

Health Overview & Scrutiny Committee

Date: **13 July 2022**

Time: **4.00pm**

Venue: **Council Chamber, Hove Town Hall**

Members: **Councillors:** Moonan (Chair), West (Group Spokesperson), Barnett, Brennan, Grimshaw, John, Lewry, O'Quinn, Peltzer Dunn and Rainey

Cooptees: Caroline Ridley (Community & Voluntary Sector representative), Geoffrey Bowden (Healthwatch Brighton & Hove representative), Michael Whitty (Older People's Council representative)

Contact: **Giles Rossington**
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Date of Publication - Tuesday, 5 July 2022

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4 PUBLIC INVOLVEMENT	
To consider the following items raised by members of the public:	
(a) Petitions: To receive any petitions presented by members of the public to the full Council or to the meeting itself;	
(b) Written Questions: To receive any questions submitted by the due date of 12noon on the (insert date) 2017.	
(c) Deputations: To receive any deputations submitted by the due date of 12 noon on the (insert date) 2017.	
5 ITEMS REFERRED FROM COUNCIL	
None to date	
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To consider the following matters raised by councillors:	
(a) Petitions: to receive any petitions submitted by Members by the due date (10 Working Days);	
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<i>Contact Officer: Giles Rossington Tel: 01273 295514</i>	

Ward Affected: All Wards

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Report of the Executive Director, Governance, People & Resources (copy attached)

Contact Officer: Giles Rossington

Tel: 01273 295514

Ward Affected: All Wards

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For further details and general enquiries about this meeting contact Giles Rossington, (01273 295514, email giles.rossington@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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BRIGHTON & HOVE CITY COUNCIL
HEALTH OVERVIEW & SCRUTINY COMMITTEE

4.00pm 13 APRIL 2022

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillor Moonan (Chair)

Also in attendance: Councillor Deane (Group Spokesperson), Brennan, Grimshaw, West, Barnett and Pissaridou

Other Members present: Geoffrey Bowden (Healthwatch); Caroline Ridley (CVS representative)

PART ONE

26 APOLOGIES AND DECLARATIONS OF INTEREST

- 26.1 Apologies were received from Cllrs John, Wilkinson, Lewry and McNair, and from Lola Banjoko and Rob Persey.
- 26.2 Cllr Ebel attended as substitute for Cllr John
Cllr Barnett attended as substitute for Cllr McNair
Cllr Pissaridou attended as substitute for Cllr Wilkinson.
- 26.3 There were no declarations of interest.
- 25.4 AGREED – that the press & public be not excluded from the meeting.

27 MINUTES

- 27.1 RESOLVED – that the minutes of the meeting of 26 January 2022 be agreed as an accurate record.
- 27.2 Cllr Brennan noted, with reference to the young people mental health item in the January 2022 papers, that she would like the response to mASCot's formal complaint circulated. The Chair agreed that this would be circulated following the meeting.

28 CHAIRS COMMUNICATIONS

- 28.1 The Chair gave the following communications:

At the last HOSC meeting we heard from University Hospitals Sussex on their improvement planning following a critical CQC inspection of maternity and surgical services. I wanted to have a progress update at today's meeting, but unfortunately this was not possible. We will have a full update at the July meeting. In the meantime I asked UHS for a brief update:

Brighton and Hove HOSC CQC Improvement Plans

Since receiving the Warning notices for maternity services and surgery in 2021, the Trust has been working with clinical leaders and frontline staff to make the improvements required. Using our Patient First methodology for continuous improvement we have focussed on immediate actions like increasing the number of staff who have had appraisals and who are up to date with their training. Alongside these sort of short-term actions we are also continuing to make every effort to recruit more staff, for instance in maternity services (where there is a national shortage of midwives) we are hopeful that a cohort of undergraduate trainee midwives will stay with the Trust and take up substantive posts later this year.

The committee will be aware that the NHS locally as well as nationally continues to operate under severe pressure. The number of patients attending our emergency departments has risen considerably with knock on impacts across the hospitals. The number of patients who are medically fit for discharge but for whom a suitable alternative placement (home, residential or nursing care) for their on-going care has been identified is at an all time high. Alongside all of this our staff are affected by Covid and we continue to have significant numbers of staff away off sick from work with it each week. Not only does this make delivering care more difficult it also has a negative impact on our ability to release staff for activities such as training. Nonetheless, we continue to ensure that services are safe and to make every effort to address the issues raised with us by the CQC, which is a top priority for our Board.

We anticipate that the CQC will re-inspect in April and we are planning to make a detailed response to the CQC by the end of the month.

ICS. I was also keen to have an update at this meeting on plans to develop new regional NHS structures. Again, this was not possible and I will aim to have a full update at the July meeting. In the interim I have received the following update from the CCG and HASC:

The Health & Social Care Bill which is currently progressing through parliament requires the establishment of regional statutory Integrated Care Systems (ICS). There are 42 ICSs across the country, bringing NHS organisations, local authorities, and wider partners together to improve health and care services and outcomes for local populations. Sussex has been operating as a non-statutory ICS since April 2020.

Health and care organisations across Sussex have worked in partnership over the last few years, and this has enabled better joined-up and collaborative working for the benefit of local people. This has been crucial in how the health and care system has responded to the pandemic, and there is now an opportunity to build on these strong

foundations with the creation of a statutory ICS, which will include two main bodies: an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Our ICB will be known as NHS Sussex and will become the new NHS statutory organisation, agreeing the strategic priorities and resource allocation for all NHS organisations in Sussex. The ICB will take on the commissioning functions currently carried out by Sussex CCGs. The ICP will be known as the Sussex Health and Care Assembly and will be a statutory joint committee between the NHS and local government, which will agree the strategic direction of our health and care system. The Assembly will have a specific responsibility to develop an 'integrated care strategy' for its whole population using the best available evidence and data and addressing health inequalities and the wider determinants which drive these inequalities. The Sussex Health & Care Assembly will be the principle forum at which the views of local government will be expressed. Arrangements for partnership working at 'place' (e.g. Brighton & Hove) do not form part of formal ICS governance, but are being progressed by all partners. The Assembly will have a key role to play in terms of interacting with the three places within the ICS.

The membership and governance of both the ICB Board and ICP is currently being finalised following an extensive engagement process across partner organisations. Details of these will be published in the coming weeks and a draft ICB constitution will also be published in early May for comment.

Assuming that the progression of the Bill is as anticipated, the ICS will go live on 01 July 2022. To prepare for this, all local systems have been asked by NHS England to agree the formal local arrangements and meet nationally-decided criteria.

The Department of Health & Social Care is in the process of updating its guidance on health scrutiny; and new guidance, including how HOSCs should go about scrutinising ICS, will be published later this year.

28.2 The Chair told members that she has concerns about the ICS, including the potential for private sector provider involvement, and the degree to which services would genuinely be oriented to the needs of 'place'. She also noted that the "extensive engagement process" mentioned in the statement on ICS development had not included the Chair of the HOSC.

28.3 The Chair also welcomed Geoffrey Bowden, Chair of Healthwatch Brighton & Hove to the meeting as the new Healthwatch co-optee.

29 PUBLIC INVOLVEMENT

29.1 There were no public involvement items.

30 ITEMS REFERRED FROM COUNCIL

30.1 There were no referrals from Council. The Chair noted that a Notice of Motion on Southern Water sewerage discharge had been referred to the HOSC from the Environment, Transport & Sustainability Committee. The Chief Executive of Southern

Water had been invited to a HOSC meeting, but was unable to make the April 2022 date. Southern Water have agreed to attend the July 2022 HOSC.

31 MEMBER INVOLVEMENT

- 31.1 A member letter on Trans health was submitted from Cllrs Clare and Powell. Cllr Clare attend the meeting and spoke to her letter.
- 31.2 Cllr Clare told the committee that she had spoken to a number of young people with concerns about the provision of Trans healthcare in the city. Given this, it would be helpful for the HOSC to call for a report on this issue. The report should focus on the progress made in implementing the agreed recommendations of the 2013 Trans Equalities Scrutiny Panel. Trans Pride will be taking place in July, so it would make sense for this report to come to the July 2022 HOSC. It would be helpful if the local Trans community was engaged with in the production and presentation of this report.
- 31.3 The Chair thanked Cllrs Clare and Powell for their letter and confirmed that she was happy to take a report on Trans health at the July HOSC meeting. There has been lots of activity following the 2013 Scrutiny Panel report, but it would make sense to revisit this work as much has changed in the interim.

32 DENTAL SERVICES: UPDATE FROM NHS ENGLAND

- 32.1 This item was introduced by Mark Ridgeway, NHS England (NHSE) Dental Commissioner. Mr Ridgeway provided a summary of the current state of city NGS dental services and answered members' questions.
- 32.2 Cllr Grimshaw told the committee that people in her ward were reporting many problems with dental services, including being summarily removed from dentist's 'lists'; and being unable to access dentistry, leading to people having to attend A&E instead, or trying to fix their own teeth. Mr Ridgeway told the committee that there have been no formal dental lists since 2006: practices may choose to operate their own lists, but there is no formal registration as there is with GPs, and consequently no NHSE influence on how practices manage their lists. Dental practices which choose to undertake NHS dentistry are contracted to undertake a set amount of NHS activity each year, but it is up to each practice how they manage this. Mr Ridgeway also noted that practices had been forced to focus on urgent care during the pandemic and, although the situation is less pressured than it was, the system has not yet fully recovered.
- 32.3 Cllr West noted that the scale of the dental backlog was bound to have an impact in terms of the deterioration of people's oral health. What is the potential health and cost impact of this? Mr Ridgeway responded that this analysis was being undertaken, but data was not yet available. The Chair agreed that this was a key issue and one that the HOSC would need to revisit once data becomes available.
- 32.4 In response to questions from Cllr Pissaridou on children's dentistry, Mr Ridgeway told members that data on children's dental health would be available shortly. Alistair Hill, Brighton & Hove Director of Public Health, added that young people's dental health is an important issue, with one in four children starting school suffering dental decay (pre-

Covid data). Mr Hill agreed to check whether there was more up to date population health data available.

- 32.5 In answer to a question from Cllr Brennan on who dental practices are accountable to, Mr Ridgeway told members that accountability is to the General Dental Council ,and to NHSE as commissioners.
- 32.6 Geoffrey Bowden noted that since December 2020, the highest number of enquiries to Healthwatch have concerned dental services. Mr Bowden told members that Healthwatch has a number of serious concerns about dental services, including provision for refugees and migrants, inequalities in terms of access, and the impact on general health of poor dental access.
- 32.7 Cllr Deane told the committee that she was not reassured that local dental need will ever be met and asked what NHSE’s strategy is to ensure that there is good quality NHS dentistry. Mr Ridgeway responded that NHSE is looking to reform the dental contract, has invested in the additional hours scheme, and is looking to place more emphasis on prevention. However, contact reform is not imminent and there is a finite resource of dentists willing to offer NHS treatment, with major recruitment issues for the profession.
- 32.8 In response to a question from Cllr Pissaridou as to whether NHS dentistry is in crisis, Mr Ridgeway responded that NHSE is doing all it can to mitigate problems, but the situation is currently very difficult and it will take many months to return to pre-pandemic levels of service.
- 32.9 In response to a question from the Chair about the new dental service in Moulescoomb, Mr Ridgeway told the committee that the service has been procured to address capacity issues in the city. The recruitment environment is currently very challenging and it was Mr Ridgeway’s understanding that this services was not yet running at full capacity.
- 32.10 The Chair thanked Mr Ridgeway for attending and for answering questions. She noted that this was clearly an issue that the HOSC would have to revisit in coming months.

33 WINTER 2021/22 - UPDATE ON HOW THE LOCAL HEALTH & CARE SYSTEM MANAGED WINTER PRESSURES

- 33.1 This item was introduced by Alistair Hill, Director of Public Health; David Jones, Interim Assistant Director of Operations, HASC; and by Ashley Scarff, CCG Deputy Managing Director.
- 33.2 Mr Scarff told the committee that winter pressures persist, as does Covid which is having a particular impact on workforce planning. However, the health and care system response to demands this winter has been remarkable. The steps taken to deal with unprecedented levels of demand include:
- Additional capacity (e.g. community beds)
 - Block contracts for home care
 - Additional support for care home providers
 - A focus on avoiding hospital admissions
 - Enhanced working with CVS partners

- A focus on communications
- A focus on ensuring that patients Medically Ready for Discharge do not experience delays in their discharge
- The opening of an Urgent Treatment Centre at the RSCH
- An effective flu plan, including an improved vaccination programme.

