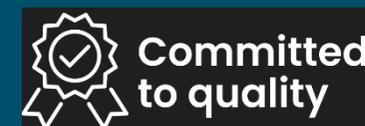


Healthwatch Brighton and Hove: Six month performance report (April 1st 2023 to September 30th 2023)



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Six-month Performance report (April 1st 2023 – September 30th 2023) – Healthwatch Brighton and Hove

Appendix 1 – Equalities data from April 1st 2022 to September 30th 2023, compared to the 2021 national census.

Appendix 2 – Workplan

In September of this year, Healthwatch England recognised that Healthwatch Brighton and Hove had shown a ‘Commitment to Quality’. This refers to the fact that we have completed their Quality Framework process within the last 3 years (2021). The [Quality Framework](#) is a self-assessment process that helps a local Healthwatch understand what aspects of their service are working well and identify areas for further improvement. As an organisation, we are committed to continually improving and we will complete the process again in the near future. We have displayed the Commitment to Quality logo on the front cover of this report.

Performance Indicators	Evidence
<p>1. Intelligence</p> <p>3 key issues every 6 months demonstrating issues identified for needing improvement based on our information line and other engagement intelligence.</p>	<p>1. Face-to-Face engagement event:</p> <p>Healthwatch Brighton and Hove ran a stall at the Brunswick Festival (August 19th 2023). This was our first event of this nature since COVID-19. Two members of staff and two Healthwatch volunteers were available to listen to people’s stories and questions. We estimate that we engaged 50 people. We had brief conversations with people about our work helping to raise awareness of Healthwatch, more detailed conversations where notes were taken, and some questionnaires were completed, enabling people to</p> 

Performance Indicators	Evidence
	<p>identify their ‘burning issues’ around health and social care. This included open comment boxes to allow them to share what had gone well and what they felt needed improving.</p> <p>From this engagement event, recurring and somewhat expected concerns arose, notably the poor environment of our local hospital Trust’s Emergency Department (which Healthwatch has previously raised with the Trust), difficulties in getting an NHS dental appointment (which we have raised with NHS Sussex Commissioners, Healthwatch England and local MPs), and long waiting lists for treatments.</p> <p>Arguably less expected were concerns around helping people to feel less isolated. Healthwatch is aware that tackling isolation forms part of the city’s Health and Wellbeing Strategy and this evidence underpins the Strategy’s aims, as well as highlighting the lingering impacts of COVID.</p> <p>Also evident was that once people were seen by a GP or consultant, they regarded their care as being very good or excellent.</p> <p>Public-facing engagement events are an excellent way for Healthwatch to hear from more people and reach isolated communities and we are therefore planning more events for the second half of the year. You can read our report about this event here.</p> <p>2. Patient concerns about WellBN Medical Practice:</p> <p>Between April to June, we started to receive feedback from patients expressing their concerns about WellBN, a GP practice in the city.</p>

Performance Indicators	Evidence
	<p>Patients told us they were waiting for up to 4 weeks to get an appointment with a GP and that the online triage system did not fully support patients. Patients also said that the practice may have turned off some functionality related to the online NHS 'My Health and Care Record' meaning that some patients were unable to access consultant letters. We researched patient opinion on the Care Opinion website which highlighted that the deterioration in patient feedback had started after the merger of Brighton and Hove Wellbeing Centre with Benfield Valley Healthcare Hub into WellBN, in October 2022.</p> <p>Patient feedback we received included:</p> <p><i>"I am a patient at this surgery. It is THE BEST surgery I have ever experienced (I am 67 and have lived in many different towns. The staff are knowledgeable, cheerful, polite and caring. The doctors are sympathetic, patient and painstaking. The care is person-centred , empathetic and holistic."</i></p> <p><i>"From 2012 to circa April 2023 I had been a patient of WellBN. I have switched to Charter Medical Centre. What was once a good practice seems to have steadily declined. Possibly the impact of Covid? Where appropriate I agree with telephone appointments so that is not an issue for me. The impression I got when visiting the surgery (blood test etc.) was that there was rarely a doctor on site. A key reason for leaving was that on the two occasions I had a face to face appointment I was sent to the Benfield surgery. It involved a 15-20 minute car journey. I can walk to WellBN in 8 minutes. What of those who don't have access to a car or a lift? For the elderly and I believe that WellBN premises are no longer suitable. Multiple floors and a congested reception area. I am happy to talk to anyone from Healthwatch should it be helpful."</i></p>

Performance Indicators	Evidence
	<p>The screenshot displays a grid of patient feedback stories. Each story card includes a title, a status indicator (e.g., 'NEW STORY' or 'UNREAD STORY'), a share date, and a link to 'About: Brighton Health and Wellbeing Centre'. The stories are arranged in two columns, with the left column containing six stories and the right column containing six stories.</p> <p>Healthwatch directly raised these patient concerns with the Commissioner for Primary Care services in Brighton and Hove who shared this with Goldstone Primary Care Network (PCN), that includes WellBN, advising us that the PCN manager would discuss this with practices.</p>

Performance Indicators	Evidence
	<p>Healthwatch also raised these issues with the CQC, who carried out an inspection of the practice in May. We were pleased to see that the practice was rated as good and that negative patient feedback about the practice appears to have stopped.</p> <p>3. Enter and View to the maternity ward at the Royal Sussex County Hospital – improvements identified by Healthwatch following our visit:</p> <p>Healthwatch has been able to restart our Enter & View visits to local services, having previously been suspended due to COVID-19. These invaluable visits provide a way to find out how local services are being run and make recommendations where there are areas for improvement. We work in partnership with University Hospitals Sussex NHS Foundation Trust (UHSx), who fully support our visits.</p> <p>On 24th April 2023, a Healthwatch Enter & View volunteer representative and two members of Healthwatch staff visited the Maternity Assessment Unit, the Postnatal and 3 Antenatal wards located on the Royal Sussex County Hospital site which is part of UHSx. We reached out and invited the Strategic Chair of the University Hospital’s Sussex Maternity Voices Partnership (MVP) to join us as experts in reviewing maternity services.</p> <p>The team talked with six patients across the three wards and asked for their views on their experience with maternity services, what they thought of the ward that they were in, what they thought of the food, what their care had been like, as well as whether they knew when they were being discharged and if someone had spoken to them about what would happen.</p> <p>A number of positive findings were identified during their visit:</p>

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • All staff were friendly and welcoming. • There was a calm, clean and pleasant environment. • Staff photos and names were clearly displayed. • The patients seemed happy and content. • Excellent noticeboards were in use with up-to-date and helpful information. <p>However, areas for improvement were identified as follows:</p> <ul style="list-style-type: none"> • Clearer signage for the MAU (Maternity Assessment Unit) is needed to support patients coming out of the lift to find their way. • Better signposting to MAU across the hospital site is also needed. • Staff uniforms need to be better explained. • Emergency red cords to be made available. • The installation of handrails in the corridors is needed, so that women have something to safely hold on to if needed. <p>Patient feedback included:</p> <p><i>"Amazing, incredible! We have gone through all the units, and they have all been amazing and everything has been joined up, we even had a text from our GP." - Patient 2</i></p> <p><i>"The patient said that they had a mostly very good experience, however, she was desperate to tell me that she was not listened to by staff. Having had 5 babies already, she knows that they come quickly after a very short labour time. She told staff this repeatedly but they insisted her husband must go home and come back later." - Patient 3</i></p>

Performance Indicators	Evidence
	<p>Healthwatch discussed our visit findings with UHSx at their Patient Experience and Engagement Group where we gained assurance that action would be taken to follow up on our findings. You can read our report describing our visit here.</p>
<p>Customer Relationship Manager (CRM) information line with trends. Monitor this data to help detect patterns or emerging issues that may require further investigation.</p>	<p>Information from our info@ email and helpline are posted in Smart Survey.</p> <p>In total, we received 184 enquiries between April 1st and September 30th 2023 (which is an increase on this time last year).</p> <p>These were a combination of phone call messages, feedback through our website and emails.</p> <p>The majority of people contacting the helpline were raising a concern or complaint about a health and social care service (106 people), followed by requests for information (15). Some people (13) took the time to raise compliments about a service. These figures do not include a range of other enquiries, for example, publicising new initiatives such as the British Heart Foundation App, requesting information about volunteering at Healthwatch, signing up to the Healthwatch newsletter and promoting webinars for other organisations.</p> <p>The five leading areas of concern which we are closely monitoring were:</p> <ul style="list-style-type: none"> • Poor quality of care from a GP – 25 enquiries. • Lack of an NHS dentist – 18 enquiries. • Poor hospital care including waiting times, poor communication of cancelled appointments – 16 enquiries. • Difficulties accessing a GP appointment – including waiting times for appointments – 11 enquiries.

