

healthwatch
Brighton and Hove

**...always part of the
solution**

Annual report 2019-20

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Glossary

- + A&E Accident & Emergency Department
- + BHCC Brighton & Hove County Council
- + BSUH Brighton and Sussex University Hospitals Trust
- + CCG Brighton & Hove Clinical Commissioning Group
- + CQC Care Quality Commission
- + PALS Patient Advice & Liaison Service
- + PLACE Patient-Led Assessments of the Care Environment
- + SHCP Sussex Health and Care Partnership

Message from our chair



Fran McCabe

Fran McCabe
Healthwatch Brighton
and Hove Chair



As I reflect on our work and achievements over the past year it is impossible not to acknowledge the impact which Coronavirus disease (COVID-19) has had on our organisation - and all other health and social care services in our city.

Over the year, we have continued to deliver in-depth, quality projects and challenged services to improve, but in the latter part of the year we overnight adapted and changed our plans. Healthwatch has reviewed the quality of home care services and how young BAME people use sexual health services. We also maintained a focus on our local hospitals carrying out research on patients' experiences of outpatients' appointments, but the outcomes from that project - and also a major piece of fieldwork in the Emergency Department - both had to be postponed because of COVID-19.

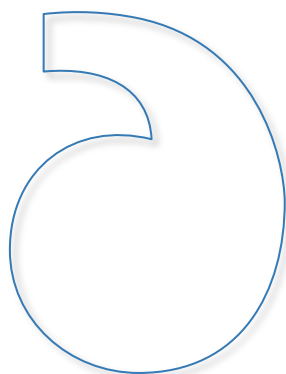
We produced a comprehensive report on general practices in the city, but wide dissemination has also been deferred. Fortunately, our extensive report on oral health in care homes, our follow-up work from our hospital discharge project, our hospital environmental audits and our project exploring the quality of care provision in peoples' own homes have already had wide impact.

The relationships established with health and social care managers and staff throughout the years have been priceless during the pandemic.

The Healthwatch staff and volunteers have switched to remote working since COVID-19. People who use services - or need to, but are frightened or uncertain - have needed Healthwatch even more than ever.

We have started a Hospital Discharge Wellbeing project to signpost people needing community support and 500 people have been referred to us by the NHS as part of the COVID-19 response, 40% needing additional support.

Healthwatch volunteers have continued to help in every aspect of our work and have remained loyal over the years and we still recruit new and talented people. I would particularly like to mention Young Healthwatch and the Board, and thank staff who have gone the extra mile over the last the year, but especially in the last few months of 2019/20.



Highlights from our year

Providing support



1,598 people

shared their health and social care story with us,
220% more than last year.

116 services reviewed

including home care, community health and social care,
hospital wards, outpatient areas and clinics, and services
for young people.

Health and care that works for you



67 volunteers

- including **25** Young Healthwatch volunteers - played a
crucial role in supporting Healthwatch Brighton and Hove,
contributing

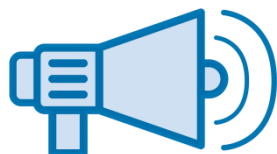
5,405 hours

of their personal time. They were supported by

5 paid staff

made up of **2** full time and **3** part-time employees.

Reaching out



21,420

people visited our website including 10,076 new users, an increase of 8% on last year. We also reached

26,370

people via our Facebook posts, and

33,663

via Twitter.

1,484

people receive our regular news mailshots including our COVID-19 updates.

Making a difference to care



10 reports

produced during the year on issues that matter to you.

These included a GP Practice Review, Oral Health, Home Care, Hospital Complaints, Hospital PLACE and Environmental Audits, BAME Sexual Health & young BAME people, and COVID-19 bulletins.

Our volunteer representatives attended

212 meetings

where health and social care decisions were made, to help keep you informed and to represent your voice.

Coronavirus and COVID-19



COVID-19 Response

A change of plan

As a result of the impact nationally of this global pandemic, we have had to put aside work about to be published, paused work in progress and development, adapted how we worked as a team and with other organisations, and refocused our energy on the issues that mattered most during this time.

Part of the response

During this crisis it was more important than ever that we understand the needs and concerns of our city's residents - and respond to them. In January, we recognised that public concerns were mounting around a new virus that had already forced the closure of local GP practices.

We issued our first public facing virus advice in early February 2020. We were one of the first community organisations to publish consolidated information and established ourselves early on as a 'go-to' organisation for accurate and up-to-date information, receiving praise for our role.

We continued to champion the needs of our city's residents, raising concerns and achieving positive outcomes for patients on a variety of topics. We welcomed the collaborative and open approach of our Clinical Commissioning Group (CCG), Brighton and Hove City Council (BHCC) and the local NHS Trust in listening to our concerns, involving us, and keeping us informed.

This has been an unprecedented time for all, and Healthwatch is proud of its role in helping to support patients and of the way that local services have adapted so quickly to this crisis.



We escalated **11** concerns and questions to health providers and decision makers covering **10** topics in just **6** weeks.



We gathered patient feedback on services and shared this with city leaders to help them with their approach to this crisis.



We worked in partnership with city leaders gaining privileged access to information and built new relationships.

Issues Raised

To keep you better informed during this time, we raised questions with city leaders about existing health services and how or whether:

- our local Trust was adapting, including how outpatients' services were operating
- new cancer referrals would continue to be made
- access to PPE equipment would be managed
- Patient Transport was adapting and protecting patients
- 'shielding letters' and other information would be translated and made available in other formats (such as Easy-Read)
- our A&E department was adapting
- the Patient Advice & Liaison Service (PALS) was operating in light of the Ombudsman suspending complaints services
- people volunteering to collect prescriptions for someone else would be protected from fraudulent activity and scams.
- information on urgent dental care services would be made available
- how pharmacies would ensure that patients could still get access their prescriptions
- how the trust was planning for staffing shortages.

COVID-19 Response

Sharing Information

During this time:

- Within the first six weeks of the pandemic appearing we had issued nine mailshots to our 1,400+ strong mailing list providing weekly updates on the emerging crisis with advice and information on how health and social care services were changing.
- We shared positive news stories and praise that we had received about health and social care services.
- We worked in partnership with our Public Health Team to ensure we were in receipt of up to date information.
- We posted over 100 times on social media sharing government, NHS, Council and Trust information. Our posts achieved a reach of over 6,000 and 750 engagements.

Website:

- We created a dedicated Healthwatch page which was updated daily. This provided up to date information and advice, and links to further sources of support.
- In March, we issued a Frequently Asked Questions document, providing answers and advice to commonly raised concerns including a public-facing guide to health and social care services.
- Our publications received praise from a wide variety of sources including the public, local press and local services:

Public Responses

"I just want to express my grateful thanks for the information on local services document you have prepared and distributed. This is very helpful and answers various questions I had.