33.3 Mr Jones added that there has been really strong partnership working between Adult Social Care, Public Health and the NHS. However, workforce pressures are intense, and many workers are really tired. Long-term workforce issues are not easy to address, but can best be approached as a system issue. Home care represents a particular challenge, both nationally and locally. Commissioners have given providers more up-front funding, and this has helped; but the complexity of need in domiciliary care has increased, and recruitment is very difficult, particularly for unsocial hours.

33.4 Cllr West told members that he was extremely frustrated that the information provided in the presentation was not made available in advance of the meeting as it should have been. The Chair agreed, noting that she had made repeated requests for information to be included as an appendix to the report for this item, but had not received the promised text. Mr Scarff noted that officers had wanted to present the most up to date information, but acknowledged the point.

33.5 In response to a question from Cllr Grimshaw on alternatives to A&E, Mr Scarff told members that the Urgent Treatment Centre, advice offered via NHS 111, the GP remote access service, and the walk-in centre had all been deployed to help manage A&E pressures. Cllr Grimshaw further requested information on the breakdown of an average month's A&E admissions, and Mr Scarff agreed to provide a response in writing.

33.6 In answer to a question from Cllr Grimshaw about vaccination rates in Moulescoomb, Mr Hill agreed to follow up outside the meeting.

33.7 Cllr Brennan and Cllr Grimshaw both raised issues about Access Point. Mr Jones responded explaining that a service redesign was ongoing which would improve the service's responsiveness to carers. Wait times have decreased recently, but performance is still not acceptable.

33.8 Caroline Ridley told members she was happy that the community and voluntary sector had been praised for its work over the winter. However, there was frustration in the sector that CVS had been approached to help establish a discharge service, and organisations had spent lots of time planning only for the project not to be progressed. Mr Scarff offered to pick this up outside the meeting.

33.9 **RESOLVED** – that the report be noted.

34 COVID: UPDATE ON THE CURRENT SITUATION

34.1 This item was introduced by Alistair Hill, Brighton & Hove Director of Public Health. Mr Hill noted that much less testing was being undertaken under the new national 'Living With Covid' plan, which means that there is less data to report on.

34.2 Mr Hill told members that:

- The weekly ONS survey shows very high rates of Covid infection. Local modelling suggests that this may be as high as one in 12 people currently infected, which would be the highest level yet recorded. However, some recent PCR testing data is showing a fall in positivity rates which could suggest that infections are likely to reduce.
 - The numbers of inpatients with Covid in local hospital beds has reduced from March.
 - There are some Covid-related deaths being reported, but death rates are generally much lower than in previous waves of the virus, and death rates locally are regularly below the 5-year average rates for all-cause mortality.
 - It is clear that vaccination significantly reduces the incidence of severe disease and hospital admissions
 - In terms of social care, there have been some cases in recent weeks, but the trend continues downwards. There are currently severe workforce pressures being experienced by homecare. The Spring booster campaign for care homes is underway and is progressing well.
 - The city council, local NHS organisations and the community & voluntary sector continue to work closely together to deliver the city vaccination programme.
 - The national Living With Covid plans see testing focused on those most at risk. However, the pandemic is not over and Covid remains a risk.
- 34.3 Cllr Ebel asked whether an additional booster round for the general population was imminent. Mr Hill responded that there has been nothing on this to date from UKSA or from the JVCI.
- 34.4 In response to a question from Cllr Ebel on the percentage of people in hospital with Covid who are unvaccinated, Mr Hill told members that this information is held by University Hospitals Sussex, if by anyone. However, capturing this data is complicated by the fact that by no means everyone in hospital with Covid was admitted to hospital because of Covid: many patients will have been admitted for another reason and/or tested positive whilst an inpatient. Mr Hill noted that Public Health and the NHS continue to work closely together to promote vaccination.
- 34.5 Cllr Pissaridou asked about vaccination uptake by electoral ward. Mr Hill responded that he did not have the information to hand but would circulate following the meeting.
- 34.6 Responding to a query from Geoffrey Bowden on the ending of free Lateral Flow Testing (LFT), Mr Hill noted that lots of testing was still taking place in health and care settings and for clinically vulnerable people. However, policy has changed at a national level, with Covid in the general population being treated like other respiratory conditions...
- 34.7 In answer to a question from the Chair on long Covid, Mr Hill told the committee that the ONS survey was studying the incidence of Covid symptoms persisting for more than three months (reported by 1 in 17 people). Research is at a relatively early stage, although local treatment pathways are in place. People should not hesitate to come

forward if they have persistent symptoms. It is important to stress that there is good evidence that vaccination reduces the risk of developing long Covid.

34.8 The Chair thanked Mr Hill for his presentation.

35 OSC DRAFT WORK PLAN/SCRUTINY UPDATE

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 7

Subject: Southern Water Investment: Response to Notice of Motion

Date of meeting: 13 July 2022

Report of: Executive Director, Governance, People & Resources

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

For general release

1. Purpose of the report and policy context

1.1 At the 18 January 2022 Environment, Transport & Sustainability Committee (ETS), a Notice of Motion on Southern Water Investment was agreed and referred to the HOSC. The Notice of Motion requested that the Chief Executive of Southern Water be asked to a future HOSC meeting to answer member questions on the discharge of sewerage into waterways.

2. Recommendations

2.1 That the Health Overview & Scrutiny Committee notes the contents of this report.

3. Context and background information

3.1 ETS Committee considered and approved a Green NoM at its 18 January 2022 meeting (see Appendix 1 for the agreed NoM text, and Appendix 2 for an extract of the ETS minutes from this meeting). The NoM was concerned with the discharge of untreated sewerage into rivers and the sea. One of the measures agreed was that the BHCC Chief Executive should invite the CEO of Southern Water to a meeting of Health Overview Scrutiny Committee to explain recent actions and to discuss workable ways forward to improve water quality.

3.2 The BHCC CE subsequently wrote to the CEO of Southern Water who accepted the invitation to attend a HOSC meeting. Unfortunately, Ian McCauley, the CEO of Southern Water has recently resigned his post, and his replacement was unable to attend the July 2022 HOSC. Dr Toby Willison, Chief Environment & Sustainability Officer, will instead represent

Southern Water, alongside Dr Nick Mills, Head of the Storm Overflow Task Force.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for noting.

5. Community engagement and consultation

5.1 None undertaken

6. Conclusion

6.1 Members are asked to note that a representative of Southern Water has agreed to attend the July 2020 HOSC meeting to answer questions about the discharge of untreated sewerage into rivers and the sea, in accordance with the Notice of Motion agreed at January 2022 ETS committee.

7. Financial implications

7.1 Not relevant to this report for noting.

8. Legal implications

8.1 There are no legal implications to this report.

Name of lawyer consulted: Elizabeth Culbert Date consulted (01/07/22)

9. Equalities implications

9.1 None identified for this report to note.

10. Sustainability implications

10.1 None directly for this report to note. However, members may wish to explore with Southern Water the environmental impacts of the discharge of untreated sewerage into waterways.

11. Other Implications

Public health implications:

11.1 Members may wish to explore with Southern Water the public health implications of the discharge of untreated sewerage into waterways: e.g. in

terms of the potential health impacts on swimmers and others using rivers or the sea for sport and leisure.

Supporting Documentation

1. Appendices

1. The agreed Notice of Motion from January 2022 ETS committee.
2. An extract of the minutes from January 2022 ETS committee.

Environment, Transport & Sustainability Committee

Agenda Item 68d(6)

Subject: Southern Water Investment
Notice of Motion from the Green Group

Date of meeting: 18 January 2022

Proposer: Councillor Hills
Secunder: Councillor Lloyd

Ward(s) affected: All

The Committee notes the critical health and environmental concerns around the dumping of raw sewage in our rivers and seas by water companies. Despite being fined £90m for illegally discharging sewage into our waters, Southern Water used the Portobello Storm Outfall near Saltdean to dump raw sewage more than 50 times last year, posing a significant threat to human health and marine ecology.

The Committee notes local residents pay to ensure water is effectively managed and considers Southern Water is not fulfilling its duty to update drainage systems to cope with the impact of climate change.

The Committee therefore requests that the Chief Executive writes to Southern Water

- asking for clarification on plans to stop sewage overflows as soon as possible, by 2030 at the latest.
- Inviting their CEO to a meeting of Health Overview Scrutiny Committee to explain recent actions and to discuss workable ways forward to improve water quality.
- Asking them to engage with local government, the public and community groups to identify investment to improve our city's drainage, in order to reduce flooding and dependence on *the combined sewer capacity*.

The Committee resolves to:

- Work with Southern Water and partners to design and implement a citywide SuDSⁱ strategy to reduce surface water flooding by 2030.
- Investigate whether funds from Southern Water's recent fines can be redistributed to pay for works.

Supporting Information:

- [1] [Sewage dumped in sea at Saltdean Beach in Brighton & Hove | The Argus](#)[2] [Southern Water Beachbuoy Stormwater Information](#)
- [3] [Surfers Against Sewage Safer Seas and River Service app and online map](#)
- [4] [Surfers Against Sewage responds to Southern Water OFWAT fine • Surfers Against Sewage \(sas.org.uk\)](#)

[5] [Surfers Against Sewage 2021 Water Quality Report](#)

[6] [Southern Water response to Surfers Against Sewage 2021 Water Quality Report](#)

[7] Southern Water recently paid Lewes Council to plant trees for this purpose, following calls by council leadership following discharges into the River Ouse.

ⁱ Sustainable drainage systems

Appendix 2

Extract from the minutes of BHCC Environment, Transport & Sustainability Committee 18 January 2022

(6) Southern Water

68.59 Councillor Hills moved the following Notice of Motion: The Committee notes the critical health and environmental concerns around the dumping of raw sewage in our rivers and seas by water companies. Despite being fined £90m for illegally discharging sewage into our waters, Southern Water used the Portobello Storm Outfall near Saltdean to dump raw sewage more than 50 times last year, posing a significant threat to human health and marine ecology. The Committee notes local residents pay to ensure water is effectively managed and considers Southern Water is not fulfilling its duty to update drainage systems to cope with the impact of climate change. The Committee therefore requests that the Chief Executive writes to Southern Water

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- Asking them to engage with local government, the public and community groups to identify investment to improve our city's drainage, in order to reduce flooding and dependence on the combined sewer capacity.

The Committee resolves to:

- Work with Southern Water and partners to design and implement a citywide SuDS strategy to reduce surface water flooding by 2030.
- Investigate whether funds from Southern Water's recent fines can be redistributed to pay for works.

68.60 Councillor Lloyd formally seconded the Notice of Motion.

68.61 The Chair put the Notice of Motion to the vote that was approved.

68.62 Resolved

The Committee notes the critical health and environmental concerns around the dumping of raw sewage in our rivers and seas by water companies. Despite being fined £90m for illegally discharging sewage into our waters, Southern Water used the Portobello Storm Outfall near Saltdean to dump raw sewage more than 50 times last year, posing a significant threat to human health and marine ecology. The Committee notes local residents pay to ensure water is effectively managed and considers Southern Water is not fulfilling its duty to update drainage systems to cope with the impact of climate change. The Committee therefore requests that the Chief Executive writes to Southern Water

- asking for clarification on plans to stop sewage overflows as soon as possible, by 2030 at the latest.
- Inviting their CEO to a meeting of Health Overview Scrutiny Committee to explain recent actions and to discuss workable ways forward to improve water quality.
- Asking them to engage with local government, the public and community groups to identify investment to improve our city's drainage, in order to reduce flooding and dependence on the combined sewer capacity.

The Committee resolves to:

- Work with Southern Water and partners to design and implement a citywide SuDS strategy to reduce surface water flooding by 2030.
- Investigate whether funds from Southern Water's recent fines can be redistributed to pay for works.

