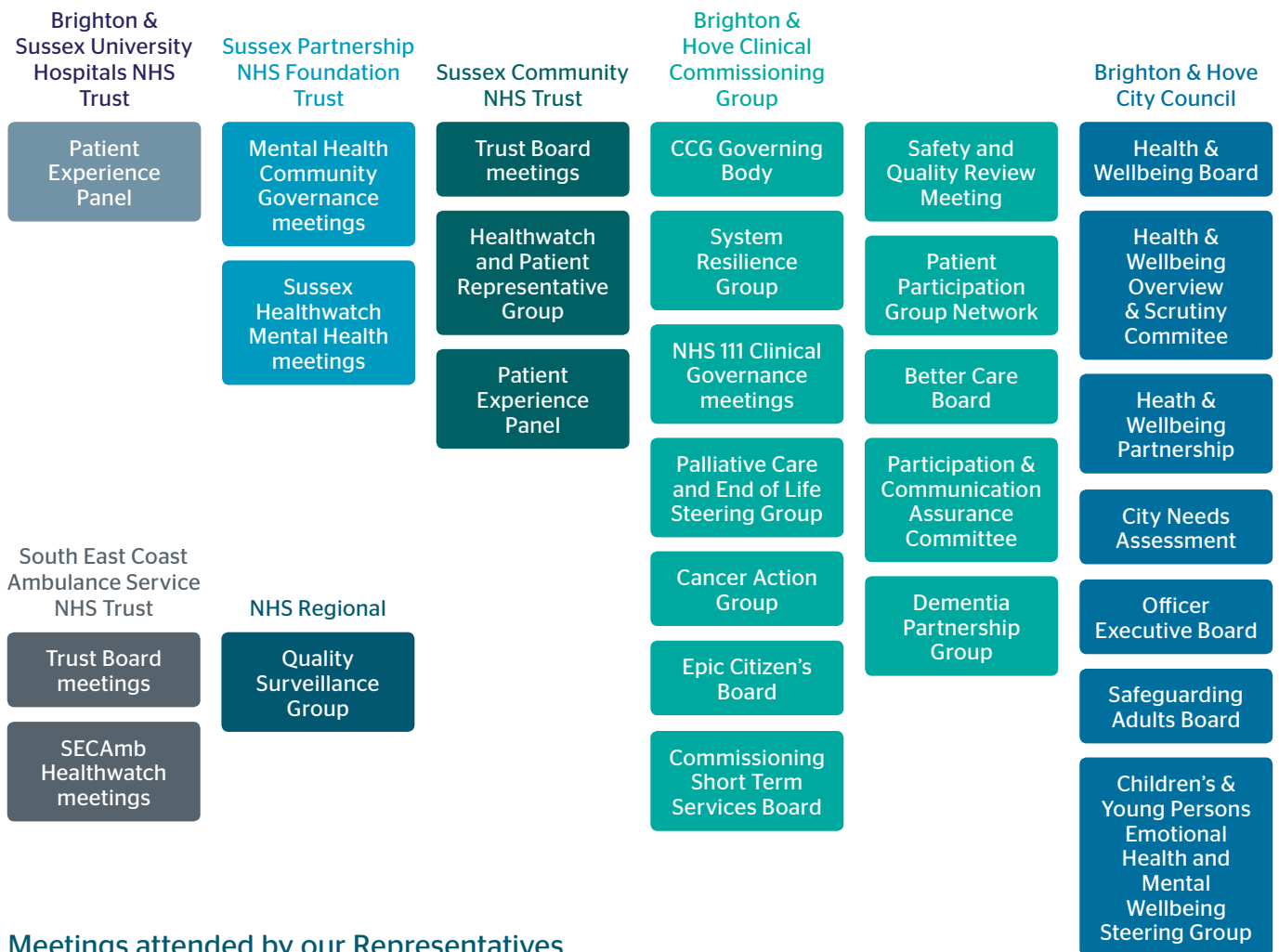
Our volunteer representatives and members of our Board of Directors attended a large number of meetings and forums across Brighton and Hove with the aim of championing the consumer voice, encouraging patient participation and influencing decision making using our patient experience intelligence and data.

Many of these forums are strategic and high profile, providing significant opportunities for influence, and they include the Health and Wellbeing Board¹⁷ and CCG Governing Body sub-groups. Critically, the network enables Healthwatch to obtain greater reach, reputation and insight.

