# healthwatch Brighton and Hove



Healthwatch Brighton and Hove Report on Year 2 to Brighton and Hove Health and Wellbeing Overview and Scrutiny Committee (HOSC)

April 2014 to January 2015

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# Background

Healthwatch Brighton and Hove began work on the 1<sup>st</sup> April 2013. There is a local Healthwatch organisation in every local authority area in England. They take the experiences people have of local care and use them to help shape local services.

Healthwatch organisations:

- have the power to enter and view services
- influence how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- produce reports which influence the way services are designed and delivered
- provide information, advice and support about local services
- pass information and recommendations to Healthwatch England and the Care Quality Commission

## How does local Healthwatch differ from LINks?

Local Healthwatch organisations have taken over the work previously done by the Local Involvement Networks (LINks), but with additional functions. Many of the strengths of LINks will apply just as much as local Healthwatch organisations, however, there are a number of key differences between the two organisations:

- LINks only had a remit for adult health and social care services. Local Healthwatch is responsible for capturing the health and social care users' voices of adults and children; a crucial difference reflecting the ongoing need for the views of all users to be taken into account.
- Local Healthwatch has a statutory place on their local health and wellbeing boards for the first time.
- A national network will be put in place to support the development of local Healthwatch organisations, from their start-up to being fully functional.
- The local Healthwatch can reach an opinion on the local service and how they can be improved.
- Local Healthwatch will signpost patients to services where there is good practice and a strong reputation.
- Local Healthwatch can feed those views and any recommendations to Healthwatch England to action at a national level.

## **Healthwatch Statutory Functions**

The 8 functions of local Healthwatch are determined by statute:

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.

2. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.

3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.

4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

 5. Providing advice and information about access to local care services so choices can be made about local care services. Helpline and Engagement
6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

The Independent Complaints Advocacy Service (ICAS) is sub-contracted to a local organisation Impetus. This service helps empowers anyone who wishes to resolve a complaint about healthcare commissioned and/or provided by the NHS in England:

http://www.bh-impetus.org/projects/independent-complaints-advocacy-serviceicas/

## Healthwatch England

Healthwatch England is not a regulatory body such as the Care Quality Commission and does not have direct responsibility to change practices. However, the organisation does have a statutory remit to collate evidence of service shortfalls and issues nationally and to ensure the regulators, other arms length bodies, and government departments, respond accordingly. Through the Healthwatch network, Healthwatch England will ensure the voices of people who use health and social care services are heard by the Secretary of State, the Care Quality Commission, the Monitor and every local authority in England. Healthwatch England provides leadership, support and advice to local Healthwatch organisations so they can become strong ambassadors for local people. They will gather and analyse information provided by local Healthwatch organisations and others to identify key issues and trends.

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# Who We Are

# Staff

From May 2014 to November 2014 there were 2 part time job share managers: Jane Viner – responsible for performance management, operations, finance, line managing 3 staff members.

**Claire Jones** – responsible for Healthwatch representatives, engagement and communication and line managing 1 member of staff.

**Kerry Dowding** – Research and Projects Co-ordinator (full time), collates and analyses information received by Healthwatch from our helpline, engagement activities, information received from Trusts and Brighton and Hove City Council. Writes reports on behalf of Healthwatch and co-ordinates enter and view activities.

**Magda Pasiut** –Engagement and Communications Co-ordinator(4 days a week), produces the monthly Healthwatch magazine, manages the website and social media and media communications. Engages with local groups and citizens.

**Elaine Elliott** - Helpline and Information Co-ordinator (4 days a week) responds to helpline enquiries and manages volunteers who help respond to helpline calls. Steve Turner – Volunteer Co-ordinator (4 days a week) recruits, inducts and trains our pool of volunteers, directly manages most of them, and supports other members of staff in their work with volunteers.