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 8

Subject: Trans Health Update

Date of meeting: 13 July 2022

Report of: Executive Director, Governance, People & Resources

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

For general release

1. Purpose of the report and policy context

1.1 Cllrs Clare and Powell submitted a letter to the 12 April 2022 HOSC meeting, asking for a report on health service provision for Trans people, and specifically for an update on plans to establish local Gender Identity services to come to the HOSC (see Appendix 1).

1.2 The HOSC Chair agreed this request and asked NHS colleagues to provide information on Trans health services in general, and specifically on plans for a local Gender Identity service. Appendix 2 to this report contains information provided by Sussex NHS commissioners.

1.3 Some Trans Health services are commissioned by NHS England (NHSE) on a regional or a national basis. These include Gender Identity services, where there is currently an active tender for a Sussex-wide service. NHSE have noted that they are unable to speak publicly about a service whilst procurement is ongoing, and have instead offered to attend the subsequent (October 2022) HOSC to present on this and the other specialist Trans Health services they commission.

2. Recommendations

2.1 That the Health Overview & Scrutiny Committee notes the information contained in this report.

3. Context and background information

- 3.1 In 2012, the city council established a member Scrutiny Panel to look at a range of issues affecting local Trans people. The Panel worked closely with the local Trans community to produce a report (published 2013) which included a number of recommendations to improve health services for Trans people. The report identified a need for a better understanding of the health needs of the Trans community; better awareness of Trans health issues for GPs and other frontline health services; and for the development of local specialist gender identity services. In 2015, the city council and the CCG published a comprehensive Needs Assessment for Trans Health which included recommendations for service improvement.
- 3.2 In April 2022, Cllrs Clare and Powell submitted a member letter to the HOSC requesting an update on Trans health services in the city, to specifically include information on the development of a local Gender Identity service. The HOSC Chair agreed to bring a report to the next HOSC meeting (July 2022).
- 3.3 Commissioning arrangements for Trans healthcare are complex, with general adult services being commissioned by CCGs (from 01 July 2022 by the Sussex Integrated Care System: ICS); services for young people commissioned by NHS England; and specialist adult services (including gender identity services) commissioned by NHS England, both on a regional and a national basis. The HOSC Chair has been advised that it would be difficult to cover fully the range of young people and adult services in one meeting, and that it would therefore be sensible to take a separate report on young people Trans services at a future meeting. An additional complication is that a Gender Identity service for Sussex is currently being procured by NHSE. The tender process is live, and whilst it remains so, NHSE are unable to discuss publicly key elements of GIC services. NHSE commissioners have offered to attend a HOSC meeting once the tender is complete to present and answer questions on the Trans Health services they commission. Given this, the HOSC Chair has decided that an additional item will be scheduled at the October 2022 HOSC meeting. This item will cover Trans Health services scrutinised by NHSE commissioners: i.e. children & young people's services and specialist adult services, including the GIC.
- 3.4 The paper provided by NHS colleagues for this meeting therefore relates to locally-commissioned services for adults. Members will have an opportunity, at the October 2022 HOSC meeting, to scrutinise young people services and specialist adult services.

4. Analysis and consideration of alternative options

- 4.1 Not relevant to this report for information.

5. Community engagement and consultation

- 5.1 Details of community engagement in the design and delivery of Trans health services is included in the appendices to this report.

6. Conclusion

6.1 Members are asked to note information about Trans health services.

7. Financial implications

7.1 None for this information report

8. Legal implications

8.1 There are no legal implications to this report

Name of lawyer consulted: Elizabeth Culbert Date consulted (01/07/22):

9. Equalities implications

9.1 Gender reassignment is one of the protected characteristics identified by the 2010 Equalities Act.

10. Sustainability implications

10.1 None for this information report.

Supporting Documentation

1. Appendices [delete if not applicable]

1. Member letter from Cllrs Clare and Powell to April 2022 HOSC
2. Information on Trans health services provided by Sussex CCGs

2. Background documents

Trans Equalities Scrutiny Panel Report: https://www.brighton-hove.gov.uk/sites/default/files/migrated/article/inline/downloads/democracy/Trans_Equality_Report_final_pdf.pdf

Brighton & Hove Trans Needs Assessment: <https://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove%20Trans%20Needs%20Assessment%202015.pdf>



**NHS Sussex Trans
Healthcare Report
HOSC**
13th July 2022

Better health and care for all

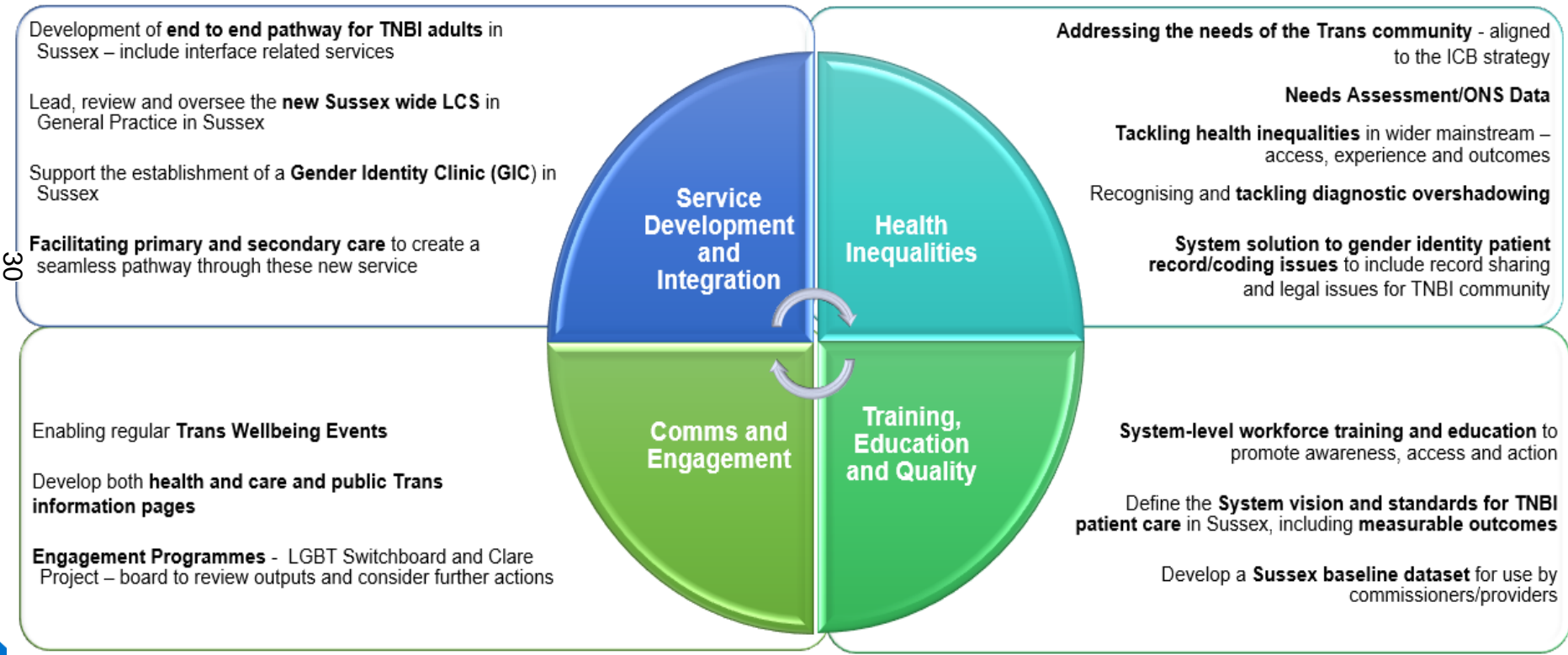
Background

- It is acknowledged that Transgender, Non-binary and Intersex (TNBI) people experience significant health inequalities in terms of unequal access, treatment, and direct and indirect transphobia in both primary and secondary care services
- In 2013 Brighton and Hove city's Trans Equality Scrutiny Panel, recommended several improvements to healthcare including the possibility of opening a local gender identity clinic.
- Positive progress has been made since then including the establishment of a Sussex TNBI Board which met for the first time in June and the appointment of Helen Davies as the first Clinical Director for Transgender Healthcare for the ICB.
- This provides a briefing on health services for TNBI people and includes:
 - an update on the establishment of the Board, its scope and key work streams
 - an update on the roll out of the Locally Commissioned Service
 - progress with the NHSE procurement of a local GIC service
 - an update of community insight and engagement
 - Issues, challenges and next steps

NHS Sussex Trans Healthcare Improvement Board

- The inaugural Trans Healthcare Improvement Board monthly meeting took place on 22nd June, which was well attended by key stakeholders across the system - these included representatives from Primary Care, Switchboard, The Clare Project, NHS England, Public Health (Sussex) and University Sussex Hospitals. Initial discussions focused on the review of the Terms of Reference.
- Members received an update from the Locally Commissioned Service (LCS) and Gender Identity Clinic (GIC) project teams, which appraised members of the progress in each area. A key action was identified to ensure that members of the trans community and the general public are kept up to date about the good work taking place and the benefits these bring to the community.

NHS Sussex Trans Healthcare Improvement Board



Sussex Gender Identity Clinic (GIC)

- NHS England has arrangements in place with 7 GDCs in England. It commissions all the specialist multi-disciplinary teams in England able to meet the terms of NHS England's service specification, which is published and may be found here: <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/>
- All the GDCs have very long waiting lists. This is due to a significant increase in demand in recent years without the ability of the current professional workforce to increase capacity to meet that demand. The demand is such that none of the GDCs are able to offer first definitive treatment to patients within 18 weeks of referral.
- The issue is therefore one of the availability of specialist capacity to meet the increasing demand.
- In 2019, NHS England held a national tender process to identify which organisations would deliver gender dysphoria services in the future, with the ambition of increasing the number of Gender Dysphoria Clinics in England if possible. The tender was open to NHS and independent sector organisations. In the event, the existing GDCs were re-appointed but no suitably qualified additional providers came forward as bidders.

Sussex Gender Identity Clinic (GIC)

- In order to increase clinical capacity, NHS England has established four multi-disciplinary gender dysphoria services for adults as new pilots for evaluation across the country, rooted in primary care and sexual health services. They work to the same NHS England service specification as the GDCs do. The four services are in London, Greater Manchester, Cheshire and Merseyside and the East of England. A fifth new service is planned for operation in Sussex in 2022.
- The pilot services are initially giving priority to individuals who meet certain criteria and who are currently on a waiting list at a GDC. This means that generally (a) individuals who meet the criteria for the new pilots (and who opt to be seen by the new pilots) are likely to be seen within a much quicker time than they otherwise would had they remained on the waiting list at a GDC and (b) individuals currently on a GDC waiting list and who do not meet the criteria for the new pilots may see a reduction to their current forecast waiting time as more eligible patients opt to be seen by the new pilot services. All of the pilot services are making good links with primary care services to facilitate the ongoing prescribing of hormone treatments.
- All of the pilots will be evaluated, so that NHS England can consider how to roll out the new models more widely across the country over time.
- Alongside the development of the new services NHS England has also increased financial investment in the current GDCs where they can demonstrate that the funding will be used to increase the number of clinical staff or otherwise support patients on a waiting list.

Focus on Primary Care

Introduction

Nationally, Gender Identity Clinics have seen a 240% overall increase in referrals over five years and, as of October 2020, the waiting list for first assessment at the Tavistock and Portman gender identity clinic (GIC) was 33-36 months. Following assessment at the GIC there is an expectation that hormonal medication, where recommended, will continue to be prescribed by the registered GP practice but previously there has been no recognized training or resource to support this work in NHS general practice. The provision of such services is not covered by the nationally negotiated General Medical Services (GMS) Contract.

The 2015 B&H needs assessment of the TNBI population highlighted a number of points related to health and wellbeing, against which the most frequently suggested action for improving healthcare for trans people was an increase in awareness training within primary care. There were also high levels of dissatisfaction with the care pathway between primary care and the GICs.