Performance Indicators	Evidence												
	<ul style="list-style-type: none"> Concerns about the Emergency Department – 8 enquiries. <div data-bbox="728 327 2110 986" data-label="Figure"> <p style="text-align: center;">Nature of concerns and complaints to the helpline - April 1st 2023 to September 30th 2023 Top six reasons</p> <table border="1"> <thead> <tr> <th>Reason</th> <th>Number of Enquiries</th> </tr> </thead> <tbody> <tr> <td>Poor quality of care from a GP</td> <td>25</td> </tr> <tr> <td>Lack of an NHS dentist</td> <td>18</td> </tr> <tr> <td>Poor hospital care including waiting times, poor communication of cancelled appointments</td> <td>16</td> </tr> <tr> <td>Poor access to a GP appointment – including waiting times for appointments</td> <td>11</td> </tr> <tr> <td>Concerns about the Emergency Department</td> <td>8</td> </tr> </tbody> </table> </div> <p>Like last year, the most prominent enquiries are making a complaint about any type health or social care service or treatment, accessing dentists including NHS treatment availability, access to GPs, and care received by GPs. Unlike last year, there are more concerns raised about hospital care including the Emergency Department.</p> <p>Additional concerns mentioned by between 2 and 6 people were issues to do with medical records (e.g. not being updated); waits for assessments by the Child and Adolescent Mental Health Service (CAMHS); pharmacy issues such as branch closure or being unable to pick up</p>	Reason	Number of Enquiries	Poor quality of care from a GP	25	Lack of an NHS dentist	18	Poor hospital care including waiting times, poor communication of cancelled appointments	16	Poor access to a GP appointment – including waiting times for appointments	11	Concerns about the Emergency Department	8
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Performance Indicators	Evidence
	<p>prescriptions; a lack of support for mental health and/or supported housing; a lack of support for menopause; waiting times for test results and concerns about a care home placement.</p> <p>Requests for information were rarely mentioned by more than one person and included: GP services for homeless people, information about the Care Quality Commission (CQC), how to obtain feedback from children’s cancer services, moving care to a new GP, transferring care to a hospital nearer home, and where to get a COVID vaccine booster (2 people).</p> <p>Compliments were made by people about the quality of care from a GP; the overall hospital inpatient and outpatient experience (including Emergency Department); their antenatal and postnatal care (mentioned by 5 people); their dental practice; the speed at which an ambulance arrived; the Brighton Station Walk In Centre; their GP practice and the mobile vaccination at the Hove Polyclinic.</p> <p>Contrasting examples of feedback are shown below:</p> <p><i>“My hospital inpatient experience was awful.”</i></p> <p><i>“Our GP surgery is now only taking phone calls in the morning.”</i></p> <p><i>“Not being listened to [by postnatal staff].”</i></p> <p><i>“The place [Hove Polyclinic] was convenient, the staff very helpful and the whole operation carried out in a professional way.”</i></p>

Performance Indicators	Evidence
	<p><i>"THE BEST surgery I have ever experienced.... The staff are knowledgeable, cheerful, polite and caring. The doctors are sympathetic, patient and painstaking. The care is person-centred, empathetic and holistic."</i></p> <p><i>"The midwives on the ward have been brilliant."</i></p> <p><i>"Care in A&E was superb."</i></p>
Workplan updated every 6 months and reviewed continually.	See Appendix 2.
2. Activity	
Number of Environmental Audits (if applicable) Number of PLACE visits conducted (if applicable).	<p>1 Enter and View visit to the maternity ward at the Royal Sussex, Brighton. Read the report.</p> <p>1 Hospital discharge and length of stay workshop, Southlands hospital. Read the report.</p> <p>Healthwatch will be supported by UHSx and Sussex Partnership Foundation Trust to complete their PLACE visits in October 2023.</p>
Brief examples of 2 joint projects undertaken with neighbouring Healthwatch East- and West Sussex.	<p>Example 1 - The People, Communities and PCN partnership project:</p> <p>The People, Communities and PCN (Primary Care Network) partnership project was commissioned by NHS Sussex and delivered by the three local Healthwatch in Sussex. The aim of the (face-to-face) workshops was to work with local people to help Primary Care Networks engage better with their local population including minority groups. A PCN is where a group of</p>

Performance Indicators	Evidence
	<p>GP practices work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local area to meet the needs of local people.</p> <p>Three workshops were organised across Sussex, including one in Brighton and Hove. Local people came together with representatives from PCNs, PPGs (Patient Participation Groups which consist of patients who wish to be involved in the local practice whilst taking an active role in developing local health services), VCSEs (Voluntary, Community, Social Enterprise organisations) and NHS Sussex to co-design best practice for PCNs working with communities.</p> <p>The notes from the workshops and break-out groups were shared with NHS Sussex. Healthwatch in Sussex will support NHS Sussex in putting a resource pack together, with its main purpose of guiding PCNs to engage with their respective PCN populations, including diverse groups and those with health inequalities. Case studies will be included from PCNs which are already successfully engaging, for example, Goldstone Primary Care Network and East and Central Brighton Primary Care Network. Read our interim report (the final report is being validated).</p> <p>Example 2 - “Let’s talk about your experiences of NHS health and care in Sussex”:</p> <p>In May 2023, NHS Sussex ran a survey to hear people’s experiences of NHS health and Care across Sussex. The survey intention was to inform the Sussex Integrated Care System (ICS) five year action plan that will set out how NHS Sussex is working to improve the lives of local people by supporting them to live healthier for longer, and making sure they have access to the best possible services when they need them (now published). To ensure representation from a diverse sample, NHS Sussex commissioned all three Healthwatch in Sussex to run the survey targeting specific groups.</p>

Performance Indicators	Evidence
	<p>Aside to demographic information, the survey questioned people’s satisfaction with services, confidence with services, the use of the NHS App (including the My Health and Care Record), thoughts about sharing personal data, and awareness of local health services.</p> <p>The three Healthwatch teams across Sussex generated 453 responses. Where our data exceeded the Sussex average, it included a higher proportion of transgender respondents; higher proportions of Lesbian, Gay and Bisexual people; a higher proportion of people having their ‘day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months’; and a higher proportion of carers.</p> <p>The joint project also involved analysing comments on:</p> <ul style="list-style-type: none"> • Thinking about your GP practice – what other healthcare services or wider support for patients and carers could work together with GP care to provide better support for people? • What was your experience of using the NHS App? • What would help you or others to use My Health and Care Record more effectively? • Please tell us about your experience of using 'My Health and Care Record' to support you in caring for someone else. • Is there anything you would like to tell us about 'My Health and Care Record'? • Please tell us the reason for your answer (whether respondents agree that there needs to be sharing of records across the NHS). • Information needed to provide reassurance about record sharing.

Performance Indicators	Evidence
	<p>We shared our findings with NHS Sussex in a report which they have combined with their own, larger survey. As this is combined data, we have not been able to publish a separate report.</p>
<p>Website, Facebook page and Newsletter traffic including bulletins.</p>	<p>Website hits – 9,600.</p> <p>Google analytics provides Healthwatch with data regarding the number of website visits. For some months, this functionality has been lost, meaning that we are unable to obtain accurate data. Whilst we are waiting for this to be fixed, we have based website hits on an average received over a period when Google analytics was functioning correctly.</p> <p>Facebook posts – 85. Tweets – 120. 4 newsletters issued.</p>
<p>Details of issues shared with Healthwatch England such as reports and key issues.</p>	<p>a) Shared all 16 reports with Healthwatch England – see Q 3, Outputs, number of reports.</p> <p>b) All our helpline enquiries (184) are now automatically shared with Healthwatch England.</p> <p>c) We have shared the following key issues with Healthwatch England:</p> <p>1. In September 2023, we attended the St Peter’s Patient Participation Group (PPG) event, which was a special meeting to discuss the opening of a new building in late November/early December 2023, which will see St Peter’s and Albion Street practices start to operate from a single premises. The two GP Practices formally merged in October 2021. As well as hearing patient’s concerns and questions about the merger, we learnt about British Medical</p>

Performance Indicators	Evidence
	<p>Association guidelines to GPs which say that GPs should not be seeing more than 25 patients per session. We immediately raised this with those who are responsible for commissioning and managing primary care services, which includes GP practices. We have asked what this means for patients who are already having problems getting appointments. We also flagged this with Healthwatch England who have agreed to monitor it nationally.</p> <p>2. We have escalated the ongoing police investigation into deaths at UHSx and sought support from Healthwatch England in terms of patient safety, building on recent national stories which have received considerable media attention. We have asked for their support in how best to communicate with patients and the public on this matter. We will update our website in due course.</p> <p>3. With access to NHS Dentistry continuing to be an area of patient concern, we shared the outcomes of a local Professionals Dental Event, held in Sussex. Although Healthwatch were not invited to this, some of the local priorities proposed by the Sussex event, will be of interest to the entire Healthwatch network in terms of finding solutions to the current crisis.</p>
<p>Number of Health and Wellbeing Boards (HWB) and Health Overview and Scrutiny Committee (HOSC) meetings attended.</p>	<p>2 Health and Wellbeing Boards (28/6/23 and 18/7/23) and 2 Health Overview and Scrutiny Committee (12/4/23 and 12/7/23) meetings attended.</p>
<p>Total number of Board meetings attended, including Cancer Board, AEDB, SAR,</p>	<p>50</p> <p>We have also attended one Sussex Health and Care Assembly Meeting in Public which is a new group formed following the creation of the ICS. This is a statutory joint committee between the</p>

Performance Indicators	Evidence
Healthwatch Board, Planned Care Board (aggregated)	NHS and local government that comes together to formally agree the strategic direction for our system.
Number of decision-making meetings attended by Board, staff and volunteers (aggregated).	299 decision-making meetings attended (excluding Board meetings).
The number of public engagement and consultation events publicised e.g. webinars, group meetings, public panel meetings.	<p>A) Healthwatch events publicised:</p> <ul style="list-style-type: none"> • Two Healthwatch Board meetings. • One Brunswick Festival engagement event. • One Workshop for People, Communities and PCN Partnership Project. • Four workshops for the outpatient transformation programme project. • Wide distribution of flyers to recruit people into the dementia pathways project. • One visit to the Emergency Department at the Royal Sussex County Hospital. • A workshop on reducing the length of stay patients have in hospital and improving their discharge experience. <p>B) External events publicised:</p> <ul style="list-style-type: none"> • Ageing Well Festival • World Pharmacists Day • World Alzheimer’s Day • National Eye Health Week

Performance Indicators	Evidence
	<ul style="list-style-type: none"> • Organ Donation Week • World Patient Safety Day • World Suicide Prevention day • Samaritans Awareness Day • World Breastfeeding Week • TakePart Festival of Active Living • World Blood Donor Day • Healthy Eating Week • Diabetes Week • Men’s Health Week • Carers Week • Pride Month • Volunteers Week • Dementia Action Week • Mental Health Awareness Week • Dying Matters Awareness Week • International Day of the Midwife • Stroke Awareness Month • World Health Day
3. Outputs	
Number of reports (including service areas reviewed) and total number of people engaged in each review.	<p>16 reports published. Different service areas, numbers engaged and number of recommendations (if applicable) are shown below.</p> <ol style="list-style-type: none"> 1. Patients in Sussex share their latest experiences of dentistry with Healthwatch. April 2023. 220 people. 2 recommendations – achieved.