## Board

Healthwatch Brighton and Hove has a Board of Directors (formerly known as the Governing Body). They lead the strategic direction of Healthwatch Brighton and Hove and ensure that it effectively delivers on its important role. They meet on a monthly basis and most act as representatives at other Boards or meetings, for instance, Patient Participation Groups (PPGs), Patient Experience Panels and other patients' participation fora. The Chair receives a small stipend for one day a week, but the rest of the role is voluntary, along with other Board members.

The Board has been in place for one year. The expectation has been that the organisation should be a Community Interest Organisation. Setting up a new organisation with all that entails has taken place in parallel with developing a programme of work in a highly volatile and political environment. The potential agenda is enormous and determining priorities remains a constant challenge, as does raising the profile of HWBH, so that the people of Brighton and Hove are able to communicate to us their ideas and concerns.

At the strategic level, one of the main aims of the last nine months has been to develop honest relationships with Chief Officers in Brighton and Hove City Council and the Health Service. This has been particularly successful in the Clinical Commissioning Group (CCG) and with Brighton Sussex University Hospital NHS Trust (BSUH) and working relationships have been made at different levels in other organisations. A challenge has been to ensure HWBH has sufficient people with the right support to attend all priority meetings and to ensure the intelligence received informs our activities.

## Frances McCabe – Chair

Frances has been Chair since November 2013 and appointed the rest of the Board. For over 40 years, she worked in health and social care: as a nurse and health visitor, managing social services to Director level, In senior posts in charities, the Social Services Inspectorate and leading national health and social care projects at the Department of Health. Frances has Masters degrees in Geriatric Medicine and Life History Research( on GPs). For 3 years, she was the Chair of Age UK Brighton and Hove and remains a trustee. She has 3 children, two step-children, two of whom are local and 5 grandchildren.

# **Bob Deschene**

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

# **Clare Tikly**

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

## **Doris Ndebele**

Doris has a health background later graduating with a BSc (Hons) in Health Studies. She is passionate about BME issues, being actively involved with projects both at Trustee level and paid worker for 16 years. She is currently the Chief Officer at BMECP where she has been for the past 13 years working to develop BMECP Centre. Her work has included: nursing, research, workforce

planning, community learning and secretarial work. Doris holds an MSc in Managing Voluntary Organisations, a Grad. Cert. in Social Enterprise and a mental health nursing qualification. Doris was a former LINk Steering Group member.

#### John Davies

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

#### Karin Janzon

Karin has 40 years experience in adult social care where she has worked in research, planning and management for local authorities and as a consultant. Listening to service users has been a strand through all her work. Having joined Healthwatch as a governor, she is particularly interested in joining the debate about how social and health care services can support people in maintaining well-being and quality of life as they grow older. Karin, who originally comes from Sweden, thinks there is great value in being open to new ideas and solutions, including best practice in other European countries.

## **Sophie Reilly**

Sophie is the Chair of the Federation for Disabled People.

#### **Mick Lister**

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

# Volunteering

Healthwatch Brighton and Hove is an organisation led by and for local people, we involve local people as volunteers in our work for the following reasons:

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

Currently, we have 30 volunteers in the following roles:

- 6 Enter and View Authorised Representatives
- 8 Healthwatch Representatives
- **4 Helpline Volunteers**
- 4 Engagement and Communications Assistants
- 3 Hospital Complaints Peer Reviewers
- 3 Research and Intelligence Committee Members
- 1 Media Monitor
- 1 Admin Assistant

There are also 12 volunteers known as Papermates who help us distribute the Healthwatch magazine

Since April 2014 we have trained 35 volunteers in the following areas (figures in brackets refer to number of volunteers attending sessions):

Enter and View (6) Volunteer induction (26) Awareness session (24) Being a Healthwatch representative (8)

# Governance

# **Community Interest Company (CIC)**

We became a CIC on the 14<sup>th</sup> October although Healthwatch Brighton and Hove does not officially become completely independent until 1<sup>st</sup> of April 2015 when it will employ its own staff etc.