The Brighton Pilot

Recognising this need for support for GPs to meet the health needs of TNBI patients, the CCG (now NHS Sussex) commissioned a pilot programme from two practices in Brighton (Brighton and Hove Wellbeing, University of Sussex). The aim was to provide evidence to support the development of a template, costings and training syllabus which could form the basis of a Sussex wide Locally Commissioned Service (LCS) (these are services commissioned from General Practice by CCGs which are not covered by the nationally agreed GMS contract). Overseen by a steering group including clinicians, commissioners, and representatives of the TNBI community, the findings from the pilot projects led to the drafting and agreement of a service specification for an LCS which was approved by the Primary Care Commissioning Committee held in public in September 2021. Following the commissioning of suitable training for GP staff, the LCS went live on 1 April 2022.

The Sussex Transgender Non-Binary and Intersex (TNBI) LCS

Aims

The LCS aims to improve access and experience in utilising health services; reduce health inequalities through the delivery of structured, supportive and integrated physical and mental health care; improve access to hormonal therapy where appropriate; offer annual reviews of physical, mental and sexual health; improve access to appropriate national cancer screening programmes; and improve awareness and training of general practice staff.

Delivery of the LCS

The specification is in two parts, A and B. Recognised training is needed to deliver either or both aspects.

Part A: Hormonal therapy: prescribing and monitoring including appropriate blood testing, physical health checks and administration of injectable hormonal medication

Part B: Annual reviews of physical, mental and sexual health including Practice register inclusive of transgender, non-binary and intersex patients (whether or not on hormonal treatment), and offer of annual review to include review of physical health, mental health, sexual health and national cancer screening programmes.

Uptake

As of 31 May, 54 practices have signed up to deliver the LCS (11 in Brighton, 17 in East Sussex, and 26 in West Sussex). As part of the LCS practices can arrange for a neighbouring practice or Primary Care Network (PCN) to deliver this LCS for their patients. The NHS Sussex primary care team will review coverage at the six month stage to establish any gaps in provision and response accordingly.

Primary Care Engagement and Education – Transgender and Cancer

Transgender, Non-binary and Intersex (TNBI) people experience significant health inequalities; these include unequal access, treatment and direct and indirect transphobia in both primary and secondary care services

A complete and current understanding of the number and needs of the Trans community is not available in Sussex due to an absence of data (gender identity is only just being included in the Census 2021 and is rarely recorded in healthcare systems).

The ICS recognises the need to ensure that both Primary and Secondary Care have sufficient resources and education opportunities to recognise the challenges to care and the challenges to accessing care.

A Transgender and Cancer Screening Webinar was presented to Primary Care in November 2021 to ensure sufficient resources and educational opportunities were in place to support the role out of the Transgender LCS:

[Trans and cancer screening | Sussex ICS webinar 19-11-2021 - Sussex NHS Commissioners \(sussexccgs.nhs.uk\)](https://sussexccgs.nhs.uk)

This site includes a recording of the webinar, the presentations used on the session and answers to the questions raised by primary care colleagues.

Community Insight/Engagement

- Working with the Trans community is a key priority in Sussex, and we have commissioned community engagement to hear from the community and how services and support could be improved. We have worked with The Clare Project (a long-established Trans led charity), LGBT Switchboard, Queer Trans Intersex Person/People of Colour/Queer Trans Intersex Black Indigenous Person/People of Colour (QTiPOC), and Hastings and Rother Rainbow Alliance Trans Group.
- The LCS Steering Group which brought together clinicians, representatives from the participating practices, secondary care colleagues, representatives of the Brighton and Hove Medical School, LGBT third sector organisations, the Sussex Local Medical Committee (LMC) and Trans patients recommended that the LCS be rolled out across Sussex to prevent further inequality.
- All work to date has been developed in partnership with these groups as well as Trans clinicians and colleagues. The Operations Manager of The Clare Project said about the LCS: “Our community and local services are incredibly pleased to see the roll-out of the Trans/TNBI LCS in the area of Sussex. It is informed by the lived experience and struggles of those which it supports”
- “Our 22-year-strong engagement with TNBI adults, in addition to our most recently published Train & Treat report (2021) & contributions to ESCC LGBTQ Needs Assessment (2022), highlights the desperate need for actively inclusive healthcare. More recently this has been further exacerbated by Covid-19, and increasingly difficult for communities living with disabilities or long-term health conditions, those who are neurodivergent, and People of Colour”
- “The Clare Project is very proud to be a part of supporting training provision for the LCS, which is informed by our local expertise and extensive experience working with communities suffering at the hands of health inequalities. We hope this paves the way for a local provision that enables our community to feel safe and well-supported in their local GP surgery, empowering them to take their health into their own hands.”

Better health and care for all

Key Challenges

- **Health inequalities** - The Sussex Health and Care Partnership has a vision for 2025. A vision where people live for longer in good health. A vision where the gap in healthy life expectancy between people living in the most and least disadvantaged communities will be reduced. A vision where people's experiences of using services will be better and where staff feel supported and work in a way that makes the most of their dedication, skills, and professionalism. The purpose of the Trans Healthcare Improvement Board is to reduce health inequalities
- **Robust baseline data** - There is no reliable population information for the Trans community in the UK. Questions on gender identity were included in the 2021 Census for the first time so it is anticipated that this data will be more forthcoming in the Spring.
- **Training and Development**- Trans Healthcare Improvement Board will develop a system programme of training and awareness for both the clinical and non-clinical health and care workforce in Sussex and the delivery of the TNBI comms and engagement plan.
- **Waiting Times for Services**- This is due to a significant increase in demand in recent years without the ability of the current professional workforce to increase capacity to meet that demand. The issue is therefore one of the availability of specialist capacity to meet the increasing demand. NHS England are actively working on increasing the number of Gender Dysphoria Clinics in England.

Next Steps

- Conclusion of the Sussex GIC procurement process and go live of a local service
- Develop a baseline dataset for Sussex – establish data quality and identify gaps
- Strengthen links with local universities, including the development of a Sussex research strategy to support TNBI healthcare improvement
- Development of an integrated service

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 9

Subject: Healthwatch Brighton & Hove Annual Report

Date of meeting: 13 July 2022

Report of: Executive Director, Governance, People & Resources

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

For general release

1. Purpose of the report and policy context

1.1 Healthwatch Brighton & Hove is the local statutory consumer champion for health and care services. Healthwatch sits as a coopted member of the HOSC. The Healthwatch Annual Report 2021-22 is attached for information (Appendix 1)

2. Recommendations

2.1 That the Health Overview & Scrutiny Committee notes the contents of this report.

3. Context and background information

3.1 The 2012 Health & Social Care Act required each upper-tier local authority in England to commission a local Healthwatch organisation to undertake the statutory responsibility for being the independent consumer champion for health and social care.

3.2 Originally Community Works was the successful bidder for the local Healthwatch contract, and Brighton & Hove Healthwatch became operational in April 2013.

3.3 Healthwatch B&H incorporated as an independent Community Interest Company (CIC) organisation with an asset lock on 14 October 2014. This meant that staff moved from Community Works to the new CIC and operated under the new company as of 01 April 2015. This is the current structure of Healthwatch.

3.4 The council as part of its statutory responsibility for performance management continues to monitor Healthwatch Brighton & Hove contract through its performance monitoring framework.

3.5 There is no statutory requirement for Healthwatch to present its annual report to the HOSC, but there are obvious benefits in Healthwatch sharing its intelligence with the Committee.

3.6 Healthwatch are required to produce an Annual Report as part of their statutory requirements. The development of the Annual Report is based on Healthwatch's consistent approach to seeking to hear people's stories about their experiences of health and social care services, using these to develop an effective evidence base. They use their statutory powers to Enter and View any premises so that their authorised representatives can observe matters relating to health and social care services. Enter and View has not been possible this last year due to the COVID-19 Pandemic, during which time more attention has been given to online and telephone engagement. They also gather information and insight through outreach and by sending trained volunteer representatives to a wide range of public meetings, specialist and strategic committees and decision making forums.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for noting.

5. Community engagement and consultation

5.1 None undertaken

6. Conclusion

6.1 Members are asked to note the Annual Report of Healthwatch Brighton & Hove

7. Financial implications

7.1 None for this report to note.

8. Legal implications

8.1 There are no legal implications arising from this report.

Name of lawyer consulted: Elizabeth Culbert Date consulted (dd/mm/yy):

9. Equalities implications

9.1 Healthwatch B&H updated their Equalities Impact Assessment when they became a CIC. Their most recent EIA was published in April 2021. Their reports and work include demographic breakdowns and try to reflect the profile of the city and its residents.

<https://www.healthwatchbrightonandhove.co.uk/report/2021-04-26/equality-impact-assessment-2021>

10. Sustainability implications

10.1 None identified for this report to note.

Supporting Documentation

1. Appendices

1. Healthwatch Brighton & Hove Annual Report 2021-22

Annual Report

Healthwatch Brighton and Hove
Annual Report 2021-22



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Message from our Chair

In March 2022, after eight and a half years, I stood down as Healthwatch Chair. Having started at the organisation's inception, I am immensely proud of the highly credible organisation Healthwatch Brighton and Hove has become.

For me, the last year exemplifies the incredible impact we make as an organisation. As COVID-19 continued to dominate health and care, our dedicated volunteers answered hundreds of people's queries and offered reassurance. Our nationally recognised hospital discharge project – shortlisted for an award – also supported people, with over 4,500 referred to us so far. Helping people find the services they need has remained a core part of our work.



We have continued to influence how health and care services are provided, designed and commissioned as reflected in the 20 reports identified in this annual report. We have ensured that the public voice from Brighton and Hove has been heard nationwide and in Parliament.

Our Young Healthwatch team has delivered innovative and inspiring work to provide a voice for younger people, especially those affected by mental health issues.

Despite ongoing COVID restrictions, we have reached more people than before, but we are looking forward to speaking face to face with the public, patients and service users soon.



*“Our End-of-Life work was shortlisted for a national **Healthwatch England** award, and our work on Hospital Discharge received a commendation.”*



I leave Healthwatch as a highly respected and credible organisation whose independence and impartiality is sought out by media and senior leaders of the NHS. We are viewed as an evidence-based and authoritative voice for health and social care issues; an organisation which provides sound advice and recommendations.

My thanks go to Geoffrey Bowden for stepping in as interim Chair, and to Bob Deschene and Sophie Reilly who have stepped down after eight loyal years as Directors.

Our Board has been strengthened by new people too: Sophie Crowther, Angelika Wydra, Gillian Connor and Chris Morey – a warm welcome to them all.

I wish you all well and look forward to hearing about your continued success.

Fran McCabe

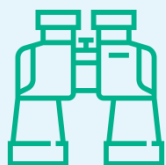
A handwritten signature in blue ink that reads 'Fran McCabe'.



About us

Your health and social care champion

Healthwatch Brighton and Hove is your local health and social care champion. From Whitehawk to Portslade and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

This Year...

71 Volunteers Contributed over



=



to help our community



We made 62 Recommendations

Including

15 Board Members

4 Student Placements



1,080 health & social care meetings

8,966 people engaged

148 Board meetings

Spoke to 2,603 hospital patients



5.8 Full time staff equivalent

funded by our local authority

£178,600

...but completely independent

What our partners say about us

"It's vital we pay attention to the voice of our local communities and the people who use health and care services. Healthwatch plays a vital role in bringing this voice to the fore. Thank you for being a champion, a critical friend and an influential agent for change in shaping the way health and care services are provided for residents of this city."

**Dr Jane Padmore, Chief Executive Officer
Sussex Partnership NHS Foundation Trust**

"This report continues to evidence the importance of Healthwatch in Brighton and Hove. The Council is both a commissioner and provider of services that Healthwatch has an interest in and I welcome the independence and objectivity they bring to their scrutiny. Their reports are invariably balanced in content to both hold services to account and try to secure further service improvement"

Rob Persey, Executive Director of Health & Adult Social Care, B&H City Council

"Healthwatch has continued to make a significant difference to the way in which services are delivered in the city, drawing together insight on challenges and barriers people face across health and care services in our city, whilst constructively challenging delivery plans to ensure they meet the needs of our population, and helping to ensure there is clear and accessible information for residents."

**Lola Banjoko, Executive Managing Director
NHS Brighton & Hove Clinical Commissioning Group**

"I have worked closely with Healthwatch over the past year, particularly on dental issues. Their expertise, experience and professionalism have been invaluable to me in my work scrutinising Ministers. I look forward to continuing to cooperate in the coming year and doing what I can to ensure their voice as an independent champion for those needing health and social care services in Brighton and Hove is properly heard. Thank you to David, Alan and all the brilliant Healthwatch team!"

