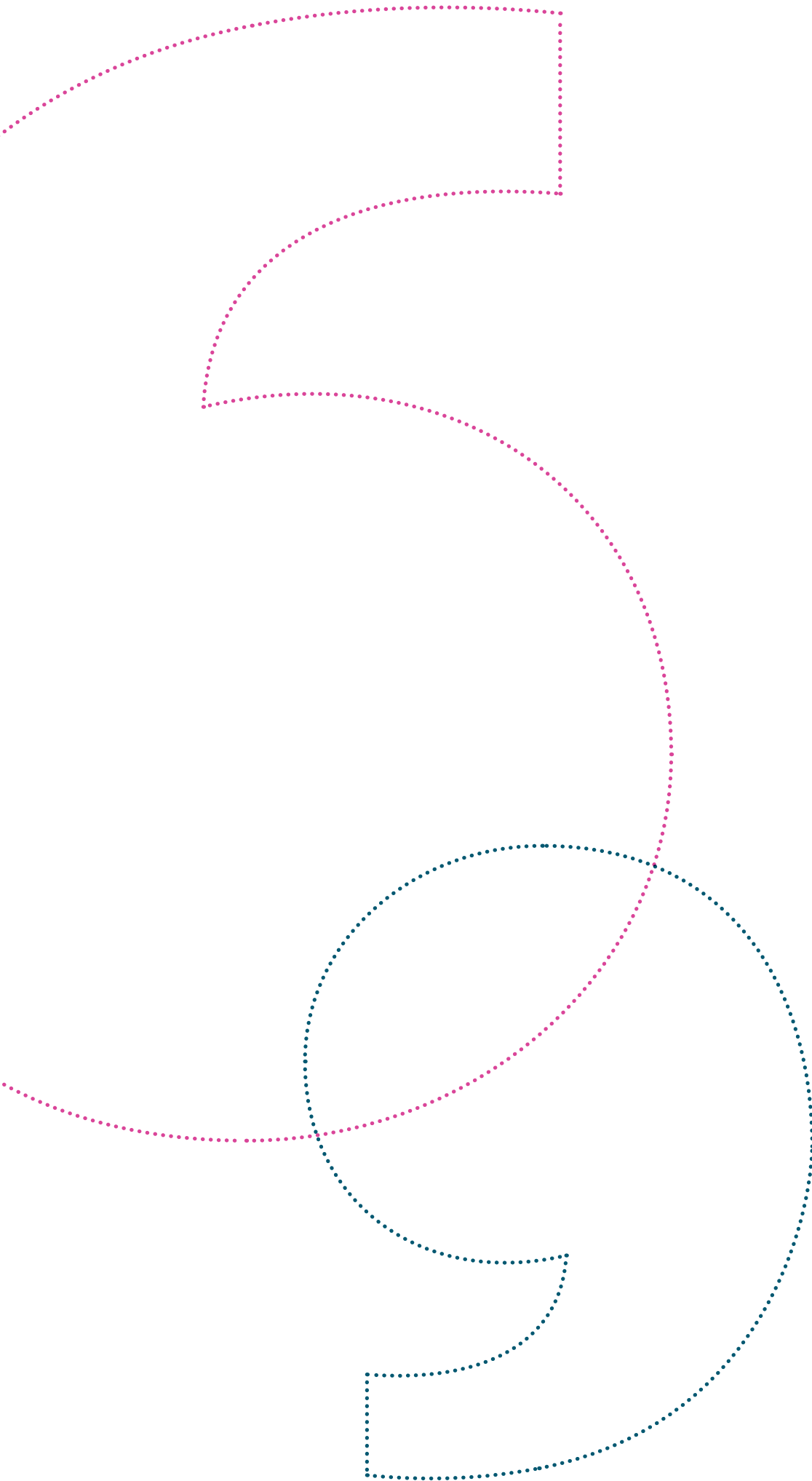




**Healthwatch Brighton and Hove**  
Annual Report **2015/16**



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## Message from our Chair



The theme for Healthwatch this year is 'the value we bring', and in Brighton and Hove we have delivered extra value through our volunteers, partnerships and collaborative work. We have listened to and spoken up for people who sometimes struggle to be heard.