Much appreciated. With good wishes and do keep well."

Member of the public

"I've just been alerted to your fab briefing note [COVID-19 Guide to Prescriptions]. Thanks so much for helping get the message across."

Community Pharmacy Surrey & Sussex

"I always enjoy and find your information very helpful and often I circulate it to our services users across the city."

Manager, Local care agency



COVID-19 Response

Special Projects from April 2020

Hospital Discharge Wellbeing Service

Working with the Council, Brighton and Sussex University Hospitals NHS Trust (BSUH) and Sussex CCG we started contacting people recently discharged to check on their wellbeing and ability to cope during the crisis.

By June 2020 over **500** people were referred to us to call, with **30%** being signposted or referred on for additional help.

Healthwatch Mental Health 'Sector Connector'

We created new forums to link the voluntary and community sector to help restore and recover mental health planning, Sussex wide. The first forum in Brighton and Hove is planned to be held early July 2020.

Sussex-wide Cancer Webinar

On 20th June we hosted a webinar with 1,000 people visiting the event page and over 100 registering to attend.

We had follow-up interviews promoting people to engage with cancer services by BBC TV regional news.

Care Home, family and friends

Support for residents, family and friends in care homes and nursing homes. A series of online confidential discussions to raise issues, promote good experiences and share learning.

We plan to start these in July 2020, in partnership with the BHCC, NHS, Carers Centre, Speak Out and the Care Quality Commission (CQC).

Restore and recovery, re-engagement

A series of engagement activities, including interviews and surveys aimed at helping service redesign in the COVID-19 restore and recover stages. The initial focus is on online and 'remote' consultations, hospital discharge, and emotional and mental health.

This includes 'core questions' shared system wide to ensure that many different surveys include comparable information.

This is supported across Sussex by local Councils, the NHS, Public Health, the academic and voluntary community (VCS).

"The CCG will like to extend its thanks to Healthwatch for its support to the system in responding to COVID-19. We particularly appreciate the regular feedback, which allowed us to respond quickly to any issues and strengthen our work to help ensure the public were getting the care they needed, and the regular bulletins which provided a rich and crucial source of information with inspiring patient stories."

Lola Banjoko

Executive Managing Director
Brighton and Hove CCG



Read the report detailing our [COVID-19 Response Activities](#) during Jan to April 2020

How we've made a difference



Primary Care – the continuing challenge

Improving primary care experience for patients



Capturing the views of **1,000** patients from all **35** practices and five branch surgeries across the city.



26 recommendations for primary services and in individual reports to GP surgeries.

We spoke to **1,000** people about their GP practice, **60%** face to face, **40%** online about patient satisfaction, quality of care, accessibility, health screening, and the surgery environment.

We also made comparisons with our earlier **2018 GP Review** and where some questions were similar, with the **NHS National GP Survey**.

Key Findings

Patient satisfaction **89%** high or very high.

However, this is within a climate of increasing GP caseloads, practice closures and mergers.

2,479 patients per doctor in Brighton and Hove, **1,825** is the England average.

74% people reported that a phone or online consultation had fully met their health issues.

86% of people reported that their surgery was located close enough for easy access.

The virus response has required many more telephone and on line consultations with early evidence of high patient approval ratings.

Key Recommendations

Patients told us – we recommended:

- Longer and more flexible opening hours,
- Continuity of care with the same GP,
- Reduced waiting times for routine appointments,
- Better awareness of preventative services,
- Better and longer care for mental or emotional issues.

Before COVID-19:

- Patients were waiting longer for urgent and routine appointments.
- There were less GP's per patient.



"Telephone consultations are the modern way...saving time for both doctor and patient...easier with my health condition".

Patient Response

What Next

Brighton and Hove has one of the lowest ratios of GP's to patients nationally. Securing doctors and nurses for primary care remains a challenge for the NHS in this city.

Can phone and on line consultations help take pressure off doctors and nurses?

There is some emerging evidence that convenience and a quick response are preferred to a guarantee that people can be treated by their own GP every time.

Young People & Sexual Health Services

Background

We published a sexual health briefing paper in the summer describing the challenges faced by an over subscribed sexual health system. Our Young Healthwatch team also attended three forums organised by the Black, Asian and Minority Ethnic groups (BAME) community which looked at BAME volunteering, community action and public facing events. The intelligence we gathered led to a Young Healthwatch report on sexual health.

This report showed that the burden of sexual ill-health is not shared equally, with younger people (under 25 years), men who have sex with men (MSM) and those from Black ethnic groups being most affected. In August, we met with the Lead and Deputy Commissioner which informed the scope of the Young Healthwatch BAME project.

A total of **71** BAME young people aged 17-25 participated in the study.



Key Findings

- Young people had good knowledge of local sexual health services and their experience using the services was mostly positive.
- Language was a common barrier to access, especially for those who may have only recently moved to the UK and therefore had limited English skills.
- Promotional material was not seen as inclusive and representative of ethnic minorities living in Brighton and Hove.
- Peer pressure and cultural and faith values are the two strongest influences on young people's behaviour in relation to sexual health and sexual activity.

"No wonder BAME young people don't want to access sexual health services, it's always white faces on posters and stuff!"

Key Recommendations

1. Provision of bilingual staff and foreign language interpreting services should be increased to overcome linguistic barriers. Leaflets and posters should be translated into key languages and represent young people from BAME backgrounds.
2. Social media should be the main promotion channel to provide young people with information around sexual health and sexual health service options, including videos and interactive Instagram stories.
3. Promotional material should provide information about services' confidentiality and privacy to reduce fear and stigma of access.
4. Improve staff ethnic diversity - and diversity training - to better reflect the existing ethnic backgrounds in local communities and allow BAME young people to feel more comfortable and understood when talking about sexual health, given the existing cultural and religious barriers.

What Next

We will open a discussion with local leaders and the Faith Community to consider how best to advise and guide young people to access sexual health services and advice. During the COVID-19 response Young Healthwatch and the YMCA 'Right Here' project used social media to reach young people to advise them about relationships and sexual health with messages about sexual health and contraception.

Read the full [Healthwatch Sexual Health Briefing Report](#) and the [Young Healthwatch BAME Sexual Health Report April 2020](#)

Complaints & Feedback

The journey to putting patients first

We wanted to understand what information is available to people who are looking to make a complaint or provide feedback about health and social care services. We heard from people told us that the complaint process:

- is inconsistent and bewildering to navigate
- can be confusing and distressing
- leaves people feeling unconfident about speaking up

We also found learned that few people access (or know they can access) advocacy services.