Caroline Lucas, MP for Brighton Pavilion

"Healthwatch has contributed greatly by representing a public voice on the Falls Prevention Steering Group. It has added huge value to the development of the Falls Prevention Screening Tool and raising awareness about falls prevention in Brighton and Hove through the Stay Strong, Steady and Independent Campaign."

**David Brindley, Public Health Programme Manager, Ageing Well/Dying Well,
Health and Adult Social Care, B&H City Council**

"We were delighted to be able to work in partnership with Healthwatch this year to highlight the challenges which LGBTQ+ communities face. Alan and the team were passionate and committed to improving the experience of LGBTQ+ across Health and Social care."

**Jane Woodhull (she/her/hers), Health and Inclusion Coordinator
LGBT+ Switchboard**

"Healthwatch continue to provide invaluable support to the Brighton and Hove Safeguarding Adults Board as part of our ongoing development. In particular through participating as a member of the newly established Leadership Group, as well as continuing to chair our Safeguarding Adults Review (SAR) subgroup that leads and oversee SARs that are undertaken by the BHSAB."

Guy Jackson, Business Manager, B&H Safeguarding Adults Board



"We are very pleased to see our residents' views are being listened to in such a meaningful way and thank Healthwatch for their work in highlighting how the reduced hours in New Larchwood Surgery in Coldean is having a detrimental impact on more than 2,000 registered patients that use the service, and especially so for some of the more vulnerable groups."

**Zoe John & Martin Osborne
B&H City Councillors**

"East Sussex LDC had the pleasure of working with Healthwatch over the past few years. Our meetings have given us the opportunity to acknowledge and understand the concerns of the local population with regards to their dental care. Your representative Chris Jennings has been proactive in bringing these concerns in a concise and clear manner to our meetings. We are looking forward to continuing our joint working relationship with you for the benefit of your local population and the dental workforce."

Nish, Chair, East Sussex Local Dental Committee

"Healthwatch are valued partners, delivering crucial insights into the experiences of individuals using social care services across the city. Healthwatch has supported a number of projects on behalf of Brighton & Hove Adult Social Care Commissioners; for example Michelle Kay's advice on the care home contract has helped reaffirm service users and their families at the centre of what we do."

**Alex Saunders, Commissioning & Contracts Manager
Brighton & Hove City Council**

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need



COVID-19 Enquiry Line



Healthwatch volunteers continued to play a big role in supporting the city's [COVID-19 Vaccination Enquiry Service](#) - set up by Sussex NHS Commissioners in 2021 with our support, to respond to public enquiries..

Between April 2021 and March 2022, our **12** volunteers:

- answered an amazing **1,460** calls
- contributed **536** hours!



Volunteer Feedback

"It's been great to help out here, I've really enjoyed it...everyone has been great to work with."

"The majority of callers I have spoken to are extremely grateful for the help they are getting from the team."



"Healthwatch volunteers have been absolutely amazing - they have built great knowledge and only ever need our advice when there is a change of guidance, or if something new or complex comes up. Many thanks for your efforts and contribution to the work on the Vaccination team. I wish to take this opportunity to thank all the volunteers for their hard work and commitment with the Vaccine Enquiry Helpline."

Vaccine Enquiry Manager Feedback
B&H Clinical Commissioning Group



Read our [Project Update](#)

Information Line



Over the last year, our two dedicated Healthwatch volunteers, **Elaine** and **Fran** responded to **416** emails and phone calls from members of the public who had requested information about health and social care services, or had wanted to share their concerns with us.

Your top queries were:

- **114** questions about the COVID vaccine roll out – timing and how to access
- **107** requests for information about NHS dentists
- **102** complaints about NHS and social care services
- **55** concerns or requests for advice concerning GPs and GP practices

We shared your individual feedback with NHS services and Commissioners, helping thousands of others as a result. In September, we alerted Commissioners to the difficulties that people were having trying to obtain the AstraZeneca vaccine and public advice was subsequently published.

As a direct result of your dental enquiries, we worked with Healthwatch teams across Sussex, dental practices and the Local Dental Committees (who represent dentists in the South East) to create the Healthwatch guide to your rights and accessing the treatment you need.

We have also worked with local MPs to raise your concerns in Parliament.

Feedback



“Thank you so much for your most informative reply. I have contacted PALS (Patient Advice & Liaison Service) and I made an official complaint as no-one was prepared to believe me or support me.”

“Thank you very much for your phone call and all the information. It's a huge relief to know I can try outside of Brighton to receive dental care.”

“My Mother passed away at the RSCH and I thought it best to let you know. She spoke very highly of your team and the people that called her. I personally would like to offer my heartfelt thanks to all involved.”



How we helped

We supported a patient and their partner who had recently moved, but they were having difficulty registering with a new GP.

They were told they were outside of the catchment area.

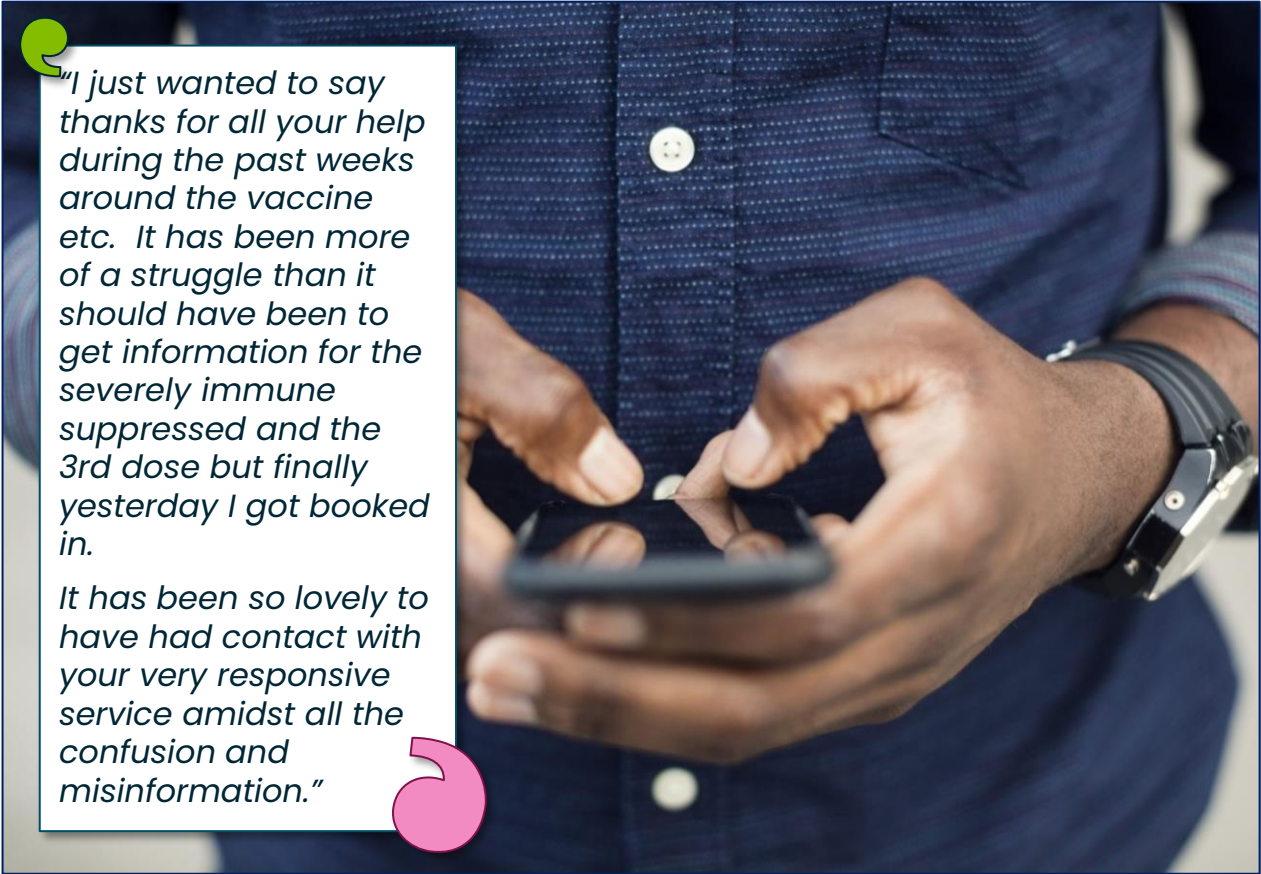
We provided them with advice and information explaining their rights and how to challenge the decision.

As a result, the patients managed to successfully register with their local GP practice.

A UK visitor had their vaccines at walk in centres, but without a GP registration or NHS number, they could not use the NHS app or 119 to get proof for events and travel. We contacted the local vaccine provider and were able to put them in direct contact with someone who could help.

In the process we exposed a loophole where there was no national process for patients without a GP or NHS number to obtain a COVID Pass or digital proof of vaccination.

We helped a heavily pregnant woman experiencing difficulty accessing dental treatment. She was in a lot of pain and had been refused by several practices. We signposted her to a dental practice which was accepting new patients and she managed to get treated by an NHS dentist.

A photograph of a person wearing a blue patterned shirt, holding a smartphone with both hands. The person is looking down at the screen. The background is slightly blurred.

"I just wanted to say thanks for all your help during the past weeks around the vaccine etc. It has been more of a struggle than it should have been to get information for the severely immune suppressed and the 3rd dose but finally yesterday I got booked in.

It has been so lovely to have had contact with your very responsive service amidst all the confusion and misinformation."

Care Home Webinars



In November, we held a Sussex-wide care home webinar for friends and relatives of residents. Relatives and providers shared their perspectives of visiting restrictions and included particular focus on “essential caregiver” status.

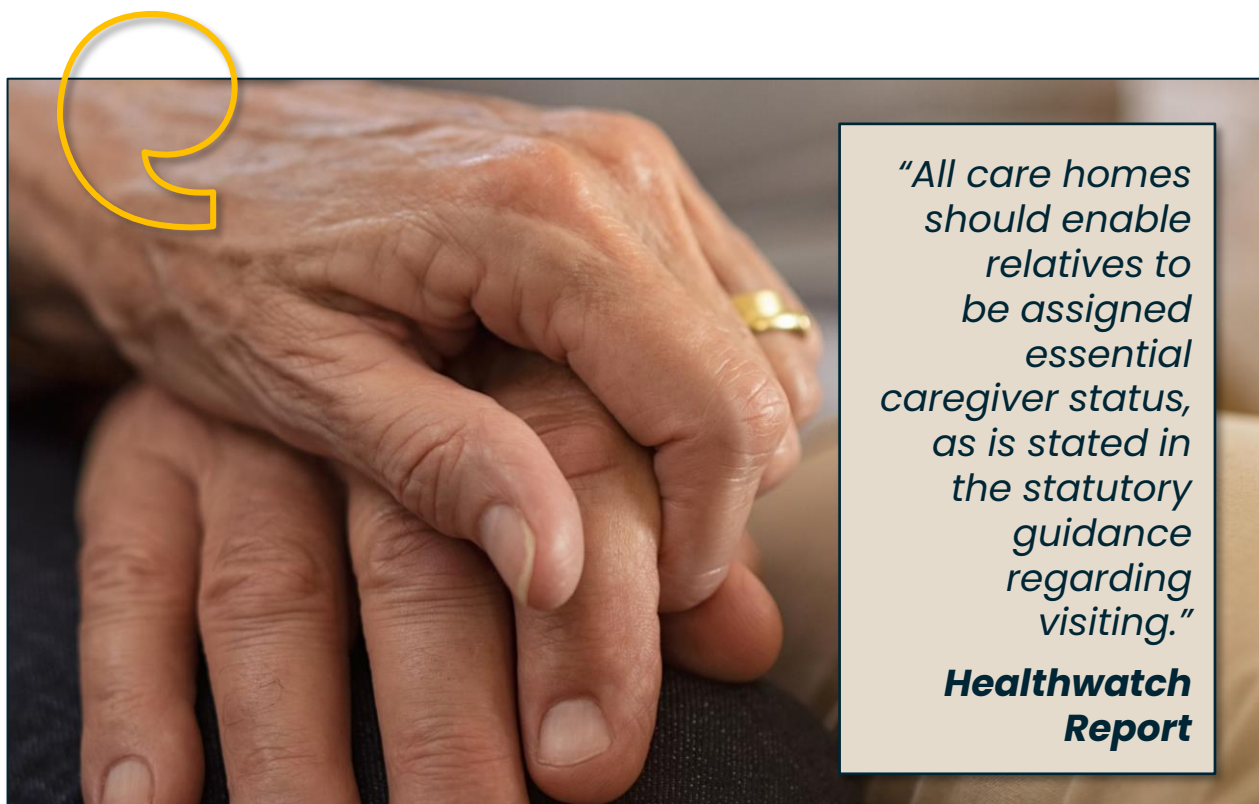
We had **40** people attend, including relatives, statutory & independent health and care professionals and voluntary community sector organisations.