Most of all we have influenced decision-makers on a wide range of health and social care issues, including:

- proposals made by Healthwatch Brighton and Hove to improve the Urgent Care Centre in the A&E Department at the Royal Sussex County Hospital (RSCH) have been incorporated into their modernization plans - work starts in July 2016;
- an investment of £2 million in a building project to improve the Eye Hospital at the RSCH, prompted by an PLACE Report from Healthwatch Brighton and Hove;
- plans to improve GP practices across the city have been influenced and informed by local Healthwatch alongside local people and community leaders

Working with MindOut and the Clinical Commissioning Group (CCG), we helped fund the first Advocacy Worker in the UK specifically for the local Trans community, winning us a Healthwatch England national award.

Healthwatch Brighton and Hove volunteer representatives have attended over 200 meetings this year at which crucial decisions about local services were made, including funding, service design and quality and safety of services. Our Healthwatch 'watchdog' function provided added value for our city of over 2,000 hours of volunteering time on just one aspect of our work.

Our collaborative work with the Care Quality Commission and local Healthwatch neighbours in East and West Sussex and Kent won us a second national award from Healthwatch England.

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**“It has been a busy year full of challenges and achievements. Healthwatch Brighton and Hove brings the value of volunteers contribution into partnership working and representation. Our input into decision making processes has had a demonstrable impact on the safety and quality of health and care services for local people.”**

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In April 2015, Healthwatch, became a not for profit Community Interest Company (CIC) and took over the contract for providing the local Healthwatch. This secures our status as fully independent, allows us freedom to respond to new challenges, and ensures that every penny of income we have is spent in the interests of local people.

Over the last year one Director, Clare Tikly, stood down. We will miss her work on GP Patient Participation Groups and liaison with the Sussex Community Trust. We gained several new Directors - Catherine Swann, Carol King, Geoffrey Bowden and Neil McIntosh. These Directors add expertise around mental health, public relations and the media, care quality and performance and children's issues. I would like to thank all Board members for the work they have done in this busy year. In addition, I want to thank Nicky Cambridge, who took a secondment from the Council to be our Chief Executive Officer. She built up our relationships and networks in the city and led us through a review of our work.

**Frances McCabe**



Healthwatch Brighton and Hove Independent Chair



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## Message from our Chief Executive



It was a privilege to act as the Interim Chief Executive Officer of Healthwatch Brighton and Hove. I joined at a time of immense change just as Healthwatch was becoming an independent CIC in April 2015. Over the year, the organisation worked hard to

ensure it had the right organisational structure to sustain its future. This included forming a Board, recruiting new Directors to enhance its leadership, restructuring its staff team to better meet the needs of the task, undertaking a 360 degree review to assess strengths and weakness, and establishing a Community Spokes programme to increase its reach into less heard communities.

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**“It has never been more important for Healthwatch to make sure health and social care organisations keep their promises and improve services for local people.”**

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At the same time, our volunteers visited 59 health and social care practices and reached thousands of people. They engaged with a huge range of health and social care developments including the Care Quality Commission’s inspection of our local acute trust and the loss of several GP practices in the city. We raised concerns about hospital waiting times, safeguarding policy and practice in GP surgeries, and produced a best practice guide to social activities in care homes. We heard from 534 people about their experiences of GP practices in the city. We contributed to the national learning on how best to engage and support patients when their surgery closes, using our experience of an unprecedented overnight closure of a GP practice by the Care Quality Commission (CQC).

Our volunteers, Board members and staff consistently rose to the challenge, and with such a small staff team I am hugely grateful for their dedication and support. I hope you enjoy this annual report and I am very happy to be handing over the permanent CEO reigns to David Liley and his new team. I wish Healthwatch Brighton and Hove every success for the coming year.