Volunteers contributed over 35 of their time to reviewing local feedback systems.



We reviewed over 35 websites, letters or reports, and published an in-depth report.

Key Findings

- **There is little consistency.**
Individual health and social care services have developed their own guidance for patients about how to provide feedback.
- **Top tips and Local guides.**
There are many examples of best practice including top tips, flowcharts and easy to understand leaflets. Many organisations have developed simple 'How to' guides which are patient focussed and accessible.
- **Recommendations.**
Local organisations have previously provided recommendations for how to improve and simplify feedback systems.
- **Social care.**
Guidance is less clear than it is for health care.

"We welcome the involvement of Healthwatch in helping to identify ways to further improve our patient letters."

Jane Carmody

Head of Patient Safety, Experience, and Engagement, BSUH

Healthwatch believes there is room to significantly improve complaints services in the city and that a 'one-stop' shop for all patients might be an option.

What Next

- COVID-19 led to NHS complaints systems being paused, but these are due to re-open on the 1st July 2020.
- Complaints systems are likely to face increased demand following major disruption of services which may continue for some time. People may wait longer as services try to recover and work through increased waiting lists.
- Integrated Care Systems will transform our health care system delivering closer, more joined-up care – and we believe that these principles can apply to complaints and feedback systems.
- After COVID-19 we will return to our findings and discuss our ideas with the CCG and NHS Trust. We will also continue with our PALS complaints review work.

Read the [Complaints & Feedback Briefing Paper](#)

Outpatient Booking Systems

Background

In 2019, people told us they were receiving confusing and multiple outpatient appointment letters, inaccurate appointment instructions and they found it difficult to contact someone to ask questions or change appointments. We heard stories of people waiting even longer to be seen because of poor booking systems. We investigated and in partnership with lead commissioners for this service and our local NHS Trust colleagues, learned that:

- Our local NHS Trust sees over **50,000** people across their outpatient departments each month and receives on average **600-650** new referrals a day. But the current system is stretched and our Trust is unable to consistently meet national 18-week standards.
- At the same time our Trust experiences high levels of patients who do not attend their appointments. As a result of all this they want to transform the current system.

Against this background the NHS Long Term Plan has set the formidable aim of reducing face-to-face outpatient appointments in England by a third over the next **5** years by making better use of technology and virtual consultations. In light of this information, we took action.

We worked with the CCG and Trust to design a patient survey and in January and visited several outpatient departments to speak with patients. We wanted to understand what aspects of the current booking system were working, and where it fell down. By March, we were ready to analyse the results but our plans to publish our findings were halted by the COVID-19 pandemic.



We visited **5**
outpatient depts.



Staff and volunteers
contributed **35+** hours.



We spoke to
120 patients

Impact

- We raised concerns with the CCG and local NHS Trust who told us they are keen to hear from patients.
- We provided the external contractor of GP outpatient services (Optum) with patient stories.
- We raised concerns with Councillors at our Health and Overview Scrutiny Committee.
- Our Trust invited us to input into their transformation programme which will redesign the current system and also to join their Outpatient improvement group.
- We were interviewed by the BBC raising public awareness of the issues.

What Next

- COVID-19 will undoubtedly impact on outpatient waiting times which are increasing one week every week. In the future, services will face severe disruption and it may take years to restore services to normal.
- As outpatients systems look to restore after COVID-19, we will return to our findings and work with patients and the NHS to determine what our data reveals, and where improvements can be made.
- Patient experience can help to deliver on the NHS Long Term Plan for transforming outpatients systems, whilst modernising it for the benefit of patients.

"We are delighted you are doing this really thorough piece of work. It comes at just the right time, and will hopefully lead to some significant improvements for our population."

Dr Rachel Cottam GP, Clinical Lead, Planned Care, CCG.

Oral Care in Care Homes - Impact Update

Background

In early 2019, in response to UK-wide concerns about oral care in care homes, we spoke to **111** care home residents and **75** care staff across **20** homes in the city.

Key Findings

Our report identified inconsistency in the quality of oral care, underuse of oral health assessments, lack of staff training, low awareness of oral health policies for both staff and residents and that access to dental care was restricted for residents with mobility issues.

55% of homes have no visiting dentist but 91% of residents are not well enough to visit a dental surgery.

48% of care home staff do not carry out routine oral health checks on admission.

37% of care home staff have had no training in oral health.

41% of care home staff did not know if their care home had a policy covering oral and dental health.

Specialist training improves oral health, but the training is not compulsory.

Impact

Following this report:

- Healthwatch was invited to share materials at the Care Home Forum, presenting to the Home Care Forum and Local Dental Committee. We were also invited to present at the Healthwatch Annual Conference, following which we provided templates and other materials to help delegates take up this theme in their local Healthwatch areas.
- As a result of connections made during the project, we were invited to join the Oral health promotion Board, and the Local Dental Committee (LDC), which we now regularly attend. Healthwatch was also asked by the CCG to contribute our support to the recommission of the Special Care Dental Service in Brighton and Hove.
- We have since worked with the LDC to supply information to patients about accessing dental services during COVID-19 and are in discussion about further partnership work.



What Next

The absence of dental services during the COVID-19 response has distressed many local people and Healthwatch across Sussex escalated this issue to the NHS early in the crisis.

There was a slow response to organising Urgent Dental Centres and in June 2020 it is still unclear when normal dental services will resume.

Healthwatch, Diversity & Equality Impact

Background

Our Equality Impact Assessment (EIA) presents the degree to which our reports have reached out to the nine '**protected characteristics groups**' specified in the Equality Act 2010. Our EIA uses data from all projects we have published between April 1st 2019 and March 31st 2020.

Our report includes an equality impact assessment for each project and also an overall assessment based on all the projects combined. The equalities data are compared to the city-wide population. Given our work with GP surgeries, hospitals and care homes, certain characteristics were unexpectedly over-represented in our review.

Key Findings

- The individual projects and overall findings show we are effective in hearing the views from a wide range of people and patients.
- **54%** of people engaged were those with disabilities, compared to **16%** across the city.
- People with varying sexual orientation or identify as trans were comparable to the diversity in the city. For example, our reports show **13%** as either a Lesbian, Gay man, Bisexual or Other compared to the Joint Strategic Needs Assessment's 'best estimate' of between **11%** and **15%** being Lesbian, Gay or Bisexual in the city.
- We have also been effective in hearing the views from people who were Muslim, Buddhist, Hindu and Jewish. For example, **11%** of those engaged were Muslims which is nine percentage points greater than the city composition (**2%**).
- Our reports achieved representation from a proportion of Black, Asian and Minority Ethnic (BAME) groups comparable to the city as a whole (**19%** of the people engaged were not from a White British background).
- In the Black, Asian and Minority Ethnic (BAME) sexual health study, all **71** participants were aged **24** or younger.