Performance Indicators	Evidence
	<ol style="list-style-type: none"> <li data-bbox="772 292 1995 363">2. Celebrating 10 years of Healthwatch. April 2023. Numbers N/A. Internal review, no recommendations. <li data-bbox="772 427 2040 499">3. Healthwatch Brighton and Hove Annual Performance Report 2022 – 2023. May 2023. Numbers N/A. Internal review, no recommendations. <li data-bbox="772 563 2085 683">4. People, Communities and PCN Partnership Project: Brighton and Hove (Face-to-Face) Workshop. May 2023. 40 people. No recommendations although informed design of materials by UHSx. <li data-bbox="772 746 2078 818">5. Enter and View report: Maternity Ward at Royal Sussex County Hospital April 2023. May 2023. 6 patients. 5 recommendations. <li data-bbox="772 882 2085 954">6. Direct Payments (DPs) survey for Brighton & Hove City Council. June 2023. 127 people. 3 recommendations. <li data-bbox="772 1018 2040 1090">7. Healthwatch Brighton and Hove – Annual Report 2023. June 2023. Numbers N/A. No recommendations. <li data-bbox="772 1153 2078 1225">8. Supporting the development of our local Emergency Department. July 2023. Numbers N/A. No recommendations. <li data-bbox="772 1289 2040 1361">9. The dementia pathway across Sussex – patient and carer experience. July 2023. 45 people (38 carers and 7 people with dementia). 5 recommendations, 1 achieved.

Performance Indicators	Evidence
	<p>10. Healthwatch Brighton and Hove helpline enquiries January-March 2023. July 2023. 60 people. Internal review, no recommendations.</p> <p>11. Healthwatch Brighton and Hove – commentary on the Shared Delivery Plan. July 2023. Numbers N/A. No recommendations.</p> <p>12. Public engagement event – St Peter’s Patient Participation Group Report – 13 September 2023. September 2023. 100 people. No recommendations.</p> <p>13. Monthly homecare reports for BHCC. Every month. 209 people (up until 30/9). No recommendations.</p> <p>14. Public engagement event – Brunswick Square festival. September 2023. 50 people. No recommendations.</p> <p>15. Supporting the development of our local hospital (new Cancer Centre). September 2023. Numbers N/A. No recommendations.</p> <p>16. Supporting the improvement of patient’s stay at our local Hospitals. September 2023. Numbers N/A. 5 recommendations.</p> <p>Numbers engaged from reports = 796. Numbers engaged via helpline, April 1st 2023 to September 30th 2023 = 184.</p>

Performance Indicators	Evidence
<p>4. Influence</p> <p>Two examples demonstrating impact from attending decision-making meetings - defined as 'meetings with external people across the system where Healthwatch influences or leads decisions made - includes Board meetings'.</p> <p>Could be decisions initiated by Healthwatch, commitments made in meeting minutes, contributions/presentations by Healthwatch.</p>	<p>Example 1 – Health and Wellbeing Board – Joint Strategic Needs Assessment:</p> <p>HWBH is a member of the City-wide Joint Strategic Needs Assessment Steering Group and has helped to inform the plans for future JSNA in depth assessments. At the Health and Wellbeing Board meeting on 18/07/23 a paper was submitted and approved on the Joint Strategic Needs Assessment (JSNA) review and 3-year programme of needs assessments.</p> <p>The Board approved the proposed 3-year JSNA programme of needs assessments for 2023/24 to 2025/26 alongside a commitment to work with Healthwatch on the development of the following JSNAs:</p> <p>2023/24: 1. Special Educational Needs and Disabilities (SEND), neurodiversity, and learning disabilities (children and young people aged 0-25).</p> <p>2024/25: 1. Neurodiversity and learning disabilities (adults aged 18 and over); 2. A range of topics associated with women's health.</p> <p>2025/26: 1. Young people transitioning between children's and adults' services (aged 16-25); 2. Pharmaceutical Needs Assessment (a statutory duty of the Health and Wellbeing Board that is published every 3 years).</p> <p>Further, documented in the paper to strengthen the JSNA programme, there is a recommendation to work with Healthwatch to ensure good community stakeholder engagement, and co-production of products. The Board approved the proposed recommendations for JSNA development over the next three years.</p>

Performance Indicators	Evidence
	<p data-bbox="725 245 1966 325">Example 2 – Health Overview and Scrutiny Committee (12/7/23) and the Health and Wellbeing board (18/7/23) – HWBH Annual Report:</p> <p data-bbox="725 383 2069 545">The Healthwatch Brighton and Hove Annual Report is presented to both the Health Overview and Scrutiny Committee (12/7/23) and the Health and Wellbeing board (18/7/23). From the presentation of the Annual Report by Geoffrey Bowden (Chair HWBH) the minutes state: <i>“Members thanked Healthwatch for the excellent work it had carried out in the past year.”</i></p> <p data-bbox="725 603 2069 721">Comments from the July Health and Wellbeing Board reflect on the presentation from Alan Boyd (Healthwatch Brighton and Hove CEO). From the minutes, the work of Healthwatch was commended:</p> <p data-bbox="725 778 2024 896"><i>“...highlighted the importance of Healthwatch’s collaborative working and the value of its trusted methodology in amplifying the voice of patients and bringing the collective community experience together.”</i></p> <p data-bbox="725 954 2002 1034"><i>“...thanked Healthwatch for their work and recognised the quality of the report and the supportive endorsements.”</i></p> <p data-bbox="725 1091 1697 1123">Example 3 – Sussex Health and Care Assembly Meeting in Public:</p> <p data-bbox="725 1181 2114 1385">This meeting discussed a draft of the Shared Delivery Plan which Healthwatch had provided comments on in advance of the meeting. Our ICS has an ambition to improve the lives of everyone living across Sussex now and in the future. They want local people to thrive to be the best they can be; to be healthier and feel supported; and have the best possible services available to them when and where they need them. This Shared Delivery Plan sets out how the</p>

Performance Indicators	Evidence
	<p>system will do this over the next five years and is thus an important document. At the public meeting, Healthwatch raised several points relating to the:</p> <ul style="list-style-type: none"> • Appropriateness of the language used in the report. • Whether the targets were achievable or realistic. • The lack of any baseline data giving context to the targets. • Where/how Healthwatch could support Sussex Health and Care to deliver on its priorities. <p>Healthwatch received reassurance at the Assembly meeting that:</p> <ul style="list-style-type: none"> • A public-friendly version of the Plan will be produced. • Targets were purposefully challenging and ambitious. • An agreement to provide baseline data/contextualisation <p>Healthwatch attended a Special HWB in June to sign off the revised Shared Delivery Plan and noted that the following had happened as a direct result of our input:</p> <ul style="list-style-type: none"> • The language in the revised version of the Plan was greatly improved, although not completely accessible to all. New sections (i.e. tables) that describe the difference that the proposed changes will make for local people are welcomed, as they provide some additional clarity. • We welcome the fact that the order of actions are now shown in chronological order and that dental access is now included as access is a key issue affecting many patients across the city. • We were pleased that in a number of cases baseline data had been added.

Performance Indicators	Evidence
<p>5. Impact</p>	<p>Quote from Stephen Lightfoot, Chair of NHS Sussex</p> <p><i>“Healthwatch Brighton and Hove is an essential partner in our Sussex health and care system who enable the voices of people and communities across our city to be heard so that we can improve our health and care services to meet these needs. The Healthwatch team has also been a constructive and collaborative partner in the development of our five-year Sussex Integrated Care Strategy - Improving Lives Together - which has been built on what people and Healthwatch have told us.”</i></p>
<p>Example reflecting on progress made on a recommended action regarding a protected characteristic group i.e.: age, sex, gender reassignment, sexual orientation, disability, ethnicity or race, religion or belief, pregnancy and maternity, or marriage and civil partnership.</p>	<p>Mental health and housing – 2022 report:</p> <p>Healthwatch were commissioned by the Brighton & Hove City Council (BHCC) and the Brighton and Hove Clinical Commissioning Group (CCG) to explore service user experience of mental health services and accommodation providing mental health support, in our city. The final report can be viewed here.</p> <p>Based on the findings from the above, we provided 12 recommendations, all underpinned by the more effective use of existing resources.</p> <p>Our recommendations were shared at the Mental Health Oversight Board and mental health JSNA Board. BHCC also welcomed our recommendations saying they would be used to inform both the Housing Plan, JSNA and <i>“other areas of mental health transformation including the transformation of community mental health services and crisis care.”</i> Also, that the <i>“valuable report will contribute to our future plans and support the development of better services and accommodation for people with mental health needs.”</i></p>

Performance Indicators	Evidence
	<p>The Commissioning Manager wrote that <i>“The engagement work undertaken by Healthwatch supported the development of the priorities in the Brighton & Hove Mental Health & Housing Plan. This ensured that the voice of those with mental health needs, their families and carers was represented in the plan and in the actions for the coming years.”</i></p> <p>Older people from minority ethnic backgrounds in Brighton and Hove:</p> <p>We have recently secured a small grant from the Kent, Surrey and Sussex Clinical Research Network to explore digital exclusion among older people from minority ethnic backgrounds. The work is in collaboration with Dr Khalid Ali, Reader in Geriatrics at the Brighton and Sussex Medical School. We intend to engage with three community organisations to support the participation of at least 20 people aged 65 or older from minority ethnic backgrounds. Through some focus groups and individual interviews, we will aim to hear their views about their current level of digital use including facilitators and barriers (in health and other settings), motivations, factors in developing use, use in different settings, faith-related issues, and their suggestions about how others could be more digitally capable. We are establishing contacts to support the recruitment and the final report will be completed by April 2024.</p>
<p>Percentage of recommendations influencing service improvement – based on % of recommendation <i>accepted</i> by NHS/CCG and % of those resulting in <i>service change</i>.</p>	<p>All 20 recommendations (100%) from our reports over the last 6 months have been accepted by the commissioning or partner body, mostly by the NHS Sussex Integrated Care Partnership or Brighton and Hove City Council.</p> <p>As many of these recommendations generated within the last 6 months, it is too early to say how many have led to service change, although being accepted is a prerequisite for this.</p>