From April 2014 we agreed the following policies:

- Code of Conduct
- Complaints Procedure
- Confidentiality Policy
- Criminal Records Policy
- Declaration of Interest Form
- Enter and View Policy
- Equality and Diversity Policy
- Finance Policy
- Helpline Policy
- Media Policy
- Social Media Policy
- Volunteer Policy
- Volunteer Expenses Policy

Policies can be found at: http://www.healthwatchbrightonandhove.co.uk/policies

# **Influencing Services**

We have a trained pool of Healthwatch representatives who have received our 42 page information pack to enable them to participate more effectively.

We are members on the following:

- Quality Surveillance Group
- South East Healthwatch Group
- Health and Wellbeing Board
- Health and Wellbeing Board Executive Officer Group
- City Needs Assessment
- Health and Wellbeing Overview and Scrutiny Committee
- Healthwatch Brighton and Hove contract
- Clinical Commissioning Group Engagement Steering Group
- Clinical Commissioning Group leads
- Brighton and Hove NHS 111 Clinical Governance
- Commissioning Short Term Services (CSTS) Board
- Integrated Care Board

- System Resilience Group (formerly Urgent Care Working Group)
- Brighton and Hove Pharmaceutical Needs Assessment Steering Group
- Palliative Care and End Of Life Steering Group
- Patient Participation Network
- Extended Primary Integrated Care (EPiC) Citizens' Board
- Sussex Community NHS Trust Patient Experience Group
- Sussex Community NHS Trust Healthwatch and Patient Representative Group
- Brighton and Hove community mental health governance team for Sussex Partnership NHS Trust
- South East Coast Ambulance Service (SECAmb) Healthwatch Group

Our Chair also attends monthly meetings with the CEO of Brighton and Sussex University Hospitals NHS Trust (BSUH).

# **Hospital Complaints Peer Reviewers**

We have 3 trained Hospital Complaints Peer Reviewers who help Brighton and Sussex University Hospital NHS Trust (BSUH) to review samples of complaints and BSUH's responses to the concerns raised, then give feedback to BSUH as a 'critical friend', suggesting how responses might be improved. They have helped the Trust by providing useful comments about the tone and approach of responses the Trust has made to complaints. These have been fed back to the individual complaints managers and to the wider team.

# **General Medical Council (GMC)**

We organised a focus group on changes to the sanctions that GMC gives to doctors when they fail to meet professional standards. The event was attended by 23 members of the public and helped contribute to the new GMC sanctions guidance for doctors.

# Dentistry

We received many calls through our helpline relating to NHS dentistry, firstly around finding an NHS dentist, and secondly issues around unnecessary referrals to private dental treatment. We made the NHS England Surrey and Sussex Area Team aware of both issues, and they informed us it was something they considered a priority. We also informed the public about their rights regarding NHS dentistry through our engagement and communications, and mapped NHS dentists who were accepting new patients, to find the majority of these were in central Brighton. Whilst access to dentistry was found to be a more locality specific issues, the issue of private referrals we found to be a national one. We contacted 'Which?' Magazine at the start of their national research on private dentistry referrals and shared our anonymised information to influence

their questions. We promoted the resulting survey, and are currently awaiting our localised results when the survey closes.

# CAMHS

A range of sources including first person accounts from parents alerted us to potential issues in the Child and Adolescent Health Service. We wrote a report which took a journey through typical experiences of the service from joining it to moving on to adult services. This incorporated all recent community and voluntary group's research on this issue, as well as our own research. The report was timed with the recruitment of a new CAMHS commissioner to the Clinical Commissioning group, to ensure they had all the relevant information going in to post. We are planning to hold an event shortly which highlights to young people their rights and options when receiving mental healthcare.