**Nicky Cambridge**



Healthwatch Brighton and Hove Interim CEO

# The year at a glance

## Practice visits leading to service improvement

We undertook **59** visits to health and social care services to talk to people about their experiences and made observations about practice



**28** Enter and View visits to GP surgeries, A&E and Care Homes

**15** visits to GP surgeries undertaken by Right Here young person project

**7** Sit and See sessions in A&E

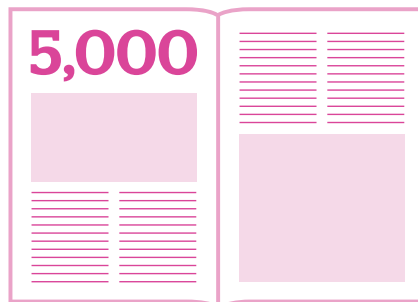
**9** Patient-Led Assessments of the Care Environment (PLACE) in Brighton hospitals



## Communicating the voice of the patient through media



We issued **14** press releases raising the voice of the patient on critical issues



We produced **12** copies of our Healthwatch magazine, reaching an estimated audience of **5,000** people across Brighton and Hove



We did **34** interviews for local radio, newspapers and television



We made **443** Facebook friends and **1,350** Twitter followers

## Using volunteers to maximise value



Volunteers' contributed an average of **26** hours on health and social care visits



Volunteers' contributed work worth **£23,000** for the 59 site visits

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# Who we are

Healthwatch Brighton and Hove is here to make health and social care services work more effectively for the people who use them. Everything we say and do is informed by our connections to local people.

Our focus is on listening to and understanding the needs, experiences and concerns of people of all ages who use services, and to speak out on their behalf. We work with other organisations who share our values and ethos but we are the only organisation that has the span of responsibility in the city.

As part of a national network, with a local Healthwatch in every local authority area in England, Healthwatch Brighton and Hove is uniquely placed to provide not only a local service but learn from peers, and contribute to and influence the national agenda.

Our role is to ensure that local decision-makers and health and social care services put the quality of experiences of people at the heart of their work.

## Our Vision:

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

Achieving this vision will mean that:

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

## We achieve this by:

- listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them
- influencing those who have the power to change services so that they better meet people's needs now and in the future
- informing and empowering people to get the most from their health and social care services and supporting other organisations to do the same
- working with the Healthwatch network to champion service improvement and empower local people.



**Healthwatch Brighton and Hove staff and volunteers:** Sue Seymour, Elaine Elliott, Hilary Martin, Denise Bartup, Robin Guilleret, Peter Lloyd, Tim Sayers, Tony Benton, Paul Wilson, Steve Turner, Kerry Dowding, Tressa Davey, Maureen Smallbridge, Sylvia New, Alexandre Barnes, Magda Pasiut, Maggie Gordon-Walker, Eimear Adair, Barbara Harris, Farida Gallagher, Nicky Cambridge, Mayor, Juliet Enver, John Davies, Neil McIntosh, Ann Li, Eva Lopez, Georgina Wall.

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## Our priorities

Our priorities for the next year will be:

- to help increase consumer confidence in local services by ensuring that decision-makers keep their promises and by helping to improve health and care commissioning
- to provide evidence of consumer experiences of health and care services using our Enter and View statutory powers and other methods. Over the next year this will mainly focus on social care services but is likely to include service reviews in the NHS
- to provide evidence from people with protected characteristics and seldom heard communities including children, young people, people with mental health issues and frail older people: and improve health and care services for them
- to inform and influence decision-makers by providing evidence and information on topical health and care issues.

Health and social care statutory organisations are going through major transformation in Brighton and Hove. This causes uncertainty but provides opportunities for Healthwatch to add value and influence service changes towards improved care. The instability in the agenda and the number of serious problems in health services has challenged a small organisation to keep on top of the agenda and to deliver the capacity to react; and, at the same time, to plan other work.