In addition to the focus themes, relatives and providers shared their experiences of the last year, asking important questions about vaccinations and staff turnover.

We recorded the session so it could be shared with those unable to attend, but we also held a closed session (unrecorded) for relatives who wished to talk in private about their concerns. This was supported by us and Carers Support, West Sussex.

This event marked one year on from our first Healthwatch in Sussex care home webinar and it was the ninth webinar event to be held across Sussex since then.

A recording of the webinar – and others – is available for you to watch and the report can be downloaded from our website.



“All care homes should enable relatives to be assigned essential caregiver status, as is stated in the statutory guidance regarding visiting.”

**Healthwatch
Report**

View the [webinar](#) and read the [report](#)

Our impact this year

Your stories and feedback have the ability to deliver real change to local health and social care services that can benefit everyone in the city . Over this last year we have:

- Supported **2,143** patients of a local GP surgery to reverse their decision to reduce opening hours
- Offered support to **2,603** people recently discharged from hospital
- Given meaningful advice to over **400** people through our helpline, supporting them to access GPs, dentists and life-saving vaccinations
- Shared more than **600** of your experiences and ideas to influence how health and care services are provided, designed and commissioned
- Overall, we have heard from around **9,000** people this last year



New Larchwood Surgery



Hours reduced to two mornings a week

On the 1st April 2021, New Larchwood Surgery – based in Coldean – reduced their opening hours from seven sessions to just two mornings a week.

Since 2016, the surgery has been run by the partners of Carden Surgery, so patients were offered additional appointments at Carden Surgery – which is around 30 minutes away and requires two buses to get to.

Unhappy at these changes, local residents contacted us to ask if we could help.

What did we do?

We arranged a local survey and had a tremendous response of **385** New Larchwood patients wanting to share their views.



New Larchwood Surgery in Coldean

The results showed strong opposition to the reduced hours:

- Over half (**59%**) were dissatisfied with the new opening hours
- **81%** said they wanted more than the current two mornings per week
- **75%** provided negative examples of the impact of the reduced hours

We then arranged three meetings where local residents could meet and raise their concerns with the **GP Surgery** and local **NHS Clinical Commissioning Group (CCG)** that funds the service.

The residents spoke out about the difficulties that these changes had made to their lives, and asked questions – and their voices were heard.



"We need the surgery open every day for the elderly, vulnerable and those unable to access Carden surgery."

"The reduced hours have greatly impacted my mental health."

"Vulnerable family members have not sought the care they need as the 'hassle' now involved with wait times and booking puts them off."



The Impact

The Result

After all of the sessions, and the patients' voices being heard:

- The CCG approved additional funding to re-introduce sessions at the surgery
- They are now open four days a week
- The additional hours include patient requests for an afternoon, and a dedicated nurse-led session

"I would like to thank you from the bottom of my heart for the sterling work you put in on our behalf. Now we have the final findings from you and consequently, the resulting actions from the CCG and GPs at the surgery."

Anna de Wit, Chair, Coldean Residents' Association



"WELL DONE to all of you who wrote letters, took part in the Patient Survey, or attended the online meeting with Healthwatch Brighton & Hove, the Surgery and the CCG last month! And particular thanks are due to Brighton & Hove Healthwatch who championed the case for restoration of our lost surgery hours so eloquently."

Rosie Parks, Secretary, Coldean Residents' Association



[Read the full report](#)

Hospital Discharge Wellbeing Service



This project – jointly funded by the local council and NHS Clinical Commissioning Group – started in April 2020 as part of the initial COVID-19 emergency response, and for a second year our volunteers have been calling people recently discharged from hospital to check on their wellbeing.

Our volunteers check if there are any outstanding issues or concerns linked to their discharge which need following up with the hospital discharge team, who would then advise and resolve as needed. Volunteers also check if there are any other issues or concerns with which they could help.

The responses include worries over coronavirus, unable to exercise, social care needs, ability to support others, income and debts – with two big areas of concern being “help to pay for food/supplies” and “feeling lonely or isolated”.

Our volunteers then assist by finding available support and referring people to find the help they needed from a range of community, voluntary and private sector services.

Key Figures

- 61 Volunteers spoke to 2,603 people to offer support since the project started
- 22% of those contacted had concerns relating to their hospital discharge
- 23% were signposted to additional community support services including the Brighton and Hove City Council Community Hub, Possability People’s Hospital Discharge Service, Aging Well Service, Together Co, the Carers Hub, GP surgeries, and various Mental Health support services
- 373 people (17%) were identified as having mental health needs with 50 being referred on for urgent support
- 97% of those spoken to considered the calls to be ‘helpful’ (66% ‘extremely’ or ‘very helpful’) and 75% gave permission to be called back in a few months



“I am 100% convinced that everything I do in this volunteer role is making a positive impact on people’s well-being and lives.

It’s simply a brilliant project.”

**Caroline Trimby,
Hospital Discharge Service Volunteer**



How we helped

A 93-year-old patient discharged home after a fall, told our volunteer that her family rarely visited and though her carers visited daily, they were too busy to chat after their basic duties were completed. Her neighbours sometimes did shop for her, but when they were unavailable she often made do with very little food. As a result, she was quite isolated, extremely lonely and completely dependent on others for help.

Our volunteer first gave the patient details of **Morrison's Doorstep Delivery Service** so she could order shopping by telephone and regain some independence. Then they contacted charity **Possability People** who assigned a case worker to support her home support needs. They later confirmed that they had undertaken a full assessment of the patient's needs and were now providing support to her in the areas that she most needed it.

Finally, our volunteer contacted a befriending organisation to check for availability, but it was a six month wait for a befriender. As a trained befriender, our volunteer offered to be the lady's interim telephone befriender until a permanent match could be found.

A patient transferred from another county had issues with their care package, and asked our volunteer to speak to their son to explain his parent's situation. With the patient's permission, our volunteer contacted the council's adult social care services (Access Point) and they agreed to expedite the reassessment process so that a care package could be put in place. The assistance was greatly appreciated by the patient and family.

A patient felt 'uncertain' and 'unsettled' with their discharge notes as they overheard nurses' conversation. They promised they never drank excessively and were concerned a mention of such things in their notes meant they would be treated differently in the future. The volunteer contacted the GP with the patient's concerns, who confirmed that wasn't the case and there was no mention of any drinking issues. The patient was very grateful and reassured.



[Read the latest report](#)

The Re-commissioning of

Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

We have delivered five projects seeking your views about how services could be improved or changed. Your views have influenced how these health and care services are provided, designed and commissioned.

Non-Emergency Patient Transport Service (NEPTS)



A Sussex-wide service, transporting patients to and from their appointments, seven days a week, providing around 300,00 journeys a year. Commissioners asked us to engage people using this service which was originally due to be re-commissioned in 2022. We carried out a literature review to see what others had found and a survey which captured the views of 130 service-users.

The commissioning process has been delayed to 2024 due to external factors, notably COVID and a national review, but our results will still be used in the eventual retendering of the service. **Your views** were shared with the NHS national review of the service, and their recommendations reflected many of our local findings.

Through this work, we have built a closer working relationship with the provider of the service - South Central Ambulance Service NHS Foundation Trust - contributing to the delivery of two patient forums in October and January, with further ones planned.

We received an update in February 2022 from Commissioning leads which showed **positive changes**, many of which we had highlighted as areas of improvement in our last report in January 2021, including better promotion of alternatives to NEPTS for those who are not eligible for the service and better patient communications.

Community Diagnostic Centres (CDCs)



These centres provide early diagnostic tests closer to home without people having to visit a hospital. They began operating across Sussex in Autumn 2021. We have been involved in reviewing bids from providers to develop this service, to be delivered in a variety of settings including shopping centres and football stadiums.

This involvement stemmed from our **report** that examined people's experiences and views towards CDCs. We engaged 21 people from communities whose voices are often less heard: people with Black, Asian and minority ethnic backgrounds, people from the gay, lesbian, bisexual and trans community, younger people (under 25), and those with complex clinical conditions.

The report was shared with local Commissioning leads for CDCs with whom we are actively working to deliver on our recommendations, as well as with NHS England.

NHS Services

Equipment and Adaptations Service

People who need extra help to live at home can access equipment such as grab rails, stair rails or ramps, and appropriate aftercare. A review of this service was commissioned by Brighton and Hove City Council. This will have a long-term influence as it will inform the recommissioning process, due in 2023. Healthwatch had previously conducted a similar review in 2017 so were able to compare how the service had been performing.



Our **report** included the views from 343 service-users and 92 prescribers (professionals). Our recommendations to embed in the future service specification include improving the recycling of equipment and being able to order and review deliveries and installations (including reporting faults) online.

“The engagement has primarily been used to inform the service specification and we are combining the outcomes from the engagement with other feedback streams to make changes now (where possible) and to also inform the future specification.”

**Elaine Ramsay, Commissioning Support Officer
Health & Adult Social Care, Brighton & Hove City Council**



Musculoskeletal services

These services provide physiotherapy and related treatments and therapy. In September 2021, we began working with Commissioners as existing contracts for Musculoskeletal Services (MSK) are due to be renewed in 2023 across Sussex.



This marked an opportunity for us to influence the recommissioning process. We attended a series of workshops, feeding into design proposals and flagging patient concerns/considerations. We will continue to work with Commissioners on the new service specification.

Mental Health Services

At the time of writing, we have been commissioned by Brighton & Hove City Council to engage people’s views about mental health services (including that provided through their accommodation).



This involves a survey of service users and providers and telephone interviews. This engagement will help to inform the Mental Health and Housing Plan for Brighton and Hove and our findings will be added to the forthcoming Joint Strategic Needs Assessment (a compilation of local data).

Young Healthwatch



We commission YMCA DownsLink Group to deliver Young Healthwatch projects

Our [e-wellbeing project](#) shines a spotlight on the emotional health and wellbeing of young people. The group runs youth-led projects, focus groups and listening labs enabling young people to share their experiences of health and wellbeing services.

Young Healthwatch aims to find out what young people think is going well, and what they think needs improving. These findings are communicated to the people who run these services, so they know how to best support young people and help make their services as accessible as possible.

Diversity and Inclusion

One of our priorities for this year, was neurodiversity and young people's lived experiences. Neurodiversity refers to the different ways the brain can work and interpret information. For Neurodiversity Celebration Week 2022, we **raised awareness of neurodiversity** and the importance of **celebrating different minds**.

Young people wanted to remind everyone that neurodiversity is about accepting natural differences; our differences are what make us who we are!

Part of this involved meeting with and interviewing neurodivergent young people to hear their perspective on neurodiversity and mental health and enable young people to share their stories.



Ready Set Connect

We explored young people's views on mental health services during the COVID-19 pandemic. Our youth volunteers looked at the barriers young people face when accessing remote (video or phone call) mental health appointments.

They also involved the young people consulted in creating solutions, to break these barriers and improve their experience of accessing these services. We asked young people what could stop them from accessing mental health appointments.



"I find appointments online much more exhausting. Like you are constantly panicking the WIFI will go or that your device will shut down, it's not easy and feels a lot more draining."

Watch one of the neurodivergent [interviews](#)

"I personally just struggle to connect with someone when not face-to-face, I tend not to trust people in general so doing everything online kind of makes it worse."