15. Quality Surveillance Groups (QSGs) were established in advance of the new health and care system going live on 1 April 2013. QSGs operate at two levels: locally, on the footprint of NHS England's area teams, and regionally, on the footprint of NHS England, the Care Quality Commission, Monitor, Public Health England and the NHS Trust Development Authority's regional teams. The aim of QSGs is to identify risks to quality at as early a stage as possible.

16. The JSNA is an ongoing process that provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities.

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



Meetings attended by our Representatives

Our Chair also attends monthly liaison meetings with:

- the Chief Executive Officer of Brighton and Sussex University Hospitals NHS Trust;
- the Director of Public Health at Brighton and Hove City Council;
- the Director of Adult Social Care at Brighton and Hove City Council; and
- the NHS Independent Patient Safety Ombudsman at Brighton and Sussex University Hospitals NHS Trust.¹⁸

For more information on meetings attended by our representatives, please see the map above.

Sharing hot issues

Our patient intelligence sometimes indicates problems with certain services. If and when this occurs, we will write to senior managers with early notice information. During 2014/15 examples of this included access to the Community Phlebotomy Service, concerns about Brighton General Hospital switchboard, and the closure of Eaton Place Surgery.

18. This role exists to provide an independent, impartial and confidential service to the Trust's staff, patients and carers, and is held locally by Deliah Hesling.

Quality Accounts

Every year Local Healthwatch has the right to respond to document called a Quality Account which NHS trusts are legally required to produce. This is our chance to reflect back patient voices on the quality of services throughout the last financial year, and to reflect on the NHS trust's aims for the next financial year - thereby ensuring that patients' views are at the heart of the strategic direction of the trusts. In 2014/2015 our responses were printed alongside the Quality Accounts of Brighton and Sussex University Hospital Trust, Sussex Partnership NHS Foundation Trust, Sussex Community NHS Trust, South East Coast Ambulance Service NHS Foundation Trust, The Martlets, Brighton and Hove City Council.

The wider health and social care economy

We also use our intelligence to shape and influence smaller projects, some of which are led by local community and voluntary sector groups. For example, we shared our intelligence on cancer services with a local charity to aid its research.



Producing reports and recommendations to effect change

In the financial year 2014/2015 we wrote eleven reports. We sent 75 requests and 63 recommendations. Only one recommendation and four requests were not answered. We use these to effect positive change in Brighton and Hove by sharing them with local commissioners, service providers, the Care Quality Commission, Healthwatch England, local community and voluntary sector organisations and the general public. As a result we have seen short term practical gains as well as contributions to longer term strategic and developmental goals.

The information below provides examples of this work, but its impact is detailed throughout this report.

One year on from the Urgent Care report

In October 2013, we published a report on Urgent Care services in Brighton and Hove.¹⁹ This included pharmacies, Brighton Station Health Centre walk-in clinic, GPs, the GP 'out of hours service', the NHS 111 telephone service, the emergency dental service, and the adults' and children's accident and emergency (A&E) departments in Brighton and Hove.





Since then we have monitored action taken as a result of our recommendations and ways that other stakeholders are trying to tackle the issues we highlighted in the report. The results are below.²⁰

- Pharmacists have become better informed about the NHS 111 service and what community organisations offer. Improvements in visible information on the services they can provide, and letting people know how long they can expect to wait for their prescription, have been reported back.
- Brighton and Hove Clinical Commissioning Group led a significant information campaign on A&E alternatives called 'Great choices make heroes'.²¹ They used all available channels to raise public awareness about what services are available in the city and how to choose the best service for someone's needs, and so help to keep A&E for saving lives. We have helped champion this campaign.
- We have raised public awareness about GPs' telephone appointment systems, how to provide feedback, late pharmacies, and parking options for the children's and adults' A&E departments.

After the report we undertook follow up projects including checking GP practice websites to find out what information was provided about out of hours alternatives to A&E.

Each service was sent a copy of the report and its recommendations, along with patient hints and tips on how to improve the quality of information on the answerphone and website. Many practices thanked us for this practical information, and have improved their out of hours messaging as a result.

19. "Urgent Health Care Services" October 2013 report is available at: <http://bit.ly/1JISctF>

20. "What Happened After the Urgent Care Report?" is available at: <http://bit.ly/1KI5uIK>.

21. Urgent care campaign run by Brighton and Hove Clinical Commissioning Group. For more details see: <http://www.wecouldbeheroes.nhs.uk>

“Thank you for the results of the Healthwatch mystery shopping session. We are currently looking at a change to our telephone provider and will hopefully then be able to amend our answerphone message more easily than at present.”