Some of the areas where Healthwatch has actively already engaged, which is ongoing, are:

- The Clinical Commissioning Group (CCG) is organising general practice into clusters, with an emphasis on greater integration with community and social care service, prevention and changes in practice. It will take over more responsibility for general practice from NHS England. These major changes are going on when there is a recognised shortage of GPs and nurses and other care workers to implement them.
- People of Brighton and Hove have been affected by changes or proposed changes in their general practice in the last year. 26,000 patients have been affected by GP closures or proposed contract changes. There is a plan devised by NHS England and supported by the local CCG to transfer patients, whose GP practices are closing to another practice. For some this will be a simple process and they will be treated in the same building as before. For others it may mean travelling some miles to see their GP with additional inconvenience and travel costs.
- The CQC inspection found problems with the quality of care and patient safety and has put five GP Practices into Special Measures and on one occasion closed a GP practice.
- The Royal Sussex County Hospital is the main hospital in Brighton and Hove. It is a teaching hospital, a major trauma centre and the base for a number of specialist regional services. It was inspected by the CQC in 2014 and 2015 and on both occasions' problems with service quality and patient safety were identified and action was required to ensure the hospital complied with CQC regulations.



- The CQC visited again early in 2016 and was provided with a report on patient experiences at the A&E department by Healthwatch Brighton and Hove. At the time of writing (June 2016) the CQC has issued a serious warning to Brighton and Sussex University Hospitals Trust (BSUHT) about failures in quality and patient safety.
- There have also been significant problems with ambulance and patient transport services in this last year. The ambulance service provided by the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) was investigated over unauthorised measures taken to response times to Red 2 urgent cases, which impacted on patient care. Following a recent CQC inspection, SECAmb declared itself as 'failing' when measured against its own key performance indicators for a range of measures, including turnaround times at hospitals. There was also an allegation of unacceptable cultures and behaviours.
- In April 2016 a private company called Coperforma took over non-urgent ambulance services. There was an immediate crisis in service provision with many people not getting the service they required, with long waits at home and hospital, an unreliable service and a call-handling service that could not cope with the volume of calls. After more than two months into this new contract, there have been some improvements, the service is still performing poorly.

These flaws and failings in NHS services are happening amid a dramatic funding loss to social care. With an increasing demand, a local council under severe financial pressure and a possible 30% funding reduction over the next three years for the city's voluntary and community sector, Healthwatch Brighton and Hove is set for a challenging year ahead.



We acknowledge the great work being done by thousands of health and social care staff across the city, often under extreme pressure, to provide some excellent services. Brighton and Hove remains one of the great volunteering cities in the UK. In addition, families, friends and carers continue to provide support for people without which statutory services would be unable to cope. However we cannot ignore what are very real and clear deficits in public services. In our view urgent action is required by decision-makers across the whole health and care economy to address problems with patient safety and the quality of services.

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# Gathering experiences, understanding needs

We gather information when people meet us at public events, ring or email us, or use other social media. Healthwatch is constantly seeking to hear people's stories about their experiences of health and care services. Using our statutory powers to Enter and View any premises where publically funded health or care services are being provided, we are uniquely positioned to interview people and observe behaviours and feed them directly to decision makers.

Healthwatch also gathers information and insights by sending volunteer representatives to a wide range of public meetings, specialist and strategic committees and decision-making forums.

## Community Spokes programme

From the Community Spokes network of 17 community organisations, seven organisations were funded to undertake detailed research on the health concerns experienced by some minority and seldom heard communities.

The Spokes organisations were:

- **Right Here** (YMCA Downslink) – young people with mental health difficulties
- **Amaze** – adults and children with disabilities
- **Parent Carers' Council (PaCC)** – Black, Asian and minority ethnic (BAME) populations with children with Special Educational Needs (SEN)
- **Friends Families and Travellers (FFT)** – incontinence, urinary tract infections and bowel problems in traveller communities
- **Brighton and Hove Impetus** – adults with Asperger's and other Autism Spectrum Conditions (ASCs)
- **Sussex Interpreting Services (SIS)** – Black and minority ethnic women
- **Hangleton and Knoll Project** – Health Champions working in disadvantaged communities.