Performance Indicators	Evidence
	<p>From projects completed over the last 6 months, three recommendations (out of 20 or 15%) have led to service change:</p> <p>From the <u>Patients in Sussex share their latest experiences of dentistry with Healthwatch</u> (April 2023), Healthwatch in Sussex has shared these findings alongside other intelligence and insight. This forms part of its contribution to the work undertaken by NHS Sussex to map all patient/provider/community/partner dental insight in developing and delivering its 2023-24 Dentistry Stakeholder and Engagement Plan.</p> <p>Also, Healthwatch in Sussex has shared these findings with NHS Sussex, other members of the Sussex Integrated Care System (ICS) and Local Dental Committees to inform activity related to oral health, health inequalities and service commissioning.</p> <p>From <u>The dementia pathway across Sussex – patient and carer experience</u> (July 2023), plans to develop a Frequently Asked Questions leaflet for people diagnosed with dementia, to support those unable to think about the questions they would have liked to have asked at that time. Also, the report has been sent to every commissioner of Memory Assessments Services across Sussex.</p>
<p>3 examples of studies with long term change (beyond 6-month project lifespan).</p>	<p>1. Dementia Pathways in Sussex:</p> <p>Published in July 2023, this study explored people’s experiences of dementia-related services ranging from visiting the GP, a Memory Assessment service, and the varied support options available following diagnosis. We undertook interviews with 38 carers and seven people with a dementia diagnosis between December 2022 and May 2023. People showed a wide variety of experience in terms of the memory assessment services and the support they received</p>

Performance Indicators	Evidence
	<p>afterwards. For example, some received a detailed care package of support after diagnosis whereas some received little or no support. People living in the same towns received varied levels of support and awareness of support 'cafes' were largely by word of mouth.</p> <p>The report has been discussed at the last two Dementia Programme Steering Group Meeting (Sussex) and it was agreed to share the findings with commissioners for information regarding memory assessment services and post diagnostic support. This will emphasise more awareness of support options as well as more proactive approaches such as check-ins and clearer information on who to contact when needed. It is also published on the Patient Experience Library.</p> <p>Also, to help prevent an overload of information at diagnosis, without time to read and ask questions (as said by participants), a sub-group are planning to develop some Frequently Asked Questions to provide at the point of diagnosis.</p> <p>The report has been widely circulated, supported by social media, and most recently to the commissioners for overnight nursing and wound care provision in Sussex. Read our report here.</p> <p>2. Direct Payments:</p> <p>Published in June 2023, Brighton and Hove City Council (BHCC) wanted to hear views and experiences from people who receive Direct Payments (DPs) from them. The DPs help people or an adult/child that is cared for to receive financial support for their care needs. This might be employing a care worker or personal assistant to help with their day-to-day needs. 127 people in receipt of DPs replied to either an online or hard copy questionnaire. Of concern was</p>

Performance Indicators	Evidence
	<p>that awareness of support services was lower than expected (for example in requesting changes to a DP, requesting a social care review or recruiting a Personal Assistant).</p> <p>Since publication, the Commissioning Manager, Brighton and Hove City Council, Health and Adult Social Care acknowledged the importance of this report in influencing service change:</p> <p><i>“This Healthwatch report is an essential element of Brighton and Hove City Council’s commitment to improving access and support for using Direct Payments, as a way of enabling individuals and families to buy (with local authority funding), their own care and support. BHCC has completed a Review of the systems, policy, information, advice, and provision of DP’s, of which this survey is critical. We are now moving to an improvement plan, which will include addressing the recommendations within this report.”</i></p> <p>The study also generated interest for a small group of participants to join commissioners in an advisory group to ensure that the voice of DPs users is central to improving the local ‘DP Offer’ – in particular, information and advice, support services (including access to Assessment Services), and increasing access to Personal Assistants.</p> <p>Also, although this survey invited adults who use DPs to respond, BHCC are also committed to ensuring that the experience of families using DP’s, is imbedded in improving provision. This project is currently underway.</p> <p>3. Outpatient transformation programme:</p> <p>Healthwatch Brighton and Hove have recently completed a project to assess people’s views about the proposed transformation of the outpatient service in Sussex. This involved four</p>

Performance Indicators	Evidence
	<p>deliberative engagement workshops with the same group of 30 participants. The deliberative engagement methodology is about giving participants time to consider and discuss an issue in depth before they come to a considered view. This approach places an emphasis on providing new information to participants and increasing their knowledge of the outpatient system, creating outpatient “experts”. The emphasis within the workshops was on participant discussion and feedback, rather than presentations by Healthwatch or NHS Sussex.</p> <p>Four transformations were discussed: Advice and Guidance, Utilising System Capacity; Patient Initiated Follow-up (PIFU); and reducing Do No Attends. Opinion emphasised the importance of involving patients throughout the process but recognised that not all initiatives will be effective for everyone e.g. those with disabilities, no transport, certain specific conditions.</p> <p>The findings will be likely to have long-term change by the group approving the proposed transformations. The Head of Outpatient Transformation and the Director of Elective Care provided a verbal update on the impact to date, resulting from the outcomes of the outpatient workshops:</p> <p>1. Patient portal: NHS Sussex are one of three systems in the UK who are piloting an expanded version of the NHS App. This will provide patients with notification of an outpatient appointment, reminders prior to the appointment. It will also enable patients to respond and confirm if they are able to attend the appointment. This App is being rolled out to East Sussex hospitals on 30th September, to University Hospitals Sussex NHS foundation trust on 6th October and to Queen Victoria hospital, West Sussex on 31st October.</p>

Performance Indicators	Evidence
	<p>2. GP involvement: NHS Sussex has been working with GPs from the outset of these initiatives and they have representation on a newly formed clinical reference group, to enable co-production of initiatives.</p> <p>3. Advice and Guidance NHS Sussex have focused on improving turnaround time of advice and guidance from consultant to GP.</p> <p>4. Patient choice (Utilising System Capacity) An NHS Sussex team has been developed to focus on a system-wide approach for patient choice. The focus is on a digital approach to ensure notes are available across different providers.</p> <p>5. Patient Initiated Follow-up National communication in the form of a patient-focused video has been shared with all hospitals in Sussex.</p> <p>6. Did Not Attends The Patient Portal is key to helping reduce DNAs. As a result of workshop feedback, NHS Sussex are focusing on helping support those groups who find it difficult to attend appointments.</p> <p>7. Communications and national impact NHS Sussex have begun work with the Amex to place an advert in the stadium, about the initiatives that are being introduced.</p>

Performance Indicators	Evidence
	<p>Further examples:</p> <p>a) As a fourth example, at the time of writing that we have just heard about the impact from our project exploring the mental health needs of maternity patients (report forthcoming). We were one of several Healthwatch to conduct 5 interviews, including one ethnic minority mother, one for whom English is a second language and one LGBT mother. We shared these findings with Healthwatch England to complement their national survey, and their recent blog states that the government has confirmed plans for NHS England to work with the Royal College of GPs to develop new guidance on 6-8 week-postnatal checks to support women’s mental health after giving birth.</p> <p>b) In 2021, HWBH led a review of patients’ experiences of being referred for an outpatients’ appointment. This report showcased the core standards that patients themselves recommend should be applied to all the communications. Having recently pursued the findings with University Hospitals Sussex NHS Trust, they have taken our recommendation to create a patient charter on communications and incorporated this into their Patient First work. https://www.uhsussex.nhs.uk/about/trust/patient-first/</p> <p>‘Communication’ is now one of three key themes which form part of their Patient Experience strategy 2022-25 and it also forms part of their new self-evaluation toolkit, ‘Welcome Standards: Excellence in Patient Services Self Evaluation framework’. This now means that the voice of the patient is now directly reflected in how the Trust will assess ‘good patient experience’. In September 2023, the Trust approached Healthwatch to discuss conducting a validation exercise of their new ‘Welcome Standards’ in the form of mystery shopping to see</p>

Performance Indicators	Evidence
	how they are being implemented by staff at receptions across the hospital to ensure that patients are receiving a positive experience. We are currently discussing this with the Trust.
<p><u>Annual</u> performance as regards the Economic, Environmental and Social Value of the work undertaken – delivered within 30 days after the end of the relevant year end. <u>See annual performance report.</u></p>	Will be presented in the annual performance report (April 2024) as requested.
<p>6. Support</p>	
<p>Number of safeguarding referrals and case escalations undertaken</p>	<p>7 people were referred to Health and Adult Social Care Access Point for information and advice. 9 people were referred to Health and Adult Social Care for review. 1 person referred to Health and Adult Social Care Safeguarding.</p>
<p>Number of referrals to PALS and NHS complaints including POHWER.</p>	PALS/POHWER - 0
<p>Annual report / stakeholder report with strategic partner satisfaction.</p>	Our Annual report for 2022/23 was published in June 2023.
<p><u>Annual</u> 360 review providing performance feedback from neighbouring HW and HWE on</p>	Will be presented in the annual performance report (April 2024) as requested.

Performance Indicators	Evidence
impact. <u>See annual performance report.</u>	
Provide advice on best practice for public and patient involvement to commissioners and service providers of health and social care services – 2 examples for annual report. <u>See annual performance report.</u>	Will be presented in the annual performance report (April 2024) as requested.
Update and review HW Decision making policy.	This was updated this year and can be accessed here .



Healthwatch Brighton and Hove

Equalities data from April 1st 2022 to September 30th 2023,
compared to 2021 census

Updated: October 2023

Appendix 1 – Equalities data since April 1st 2022 to date

Over the last 18 months, since April 1st 2022, Healthwatch Brighton and Hove (HWBH) has engaged 3185¹ people from 24 different engagement events including online workshops, online surveys, hard copy surveys, phone, and face-to-face engagement. This timeframe was agreed to provide a greater indication of the diversity of people we reach, which may be skewed by looking at only the previous 6 months of this year.

Presented below are comparisons between HWBH equalities data and data taken from the [2021 national census](#) for Brighton and Hove.

To note: the numbers from our engagement activities will be underestimates due to:

- **Questions not asked** – Not every equality question was asked during every engagement activity, particularly when speaking to people face-to-face or when surveys did not include all of the protected characteristics questions. For example, four HWBH surveys asked the question as to whether people identified as their sex assigned at birth – 56 people said they did not identify with the sex assigned at birth. If this was asked in all 23 engagement activities, the true numbers would be likely to be higher.
- **Proportions derived from sample size rather than people who answered the question** – Even if questions were asked, people may have chosen not to provide an answer. However, the percentages are derived from the total number of participants asked, rather than answered, that question. For example, all 133 people from the Mental Health and Housing study were asked whether they were LGBT. Some said yes, others said Heterosexual and a proportion did not answer the question. *The proportion of LGBT are taken from all those 133 that were asked the question, not just those who answered that question.*

¹ The population of Brighton and Hove from the 2021 census is 277,103.