Key Recommendations

1. Although views from a diverse range of patients have been heard, there are areas that require more engagement:
 - **Men** – all projects show more women being engaged than men (up to two-thirds women to men in one study).
 - **Younger age groups** – **22%** of people in our projects were aged between **16** and **34** inclusive, compared to **34%** locally.
2. There is a need to record more detail about disability, to include data on physical impairment, learning disability, dementia, mental health condition (not dementia) and long-standing illness.
3. To increase engagement from diverse communities, we will continue to foster relationships with community organisations to engage the 'less-heard' groups.
4. Create a standardised equalities sheet than can be used in all engagement activity - to ensure the exact same wording for the protected characteristics.

What Next

With the disproportional impact of COVID-19 on disadvantaged and vulnerable communities, this should refocus Healthwatch, the NHS and the city on tackling health inequalities.



Home Care Quality & Safety Review

Background

On behalf of BHCC, our volunteers regularly interview local residents who have home care services provided by independent companies. We report our findings to the council each month and the council shares them with the care providers to assess the quality and safety of services provided.

This year our team of **12** volunteers interviewed **193** residents about their home care, from **11** different providers. Our reports - with interview data and service user comments - highlights the concerns of those receiving home care, giving them an opportunity to be heard.

Key Findings

We have found that, overall the quality of service provided in our city is high. People particularly value having the same carers visit, with time to build friendly relationships and when visits are made at reliable fixed times in the day.

We also found:

- Out of 193 people interviewed, the majority were female (**111, 62%**).
- **85%** of service users (**159**) felt the care package met their needs.
- **93%** of service users (**173**) were happy or very happy with how their carers treated them.
- **91%** of service users (**173**) were satisfied with the help they got from their providers (very **100**, fairly, **73**).
- **31%** of service users (**57**) had made a complaint, and of those only **55%** were satisfied with how it was handled (**28**).
- **175** service users (**99%**) thought it useful that we used their feedback to assess the performance of their home care provider (very useful **129**, useful **46**).
- **79** service users (**42%**) were supported and signposted, including signposting to the council complaints team, Access Point and other organisations such as the Neighbourhood Care Scheme (NCS). They were also given information and encouraged to speak to their homecare providers about additional support needs.

Impacts & Improvements

As a result of these interviews there were **26** reviews/concerns reported to Access Point, of which **6** were for safeguarding concerns.

Homecare providers responded to the issues raised in the reports:

- "We have just completed a customer training with all our office staff, following feed-back from yourself. We will be monitoring all branches going forward and praise or improve by extra training or supervisions."
- "We have since made improvements to our communications systems to keep service users more informed of their visits times and changes."
- "We are currently recruiting specifically for staff for weekends and evenings in an effort to improve our service during those days."
- "We will ask staff to ask their clients if they do not already receive [a rota] if they would like to be added to the list."
- "We sent out a message to staff relating the importance as their training ID badges MUST be worn on all calls."

What Next

Paused due to COVID-19, we anticipate this project to be restarted when appropriate, though it may be adapted to include a more general wellbeing check on service users.

Hospital Environmental Audit

Background

We work in partnership with BSUH to conduct regular Environmental Care Audits across the Trust's estate using our **Enter and View** powers. In the last year nine volunteers carried out visits to wards to assess how welcoming, safe, caring and well-organised they are. In December, our volunteers began to conduct food tastings, which was a welcome addition to our work.

Our audits were impacted by COVID-19 bringing a temporary halt to our work in February and limiting the number of visits we could make. Despite this, over the course of 2019-20 we carried out seven separate visits covering 15 sites. We made over a hundred recommendations for ways to improve the environments of our hospitals and the Trust notified us that at least 60 of these were actioned, although we believe the final figure is much higher.



Healthwatch visited **15** different sites across the BSUH estate, making **129** recommendations.



9 Healthwatch staff and volunteers took part, contributing over **120** hours, supported by BSUH staff.



From December our volunteers began to conduct hospital food tastings, all of which were found to be good.

Key Findings

- All 15 sites visited scored highly in 2019/20. The highest scoring standard was for 'caring environments'
- Newhaven ward receive the highest scores.
- Healthwatch observed excellence in storage, patient privacy being protected, the range of patient information and literature, and cleanliness.
- Our main recommendations related to tackling a variety of maintenance issues, ensuring patient records were safely stored, improving storage, signage and patient information on some sites, and ensuring bathrooms were in dementia-friendly colours.
- Food tastings scored very highly, with only minor improvements noted. A variety of hot, tasty, appetising food was available for patients.

What Next

Once COVID-19 permits, we will continue our monthly environmental visits to wards, and conduct food tastings, across the BSUH estate and provide the Trust with regular feedback and ways to further improve the environment.

Impacts & Improvements

Healthwatch provide BSUH with a regular, independent supply of high-quality information about the physical environment of our hospitals which is empowering them to act on emerging issues.

1. Our recommendations are discussed at the Trust's monthly Patient Experience and Engagement Group where they are tracked through to completion within timeframes allocated by the Trust.
2. Improvements have included: updated notice boards, dangerous flooring being repaired, many areas being deep-cleaned, door buzzers and privacy curtains replaced, emergency cords repaired, areas re-decorated, signage improved and changed.

"We would like to thank Healthwatch for the ongoing work undertaken by a dedicated team of Healthwatch volunteers. These audits lead to recommendations and an action plan, which is re-audited at a later date. This work has been the catalyst for positive change."

Caroline Davies, Nurse Director
Royal Sussex County Hospital



Patient Led Audits of the Care Environment

Background

Last year, we again supported two of our local Trusts to complete their annual Patient Led Audit of the Care Environment (PLACE) assessments: BSUH and the Sussex Partnership Foundation Trust (SPFT).

PLACE is an annual appraisal of NHS healthcare settings looking at six standards which contribute to overall patient experience. The standards examined are cleanliness, food, condition and maintenance, privacy and dignity, and how well Trusts provide for patients with dementia or who have a disability.



Healthwatch visited **4** hospitals; **19** wards; **9**

departments and **3** specialist mental health services



11 Healthwatch staff and volunteers took part, contributing over **75** hours. BSUH and SPFT staff supported us.



Our volunteers carried out **5** separate hospital food tastings, recording their findings on quality, texture and more.

Following the publication of the 2019 PLACE scores by NHS Digital, Healthwatch looked at the data to gain a better picture of what these revealed about our local hospitals.