Caroline Scannell, The Ridgeway Surgery

Activities and Social Occupation in Adult Social Care Settings

As a result of our visits to adult social care settings and accommodation in the city, a number of small but practical, changes have improved the lives of people who use the services.

- Loxwood House Residential Home and Marine View Rest Home are now producing and displaying an activities plan in communal areas, so that residents know what activities are available for that week.
- Rottingdean Nursing and Care Home now displays its activities in larger font in the dining room.
- Preston Park Recovery Centre and Loxwood House Residential Home agreed to put up more pictures of service users around the premises, to help the services feel more friendly and user-owned. Loxwood also put photos of residents on their bedroom doors, helping service users with dementia and learning difficulties to know where people's rooms are.
- Staff at Marine View Rest Home are hoping to start a book club for the residents. This was following Healthwatch's report which highlighted that residents spoke minimally to one another, but many had an interest in reading.

Early outcomes from the GP Visit Pilot studies

As described earlier, in March 2015 we visited three GP practices to test out our survey and observation schedule for GP Practices. Reports from these visits have already enabled some positive outcomes. For example, Carden Surgery is now promoting its private consultation room as a result of patient concerns regarding confidentiality issues at reception. In addition, the surgery has improved signposting on hand sanitising and it has tabled a discussion on improvements to the way in which test results are shared. Links Road Surgery has committed to putting up posters about how to complain, promoting online services, and informing patients about the national patient survey.



Our volunteers during induction training

Putting local people at the heart of improving services

Enabling and championing patient voice is paramount for us. We aim to facilitate this throughout the city through our representation, partnership working, visiting services and project work.

- We use our place on the Health and Wellbeing Board to raise issues that we consider strategic, high profile, complex and system-wide. We also sit on Brighton and Hove City Council's Health and Wellbeing Overview and Scrutiny Committee (HWOSC). This enables us to raise issues where we consider them to be lost or hidden or where we consider that further research would provide better insight, for example, asking questions regarding review of children's learning disability services. We have championed issues and raised serious concerns, such as the closure of Eaton Place GP Surgery.
- We meet regularly with the Chair, Chief Officers and senior managers of all of the local NHS Trusts as well as the local Clinical Commissioning Group and City Council. These meetings provide valuable opportunities to build relationships and share intelligence about hot issues.
- We have promoted a large number of consultations, surveys and health events through our website, social media, e-lists, and magazine. We have been very proactive in obtaining opportunities for involvement and sharing this with the public and patients in timely, accessible ways.
- As described on pages 22-23 our volunteer representatives and Board Directors attended a large number of meetings across Brighton and Hove. A recently conducted stakeholder survey highlighted praise for our Chair with regard to her ability to bring 'soft intelligence' and be a trusted 'critical friend'.
- We have three trained volunteer Hospital Complaints Peer Reviewers who help Brighton and Sussex University Hospitals NHS Trust review samples of complaints and responses to them with the aim of auditing quality and suggesting how responses might be improved. They have helped the Trust by providing useful comments about the tone and approach, which has led to increased awareness amongst individual complaints managers.



Improving our own services

We strive to be an organisation led by local people for local people and continuously to ask, learn and improve our services and work.

As a result we undertook a small stakeholder evaluation project, asking our service users, volunteers and partners what we did well and how we could do better. As part of this we also undertook separate but linked Helpline and volunteer satisfaction surveys. In the small stakeholder evaluation project a total of 49 respondents provided their views. In general, we have been seen to perform well, with respondents giving an average score of 7.6 out of 10 (where 1 is poor and 10 is excellent) for general performance.



**Tell us what
you think
about us**

Healthwatch Brighton and Hove has been praised by key stakeholders in the city for the 'soft' intelligence concerning health and social care needs of individuals and communities that it brings to their attention; we want to build on this channel of information and develop more robust evidence in order to support our role.

Feedback from stakeholders' interviews

Respondents gave positive feedback on a range of issues including:

- putting the patient perspective at the heart of its work;
- engaging positively with key stakeholders;
- being a 'critical friend' - both scrutinising and supportive at the same time;
- being open and reporting observations as honestly as possible;
- having reach into key strategic health and social care forums across the city;
- influencing agendas, bringing key patient perspective issues to the table, and engaging in a high level of debate; and
- being focussed and covering issues comprehensively.