From the 24 engagement events reviewed, equalities data for at least one or more protected characteristic was available for 16 of these events.

We have included numbers from the 2023/24 helpline where demographic data has been recorded. However, these additional questions were optional and only a few provided their equalities data following the response from our helpline volunteers. For example, two ethnic minorities were shown in the helpline data 2023/2024. The true number is likely to be higher if everyone answered this question (from the 184 helpline enquiries so far for this year).

Comparisons between HWBH data and that of the 2021 census for Brighton and Hove

For each characteristic we compare census numbers for Brighton and Hove to the numbers engaged by HWBH. We provide data on sex, age, disability, gender difference to sex assigned at birth, whether they are carers, non-White-British, LGBTQ+, religion, and Armed Forces. We did not ask questions relating to marriage and civil partnership and pregnancy and maternity.

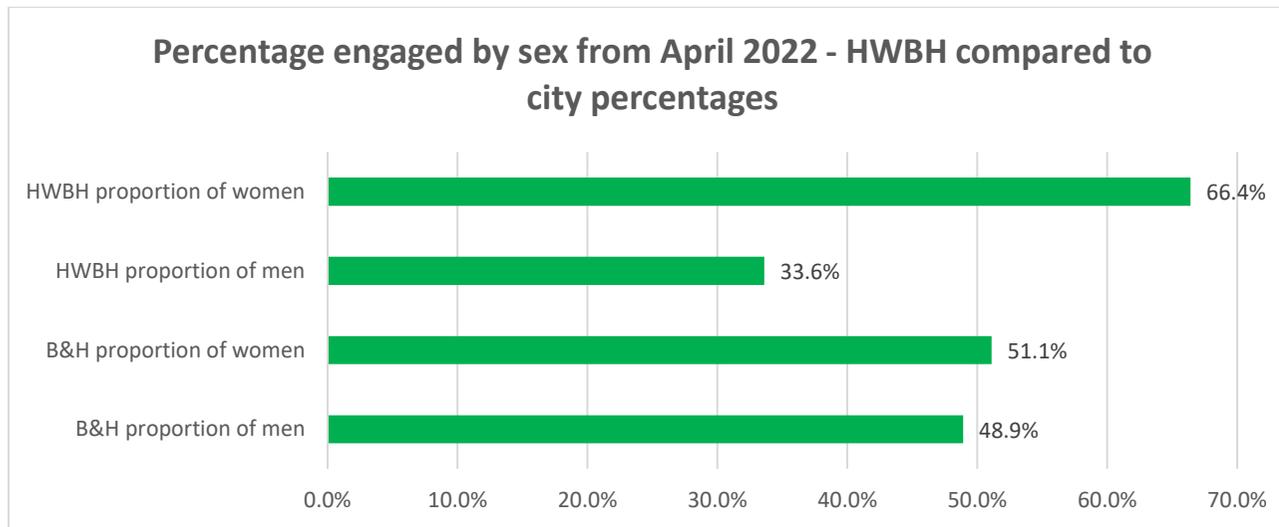
As the HWBH *numbers* will always be less than the City population, the charts show a more meaningful comparison by seeing how the percentage or *proportion* of our total sample for each characteristic differs to that of the city population.

For example, even though we engaged a *lower number of* LGBTQ+ people compared to the City, our engagement generated a *higher proportion* of LGBT (17.9% of the people were LGBTQ+ where that question was asked) compared to the estimate of 10.6% within the City.

1. Sex:

Brighton and Hove population of men (census 2021 data)	B&H Population of women (census 2021 data)	Numbers of men engaged by HWBH (since April 1st 2002)²	Numbers of women engaged by HWBH (since April 1st 2022)
135,563	141,540	731	1447

This following chart shows that most of those engaged through HWBH activities were women, with a lower proportion of men compared to the census data for the City. 33.6% of those engaged by HWBH were men, compared to the city proportion of 48.9%:



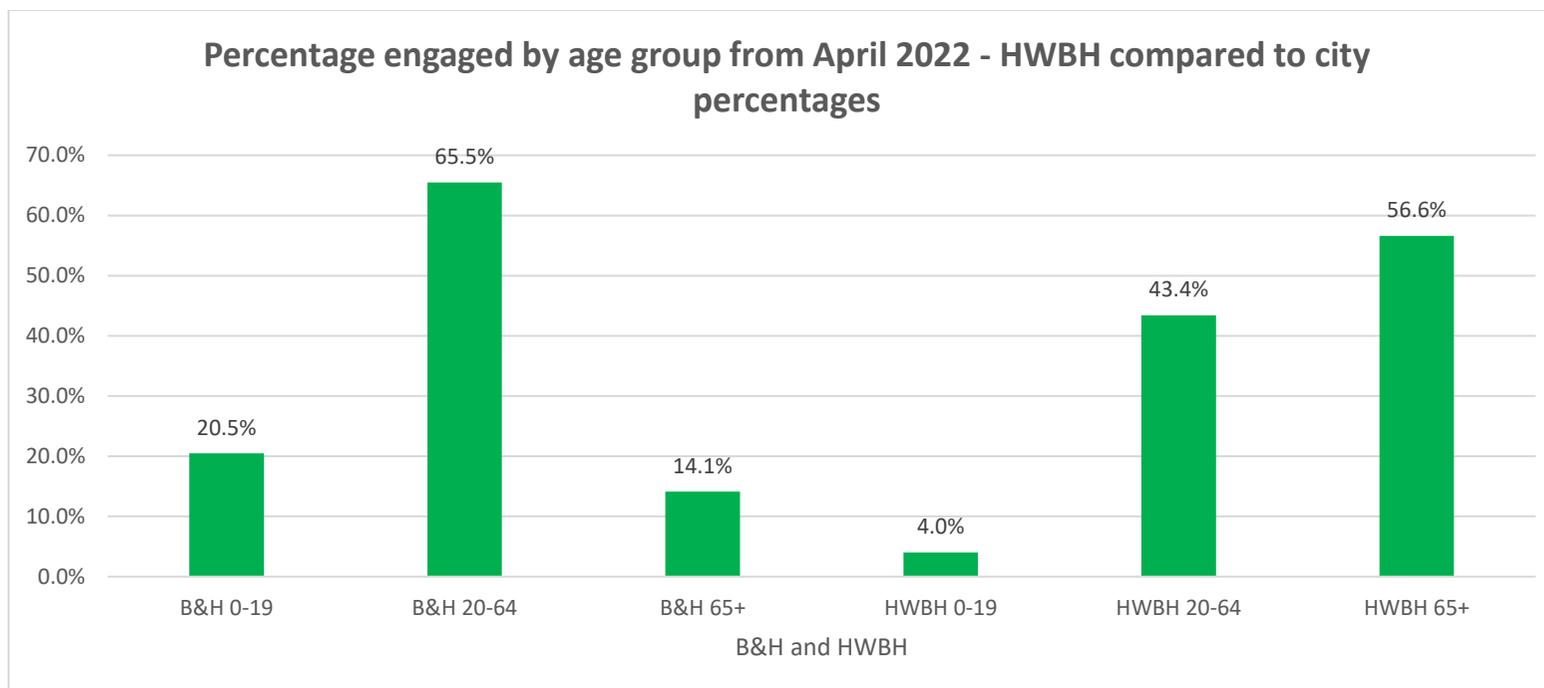
² For sex and age the percentage comparisons are taken from the number of participants where this data was recorded.

2. Age:

The comparison by number across three age bands are shown below:

Brighton and Hove 2021 census data			HWBH data since 1st April 2021		
0-19	20-64	65+	0-19	20-64	65+
56,700	181,500	39,100	78	826	1077

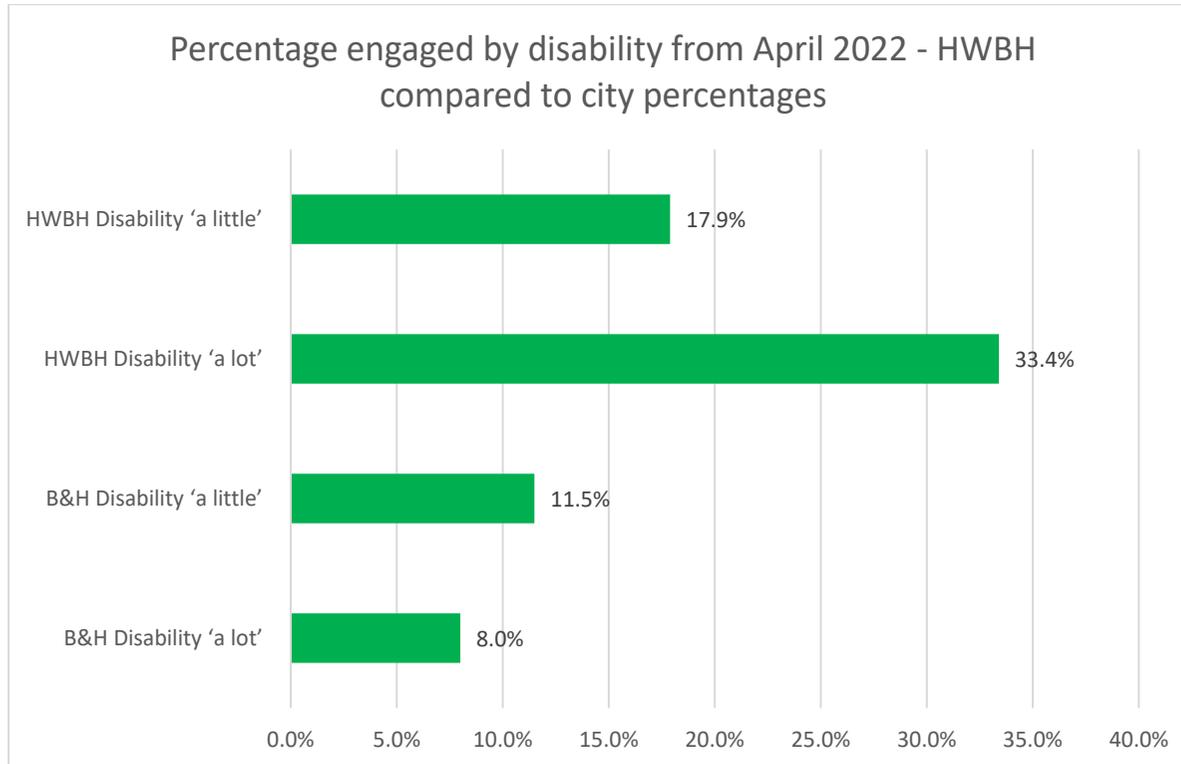
The following chart shows that most of those engaged through HWBH activities were over 65s i.e. 56.6% were over 65 compared to 14.1% of the City population. 4.0% of those engaged by HWBH were 19 years or younger compared to the City proportion of 20.5%:



3. Disability:

Brighton and Hove 2021 census data		HWBH data since 1 st April 2021	
Disability 'a lot' - number	Disability 'a little' - number	Disability 'a lot' - number	Disability 'a little' - number
20,351	31,446	744	399

The chart shows that a higher proportion of people engaged by HWBH indicated that they were living with a disability, compared to the City proportions. 33.4% of those engaged by HWBH reported as having their day-to-day activities limited 'a lot' compared to the City figure of 8.0%:



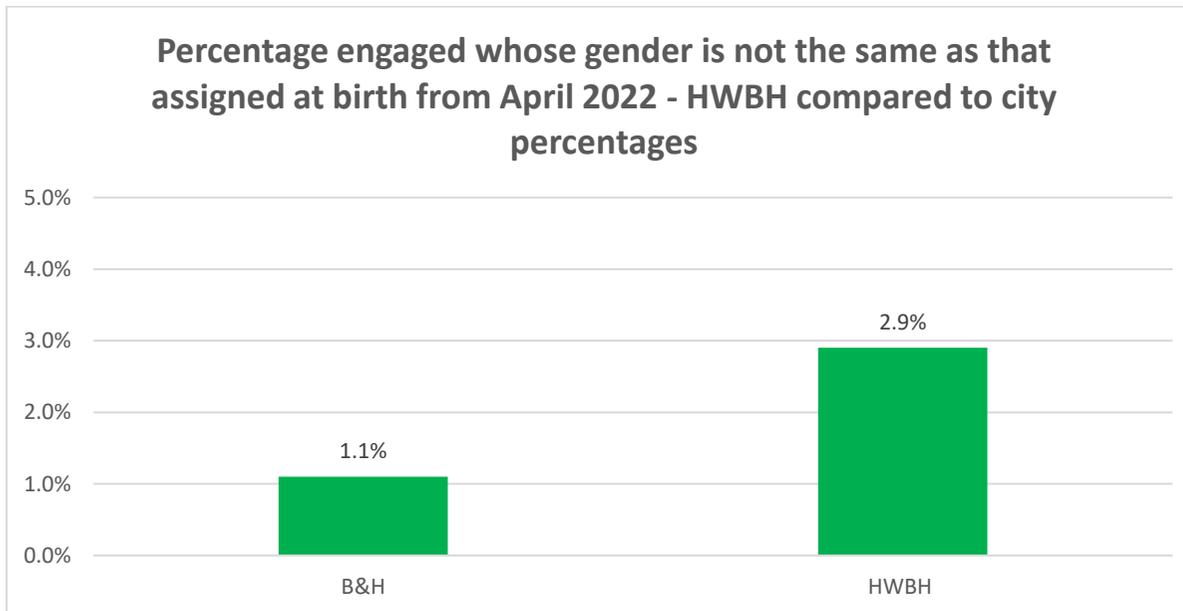
Also, 219 of those engaged by HWBH had mental health issues, or 18.1% of those asked this question.³

³ Base 1211.

4. Do not identify as the sex assigned at birth:

Brighton and Hove 2021 census data	HWBH data since 1 st April 2021
Number of those who do not identify as the sex assigned at birth	Number of those who do not identify as the sex assigned at birth
2429	56

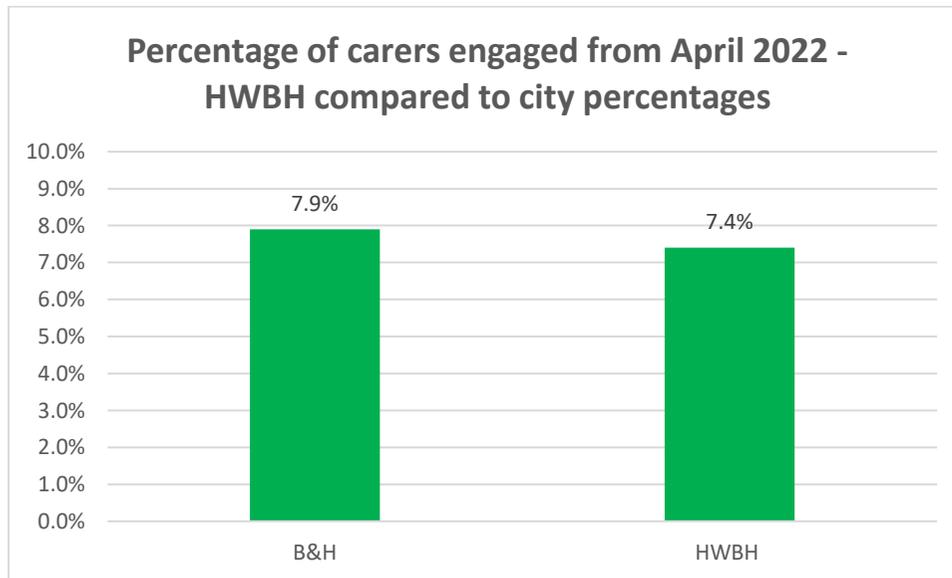
When looking at the percentages, a greater proportion of those engaged through HWBH activities identified their gender as different to their sex assigned at birth - 2.9% compared to the City figure of 1.1%:



5. Carers:

Brighton and Hove 2021 census data	HWBH data since 1 st April 2021
Number of Carers	Number of Carers
20,976	60

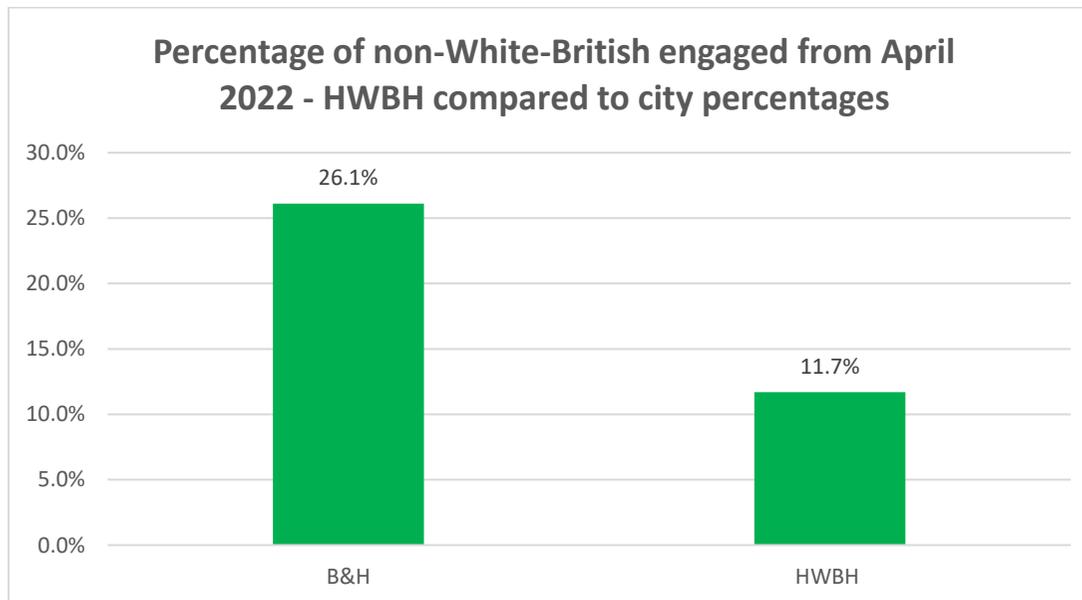
A slightly lower proportion of those engaged by HWBH identified themselves as carers compared to the City - 7.4% compared to 7.9%:



6. Non-White-British:

Brighton and Hove 2021 census data	HWBH data since 1st April 2021
Number of non-White-British	Number of non-White-British
72,272	267

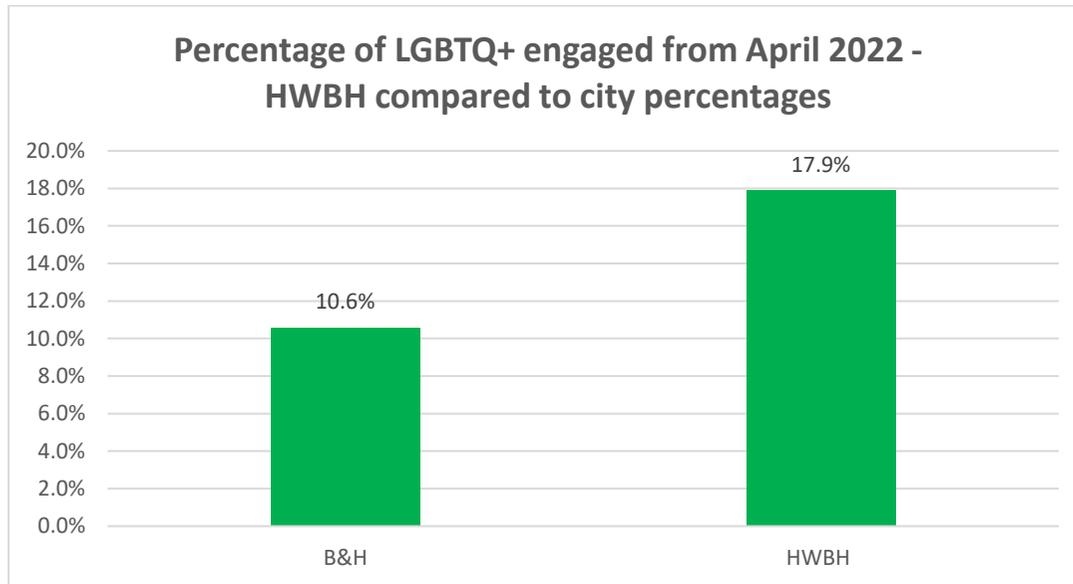
The chart shows that 26.1% of the City's population is non-White-British (the term used in the census). For HWBH, the comparative figure was 11.7% (for all those asked that question):