Key Findings

- Scores for cleanliness, food and appearance were excellent across both Trusts (90% and higher).
- And overall, both Trusts scored well across most of the six standards.
- Mirroring the national trend, the BSUH scores for dementia and disability were lower than might be hoped.
- SPFT delivered a strong performance across all its individual sites.
- Scores varied for sites across the BSUH estate demonstrating both excellence and scope for improvement.

Impacts & Improvements

1. BSUH continues to implement its new Dementia strategy, improving support for patients and their families.
2. BSUH continues to focus on improving how it protects patient's privacy and offers support to those with a disability or dementia.
3. Building on the principles of PLACE, Healthwatch conducts monthly audits of the BSUH estate. Our volunteers provide regular feedback which the Trust routinely acts on. From this work, Healthwatch knows how the hard the Trust is working to make improvements.

"Overall, I am pleased with the PLACE scores achieved by the Trust, which demonstrate we have improved in a number of areas. A well-maintained environment has a positive effect on patient experience, and we are grateful to Healthwatch for their continued help and support with the PLACE process."

Gavin Ford, Head of Facilities Sussex Partnership Foundation Trust

What Next

We will continue with our monthly environmental visits to wards, and conduct food tastings, across the BSUH estate and provide the Trust with regular feedback and ways to further improve the environment. We look forward to conducting PLACE when this is next organised.

Hospital Discharge Report – Impact Update

Background

Following our report published in **2018** which tracked the hospital discharge journeys of **80** patients from hospital to home, we are now advising Healthwatch England on a national campaign to improve patient experience when discharged and with support at home.

Impact

- In direct response to **ten** recommendations, the CCG, BSUH, and BHCC jointly issued an action plan to improve hospital discharge.
- Our report was presented to the city's Health & Wellbeing Board in May 2019.
- BSUH has reported on progress through their internal quality system to the BSUH Patient Engagement and Experience Panel, and they are due to report back to the Brighton and Hove Health Overview Scrutiny Committee (HOSC) in 2020 (delayed due to COVID-19).

We have met with a number of key hospital staff who have made us aware of the following changes since the review:

- A single patient handbook has been produced incorporating Healthwatch input. This contains information on the discharge process in hospital and what to expect after discharge.
- The handbook has been distributed amongst patients as a trial period i.e. engaging patients in the process.
- Weekly reviews take place, of patients in hospital longer than 7 and 21 days.
- Language has changed between staff and patients from 'promised services after discharge' to 'likely service' to manage patient expectations.

We were invited to join the Sussex Health and Care Partnership (SHCP) Unwarranted Clinical Variation Falls and Fragility Groups (including the Project Board).

Recommendations

Our report identified serious concerns with the discharge experience and made ten recommendations including:

- A joined-up service between what is promised in hospital and what is received when patients return home.
- Regular reviews of delayed discharges to ensure patients are not in hospital any longer than they need be.
- Consistent use of one document covering patient advice from hospital to home.

"Healthwatch's voice (has been influential in) shaping our approach, understanding of current care pathway issues and solutions to improve outcomes for our population."

Stakeholder Survey

What Next

Hospital discharge has been a key issue during the COVID-19 crisis, particularly discharges to Care Homes and Nursing Homes and for people needing visiting health and care services in their own homes.

Healthwatch volunteers in the City have been phoning people after discharge from hospital to check their health and wellbeing. We are now assisting Healthwatch England with a national campaign to improve Hospital Discharge patient experience.

End of Life Care

Background

We wanted to learn more about the experiences of people who are being cared for towards the end of their lives, and those of their families. We followed 15 peoples' personal journeys from October 2019 to January 2020. Although our work was interrupted by the COVID-19 virus we nevertheless identified some key findings.

Key Findings

- People and families who are supported by specialist teams report having better experiences than those who do not.
- Advice and information needs to be delivered consistently in easy to understand, supportive discussions.
- Brighton and Hove supports more people to end their lives in the their own home than the national average. We should build on existing good practice.



What Next

We will be sharing our findings with the NHS, the City Council and voluntary organisations, particularly those who closely support people towards the end of their lives and bereaved families.

It is not the right time to publish our report but we believe there will be lessons to learn as the city and our health and care services recover from the impact of the virus.

Cancer webinar

In response to patient concerns and feedback about the lack of information on cancer services during the COVID-19 lockdown, we hosted a cancer webinar with a panel of experts.

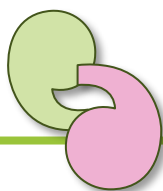
Hosted in conjunction with Healthwatch East and West Sussex, and the SHCP, the session included an expert panel who answered patient's questions. The webinar attracted a great deal of interest including a BBC interview. The event was recorded so you can view it on our website, along with a report on key themes, presentation slides and panel and participant interviews.

View the [Cancer Webinar](#) or read the report and Q&A

Stakeholders Survey

Background

Every year, Healthwatch speaks to key stakeholders to ask whether the work we are doing is the right work, with the right people, and whether it makes an impact on the way health and social care services are provided.



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

"Writing insightful reports around patients' views and concerns."

"Held us to account. Told us areas which need to be explored due to bad patient experience."

Key findings

In 2020, 47 stakeholders, representing hospitals, local authority and social care (as well as the CCG and Primary care told us that Healthwatch:

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

Note: Some respondents indicated 'don't know' for points 1 and 2.

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

"Accessible, friendly, informative, clarity of information, good communication."

"Always positive, engaged representatives and always very willing to work in partnership."

Stakeholder Quotes



"The positive contribution that Healthwatch makes to health and care services in Brighton and Hove continues. As both a commissioner and provider of services in the city, Brighton and Hove City Council welcomes the challenge and scrutiny provided by Healthwatch and through their activity and reports we take account of the views presented."

Rob Persey, Executive Director of Health & Adult Social Care, BHCC

"Our local Healthwatch is an effective voice for local health and care service users, shining the light on where we could do better but always offering constructive suggestions for improvement."

Cllr Clare Moonan, Chair Health and Wellbeing Board Brighton and Hove



"Working with Healthwatch over the last year has made a real difference to the patients we care for at BSUH. An independent view of our services and ensuring the patients voice is heard has and will continue to influence the care we provide. Acting as 'critical friends', the teams approach is professional, working in partnership with us to drive improvement and challenge when we are not providing the best level of care that our community deserve."

Carolyn Morrice, Chief Nurse, BSUH

"Thank you to Healthwatch for the work you continue to do on behalf of the patients, carers, families and local communities we serve. Your scrutiny and support of our services, and the work we do together in partnership, is invaluable"

Samantha Allen, Chief Executive, Sussex Partnership NHS Foundation Trust

Volunteers



Truly Amazing

Our volunteers are the backbone to our organisation. Most people don't realise that Healthwatch Brighton and Hove is a small team of just five members of staff. It is our volunteers, which includes our Board of Directors, that help us achieve everything that we do throughout the year.