Respondents felt that we could have performed better on the following:

- providing context in our reports and making connections across services within provider organisations and across the city;
- quality of representation at some key strategic boards/partnerships;
- publicising and promoting Healthwatch to the public and patients;
- communication with key stakeholders; and
- having a wider intelligence role within the hospitals.

We are currently planning how to incorporate the findings of these processes into our 2015 plans. Details of the survey can be found at: <http://bit.ly/1QGrSR7>.

“General awareness of Healthwatch seems to be intermittent - some people are very knowledgeable and aware and others haven’t heard of Healthwatch at all.”

Feedback from the Public Survey

We have also met with the city’s Youth Council to review how young people can get involved in all aspects of our operation, as we have recognised this is a gap in our work and reach. As a result, we are co-opting one of the Youth Council members to our Board of Directors and we hope in the longer term to develop this into a Youth Ambassador role.

Working with others to improve local services

Over the last financial year, we have been proactively seeking collaborative projects and working directly with local and national organisations to be able to address local people’s issues. We have also taken part in a number of projects that have had national influence. Some examples of this work are outlined below.

Healthwatch England (HWE)

On a regular basis we share our data with HWE to help them to represent patients at a national level. For example, HWE contacted us to find out what issues people face locally with regard to car parking at local hospitals. HWE was impressed by the wide range of information we were able to provide them with, resulting in us talking directly to the Head of Patient Environment at the Department of Health and influencing their national work on the topic.

Furthermore, we provided feedback to HWE on the national escalation policy to ensure it was useful and accessible to local Healthwatch organisations. We have also attended the HWE national conference and participate in its webinars and social media group.

The Care Quality Commission (CQC)

We share intelligence we gather about local services with the CQC to help guide inspections they carry out. This year we shared patient intelligence regarding Sussex Community NHS Trust, Sussex Partnership NHS Foundation Trust, Brighton and Sussex University Hospitals NHS Trust, and a number of primary care services before CQC inspections took place. This enabled them to more fully understand local context. We also attended quality summits, patient meetings and other events aimed at hearing patient experience before and after CQC inspections.

We hold quarterly meetings with our local inspection manager to discuss the outcomes of previous inspections. We also discuss planned CQC inspections to ensure our visits are complementary and do not overload providers. Every report from our own Enter and View activity is sent directly to our local inspection manager upon release.



We also help trusts to prepare for CQC visits. For example, one of our volunteer representatives supported and took part in a mock inspection of Sussex Partnership NHS Foundation Trust before their visit to help orientate and provide context for inspections.

More recently, we asked the CQC to look into the care provided in the Acute Medical Unit at the Royal Sussex County Hospital. Following our escalation letter CQC Inspectors conducted a visit in the hospital and plan to do further ones.

Which?²²

We learnt that people in Brighton and Hove were experiencing problems obtaining correct information on pricing for NHS dental treatment, and patients were confused about the circumstances in which they should be referred for private treatment. As we were aware that this was a national issue, we shared our intelligence with the consumer watchdog Which?, and helped to shape the questions they asked people as part of a national survey on the topic. We promoted the survey when it came out, along with the final report and recommendations. We also undertook an information campaign on NHS dental charges.

Healthwatch East Sussex & Healthwatch West Sussex

We established a Sussex-wide meeting with the local mental health service provider and engaged other local Healthwatch to promote joint working, share intelligence and identify possible collaborative projects.

More recently, with Healthwatch East Sussex we undertook an unannounced visit to wards that specialise in the care of older people as well as the Acute Medical Unit at the Royal Sussex County Hospital. Healthwatch England commended both of our organisations for this work, and the case study²³ was shared with the wider Healthwatch network. The study was also used as an example of how to conduct an unannounced visit and will be used in national Enter and View training in the future.

We have worked well with Healthwatch over the past year and don't want to find ourselves in twelve months' time having to establish new relationships with a whole new set of people because the contract has gone to a different organisation. This would be unhelpful and distracting.

Feedback from stakeholders' interviews

Community and Voluntary Sector

We have worked with a wide variety of community and voluntary sector partners to gain specialist knowledge and increase the reach of our reports. Our work on hospital discharge was supported by the findings of the Lighthouse Recovery Support's focus group on the issue, and the research generated by The Carers Centre for Brighton & Hove. Amaze (for parents and carers of children and young people with special educational needs and disabilities) and mASCot (managing Autistic Spectrum Condition online together - for families with children on the Autistic Spectrum) contributed their knowledge and previous reports to our work on CAMHS, and Mind in Brighton and Hove's LIVE Project (for people with personal or lived experience of mental health issues) provided us with summaries of their focus group on the topic.