7. LGBTQ+:

Brighton and Hove 2021 census data	HWBH data since 1st April 2021
Number of LGBTQ+	Number of LGBTQ+
2642	215

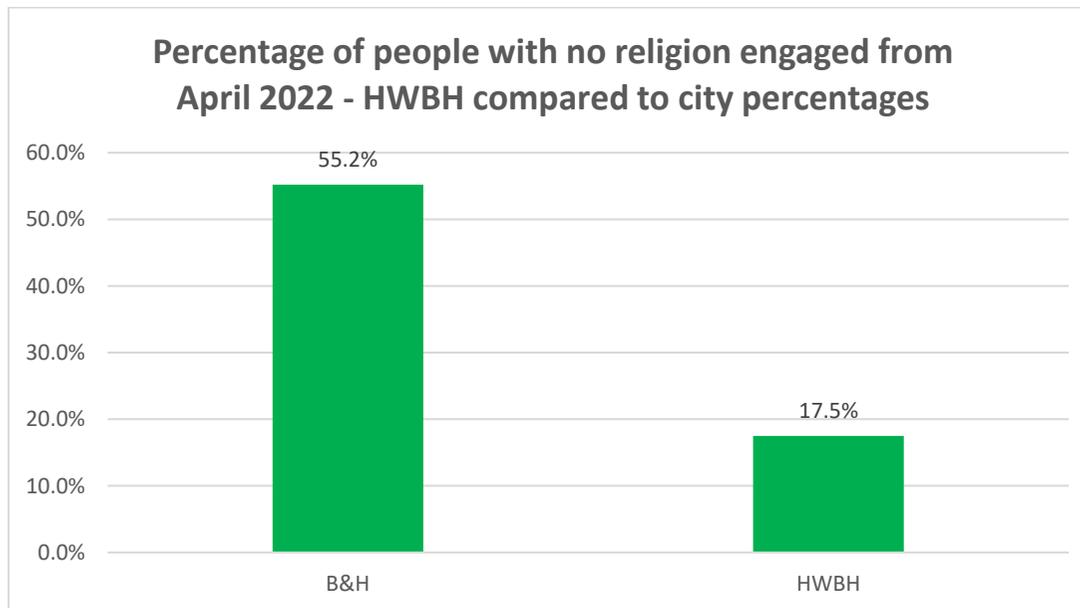
The chart shows that 10.6% of the City's population identify as LGBTQ+. For HWBH, the comparative figure for those engaged was 17.9%.



8. Religion:

Brighton and Hove 2021 census data	HWBH data since 1st April 2021
People with no religious belief HWBH -	
152,966	169

The chart shows that 55.2% of the City's population identify as having no religion. For HWBH, the comparative figure was 17.5%:



Finally, two recent engagement activities asked about armed forces where, from 686 responses, 1 person was currently in the armed services, 24 had ever served, and 42 were a member of a current or former serviceman or woman's immediate family or household.

Overall comment

This final section summarises the degree to which HWBH was effective in engaging a diverse range of people. Based on the proportion of people responding to questions on their protected characteristics, areas where we were effective and less effective were as follows. This helps us to identify where HWBH can focus our efforts over the forthcoming year.

a) Exceeding City proportions:

- 33.4% of those engaged by HWBH reported their day-to-day activities were limited 'a lot' through their disability compared to 8.0% of the City's population.
- 17.9% of those engaged by HWBH were LGBTQ+ compared to 10.7% of the City population.

b) Similar to City proportions (within 2 percentage point difference):

- A slightly higher proportion of people engaged by HWBH did not identify with their sex assigned at birth (2.9% compared to the City proportion of 1.1%).
- A slightly higher proportion of people were carers in the City compared to those engaged by HWBH (7.9% compared to the HWBH proportion of 7.4%).

c) Less than the City proportion:

- Of those engaged through HWBH, 33.6% were men compared to 51.1% of the City population.
- Of those engaged through HWBH, 4.0% were aged 0-19 compared to 20.5% of the City population.
- Of those engaged by HWBH, 11.7% were non-White-British compared to the City proportion of 26.1%.
- 17.5% of those engaged by HWBH reported 'no religion' compared to 55.2% of the City population.

d) Changes since the 2021 HWBH equalities report

Below, we show how these proportions (from April 2022) have changed since our last [equalities report in 2021](#), which looked at seven projects published between April 1st 2020 and March 31st 2021, comprising responses from 7,224 people.

- The proportion reporting their day-to-day activities were limited 'a lot' through their disability was the same post April 2022 to the 2021-2021 findings (33%).
- The proportion who are LGBTQ+ is higher than the 2020-2021 data (17.9% from April 2022 compared to 12% between 2020 and 2021).
- The proportion of men is similar to that in the 2020-2021 report – 33.6% since April 2022 and 32.5% 2020-2021.
- The proportion of young people is slightly greater compared to the 2020-2021 report – 4.0% aged under 19 from 2022 compared to 3.5% aged 16-24 in the 2020-2021 report.

- The proportion of people who are non-White-British was slightly less than the 2020-2021 report – 11.7% from April 2022 compared to 13% in the 2020-2021 report.
- The proportion reporting 'no religion' has reduced significantly since the 2020-2021 equalities report – 51% in the 2020-2021 report to 17.5% since April 2022.
- There was no comparative data from the 2020-2021 equalities report on people on who do not identify with their sex assigned at birth and carers.

Taken collectively, HWBH continues to be effective in engaging people from diverse backgrounds, especially people with disabilities and LGBTQ+ (the latter having increased since the 2021 equalities report). The data also shows we need to continue to engage more men, younger people, more ethnic minorities and people of no religion. We have projects underway that are exclusively among ethnic minorities and young people which we shall report in the annual performance report. We have steadily expanded our recording of the various protective characteristics and we will continue to do so in the future.

Appendix 2 – Healthwatch Brighton and Hove Workplan

This document describes projects and topic areas that Healthwatch Brighton and Hove (HWBH) has identified and are considering, or currently working on. It also describes the range internal projects which support the operation of the organisation.

Projects are identified using a range of sources: patient feedback, meetings we attend, intelligence shared with us by partner organisations and in line with our **Decision Making & Prioritisation Policy**.

The document is divided into:

1. Active projects that the team is working on (green)
2. Potential future projects under consideration (amber)
3. Internal projects (yellow)

This document is subject to continual updating.

1. Active projects

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
Health inequalities small grants	NHS Sussex - Coproduction	Clary Collicutt and Lester Coleman. This is a partnership project with Switchboard (SB)	£6K	One year July 2023 to June 2024. HWBH role likely to be 4 months, Sept-Dec	NHS Sussex launched a new grant scheme in 2023. They specified population groups that are of interest to them. HWBH held discussions with various local voluntary and Community groups (VCSEs) on potential projects and subsequently submitted two bids (1) with Switchboard (£15K total) and (2) with East Brighton Food Cooperative (£5K total). We were successful in our bid to deliver a project with SB (total of £15K, £6K for HWBH), but not with EBFC.	High - underway
Homecare checks	Brighton and Hove Cit Council (BHCC)	Will Anjos	£13K (not new income)	Ongoing	An ongoing, BHCC funded project, which involves HWBH volunteers interviewing people in their homes about the care they receive. We report back to BHCC with outcomes / patient feedback	High - underway
Enter and View visits and PLACE	HWBH	Clary Collicutt	NA	Ongoing	We have re-established our Enter and Views (E&Vs) of local hospital following COVID. To date, we have conducted visits to maternity wards and are planning the next one to the Louisa Martindale Building Atrium. We are considering an inpatient Mental Health E&V later in the year but are	High - underway

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					awaiting to hear from HWE who may commissioned LHW to conduct these	
Digital and Data project	NHS Sussex/HWBH	Clary Collicutt and Lester Coleman.	£4.5	Aug-Sept	Following on from the 2023 NHS Sussex quota survey (above), HWBH proposed using some of the additional data that we had captured. We worked up a proposal with NHS Sussex to use the data and to summarise a range of reports/quantitative/qualitative data on “digital and data” to deliver a thematic report for the first ICB Digital and Data Board in October (NB HWBH has established itself as the lead on digital which a variety of reports on the topic)	High – underway
HWE Pharmacy semi-structured interviews	HWE	Michelle leading	£2.5K	Sept-Oct TBC	Healthwatch England (HWE) issued a call for interest in July. They were looking for local Healthwatch to help their research project on pharmacies. They want to understand the experiences of pharmacy users and pharmacy staff. To do this, they will provide funding to Healthwatch to complete in-depth, semi-structured interviews. The funding available is £2500, for the completion of three interviews: one with a member of pharmacy staff and two with service user. We were successful in our	High – underway

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					bid and the project is starting in September 2023.	
Deliberative Engagement training	HWE	Michelle leading	£300		HWE recognise the value of this form of public engagement and asked a Local HW team to submit a bid to deliver a training session to the rest of the LHW network. HWBH submitted a successful bid and the event will take place in Sept.	Going ahead
Young Healthwatch	HWBH/RuOK service	RuOk is funded by HWBH to deliver this project. Alan/Lester leading from HWBH	£3K HWBH funding RuOk (not income)		Collecting the voices of Children and Young People (CYP) is a critical element to the work of HWBH. HWBH has taken Young Healthwatch projects in-house. HWBH have been having various discussions with different CYP leads within BHCC and NHS Sussex to identify suitable projects. NHS Sussex Commissioners suggested the RuOK service (drink/drugs service) and we have since developed an agreed project outline which will seek to understand barriers to accessing the service amongst LGBTQ+ CYP. HWBH has ring-fenced funding for YHW and this project will cost £3K	High - underway
Underserved communities	NIHR via Khalid Ali	Lester Coleman	£17,750 for HW	Sept-end March 24	Involves exploring older BME people about their use and barriers to digital technology.	High-underway
Health Counts survey	Brighton University / BHCC	Lester Coleman	5.5k	September 23 to March 24	HWBH were approached by Brighton University to support their Health Counts survey which is run every 10 years in	High - underway

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					Brighton and Hove. This may involve HWBH carrying out some testing of the survey, promoting it in GP surgeries and widening participation e.g. translated versions.	