The research reports are available on the Healthwatch website here:

[www.healthwatchbrightonandhove.co.uk/how-to-get-involved/community-spokes](http://www.healthwatchbrightonandhove.co.uk/how-to-get-involved/community-spokes)

Overall, findings indicated that health services need to be more proactive in serving these communities, providing preventative primary care that adapts and is sensitive to the particular needs of communities.



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## Trans community project

Trans people experience significant discrimination and barriers to accessing health and social care services. Brighton and Hove has a large Trans community and the city has recently led the way in pioneering projects such as the country's first Trans Needs Assessment and the establishment of Trans Pride.



Despite this, Trans people have shared numerous stories of poor experience accessing primary and second health and social care services.

Issues such as a lack of awareness from GPs, waiting times at Gender Identity Clinics and problems with access to hormones in pharmacies were some of the stories shared with Healthwatch over the last year. In response to this, Healthwatch working with MindOut, a local mental health charity for LGBTQ people, developed a successful proposal for a specialist Trans advocate.

Funded by the CCG and Brighton and Hove City Council and Healthwatch for an initial year, the advocate supports Trans people navigating services. They will gather individual stories, to gain understanding which can inform the future services for the local Trans community. Healthwatch will continue to support the case for lasting change and improvement to local services. We understand this to be the first post of its kind in the country and we are delighted that it was Highly Commended at the 2016 Healthwatch England awards.

## Kaisen project

The aim of research undertaken by the Kaisen project was to gain an understanding from hard to reach communities of how people relate to health services. This included younger people and people who will not typically attend events or contribute to consultation exercises or surveys about health and care. We wanted to reach the kind of people you meet in the streets of Brighton and Hove any night of the week. The project used street engagement to target hard to reach groups and gain an understanding of the barriers and incentives to people using GP services. Interviews were carried out with 550 people: 213 people were engaged through 69 street focus groups across the city; and a further eight interviews were conducted with clinicians and community engagement specialists. The research found that a majority of respondents (58%) would only go to a GP if they had felt unwell for a few weeks. A third of respondents said that difficulties in booking an appointment got in the way of them going to see their GP. However, 45% said they would be happy to have a phone consultation instead of a face-to-face appointment with a GP.

The Kaisen report is available on the Healthwatch website:

[www.healthwatchbrightonandhove.co.uk/what-weve-done/healthwatch-reports](http://www.healthwatchbrightonandhove.co.uk/what-weve-done/healthwatch-reports)

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**“I had a lot of fun sharing my experiences and hearing others people’s from different backgrounds.”**

Workshop participant’s feedback

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## Healthwatch events

### Workshops on NHS Constitution for young people aged 16-25

Last year, in partnership with Sussex Partnership NHS Foundation Trust (SPFT) and Speak Your Mind Young People's Advocacy Project, we held two workshops for young people aged 16-25 with mental health needs. The focus of discussion was on the NHS Constitution and rights for young people. The workshops were part of a pilot project run by the National Children's Bureau and the Council for Disabled Children, which developed a set of resources to be used in the sessions.

The workshops generated lively discussions on barriers to accessing local health services for young people with mental health needs. The first workshop concluded with a presentation on the support offered by community Child and Adolescent Mental Health Services (CAMHS) services, gathering feedback on a newly designed CAMHS leaflet, and support offered by other mental health organisations in the city.

Insights from the sessions were shared with national partners, which led to the improvement of resources and the development of an interactive website. The website included videos of the young people telling their stories about how knowing about their rights has made a difference to them, and of professionals explaining why they value young people's rights.

### Healthwatch Brighton and Hove public Board meetings

We held four public Board meetings and an Annual General Meeting (AGM). Members of the public were given an opportunity to submit questions prior to the meeting or ask during a 'Question and Answer' session. 55 individuals representing community groups and organisations attended our AGM.



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**“I’ve met a lovely lady at the local community festival who not only listened to my horrible experience at the Royal Sussex County Hospital, but also provided me lots of useful information. She encouraged me to not let the issue go, but to speak to her colleague [at the Healthwatch Helpline] who eventually helped me to resolve all my issues.”**

Person met on People's Day

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## Community Groups and Events

During the year Healthwatch had a stall at 40 community events. These events ranged from community festivals across the city to events aimed at particular health conditions, for example cancer and learning disabilities.