More recently, we launched our Community Spokes programme working with voluntary and community organisations in direct contact with hard to reach communities in Brighton and Hove.

22. Which? is a national Consumers' Association. For more information on the survey see: <http://bit.ly/1xLVxy3>

23. The case study is available on our website: <http://bit.ly/1dbU1mr>

Impact stories

Hospital Discharge Project²⁴

Last year we received calls and information from a number of sources that indicated people were unhappy with the care they received when being discharged from the Royal Sussex County Hospital. To better understand the picture, we analysed our complaints data, a patient survey and an Enter and View visit to highlight the main issues from a patient's perspective, and sought grassroots intelligence from local carers and mental health organisations.

As a result of this and work undertaken by the Trust itself, 'Discharge Hour' has now been reinstated at the hospital. This means that medications are prepared 24 hours in advance, and early indications show that patient flow is improving as a result.

"A wonderful report which I have been raising at a range of meetings in the city to make sure everyone has seen it. Brilliantly written and accessible."

Mailing list Subscriber

In addition, as a result of our recommendations, we have been told that the hot water tank will be installed in the discharge lounge shortly.

We aim to use the information we have gathered on the discharge lounge to influence the future redesign of the space, as part of the planned hospital renovations. The Clinical Commissioning Group has also consulted Healthwatch regarding new developments for the discharge process at the hospital.

Patient-Led Assessments of the Care Environment (PLACE) visits

Our volunteers and staff have participated in PLACE visits. This included a visit to the Sussex Eye Hospital where volunteers identified serious problems ranging from faulty windows, which meant damp and cold came in and rooms could not be used, to uncomfortable chairs, poor flooring and shabby décor.



This was having a significant negative effect on the service for both patients and staff. Because of this we wrote to the Chief Executive of the Trust with the result that a £2.175 million investment programme has been identified which will replace the windows and change room layouts.

When our volunteers undertook a follow up visit in December 2014, some changes were already in place. We were told that a major refurbishment, including replacement of windows, will take place over the summer this year. We are currently monitoring the situation.

24. "Leaving Royal Sussex County Hospital" report is available at: <http://bit.ly/1KyIGJ9>



Child and Adolescent Mental Health Services (CAMHS)²⁵

We heard from a number of parents about their experiences of supporting young people through the CAMHS service, and decided to find out more. We undertook a research project which drew together a range of existing information about the patient and carer journey, as well as first hand experiences of using CAMHS services. Using original case studies, our own Helpline data, intelligence and reports from community and voluntary sector partners, and wider information and data held by statutory partners, we compiled a report which found that there were issues with appropriate referrals to the service, building positive relationships with parents, and transitioning to adult services.

“Great work @HealthwatchBH: on #CAMHS report: bit.ly/1vcouBW I know @NHSBrightonHove rightly have this as a real priority area.”

Twitter User

Brighton and Hove Clinical Commissioning Group in partnership with Brighton and Hove City Council intend to carry out a Joint Strategic Needs Assessment (JSNA) to review and re-design the local CAMHS service and Children’s Wellbeing Strategy. This will include a questionnaire to children, young people and their parents/carers about their experiences of the service. Healthwatch has been invited to contribute information to this process and re-engage individuals who took part in the first project. In addition, this year we plan to host an event which enables children and young people to understand their rights and options when receiving mental healthcare.

25. “Putting the Pieces Together: An overview of people’s experiences of CAMHS services in Brighton and Hove” report is available at: <http://bit.ly/1KynrpU>

Healthwatch Helpline

Our Helpline receives regular praise, and through our survey we were able to identify examples of real impact for individual callers.

Helpline User Experience I

"I can only say that we found the service and the help offered was excellent. You, personally, were very attentive to our problem and always replied punctually to any correspondence whether it was on the phone or with emails. You dealt with the matter as far as you possibly could, although I don't feel that the problem is solvable. In the past six months we have had to spend a considerable amount on private dental treatment, as we were informed that our required treatment was not available on the NHS. When it comes to taking care of our teeth, there really isn't any option but to carry out any necessary work advised by [our dentist]. The issue usually comes about due to the fact that there are normally no available appointments for NHS treatment within three months unless you use the emergency system at extra cost. I think [our dentist] is an excellent dentist but is massively using the system to [their] financial advantage. It isn't, perhaps, any surprise that people are neglecting their teeth when you start to count the cost. This, of course, doesn't detract from the fact that you and the services were extremely helpful, polite, approachable and responded to our requests immediately. We thank you for that."