#### The full report is available here:

http://www.healthwatchbrightonandhove.co.uk/sites/default/files/final\_draft\_with\_r esponses - 26.11.14\_final.pdf

# Hospital Discharge

We noticed through Royal Sussex County's PALS data and other sources that some people felt that they were being discharged from hospital too early, and with limited information about the next steps. We conducted some wide ranging research which included complaints data, a patient survey and an enter and view visit, to highlight the main issues from a patient's perspective. We also involved local community and voluntary sector partners to look in detail at the role of carers in the process, and the experiences of people with mental health issues in more detail. Since the report the hospital is preparing medications 24 hours in advance of discharge, and have reviewed and reprinted their discharge booklet. We also highlighted the lack of hot water in the discharge lounge, which is now being prioritized. We aim to use the information we have gathered on the discharge lounge to influence the future redesign of the space, and have been consulted by the CCG in new plans around the discharge process.

The full report is available here: http://www.healthwatchbrightonandhove.co.uk/sites/default/files/final\_report.pdf

# Eaton Place Surgery Closure

We have been heavily involved in raising the concerns of patients. In September. we found out informally that the doctors were leaving and by October when it was announced that the surgery was closing, HWBH received two Helpline calls, but also had concerns raised from the community. HWBH has written a number of times to the Area Team, the Chair raised concerns with Councillors and the MPs (all parties), the CCG and was involved in public meetings. Most people spoken

to want a GP practice to remain in the area of Eaton Place and HWBH is supporting the patients in their views. The result of deliberations are awaited.

# Visits to Services

Healthwatch has a legal right to enter and view health and social care premises funded by public money. This year we are running a programme of visits with a focus on social activities and occupation in Adult Social Care services, following on from evidence provided by our predecessor, Brighton and Hove LINk. To date we have visited:

- Somerset Day Centre: an older people's day centre <u>http://www.healthwatchbrightonandhove.co.uk/sites/default/files/somerset</u> <u>day centre healthwatch report final .pdf</u>
- Rottingdean Care Home: An older people's care home with nursing (report due in January)
- Preston Park Recovery Centre: A recover centre for people with mental health needs. (report Due in January)
- Active Aspirations Learning Disability Day Centre (Completed in January)

We plan to visit a further 2 services which have focuses on learning disabilities, dementia and older people. In addition to these, we have visited the Royal Sussex County Hospital Discharge Lounge, as referenced above. We are developing our methods with Enter and View and are currently collaborating with East Sussex Healthwatch.

# Patient-Led Assessments of the Care Environment (PLACE) Visits

Our volunteers and staff have also participated in 3 patient-led assessments of the care environment (PLACE) visits. One visit was to the Eye hospital and volunteers identified serious problems ranging from faulty windows in all areas which meant damp and cold came in and rooms could not be used to uncomfortable chairs, poor flooring and decor and arrangements for patients. This was affecting the service for patients and staff who were working their best in a difficult environment. The Chief Executive was informed and took immediate action and a comprehensive funded plan of major works is in place and should be completed by the autumn. When volunteers did a follow up visit in December, some changes were already in place- new flooring, new blinds, new equipment. When we visit again at the end of the year, we expect the Eye Hospital environment to be revolutionised.

# Using our data to improve services

• We provided the Care Quality Commission with key data and reports in advance of their inspections to Sussex Partnership Foundation Trust, The Sussex Community Trust, and The Brighton and Sussex University Hospital

Trust and GP practices. We also encourage members of the public to report their experiences directly to them and forward anonymised cases of interest.

- We work closely with our Local Clinical Commissioning group by sharing soft and quantitative intelligence on all services, and providing specific information for reviews and areas of interest.
- Sharing our data with Healthwatch England to help them to represent patients at a national level in their project work
- We provide data and research to all of our representatives, including all relevant local media in advance of meetings, to ensure patient's voices are being accurately represented and are influencing at a strategic level.