We carefully selected events at which to have a stall, aiming as far as possible to be inclusive and reach disadvantaged and vulnerable communities across the city.

The events we attended included:

- community festivals in deprived areas such as Whitehawk, Moulsecomb and Hangleton and Knoll
- a Macmillan Cancer Support event
- an LGBT and Friends event for LGBT people with learning disabilities
- the Big Picnic event to celebrate Young Carers Day for young carers and their families
- a One Voice 'Newroz' event to celebrate Kurdish new year
- Trans Pride for the Trans community
- an Active Forever event and dementia conference for older people
- a PSHE (Personal, Social and Health Education) day at Brighton Aldridge Community Academy for young people
- general community events including the People's Day, City Assembly, and Brunswick Community Festival.

## Communication

This year we increased our local media and online presence. We issued calls on a regular basis for the public to share their experience on topical issues related to local health and social care services. These issues included experiences of general practice, delayed transfers of care, closure of GP practices, and experiences in hospital A&E.

We issued 14 press releases communicating the voice of the patient on high profile issues of concern to services in health and social care. This year, press releases covered a Care Quality Commission report on the Royal Sussex County Hospital A&E, concerns over waiting times for hospital services and problems with the South East Coast Ambulance Service.

We significantly increased the amount of content published via the Healthwatch Brighton and Hove website, social media and in our monthly Healthwatch magazine. Our approach was to provide timely and relevant information, which was accessible to a wide audience. Reflecting local concerns, this year we produced themed editions of the magazine on cancer screening and mental health.

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**“I find it ever so useful ... it's fantastic. I even read it in bed!”**

[Healthwatch magazine subscriber](#)

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As of March 2016 the Healthwatch magazine had 940 individual subscribers who received a paper copy and 500 subscribers who received a digital copy. Copies of the magazine were distributed widely by health providers and voluntary organisations including the Sussex Community NHS Foundation Trust, GP surgeries, day and community centres, outpatient departments at the Royal Sussex County Hospital (Cardiac, Main Outpatients, Ear Nose and Throat), the University of Sussex Information Centre, the Samaritans, Interact, and Brighton and Hove Speak Out.

Healthwatch was proactive in communicating and engaging with the public via the web and social media. At the end of the year we had 443 Facebook Friends and 1,350 Twitter Followers.

We had 24,400 website hits over the year, an increase of 22% on the previous year.



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## What we've learnt from visiting services

### Enter and View visits

Carrying out Enter and View visits is a key role for all local Healthwatch organisations, and is a unique statutory power. The Health and Social Care Act 2012 allows us to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.



Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and then make recommendations where there are areas for improvement. This year we undertook 28 Enter and View visits to local health and social care services. We also undertook a further 31 site visits. Our priority was on visiting services for older people (care homes), primary care (GP practices), and the Royal Sussex County Hospital (A&E and hospital discharge).

## Healthwatch Authorised Representatives - our eyes and ears

This year we had a dedicated group of 11 volunteers who undertook Enter and View visits on behalf of Healthwatch Brighton and Hove. These Authorised Representatives were lay people from the local community who carried out the observations and asked people what they thought of services using tested questions and an observation checklist created by Healthwatch. Authorised Representatives received full Enter and View training, which included safeguarding adults at risk.

### GP surgery visits

We undertook a programme of visits to GP surgeries across the city. The rationale for choosing general practice was the high volume of calls about it through our Helpline and concerns in the city about practice closures and their impact on other services. We were also mindful of the transformational changes going on in general practice in the city, and we wanted to get a baseline of patient satisfaction so that we can return and ask patients in the future about what has changed and its impact. As with many other parts of the country, the provision of primary care in Brighton is not only experiencing severe financial pressures, it is suffering from a shortage of GPs and other ancillary staff.