Helpline User Experience II

"I phoned Healthwatch because I was told by my GP that mental health services didn't exist for 17 year olds. Healthwatch promptly and sensitively discovered that this was not the case and set my daughter and me on a path which, although painfully slow, has finally resulted in her accessing some good quality counselling on the NHS. Healthwatch also educated my GP so he, hopefully, won't make that mistake again. I saw a Healthwatch poster in the GP's waiting room and decided to contact you. I'm very grateful that I did."



Helpline User Experience III

"I had just moved into the area and was finding it extremely difficult and time consuming to find a local surgery that had a resident GP specialising in diabetic care. I could not find a list via my internet searches and had started calling local surgeries one by one. After many fruitless calls, I contacted the Healthwatch Helpline. They took details of my request and sent me a list of practices that had the diabetic support I was looking for. Within 10 minutes of receiving the information, I had arranged a visit to register with an NHS surgery."

Helpline User Experience IV

"When I contacted Healthwatch for my child, who has ME/CFS,²⁶ I had no idea of services available. My child had been kicked out of children's services due to age. Your help with pointing us in the right direction has been invaluable. My child has been seen by the specialist at Haywards Heath ME/CFS clinic and has been attending a course for people with ME/CFS. My child is still not better but at least is receiving some support from the NHS. Thank you for your help."

26. Myalgic encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS), also known as Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS), is a complex and debilitating chronic disease with a serious impact on one's quality of life.



Our plans for 2015/16

Opportunities and challenges for the future

Health and social care statutory organisations are going through major transformation in the city which causes great uncertainty but also opportunity. The Clinical Commissioning Group (CCG) will be shifting to co-commissioning primary care services, and a reconfiguration of GP practice clusters is in progress. This will result in changes in the model and type of service delivery. The aim of Healthwatch is to ensure that changes bring improvements to patients and citizens, and do not exacerbate inequalities rather reduce them. We will use our intelligence and roles on key groups in the city to influence changes and monitor their impact.

To ensure we are providing high quality services and performing as a best practice Healthwatch we will use the new Healthwatch England quality standards to evaluate our practice through a peer review process by autumn 2015. Importantly, we will develop an income generation plan that identifies new funding sources aligned to our priorities (and not covered by our statutory duties), including securing additional funding for patient engagement and empowerment activities.

Extending our Reach

We want Healthwatch to be well established in the public arena. Letting people know we exist, what we do and how to use us is a major challenge for the future. We will deliver at least one public event which will be fun and engaging. It will provide both advice and support and will ask the question, “what good looks like?” We intend to use the results of this to influence service re-design and our own work programme.

We will continue to extend our reach using the Healthwatch Magazine, website, public events and other activities. We will increase our impact on Twitter, Facebook and mass media. Our targets include 24,000 website hits, 1000 people subscribing and reading the Magazine and 100 people at our public event and Annual General Meeting.

Younger people are less likely to know about us and we are in the process of recruiting a young person to advise us and set targets for improvement during 2015. We will increase our reach by engaging with young people in colleges and universities.

We will develop a programme of work that aims to empower local citizens to understand and navigate services and get the best from them, giving them the information and skills to use their own resources to keep well.

We will seek out and respond to voluntary and community partners who have similar areas of interest and concern and add value to each other's work so that we harness the greatest spread of views and experiences. Our targets are to engage 15 community and voluntary sector organisations in our Community Spokes programme.



Representation and Influence

We will continue to use our position on the Health and Wellbeing Board to ensure health and social care providers keep users' and patients' views at the centre of their plans, and we will apply scrutiny to decisions through our role on the local Overview and Scrutiny Committee. We will influence the agenda as well as respond to items.

We have reviewed the support to trained Representatives who attend meetings on our behalf and are putting in place plans to improve the ways in which we capture their feedback/intelligence so that Healthwatch has a more strategic and joined-up approach. We have introduced a system for co-ordination and group support for volunteers. We will identify the key topics and link Board members and staff and volunteers to form specialist hubs.

We will continue our liaison at Healthwatch Chair, Board and CEO level with Chairs and Chief Executives and senior personnel in the Clinical Commissioning Group, the hospitals, community services and the local authority. Our particular focus on the Clinical Commissioning Group and the Royal Sussex County Hospital will continue, but in 2015/16 we will improve our liaison with other providers.