Our volunteers:

- conduct surveys with patients,
- carry out visits to health and social care settings
- attend meetings on our behalf
- help us to design surveys, and analyse data for our reports
- review patient literature produced by our local hospitals
- talk to and signpost people contacting us for information
- provide admin support on our projects
- and so much more.

With a wide range of skills and backgrounds, and their enthusiasm for health issues, our volunteers help us make a positive difference to health and social care services in the city, benefiting thousands.

We estimated that last year our volunteers contributed over **5,405** hours of their time - truly amazing and we cannot say thank you enough.

Last year, we nominated one of our longest serving volunteers, **Sue Seymour**, for a Rotary Club of Brighton Community Service Award, which she deservedly won. Recognising her years of dedicated volunteering with us, and other local organisations. Sue is picture here between **Peter Field**, the Lord Lieutenant of East Sussex, and the Rotary Club President, **Pat Drake**.



Meet our volunteers

We asked some of our fantastic volunteers to give us their perspective of being a Healthwatch volunteer and the work they do.

Mazzie Sharp - Lay Assessor



Following my retirement, after a career working within the NHS in non-clinical roles, I was looking for some way of giving back.

I have always been interested in listening and supporting patients

and users, which led me to volunteer with Healthwatch Brighton & Hove.

Since joining, I have had the privilege of meeting a wide range of people who rely on social care. This is as part of the **Lay Assessor** team.

Meeting people in their own homes has blown away any preconceptions and given me a whole new perspective of "old" and "vulnerable".

Lively conversations and wonderful personal stories have been uplifting, entertaining and always interesting.

It has certainly confirmed that volunteering gives so much back. In addition, as part of the survey process, if there are any queries or concerns, these can be raised and resolved with the council.

Along with the great training and support from the Team and the regular meetups with the other volunteers, volunteering has provided me with a very rewarding role.

"Meeting people in their own homes has blown away any preconceptions and given me a whole new perspective of 'old' and 'vulnerable'"

Mazzie Sharp

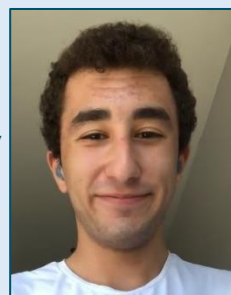
Josh Mustafa - Young Healthwatch volunteer

I'm Josh and I have recently become a Young Healthwatch Brighton and Hove volunteer.

I became involved in a project exploring the views and experiences of young people from a BAME background (Back, Asian and ethnic minority groups).

I myself am also a BAME young person and we essentially asked young people what their experiences of using local sexual health services were.

I am excited to be a part of new Young Healthwatch projects in the future and influencing decision-making, and making a difference for young people.



"I am excited to be a part of new Young Healthwatch projects in the future."

Josh Mustafa

Roger Squier - Enter & View

I began to work as an **Enter and View** volunteer representative for Healthwatch in 2016. I had managed a clinical psychology service in the NHS for 25 years and continued in private practice for another 23.

I wanted to give something back to the NHS for the privilege of being employed by it for so many years. From my experience in working within the NHS, I believed I had something to offer as a Healthwatch volunteer.

I applied to be an Enter and View representative because that role provided me with face to face contact with both NHS and Social Services staff and patients.

"I wanted to give something back to the NHS for the privilege of being employed by it for so many years."

Roger Squier

I am very grateful to Healthwatch for giving me the opportunity to be one of its representatives. I have particularly enjoyed working closely with other volunteers and with front-line staff to improve the environment and the services provided for patients.

During the past four years I have participated in visiting hospitals, GP practices, nursing homes, and patients at home.

I have gained a lot personally from these projects and I believe I have made some important contributions to improving the care patients receive from NHS and Local Authority Services.



Marianne Stone - Information Line

I've been working as a Healthwatch volunteer since February this year, looking after the information answering phone and email enquiries that come into the office.

This is a really interesting role as no query is the same and often a fair bit of research is needed to come up with an answer or a way forward. At the same time, it's a way of identifying developing healthcare trends that Healthwatch can investigate further.

One example is finding out that some people are having new issues accessing aspects of care from GP's that were previously not a problem.

I have worked for over 40 years in the NHS and Australian health system, retiring last year (and moving to Hove all at the same time!)

Having been a midwife for 25 years. I still feel I have lots to offer and volunteering for Healthwatch is perfect for me to use my communication skills in a way that other volunteer roles could not offer.



"Volunteering for Healthwatch is perfect for me to use my communication skills in a way that other volunteer roles could not offer."

Marianne Stone

Nick Gorvett - Volunteer



I've been a volunteer with Healthwatch for around 3 years following a 38-year career with the NHS as a senior manager. While retired I really wanted a volunteer role that would allow enable me to use my knowledge and experiences, but also act on behalf of patients. And without doubt Healthwatch has allowed me to do that.

Since joining I've been involved in a wide variety of projects such as patient literature review, complaints reviews and environmental audits. There's an awful lot of work that a volunteer can become involved with.

As an organization Healthwatch is extremely proactive and are extremely good with their communications - and that applies with volunteers as well.

I would certainly recommend it as a very active and positive volunteer role.

"I really wanted a volunteer role that would allow enable me to use my knowledge and experiences, but also act on behalf of patients."

Nick Gorvett

Rebecca West - Student Volunteer

At the University of Brighton I studied Social Policy and Practice, and part of my course required volunteering for a local organisation. Due to my huge interest in health and social care, and wanting to look at it as a career, Healthwatch seemed to be the perfect opportunity.

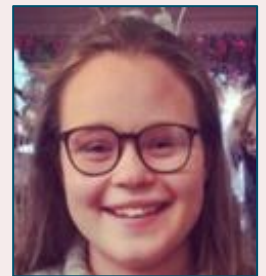
The reason I most enjoyed my experience of volunteering was the freedom to get involved with a wide range of issues.

I have had the chance to visit a hospital, as part of a project to understand the experience of being in a hospital from a patient's perspective and what could be done to make it more positive.

I also trained as something called a 'lay assessor' which meant I got to visit care services and find out what's working for people and what's not.

I then helped to analyse what people told us and write it up in a report. I also had the chance to work with lots of different people.

For example, I worked with Young Healthwatch to understand the issues affecting young people in Brighton. I would recommend volunteering because it opens your world up to what is really going on outside the classroom.



Volunteering at Healthwatch has really helped me with my course because it has meant that I am able to put real life situations into my academic writing.