The main barriers to accessing mental health appointments were:

- **Communication and Trust** - Not being able to establish rapport and communicate effectively with the mental health professional remotely
- **Privacy and Confidentiality** - Not having a private space to have the call
- **Anxiety and Lack of Confidence** - Not knowing what to expect from a remote appointment
- **Technology** - Not having a proper device or stable internet connection to access remote appointments
- **Stigma and Fear of Being Judged** - Fear of being judged when seeking mental health support, feeling one's issues 'are not big enough' and that others may need the support more

Young people recommended ways to establish positive relationships with professionals, including 'pre-appointments and informal chats' to ask questions and learn how the process works. They also suggested it may be easier to communicate certain thoughts or feelings via different means, such as the chat function during a video call or communicating emotions using quick drawings.

The most popular solution was a digital guide to help young people prepare for their remote mental health appointment. Our volunteers were fully involved in the planning and development of the digital guide.

Ready, Set, Connect!

It's OK to feel **worried** or **nervous** before an **online** or **telephone** mental health **appointment**. YMCA e-wellbeing has created this guide with **practical tips** and **suggestions** to help you (or a young person you know) feel **more prepared** before, during, and after the appointment:

Struggling to cope? Find help here:
 SAMARITANS: Call us free 24/7 on 116 123
 shout: 85258

This guide, co-created with young people across Sussex, is to help young people prepare for phone or online mental health appointments!

In the weeks before:

- Write down your thoughts, feelings, or questions about your appointment
- Choose your appointment space (e.g. a private room or quiet outdoor area)
- Talk to someone you trust about your experience of the appointment, if you feel comfortable doing so
- Plan some time for yourself before and after the appointment
- Check the details you were given about accessing the appointment (e.g. making sure your phone/device will be suitable)

In the hours before:

TECH CHECK!

- Test your mic and speaker
- Check your device is charged
- Turn off any distracting notifications
- Watch 'Getting ready for your online session'

BREATHE...

- Have a pen and paper ready if you like to take notes
- Wash your face, brush teeth and hair - this helps you feel 'ready'!
- Let school/college/work know if you need time off for your appointment

During your appointment:

Know that it is normal for the odd glitch to happen, or a long pause, or people talking over each other.

If there is anything that you don't understand, you can ask questions such as, "Can you explain that to me...?"

After your appointment:

Speak to your trusted person to let them know how it went.

You might like to have some time away from the screen and go for a walk.

Privacy & Confidentiality
 Your professional will make sure that your appointment is kept confidential (even if they are in their own room). They may have to tell someone if they think you or someone else might be in danger. Usually the professional will try to tell you know first.

Find more support and information @
 e-wellbeing | i-Rock | WHERE to go FOR

Switchboard
 Connecting you to LGAFA support.

Find more info about the RESEARCH FOR THIS GUIDE HERE.

Guide produced by: **e-wellbeing** (SUSSEX'S e-wellbeing by YMCA Sussex Group)

Sussex NHS Commissioners | **Young Healthwatch Brighton and Hove**

[See the interactive digital guide!](#)

One of findings from **Ready Set Connect**, showed that young people were concerned about their privacy, and how their information was being used by mental health professionals, during and after therapy sessions online.

We received further support from NHS Commissioners, to create a youth-led animated film for young people, *by young people*, to provide reassurance on privacy rules, their rights and confidentiality within sessions.



"I'm worried that people in my house might overhear me talking."

Foundations for our Future

Our volunteers were also involved in the engagement and inclusion part of **Foundations for our Future** – a Sussex-wide review of emotional health and wellbeing for children and young people.



They shared their experiences of mental health services; suggested changes to improve flexibility and accessibility, and helped 'youth-proof' the final recommendations of the Sussex-wide review.

Young Healthwatch continues to be involved in the next phase to develop and embed the recommendations of Foundations for our Future.



[Watch the animation!](#)

GP Patient Survey in East & Central Brighton



To understand what people thought about health screening services and their preferences for community services in East and Central Brighton, we surveyed patients registered at local GP practices.

We had **1,845** replies, and some headlines are:

- Only around two-thirds of women were using screening services for cervical cancer from age 25 (**68%**) and for breast cancer from age 40 (**64%**)
- Although 10% of those aged 25 or over were unaware of cervical cancer screening, a further **23%** were aware but had not used the service
- **18%** of women aged 40+ were not aware of breast cancer screening, and another **18%** were aware but had not used the service
- The leading service preferences within the community, reported by around three-quarters of people, were for general wellbeing checks (**73%**) and blood tests (**72%**)
- People preferred community services in a community hall or centre (**78%**), followed by a home visit (**35%**) and at a school (**32%**)

The survey also explored people's use and preference for booking GP appointments online. Most people (**56%**) had not used an online booking form to make an appointment with their GP.

"I prefer to talk to a human being than a computer."

Service User

"I'm a technophobe."

Service User

"The Covid pandemic highlighted the glaring health inequalities in our society, so I was happy to work with Healthwatch to let patients describe the health deficiencies in current primary care provision, and I'm using those descriptions to access resources to diversify and improve services."

**Peter Sutcliffe, Primary Care Network Operations Manager
East and Central Brighton PCN**

Read the full [report](#)

Our other reports

Digital Exclusion (work ongoing)

We looked at people's views about booking GP appointments online (through e-Consult, for example). Our report showed a mixed picture with some finding this convenient and others not able to use this due to lack of technology or skills. We also spoke to 15 people who preferred not to use an online booking system with their GP to find out their views. This work is ongoing.

LGBTQ+ end of life care, February 2022

We conducted a review of published literature, and our [report](#) looked at how to deliver personalised end of life care for lesbian, gay, bisexual, trans and queer patients (LGBTQ+). Our project found no specific LGBTQ+ end of life guidance is produced by University Hospitals Sussex; that nationally LGBTQ+ people may face discrimination in healthcare settings, and that they need support to express their needs and wishes. We are working with our local Trust to take forward our findings.

Outpatients booking services and patient communications, December 2021

This Healthwatch [report](#) is a review of patients' experiences of being referred for an outpatients' appointment. It showcases the standards that patients themselves recommend should be applied to all communications. Our key finding is a lack of consistency that must be addressed. Our seven recommendations support work being done by Sussex NHS Commissioners to transform outpatient services and they have agreed that they will help to improve patient communications.

Remote appointments – compilation of evidence, November 2021

This [review](#) includes evidence from 28 studies since the start of the COVID-19 pandemic. One of the main conclusions is a preference towards a hybrid system including text, phone, video, email and in-person appointments.

Healthwatch in Sussex – GP Access, July 2021

In collaboration with East and West Sussex Healthwatch, we produced an [insight paper on GP Access](#) for the [Sussex Integrated Care Service Plan](#). This report provides an important perspective and will be well-considered in the Sussex Health & Care Partnership "Access to GPs Plan".

COVID-19 vaccinations – experiences and views, May 2021

A [survey](#) completed by 2,102 people across Brighton and Hove between February 13th and March 31st 2021. A 'point in time' survey showed positive experience of the appointment and booking service as well as evidence that some people were not opting to receive the vaccine.



Patients share their experiences of using A&E at the Royal Sussex County Hospital (April 2022)

Our report details examples of patient experiences of using the A&E department at the Royal County Sussex hospital. We found that basic elements need to be addressed such as maintaining a clean environment where patients feel safe; regularly checking in on patients to ensure they are ‘waiting well’; keeping them informed, and the provision of basic refreshments and comfort.

Read more about what patients told us [here](#), and our [press release](#).

Equality Impact Assessment 2021 (April 2021)

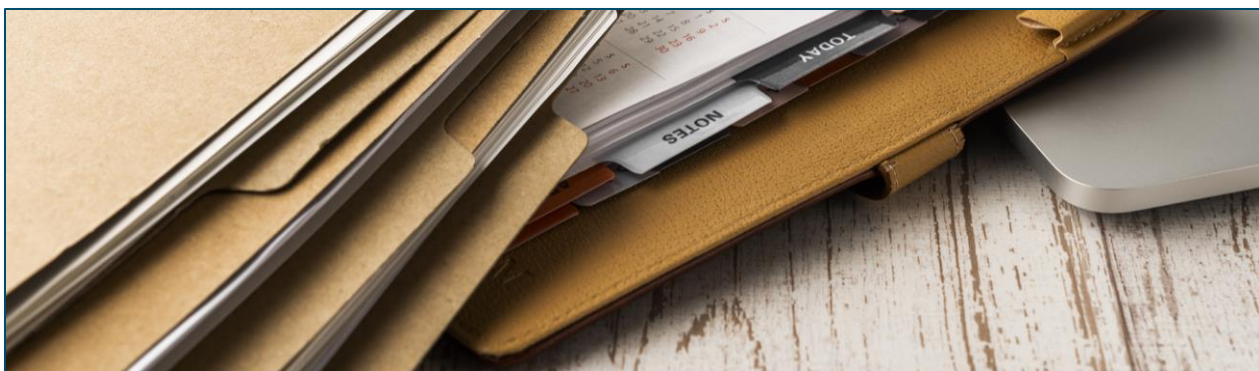
We regularly evaluate our work to assess how effectively we have engaged with the diverse communities of our city. In 2020/21, we were effective in hearing the views from people with disabilities, people who are LGBTQ+ and people with or without a religion. Over the past year, we have been working on those areas which we identified as needing more focus: ethnic diversity, gender (we hear more from women), and age (we hear more from people aged 40-74 years). Read our report [here](#).

“A Good Send-Off?” Patients’ and Family’s Experiences of End of Life Care. One year on (March 2021)

Our work on improving End of Life care at our local hospitals was nominated for a Healthwatch England award for the contribution our volunteers had made. Our earlier report (September 2020), found that End of life care was not a dignified and well-arranged experience for many.

Our recommendations were accepted in full by the NHS and since then, formal processes have taken place to embed our report findings into strategy and policy. This has provided confidence that having quality end of life care and dying well remains high on local statutory agencies agendas.

You can read more about how our work has influenced this agenda in our ‘one year on’ report, [here](#).



Reports Published 2021-22

The full list of the 20 reports we issued, describing our work, your experiences of health and social care services, and the impact that COVID-19 has had on our city.

1. [Feedback on the Accident and Emergency Department, Royal Sussex County Hospital](#) - April 2022
2. [Evaluation of B&H's Equipment and Adaptations service](#) - March 2022
3. [Patient opinion in East and Central Brighton Primary Care Network](#) - March 2022
4. [The impact of reduced hours at New Larchwood Surgery](#) - February 2022
5. [How to deliver personalised end of life care for LGBTQ+ patients](#) - February 2022
6. [Healthwatch Brighton and Hove Hospital Discharge Wellbeing Project](#) - Jan 2022
7. [Putting good communications with patients at the heart of service change](#) - December 2021
8. [People's views about remote access to appointments during the COVID-19 pandemic – a compilation of evidence](#) - December 2021
9. [Patient Transport Services - how your views are helping to reshape services](#) - October 2021
10. [Infographic describing the contribution our volunteers made to the successful operation of the Sussex-wide COVID-19 Vaccination Enquiry Service](#) - August 2021
11. [Healthwatch in Sussex Insight: Health and Care Pressures 2021](#) - July 2021
12. [The COVID-19 Vaccination enquiry service](#) - July 2021
13. [Healthwatch Brighton and Hove Annual Report](#) - June 2021
14. [Exploring young people's perceived barriers to accessing video/phone mental health appointments](#) - July 2021
15. [The Healthwatch Brighton and Hove Annual Performance Report 2020/21](#) - May 2021
16. [Community Diagnostic Hubs: a patient-centred pathway through the diagnostic journey](#) - May 2021
17. [People's experiences and views about COVID-19 vaccinations](#) - May 2021
18. [Equality Impact Assessment](#) - April 2021
19. ["A Good Send-Off?" Patients' and Family's Experiences of End of Life Care. One year on](#) - April 2021
20. [Healthwatch Brighton and Hove Hospital Discharge Wellbeing Project \(HOPs\) April 2020 to April 2021](#) - April 2021

Read the full reports at
[HealthwatchBrightonandHove.co.uk/news-and-reports](https://www.healthwatchbrightonandhove.co.uk/news-and-reports)

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Their efforts were recognised by two national nominations in the Healthwatch England awards – a brilliant outcome and truly deserved. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in the NHS and social care.