We will develop a clearer programme of patient empowerment, fundraising and allocating resources to foster greater empowerment and self-help.

We will continue to raise issues about users to statutory agencies. Our commissioner has set a target of 120 issues for 2015/16.

Project Work

Through our visiting activities and Spokes work we will undertake new projects focussed on gathering intelligence, empowering communities and extending our reach and impact.

We will allocate funding to projects to achieve this, including our successful bid to Brighton and Hove City Council to fund advocacy for Transgender people accessing the Gender Identity Reassignment pathways provided by the NHS.

A full list of these projects will be available on our website from early August 2015.

During the autumn of 2015, we will host a workshop on complaints, bringing together the city's complaints services in relation to health and social care.





Undertaking our Statutory Duties

We will undertake up to 36 Enter and View visits during 2015/16 and a further ten PLACE visits.

We will focus these in three areas: primary care (through GP practice visits); hospital and acute settings – including A&E and the Acute Medical Unit at the Royal Sussex Hospital; and residential care homes for vulnerable and elderly people.

We will deliver this programme through greater collaboration, including reaching out to Patient Participation Groups linked to GP practices.

We will escalate concerns where appropriate to the CQC and develop more pro-active working relationships with local Inspectors.

We will also develop our relationship with Healthwatch England by engaging pro-actively in national and regional workshops and events and capitalising on the content of the Yammer network.

Where possible, we will work with East and West Sussex Healthwatch organisations to deliver activities that benefit the public and patients using services across borders. In particular, we will build on our successful joint Enter and View projects to the Royal Sussex County Hospital.

This year some staff and volunteers have undertaken 'sit and see' training, which means that our representatives can undertake care observations in a range of settings. This training will be rolled out to our volunteers so that the tool can be used regularly.

Furthermore, we will develop a comprehensive 'Visiting Services' pack; which will highlight the services we offer and conduct.

Intelligence, Insight and Policy

In the coming year, we will develop our insight and evidence role, giving greater emphasis to working with public health and the city-wide Joint Strategic Needs Assessment. We will make clear links to national and local policy agendas for example the Care Act, Better Care, primary care transformation and care in acute healthcare settings, and we will focus on collecting patient 'stories' of what good looks like.

We will also review the use and functionality of our database to ensure it provides us with the tools to carry out our intelligence and insight functions properly.

Furthermore we will make stronger use of intelligence gathered by our partners in the city, particularly those in the community and voluntary sector working with less heard groups.

Signposting and Information

We want our Helpline to be the 'go to' place for information and support regarding health and social care services in Brighton and Hove and have set targets to increase our Helpline calls as we recruit and train more volunteers. During 2015/16 we aim for a minimum of 3,500 public contacts.

We will work with the City Council and CCG on the promotion and use of the new 'My Life Brighton and Hove' website, which brings together a huge array of health and social care information. In order to ensure this we will re-develop of our leaflets, posters and materials to embed 'My Life Brighton and Hove' links.

We will work with our Community Spokes to ensure that our Helpline is promoted to communities and neighbourhoods where need is greatest.

Finally, we will capture patient and public Helpline stories to help demonstrate its value but also ensure that patient experience is directly influencing services and our priorities for work.

Our governance and decision-making

Healthwatch Brighton and Hove was inaugurated in April 2013, and was established as a project within Community Works (a registered Charity which acts as the lead umbrella body for the community and voluntary sector in Brighton and Hove). With Department of Health funds, we were commissioned and contracted by Brighton and Hove City Council. An independent Board of Governors was set up in November 2013, but many of the activities, including personnel management, were retained by Community Works. However, there was a desire to ensure that Healthwatch had its own identity, independence and governance and to achieve this we became an independent Community Interest Company on 1st April 2015.

The company had nine volunteer Directors on its Board which includes the Chair, who is paid a small stipend. Their expertise and skills include senior management and policy experience in the health and social care field, accountancy, education, BME community issues, social inequalities, disabilities, community engagement and work in the charitable sector.

We have quarterly meetings open to the public. The Board workload has been considerable due to the drive to establish an independent organisation. All Board members do more than attend meetings and generally have a particular area of interest, for example primary care or a specific service provider.

In 2015/16 we will recruit 2-3 new people to the Board either as Directors or through co-option. We particularly need people with expertise in human resources and fundraising, and those with a grounded understanding of health and social care issues. We will also be addressing diversity and encouraging those people who are traditionally less heard to apply, including young people.