2. Potential future projects under consideration

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
Inequalities work with EBFC	NHS Sussex Coproduction	Michelle Kay	NA	TBC	Despite being unsuccessful in obtaining funding (see above) we are keen to pursue working with EBFC and their communities. Subsequent discussions with BHCC have suggested we might work with EBFC to develop and trial a different way of supporting communities at the local level via their Food Banks i.e. what health and support services might be offered at Food Banks?	Medium – actively pursuing
Overnight dressing	Direct approach from NHS Sussex	Alan Boyd and Lester Coleman	NK	NK	We followed up a discussion with NSH Sussex who had approached us about supporting this topic. We were advised that there were no plans to directly engage with HWBH, only to keep us informed about this work.	Medium – being monitored but not seen as priority
Wound Care	Direct approach from NHS Sussex	Alan Boyd and Lester Coleman	NK	NK	Again, we followed this up after being directly contacted by NHS Sussex Leads but there is nothing to do until NHS Sussex advises HWBH about the new Wound Care Steering Group. As of August, nothing has been heard.	Medium – being monitored but not seen as priority
Oral Health Needs Assessment	Mentioned at NHS Sussex Board meetings	Alan Boyd and Lester Coleman	NK	NK	No details other than at the NHS Sussex Board meeting on 2.3.23, it was highlighted that there is a need to refresh the oral	Medium – being monitored. A

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					health needs assessment and involving HW was mentioned. To monitor	priority area but we need to await developments
Eye Health	Identified by HWE	Alan Boyd and Lester Coleman	NK	NK	HWBH met with leads of a recent review of Ophthalmology services across UHSx. They were keen to capture patient engagement as part of their proposals to move some eye treatment away from hospital settings to high street opticians. Ophthalmology commissioning is now the responsibility of NHS Sussex. HWBH and NHS Sussex held several meetings with those leading this (CLEAR) but it is unlikely this will amount to anything due to timescales and lack of funding.	Medium – being monitored but seen as unlikely
Ear, Nose, Throat (ENT)	External – CLEAR	Alan Boyd and Lester Coleman	NK	NK	Following on from the Eye care discussions (above), CLEAR reverted to us with their plans for a similar ENT study and how best to involve patients in this. HWBH and NHS Sussex met / exchanged emails (June/July) but once again the proposed timelines are prohibitive, so we are not expecting this to amount to anything.	Medium – being monitored but seen as unlikely
Community Diagnostic Centres (CDCs)	Direct approach from HW to NHS Sussex	Alan Boyd and Katrina Broadhill	NK	NK	HWE has said that eye care is likely to be one of the areas they will focus on this coming year. HWBH have exchanged	Medium – being monitored

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					emails with NHS Sussex Leads for CDC leads and asked whether they are interested in working with us. This is being monitored.	
Sleep studies	HWBH	Alan Boyd	NK	NK	HWBH identified this as a possible area of interest from meeting papers /other intelligence but nothing has come of it to date due to capacity, therefore nothing has progressed to date.	Medium – being monitored but seen as unlikely
Young Healthwatch	HWBH/Different Noise				HWBH has been holding discussions with Different Noise, a local CYP group, to support us to capture the CYP voice. This new group has been created with former YMCA Right Here colleagues who HWBH used to work with before the service was disbanded / remodelled. We are discussing outline proposals with them.	Medium – actively pursuing
Musculoskeletal services (MSK)	Service being recommissioned	Alan Boyd	Unknown	Unknown	The MSK service is undergoing change and we have been approached by someone working on this from University Hospitals Sussex (UHSx) about possible patient engagement required. This is under consideration.	Medium – In discussion.
Electronic Patient Records (EPR)	Being implemented across Sussex	Lester Coleman	Unknown	Unknown	Seeking clarification of whether patients have been involved and whether more patient engagement needs to happen.	Medium – In discussion.

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
Research Engagement Network	Response to a bid from Sussex Partnership Foundation Trust (SPFT)	Team-led	Unknown	Would start October 2023 – complete April 24	HWBH were altered to a bid being submitted by SPFT for funding from NHS England to promoting Diverse Participation in Research. A cohort of individuals will be identified through Voluntary Community and Social Enterprise (VCSE) organisations and will undergo appropriate training. HWBH may be involved in this work, TBC	Medium - In discussion with other HW – bit vague.
Lifelines (Volunteering Matter)	Lifelines and Healthwatch	Alan Boyd, Lester Coleman, Will Anjos	£6k (TBC)	A year from start	HWBH were approached by a staff member at Volunteering Matters about an opportunity to apply for joint funding from BHCC Communities Fund to team up with Lifelines to explore people's experience of health and care with Multiple Compound Needs (MCN). We are proposing using funding to deliver 12 (one a month) detailed interviews with people who have MCN, who are cohort of people which have been identified by BHCC as part of their CORE20PLUS groups who suffer health inequalities locally.	Medium – fund now closed but may reopen in 2024/2025
HWE	Barriers to cervical cancer screening	Alan Boyd, Lester Coleman, Michelle Kay	2400		Up to three interviews to explore barriers to cervical screening, to include minority ethnic women, women with disabilities and young women aged 24-29. Build on our work with East and Central PCN that identified some barriers to cervical	Meeting planned prior to deadline of October 25th

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					screening. Women must be those who have not taken up, or are hesitant about taking up, cervical screening tests or face barriers in accessing cervical screening tests.	
Digital innovation for surgery phase 2 bid	University Hospitals Sussex NHS Foundation Trust	Alan Boyd, Lester Coleman	5k estimate	A year	HWBH were approached by Sandeep Chauhan to extend the work he had achieved in Phase 1 – reducing the carbon footprint of departments in the Royal Sussex – evaluating initiatives such as online follow-up appointments, less paper-based letters, etc. He plans to extend this work and would like HWBH to understand the patient perspective. It is dependent on an application for funding to be successful.	Submission for funding the Phase 2 in preparation.

3. Internal projects

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
Review of All HWBH policies		Will Anjos	NA	Sept 2022 - Sept 2023	HWBH is reviewing all its internal policies to ensure these are compliant with current HR legislation. We are being supported by a HR specialist.	Ongoing
Healthwatch activity		Katy Francis	NA	Ongoing	HWBH records, on a monthly basis, all HWBH activity including meetings, reports, media work, social media etc. This data set feeds into 6-month and annual reports to the HWBH Commissioner.	Ongoing
6/12-month performance reporting		Lester Coleman	NA	Reports due October and March	HWBH is required to submit a summary report outlining our performance on a 6 and annual basis. These reports are published	Ongoing
Data Storage & Archive System		Will Anjos	NA			Ongoing
Cyber Essentials Certification		Will Anjos	NA		HWBH has an ongoing requirement to get NCSC Cyber Essentials certification to remove obstacles to data sharing other organisations, including BHCC and trusts, as well as improve our tender offer. Including • Ensuring all equipment is secure and managed, no admin on local machines. • Putting in place data security	Ongoing

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					policies including for equipment, passwords, remote access, data sharing. • Process for allocating and logging licenses and data access. Will require a board member to confirm policies in place and as part of the certification.	
Data Sharing / DPIA		Will Anjos			HWBH has put in place a data sharing agreement with other organisation for collaborations. Work with BHCC to put a DPIA in place to cover the data storage, use and retention of personal data relating to the Homecare check project.	Completed but subject to review as required
Data Storage & Archive System		Will Anjos			HWBH will complete the process of organising data storage and usage across the system, including • updating/merging digital folders • archiving old data • Scanning and shredding paper data where possible • Apply consistent mapping to all users - remove Sharepoint, switch to synced OneDrive and set local desktop and documents backup (all users data private). Provide training to staff and directors on Microsoft 365, including • OneDrive • document and data sharing • Teams	Ongoing

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
Data security		Will Anjos			HWBH monitors system and devices using Microsoft InTune to ensure continued integrity and security. We also monitor any breaches and apply learning from these.	Ongoing
Website development		Will Anjos			HWBH aims to improve the Feedback capture pages on our website to include an Easy Read document and enhanced demographic data capture.	Ongoing
Staff recruitment		Team-led			Staff recruitment campaigns are undertaken as required.	As required
Volunteer recruitment		Katy Francis			HWBH will put in place an agreed process to recruit, induct, train and support volunteers. Part 1: Data Storage / Online Forms • Use SharePoint Lists to store personal records, documents and monitor progress/status. • Online application form linked to list, application approval approval/transfer • System monitoring requirements for DBS. Part 2: Automate Process • System monitoring requirements for safeguarding & data governance training, references, verification, etc • New enquiry application form and reference requests invites. • Induction invites, volunteer handbook, policies and. • Induction presentation	Ongoing

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
					general, and project-based sections. • Train team on use	
Volunteer engagement		Katy Francis			HWBH will keep in regular contact with our volunteers, offering social events and opportunities to be involved in our work.	Ongoing
HWBH public-facing events		Team-led	NA	Ongoing	We are organising attendance at a variety of public facing events to raise awareness of HW and capture more insight.	Ongoing
Communications and Engagement Strategy		Alan Boyd	NA		HWBH will develop a Communications and Engagement Strategy to support our work.	Ongoing
HWBH strategy		Alan Boyd			HWBH will develop Strategy to support our work.	Ongoing
Project prioritisation and planning		Lester Coleman			HWBH has reviewed its current Project prioritisation and planning policy to ensure it best supports our work – link provided in performance report.	Ongoing
Impact tracker		Lester Coleman			HWBH will develop an Impact Tracker to support our work and allow us to monitor our impact.	Ongoing
Equalities Impact Assessment		Lester Coleman			HWBH will complete an updated Equalities Impact Assessment to demonstrate our reach and engagement with different communities and groups with protected characteristics	Ongoing

Name	Source of project	Project lead	Funded (if applicable)	Timescale (estimated)	Details	Likelihood of proceeding
Contract re-tender		Alan Boyd and Geoffrey Bowden			HWBH will prepare for contract re-tender which is expected to happen in 2024/25. This will include undertaking HWE's Quality Framework self-assessment tool.	Ongoing