## Improving Patient/User Information

- We helped make the Community Short Term Service leaflet more user friendly by providing feedback.
- We provided feedback on the 111 factsheet to help ensure the information is user friendly.
- We contacted NHS Choices to alert them to the difficulty in searching for data on hospitals, they subsequently changed the wording on the website to make it easier for the public to search for information.
- We listened to GP Out of Hours answerphone messages and gave individual feedback to make the messages clearer and more comprehensive for patients
- We made NHS England and our local CCG aware of the GP practices in our area which have yet to create a websit

	Total to date	Late/unanswered	Open
Clinical Commissioning Group	51	0	1
Hospital Trust	20	12	0
Community Trust	14	0	0
Mental Health Trust	6	0	0
Ambulance Trust	0	0	0
Brighton and Hove City Council	1	0	0
Social Care Services	14	1	9
OVERALL TOTALS	106	13	10

# **Questions To Providers/Commissioners and Recommendations**

#### Working in Partnership

Working with Healthwatch England (HWE)

We gave feedback on the national escalation policy to ensure it is useful and accessible to all Healthwatch. We have attended the HWE national conference, webinars and participate in its social media group.

#### Working with local Healthwatch

We set up and organised a Sussex-wide meeting on mental health with the local mental health Trust and other Healthwatch to promote joint working and identify possible collaborative projects. We have recently started working with East Sussex Healthwatch on some forthcoming enter and view visits.

#### Care Quality Commission

We now meet with the area managers quarterly to share soft intelligence and maintain communication.

#### Community and Voluntary Sector

We have worked with a large cross section of the community and voluntary sector partners to gain specialist knowledge and increase the reach of our reports. This year we have worked with The Carer's Centre, Mind LIVE, Amaze, MASCot and The Lighthouse Recovery Support.

# Engagement

## **Monthly Magazine**

This is our main mechanism for informing residents about what Healthwatch is doing, providing opportunities to have a say about issues related to health and social care services in the city, and informing people about changes to health and social care services and policies. Every Magazine includes themes that have been identified as gaps through the Helpline and other intelligence work, such as guides for health and social care services during Christmas time or for NHS complaints services. The Magazine also suggests ways for people to improve their well-being and contains sections dedicated to children and young people, people from the Lesbian Gay Transgender and Bi-sexual community, carers, disabled people and older people. It currently has 1,445 readers although the distribution is much higher. Copies are shared by the City's main health and social care stakeholders and their clients and members of staff e.g. the Sussex Community NHS Trust (5,000 readers), some GP surgeries, Outpatients Department in Royal Sussex County Hospital (RSCH), Cardiac Outpatients in RSCH, various voluntary organisations and charities (such as Samaritans, Interact, Brighton and Hove Speak Out).

## **Community Groups and Events**

Members of the public have been given the opportunity to have their say about health and social care services at a variety of groups, events and venues across the City. Healthwatch has directly reached approximately 2,980 members of the public.

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

- B.fest 2014 Launch Event
- BME Wellbeing Stakeholder Event
- Refugee week event
- Whitehawk Community Festival,
- Trans Pride weekend
- Brunswick Festival
- Hangleton Community Festival
- World Suicide Prevention Day
- BUPA Wellbeing event
- Community Works Summer and Autumn Conference
- Fresher's Fair at the Sussex University
- Health event in Moulsecoomb,
- Community Fair at the Sussex University
- "Best of Health", the event was free and aimed at all adults with a learning disability, family & paid carers, and anyone else interested in finding out more about ways for people with a learning disability to be healthy.
- "LifeLines keep happy and healthy at 50+" Open Morning at Patching Lodge.
- Brighton and Hove Black History Month 2014, free fun family day for all ages.
- Jubilee Library and Hove Library.
- Diabetes Information Event
- Carers Summit, which was held on Carers Rights day 2014.
- Amaze Info Fair & AGM
- The Hangleton and Knoll 50+ October Event 2014

#### The Healthwatch Brighton and Hove website

<u>www.healthwatchbrightonandhove.co.uk</u> includes regular updates on changes to local and national policies, changes to health and social care services, consultations, and events. It has had 3,012 of visitors over the past year, 54.9% new visitors, 45.1% returning visitors.

## Facebook

The Healthwatch Facebook account was primarily developed to engage with a younger audience, and is used to keep our Facebook 'Friends' up-to-date with Healthwatch activities, changes to local and national policies, changes to health and social care services, consultations and events. It also helps us to keep up-to-date with other organisations' health and social care related activities and engage with them. As of the end of December 2014 Healthwatch Brighton and Hove had 237 "Friends".