We have a Membership target of 15 groups and 15 individuals (three of which places are reserved for young people). In 2014/15, we have concentrated on recruiting group Members. In 2015/16, our focus will be on individual membership.

We also have a Supporters list. People receive our monthly Magazine and are kept informed about what we are doing and what is going on locally.

Our Board 2014/2015



Frances McCabe
Independent Chair



John Davies
Director



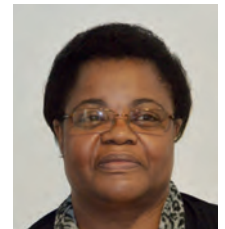
Bob Deschene
Director



Karin Janzon
Director



Mick Lister
Director



Doris Ndebele
Director



Sophie Reilly
Director



Clare Tikly
Director



Rachel Travers
Director
Left in Dec 2014



How we involve lay people and volunteers

Healthwatch Brighton and Hove is an organisation led by and for local people and we aim to involve local people in all aspects of our organisation.

During the year we recruited 27 excellent new volunteers and three left, meaning that we ended the year with 34 volunteers in total. Three of the new recruits were Enter and View Authorised Representatives, bringing our team up to seven and ensuring that we were able adequately to undertake our statutory right of Enter and View. Six recruits were Engagement and Communications Assistants, providing our Engagement and Communications Co-ordinator with a strong and diverse team to help her reach local communities.

Five recruits were Helpline Volunteers which is enabling us to increase the reach and capacity of the Helpline service.

We also recruited three volunteers to form a team of Hospital Complaints Peer Reviewers. Their role is to regularly review a sample of Brighton and Sussex University Hospitals NHS Trust responses to complaints about its services. This has ensured that members of the community have played a role in monitoring complaints made about a local NHS Trust.

Six new recruits were Healthwatch Representatives, and we also recruited two Admin Assistants to help us in our office together with a Media Monitor to help us ensure that we keep up to date with reporting on health and social services in the local and national media.

We also have twelve volunteers known as 'Papermates'. This is a group of people with learning disabilities who have been volunteering for our organisation for the past two years helping to distribute our Healthwatch Magazine. Each month they have tirelessly stuck on labels and stuffed and franked envelopes for postal copies of the Healthwatch Magazine.

Helpline Volunteer Experience

"I feel honoured to be part of this great consumer champion organisation that strives to make our local health and social care services the best that they can be. My experience of volunteering at Healthwatch has been nothing short of fantastic! From the outset, I received full and detailed training that has helped me to feel very well prepared for my job as a Helpline volunteer. I continue to receive ongoing support in my work and I also feel valued as part of the team, which is something that I appreciate enormously. On Fridays, I look forward to coming into work with a friendly, happy and dedicated team of people."

All of our volunteers have a clear role description which sets out our expectations and the support they can expect to receive. Each volunteer receives regular one-to-one support from a dedicated line manager, and training suitable to their role is offered where possible.

Recently, we have established volunteer forums so that our volunteers can meet each other, share experiences and offer peer support. We aim to use these forums to ensure that volunteers are briefed about all aspects of the organisation's work and more broadly about health and social care issues in the city.

We recognise that there is more work to do to ensure that our volunteer representatives are fully briefed and supported in their roles in the city. We have revised membership of some groups and are in the process of developing a new system of support. A key priority for us during 2015/2016 will be to provide better briefings, enhanced training and one-to-one development opportunities.

Financial information

Income

Funding received from local authority to deliver local Healthwatch statutory activities	£204,000.00
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Additional income	£14,800.00
Total income	£218,800.00

Expenditure

Office costs	£45,663.97
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Staffing costs	£143,990.63
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Direct delivery costs	£23,818.04
Total expenditure	£213,472.64
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Balance brought forward	£5,327.36

More detailed financial information is available on request.





Contact us

Healthwatch Brighton and Hove
Community Base
113 Queens Road,
Brighton
BN1 3XG

Freepost RTGY-CZLY-ATCR
Healthwatch Brighton and Hove
Brighton
BN1 3XG

Office telephone

01273 23 40 41

Office email

office@healthwatchbrightonandhove.co.uk

Helpline telephone

01273 23 40 40 (10am-12pm, Monday to Friday)

Helpline email

help@healthwatchbrightonandhove.co.uk

Website

www.healthwatchbrightonandhove.co.uk

Twitter

You can now follow us on: HealthwatchBH

Facebook

www.facebook.com/healthwatchbrightonandhove

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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