This year 71 volunteers, which included 15 Board members and 4 students on placement:

- spoke to more than 2,600 patients recently discharged from hospital, offering a friendly listening ear, advice and support
- provided answers to over 400 people who contacted our helpline
- reviewed and sense checked 16 patient leaflets produced by our local hospital
- answered 1,460 of your COVID related queries via a specialist helpline
- attended hundreds of meetings on our behalf
- helped hundreds of people have their say from home, carrying out surveys over the telephone and online





Caroline Trimby

The hospital discharge follow-up calls I make are most enjoyable and rewarding. It's fantastic to be able to signpost folk for any post-hospital help or services they may require to make this challenging time easier.

I also love having a friendly chat to many who have little social contact and really appreciate our thoughtful service.

I am 100% convinced that everything I do in this volunteer role is making a positive impact on people's well-being and lives.

It's simply a brilliant project.

Jo Kaddish

My experience with Healthwatch has been entirely with the COVID vaccine enquiry line where I started in February 2021. I thoroughly enjoy helping with the queries and over the year and a quarter I have gained a great deal of experience in handling many varied queries.

The team are extremely helpful and supportive and having the chat available means there is always someone who can help if any of us is stuck on a query.



"Whether it is collecting the data that informs all our work, supporting those that we engage with, or providing wise counsel around the

board room table, volunteering is at the core of what we do. Without the tireless energy and enthusiasm of our volunteer support, the quality of our work would be severely compromised. For this we raise our collective hat and salute our volunteers - not just during Volunteers Week, but for every day of the year!"

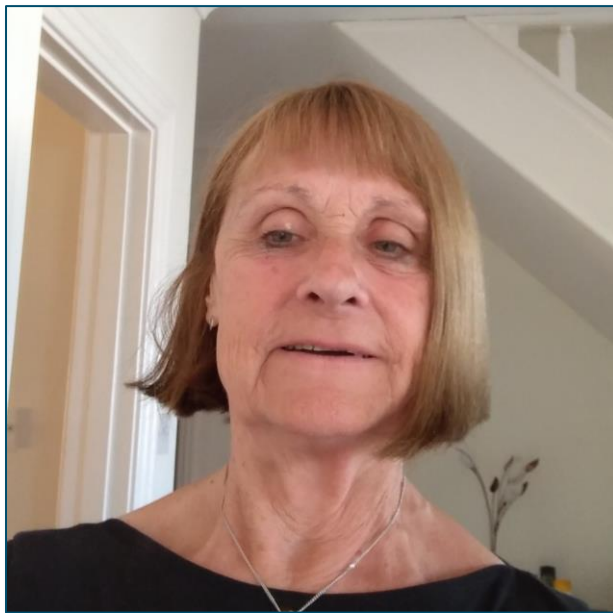
Geoffrey Bowden, Interim Chair

Cindy Willey

During the pandemic I worked on the COVID-19 vaccination enquiry line which made me feel as if I was contributing to this ambitious roll out, and helped me appreciate the complexities involved.

I have worked on several projects with Healthwatch during the last four or so years. They have been very interesting, worthwhile and give one the satisfaction that hopefully you can make a difference.

For the last two years all work has been by phone, but the recipients of your call are always very appreciative. Regardless of one's situation speaking to these people is always very humbling. They demonstrate stoicism despite their difficulties.



"Being a volunteer has been a rewarding way to develop my skills as a Public Health Student. The team are incredibly supportive and no issue is too big or small."

Asher Foister



Paul Koczerzat

I have been working on the Hospital Discharge project since January 2021 and simply enjoy speaking to people. I am frequently humbled by how pleased to be called many people are. Most were doing well, pleased to be home, but some were struggling and needed help accessing additional support.

Whilst we play an important role in linking individuals to the right organisation to get the help they need, the calls also help maintain their faith and trust in the health service and shows that someone does still care about them once they have been discharged from hospital.

Tracey Tremlett

I thoroughly enjoyed the time I spent volunteering for Healthwatch. It relies so heavily on the good will of its volunteers, and they made me feel valued and part of the team.

The HOPS project that I was specifically involved with is a fantastic initiative to address the social isolation and loneliness that people have been experiencing during the height of the pandemic.

I hope to be able to support the team in the future in further projects.



Interested in volunteering?

For more information contact us on **01273 234 040** or **interested@hwbh.co.uk**

Authorised Representatives

During this year we had **78 Authorised Representatives** able to review services, attend decision-making forums and speak up for patients and care service users. This was made up of **71** volunteers – including directors – and **7** members of staff.

Alan Boyd	Denise Millar	Lester Coleman
Alastair Hignell	Dr Khalid Ali	Lorna Towner
Amina Ba	Duncan Stewart	Lynne Shields
Amy Oliver	Elaine Crush	Mae Cole
Angelika Wydra	Elaine Foster-Page	Maisie
Ann Nealer	Elaine Fox	Richardson-Wilson
Anya Waigh	Elisabeth Miskarik	Maureen Smallldridge
Asher Foister	Emily Page	Mazzie Sharp
Barbara Myers	Eva Zemcikova	Michelle Kay
Bob Deschene	Francis McCabe	Neil McIntosh
Brigid Day	Fran O'Neill	Nicholas Gorvett
Cara Redlich	Gaby Rennie	Nick Goslett
Caroline Trimby	Geoffrey Bowden	Olivia West
Catherine Swann	Gillian Connor	Paul Koczerzat
Cecily Bryant	Hadi Kebbeh	Peter Burton
Chloe Mackney	Hilary Martin	Robin Guilleret
Chris Jennings	Holly Earthey	Roger Squier
Christiane Reineke	Howard Lewis	Ryan Prichard
Christine Clark	James Davies	Sophie Crowton
Christine D'Cruz	Jayne Cockburn	Sophie Reilly
Christopher Morey	Jo Kaddish	Sue Seymour
Cindy Willey	Judith Batchelor	Sylvia New
Clary Collicut	Karen Barford	Tracey Tremlett
Conor Sheehan	Kat Pearce	Trish Comley
David Liley	Kurt Stevens-Billing	Vanessa Greenaway
Deborah Rogerson	Leah Ashley	Will Anjos

Thank you

Chair & Directors

Our board of directors are all volunteers



Geoffrey Bowden
Interim Chair



Catherine Swann
Director



Neil McIntosh
Director



Christine D'Cruz
Director



Karen Barford
Director



Howard Lewis
Director



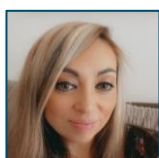
Angelika Wydra
Director



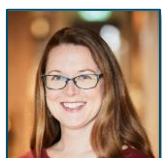
Dr Khalid Ali
Director



Alastair Hignell
Director



Sophie Crowton
Director



Gillian Connor
Director



Christopher Morey
Director

Learn more about our directors at healthwatchbrightonandhove.co.uk/our-board

Goodbyes

"For over 8 years, Healthwatch enabled me to feel as if I could use my earlier experiences and constructively contribute to the improvement of NHS and social care services the city. Healthwatch punches way above its weight and I have total confidence it will maintain its standing way into the future."



Frances McCabe ~ Independent Chair from Oct 2014 to Apr 2022

"Healthwatch allowed me to support the patient agenda to remind the NHS and social care that it is a service for patients. I will miss the highly successful staff and Board, but the current team is gifted with innovative and dedicated personnel, who are well positioned to continue the success."



Bob Deschene ~ Director from Oct 2014 to Apr 2022

"Being a Director on the board of Healthwatch Brighton & Hove has been a privilege. It has given me the opportunity to shape & improve Health and Care services across the city. I will miss working with such a knowledgeable and dedicated Board and Staff Team. Thank you to all."



Sophie Reilly ~ Director from Oct 2014 to Apr 2022

& Hellos

"Being on the board has been an amazing experience and opportunity to utilise my knowledge and experience for a good cause. It has also given me an opportunity to learn from great and very experienced leaders and gain more insight about the operational processes involved in running a community interest company."

Angelika Wydra ~ Started June 2021

"I had a lot of care in the community for my grandma when she was poorly so being able to be a director in Brighton made me feel I was giving something back. I've loved using my dementia knowledge with people on the board and am really looking forward to the face-to-face meetings"

Sophie Crowton ~ Started June 2021

"I'm thrilled to be part of the team. I have always had a keen interest in health: my father was a Paediatric dentist based in Hove and helped to form The British Society of Paediatric Dentistry in 1952, my mother was a nursing Sister at The Royal Alexandra Children Hospital, and my brother is a consultant anaesthetist in the NHS in London."

Christopher Morey ~ Started Feb 2022

"I joined Healthwatch as a trustee because I'm passionate about good healthcare outcomes for all and want to be a part of the fantastic work that Healthwatch does in representing the patient voice in my local community. I believe this is needed more than as ever as health and care services face tough recovery challenges."

Gillian Connor ~ Started Feb 2022



Message from our Chief Executive

Healthwatch Brighton and Hove is emerging from the COVID-19 challenge as a strong, viable and sustainable voluntary organisation. Our volunteer group has grown substantially over the last two years. Our staff team remains stable and we have strengthened our links with the Universities and Medical and Nursing Schools. Our partnerships with other organisations and neighbouring local Healthwatch in East and West Sussex have also strengthened and whilst our reports and recommendations have been focused on Brighton and Hove, many have had implications Sussex wide.



In response to COVID-19, Healthwatch has decided to allow staff to work from home and provided the resources required for this. We remain available to anyone who needs and reaches out to us.

We lost not one day of activity over this whole year, our volunteers and staff have given the very best of public service. I cannot thank them enough. Alongside the NHS, social care, and public health, Healthwatch continue to help Brighton and Hove be a safe and healthy place to live and thrive.

 *“We lost not one day of activity over this whole year, our volunteers and staff have given the very best of public service. I cannot thank them enough.”* 

As a Community Interest Company (CIC) we make no personal profit and all income we generate is used to benefit local people. This year our Board has been strengthened with new members better representing the diversity of our city. Some Board members have stepped down at the end of their tenure, and we thank them for many years of loyal service.

If you want to make a difference in health and social care, if social justice and combatting health and care inequalities is important to you, come and join us; you will find a warm welcome.

David Liley

A handwritten signature in black ink that reads "David Liley".



Staff Team

Our employees

David Liley
Chief Executive

Dr Lester Coleman
Head of Research

Alan Boyd
Project Coordinator

Hadi Kebbeh
Project Assistant

Michelle Kay
Project Coordinator

Will Anjos
Project Coordinator

Clary Collicut
Project Officer



Left to right: Will, Hadi, David, Clary, Michelle, Lester and Alan.

Learn more about our staff at
healthwatchbrightonandhove.co.uk/our-staff

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012. In addition, we receive additional income to deliver a small number of projects in line with our charitable objectives.

Income		Expenditure	
Funding received from local authority	£178,600	Staff costs	£187,125
Additional funding	£63,766	Operational costs	£19,137
		Support and administration	£15,657
Total income	£242,366	Total expenditure	£221,918

Top three priorities for 2022–23

1. Promoting patient and public voices to assist COVID recovery in health and care services
2. Focusing on health and care inequalities and seldom heard voices
3. Ensuring decision makers keep their promises to improve services

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face.

Statutory statements

About us

Healthwatch Brighton and Hove, 113 Queens Road, Brighton, East Sussex BN1 3XG.

Young Healthwatch delivered by:
YMCA DownLink Group, Reed House, 47 Church Road, Hove BN3 2BE.

Healthwatch Brighton and Hove use the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 12 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met 6 times and made decisions on matters such as work priorities and ensuring our staff, Board and volunteers reflect the diverse communities in our City .

We ensure wider public involvement in deciding our work priorities. Over the last year we have worked with a 'people's panel', a group of local people who have shared their views on topical and important health and care issues. They have directed us to focus on access to dental care, GP shortages and digital disadvantage.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, exploring with young black people access to emotional and wellbeing services.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it online, to our local Healthwatch Community, share with Healthwatch England, promote to the local media and present the report formally to the Brighton and Hove Health and Wellbeing Board and Health Overview and Scrutiny Committee .

Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity. There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

healthwatch

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