When discussing theories and concepts at university, I can relate it to what I have done whilst volunteering, which has meant that I understand the theory a lot more.

"Volunteering at Healthwatch has really helped me with my course because it has meant that I am able to put real life situations into my academic writing."

Rebecca West

Howard Lewis - Volunteer Board member



As one of the Board Directors, I've had the pleasure to experience at first hand the amazing work of the organisation and the incredible commitment and professionalism of the staff team and my fellow Board members.

Throughout my 10 years working in the local NHS, and for the last 7 years in medical regulation, I worked closely with patient groups, especially local Healthwatch.

Through this I developed an appreciation of the valuable role of local Healthwatch groups in enabling the public's voice to be heard by decision and policy makers.

I have been particularly impressed with Healthwatch Brighton and Hove's response to the COVID-19 pandemic in disseminating crucial information and providing practical support in such challenging circumstances.

"I developed an appreciation of the valuable role of local Healthwatch groups in enabling the public's voice to be heard by decision and policy makers."

Howard Lewis

Authorised Representatives

Healthwatch Brighton and Hove has **49** Authorised Representatives who review services, attended decision-making forums and speak up for patients and care service users. They include Healthwatch board members, staff and volunteers.

Alan Boyd
Allison Willmore
Angelika Wydra
Barbara Harris
Barbara Myers
Bob Deschene
Brigid Day
Catherine Swann
Chris Jennings
Christine D'Cruz
Cindy Willey
David Liley
Denise Millar
Dwaneisha McGregor
Elaine Crush

Elizabeth Kemp
Francis McCabe
Geoffrey Bowden
Hilary Martin
Howard Lewis
Jacqueline Goodchild
Jayne Cockburn
Judith Batchelor
Karen Barford
Kat Pearce
Kate Thomas
Lester Coleman
Lynne Shields
Marianne Stone
Maureen Smalldridge
Mazzie Sharp

Mena Limwatana
Michelle Kay
Naomi Schubert
Neill Vinter
Neil McIntosh
Nicholas Gorvett
Nick Goslett
Rebecca West
Robin Guilleret
Roger Squier
Sophie Reilly
Sue Seymour
Sylvia New
Vanessa Greenaway
Will Anjos

Board & Staff

Staff Team



David Liley

Chief Executive Officer

Over 40 years working in Health and Social Care. In 1980's set up NSPCC National Child Protection Helpline.



Dr Lester Coleman

Evidence & Insight Manager

Over 20 years' research experience, an academic social scientist, now working in charity project evaluation.



Michelle Kay

Project Coordinator

A project manager in academia and international development. Managed £130m government grant.



Alan Boyd

Project Coordinator

A background in mental & public health with 16-years' civil-service experience designing policy & running projects.



Will Anjos

Project Coordinator

An experienced business project manager, also set up local community fundraising charity, Brighton Soup.

Chair & Directors



Frances McCabe
Independent Chair

Chair since 2013 and former Chair of Age UK B&H, working for over 40 years in health and social care.



Geoffrey Bowden
Director

Started a successful healthcare firm and is a former Councillor with significant experience of health & social care scrutiny.



Bob Deschene
Director

15 years of experience in senior NHS Management in a variety of roles across East & West Sussex.



Neil McIntosh
Director

Joined in 2014 after a 30-year public sector career at a senior level in the Ministry of Justice, Dept of Health and NHS.



Catherine Swann
Director

Over 20 years' experience in national NHS and academia, a senior public health civil servant and chartered psychologist.



Sophie Reilly
Director

Since 2013, working locally and nationally, in the voluntary and statutory sectors to improve health and social care services.



Christine D'Cruz
Director

An international corporate background focused on service delivery with over 20 years volunteering in arts and hospices.



Karen Barford
Director

Former Chair of the City's Health and Wellbeing Board. Operational and leadership roles in adult social care.



Howard Lewis
Director

Over 20 years' experience of information provision, advocacy, patient engagement, and recently in medical regulation.

Finances

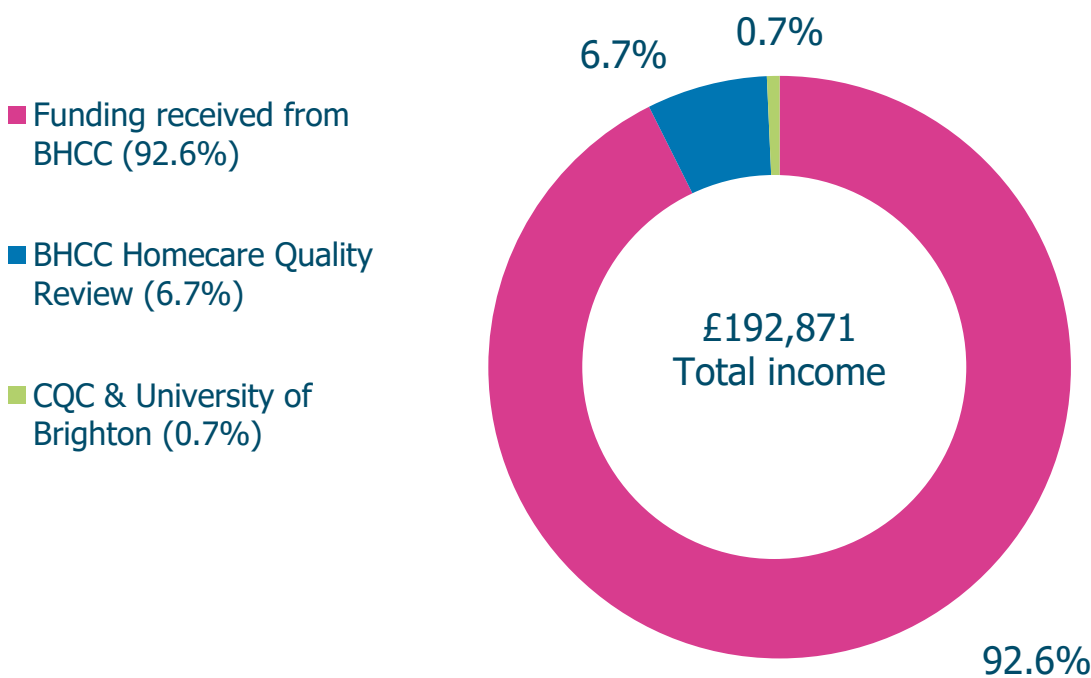
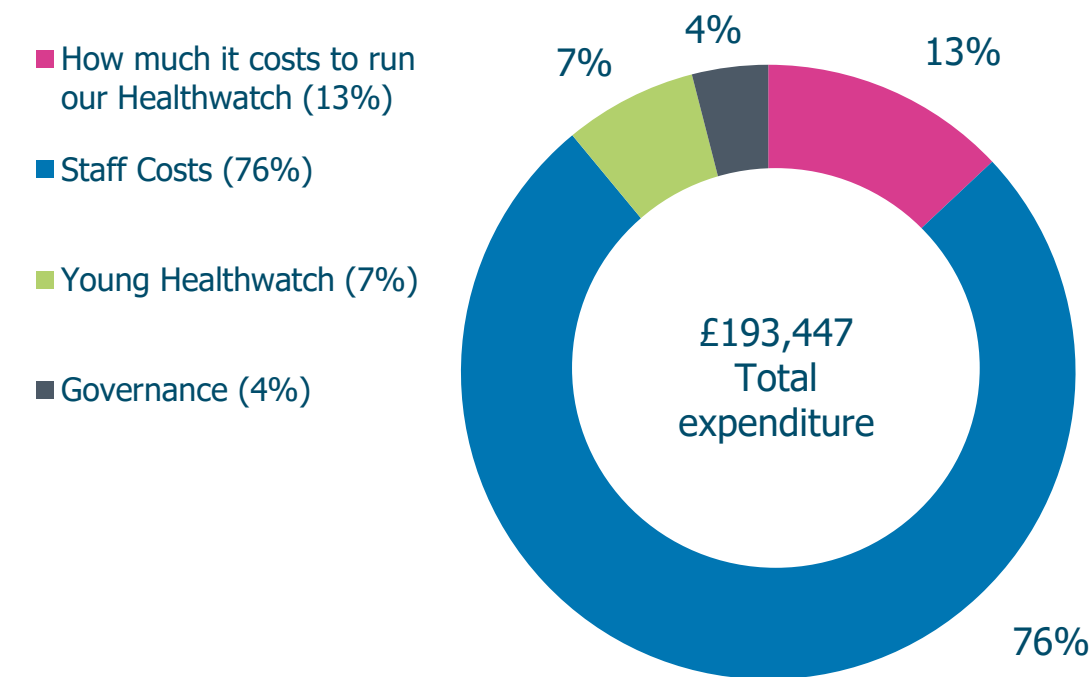