## Twitter

The Twitter account was developed to link us with the key health and social care organisations, health professionals and younger audiences in Brighton and Hove. On this platform we share information about Healthwatch activities, changes to local and national policies, changes to health and social care services, consultations and events. As of the end of December 2014 Healthwatch Brighton and Hove had 826 Followers.

## Media coverage:

20 of local newspapers/magazines/newsletters have mentioned Healthwatch Brighton and Hove.

Our Chair has been interviewed on the Latest TV station and Juice FM radio station.

We have issued 8 press releases:

- Press Release: Brighton and Hove people are not informed enough about out-of-hours services
- Healthwatch Brighton and Hove Annual Report 2013-2014
- Hospitals Trust rated "Requires Improvement" by the Care Quality Commission (CQC
- Healthwatch reports that it is so difficult to raise concerns about care that most people don't complain.
- Hospital discharge process leaves many people unprepared to return home
- Local CAMHS put young people in vulnerable position
- One year on from the urgent care report
- Somerset Day Centre an example of best practice

# Healthwatch Brighton and Hove Helpline

Healthwatch Brighton and Hove operates a Helpline Monday to Friday from 10am to 12 noon each day. Email: <u>help@healthwatchbrightonandhove.co.uk</u>

# Tel: 01273 23 40 40

From April 2014 the Healthwatch Helpline dealt with enquiries from 220 individuals and 23 organisations (on behalf of clients). We provided people with information and signposting about local health and social care services. This included how to access them and what to do if things were going wrong. We mostly helped with queries related to local NHS services, including those provided by GPs/family doctors, dental surgeons, pharmacists and opticians. If people wished to make a complaint about an NHS or social care service we put them in touch with advocacy services. We developed a very close working relationship with Impetus, which provides the statutory Independent Complaints Advocacy Service.

Most of the enquiries we dealt with about primary health care were related to GP/dental surgeries – there were not as many about pharmacies and opticians. In most cases these involved liaising with the Practice Manager (with the patient's consent) to achieve a mutually satisfactory outcome. Sometimes people didn't know that they could speak with the Practice Manager themselves, lacked the confidence to do so, or may have had a disagreement with the practice in the past and felt unable to handle the conversation themselves. Our liaison sometimes resulted in patients receiving specific types of treatment/referrals that they felt they should be having and were not.

With dental practices we often had to clarify patients' entitlement to the various types of treatment covered by the NHS and costs for such courses of treatment.

We had several enquiries regarding patients being referred to private treatment unnecessarily. Many of the people we spoke with preferred to try to resolve issues amicably with their GP/dentist rather than have to change practice, although we pointed out that this was possible - the main reason for their wishing to stay with their current GP/dentist was that they had been there for years (sometimes decades) and felt that their regular practitioner knew them and their medical/dental history well. In some cases however we had to find out about a practice's complaints procedure and relay this to the patient, also ensure that they were aware of the NHS escalation process and possible advocacy support from ICAS.

Enquiries that were not primary care related were referred to the appropriate NHS Trust's Patient Advice and Liaison Service. Even if we passed issues on, we still recorded them on our database and maintained 'ownership' until we had

confirmation of action taken. Many of these related to length of time taken for referral appointments with consultants, and the PALS teams were often able to have these accelerated with departments. The occasional out of area enquiry we received was passed on to the appropriate Healthwatch (usually East or West Sussex), but also recorded on our system.

The amount of help given to individuals varied depending on the needs they disclosed. Some people could be given a phone number/e-mail address/website to contact the service provider/PALS team themselves, while others needed us to do more liaison on their behalf and report back to them. Depending on the person's physical or mental health needs, we also offered information about possible local or national support groups and referred people to these, e.g. Mind in Brighton and Hove and Age UK. This is something that adds value to the Helpline and which may not have happened as much with the previous Primary Care Trust PALS service – our project management of the Information Prescriptions website also complements this side of our service. To help improve services, anonymised data from the Helpline was fed back to the organisations responsible for the planning, commissioning and delivering of local health and social care services.