How we use our money

Healthwatch Brighton and Hove is commissioned by the city council and in 2019-20 we received **£178,600**, which represents a **6% reduction** in funding from last year - which was already **5% down** from the previous year.

We received **£13,300** from the city council to review Home Care services, and small amounts from the CQC for a learning disabilities project, and the University of Brighton for student support.

**We are funded by BHCC under the Health and Social Care Act (2012).
In 2019-20 we spent £193,447.**



Our plans for next year



Plans for next year

Priorities

- Helping local people get through COVID-19 by providing information, signposting to services, and raising issues based on people's experiences of health and care services
- Helping the NHS and local care services to be restored and to recover from the impact of the virus.
- Learn lessons from how services have changed over recent months - there may be opportunities to do things a better way.
- Challenge leaders and decision makers on issues where the public and patient voice is not being heard.
- Listen to voluntary and community organisations in the city when we decide what work Healthwatch will be doing over the next year.
- Build on the strength our volunteers have to reach people whose voices are not heard.



Plans

Our plans for next year will include recovering from the virus crisis and restoring some of the projects we suspended temporarily:

- Continue with new projects started during the virus period, including more webinars on issues of topical interest.
- Escalating issues to the NHS, Council, Regulators like CQC and Healthwatch England.
- Supporting and signposting people after hospital discharge and in care homes.
- Connecting mental health NHS, community and voluntary care. Focus on Young People.
- Restore and improve projects we suspended temporarily - hospital environmental and home care quality and safety reviews.
- Help health and social care services to redesign services in line with the expectations and preferences of local people.
- Help experts in Public Health and decision makers to tackle health inequalities in health and social care.
- Why do we have dozens of complex systems for making suggestions about improving services and making complaints - why not one simple route open to all?

"We recognise the crucial and outstanding work Healthwatch carry out for our communities and thank them once again for their valued contribution to the local health and care system. Over the last few years we have built up strong partnership working with Healthwatch, which brings real benefits to how we inform, co-ordinate, plan and deliver services. Healthwatch ensure there is appropriate challenge and scrutiny in our work. We look forward to continuing to build on the good work that is taking place as we develop our system in the future."

Adam Doyle

Chief Executive Officer for the Sussex Clinical Commissioning Groups
and Senior Responsible Officer for the Sussex Health and Care Partnership.



Message from our Chief Executive

This will be a very different Healthwatch Annual Report for Brighton and Hove. It is hard to celebrate a year in which our community has been through bad times and many people and families have struggled with personal, financial and emotional challenges.

The last year divides into before and during the virus, and our annual report reflects that. Healthwatch conducted its usual activities for most of 2019-20 and we have included information about all our main projects. We also describe how some projects were suspended and then rapidly changed to respond to the COVID-19 challenge.

This has been a time when the balance of being a critical friend has swung more towards the friend rather than the critic. Healthwatch has however escalated dozens of issues through the year and into the COVID-19 response period, helping leaders and decision makers hear the voice of people who use health and care services.

The self sacrifice and dedication of care staff, NHS employees, volunteers and key workers has been an inspiration for the Healthwatch team. We want to say thank you and keep safe to all those brave people.

During this year and through the virus period we have remained fully active; our Board, volunteers and staff have continued with a full programme of work. We have remained financially stable and our staff team has been strengthened.

We face the challenges of the year to come with an optimistic attitude, and hopes for better times."



David Liley
Chief Executive
Healthwatch Brighton and Hove



"The self sacrifice and dedication of care staff, NHS employees, volunteers and key workers has been an inspiration for the Healthwatch team. We want to say thank you and keep safe to all those brave people."

David Liley

Thank you

Thank you to everyone who is helping us put people at the heart of social care, including:

- Members of the public who shared their views and experience with us.
- All of our amazing staff and volunteers.
- The voluntary organisations that have contributed to our work.
- All NHS staff working across our three local trusts.
- All our local and national partners, providers and commissioners working across health and social care.

With your help, collaboration, skills and enthusiasm, we continue to make a positive difference to health and social care services in the city, benefiting thousands.



Contact us

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Young Healthwatch Brighton and Hove

YMCA DownLink Group

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- + reed.house@ymcadlg.org
- + ymcadlg.org/what-we-do/support-and-advice/right-here



Healthwatch Brighton and Hove CIC

Company Registration Number: 09263937

Our annual report will be publicly available on our website by 30th June 2020. We will also be sharing it with Healthwatch England, CQC, NHS England, CCG/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.

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