There is a steady flow of people with a diagnosis of mental illness (current or in the past), anxiety etc. contacting the helpline, either for support around their own issues, or e.g. parents/carers with mental health issues on behalf of family members with other problems. Many of these people have other complex physical needs as well. This can result in very lengthy and difficult phone conversations/e-mail correspondence which also involve a degree of emotional support for the enquirer and subsequent in-depth liaison with service providers/commissioners, e.g. with Sussex Partnership Foundation NHS Trust PALS team about specific clients where appropriate (and only with their consent).

Most people who contact us are patients of various health services across the city, however we also receive (and welcome) enquiries from concerned relatives/carers as well as professionals who may be working with people with health or social care issues. Some of the individuals we now assist have contacted our helpline previously, and we are pleased to say that they feel they can call upon us to help with follow-on or completely new issues that arise for them.

We also liaised with many different service providers and commissioners, e.g. NHS England and Brighton & Hove CCG (Clinical Commissioning Group), on behalf of patients/relatives to assist with their issues. To help us to develop our helpline skills and service further, the whole Healthwatch Brighton and Hove team attended a very successful and inspiring Helpline Development Day in August 2014. Other helpline staff and volunteer training has covered suicide alertness, mental health awareness, safeguarding and child protection, dealing with first disclosures of sexual abuse/violence, and NHS complaints advocacy,

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also briefings from Age UK and Amaze. One of the Healthwatch managers and the Helpline and Information Co-ordinator also spoke to a groups of Sussex Interpreting Services (SIS) advocates about Healthwatch, Better Care and our helpline service. Our first helpline volunteer is now coming in once a week, and we are also in the process of training another three new people. They are studying Social Sciences at the University of Brighton and have chosen to complete their volunteer placements with Healthwatch Brighton and Hove between now and April 2015.

# **Future Activities**

- Staff recruitment of a CEO for Healthwatch
- Inviting community organisations and individuals to become members of the Community Interest Company;
- Recruitment of additional Governing Body members;
- Transfer of staff from Community Works (former CVSF) to Healthwatch Brighton and Hove; taking over full management of the budget; and developing an income generation plan to assist the sustainability of Healthwatch Brighton and Hove
- Working with Community Spokes, voluntary organisations in order to improve our partnership activities and information base.
- Increasing the helpline hours and extend our activities in providing information to the public and patients.
- Increasing our activity on Enter and View visits and observation visits.
- Increasing our partnership activities with organisations with similar interests in order to optimise the impact we can make on service improvement
- Extending and enhancing the profile and reach of HWBH
- Continue to develop relationships with key stakeholders in the statutory sector in order to influence strategy and service delivery from the patient's and public's perspective.
- Improve HWBH's impact on the Health and Wellbeing Board and the Health and Wellbeing Overview and Scrutiny Committee (HOSC).

# Key Figures April 2014- January 2015

Performance Measures (approx.)	HWBH
Number of Magazine subscribers	1445 (pls see
	also p.15 as
	distribution is
	wider)
Number of active volunteers (exc. Board members)	30
Number of Board members	8
Number of Requests for Information made	70
Number of Enter & View Visits undertaken	5
Number of Reports produced	7
Number of Recommendations made	36
Number of meetings attended	147
Number of helpline enquiries	266
Number of community events attended	45

# **Contact Healthwatch Brighton and Hove**

Office telephone: 01273 234041 Office email: <u>office@healthwatchbrightonandhove.co.uk</u>

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

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

www.healthwatchbrightonandhove.co.uk

Twitter: HealthwatchBH Facebook: <u>www.facebook.com/healthwatchbrightonandhove</u>

## Helpline

Helpline telephone: 01273 234040 (10am-12pm, Monday to Friday) Helpline email: help@healthwatchbrightonandhove.co.uk

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