The Enter and View programme consisted of 15 visits to GP surgeries. These visits were complemented with a major online survey that was widely completed around the city. The survey attracted a high response rate gathering feedback from over 500 patients from 44 practices (97% of general practices in the city).

The visits and survey elicited patient dissatisfaction with telephone consultations as an alternative to in person appointments. We also found that awareness of the availability of annual health checks was low and only small numbers of patients were being invited to have one by their practice. Finally, we found that the availability of information on cancer screening was variable across practices.



The Enter and View programme generated 83 recommendations with an average of five recommendations for each surgery visited.

Recommendations highlighted a range of patient issues including the following:

- lack of treatment choice offered to patients
- difficulties in receiving test results over the phone
- low awareness of NHS health checks and annual health checks for patients with long term conditions
- long waiting times in surgery before being called in for appointment.

78% of the recommendations made led to changes in practice by the respective GP surgery.

Changes were usually made as a result of a constructive dialogue between Healthwatch and the GP practice. Recommendations were made as part of the report for each surgery and the practice was asked to respond to each recommendation. A dialogue then unfolded with an appropriate response agreed between Healthwatch and the practice. With a change agreed, Healthwatch then followed up three months later to confirm that the action had been implemented.

### Recommendation leading to improved practice in a GP surgery

Healthwatch reported that a number of patients at the GP surgery felt that some reception staff communicated poorly. Healthwatch recommended that the practice consider additional communication training for frontline staff and to monitor this situation in the short term.

#### Outcome

The surgery held a customer relations training session for staff using an audio recording of telephone encounters with patients. The surgery also introduced regular monitoring of staff communication with patients.

### Care Home Visits

In response to concerns about primary care in local residential care homes we undertook an Enter and View programme focused on older people's care homes. Callers to our Helpline had raised concerns about the quality of primary care in some care homes, and Brighton and Hove City Council (BHCC) had also shared with us similar concerns that had been flagged in audits.

After close consultation with the Care Quality Commission (CQC), the Brighton and Hove Clinical Commissioning Group (CCG) and BHCC's Adult Social Care, we identified five homes to visit. The homes were visited in March 2016 when representatives talked to patients, visitors and staff about their experiences of care and access to services and observed the care homes' communal areas.

**“It was an informative experience that helped us improve how we care for our residents.”**

Simone Morgan, Hazelgrove Nursing Home Manager

### Recommendation leading to improved practice in a Care Home

Healthwatch reported that all residents spoken to during the visit said they did not attend dental check-ups offered by the care home. Healthwatch recommended that staff be more proactive in encouraging residents to use the dental service.

#### Outcome

The care home introduced the topic of oral hygiene as part of residents' health review conducted every three months. Staff now encourage residents to use the dental service and note their response if they decline. Staff support residents to make and attend dental appointments where needed.

The Enter and View programme resulted in 15 recommendations for the five care homes visited.

Recommendations included the following:

- lack of regular hearing tests for residents
- need for information on noticeboards and menus to be accessible for visually impaired residents
- need to engage with residents about oral hygiene
- use of electronic prescription service (EPS) to save staff time.

10 of the recommendations led to changes in practice by the respective care home.

### A&E visits

Following a critical report from the Care Quality Commission (CQC) Healthwatch Brighton and Hove decided to conduct a combined programme of Enter and View visits and Sit and See observations at A&E at the Royal Sussex County Hospital. The purpose of the programme was to evaluate the impact on patients of delays in handover from ambulance to hospital services and long waits in A&E.

The programme of work required considerable preparation as we had to devise a methodology that would gather accurate information but not impede the work of staff or inappropriately disturb very ill people in crisis. The Sit and See observation tool proved very useful as it was unobstructive yet gathered valuable quantitative and qualitative information on the quality of care.

The visits highlighted a number of significant concerns about waiting times and overcrowding especially in the area where patients are handed over from paramedics to hospital nursing staff. Our detailed report made a number of recommendations including the following:

- triage in the urgent care centre to take place at the earliest possible stage in admission
- staff to be more visible, greater clinical oversight on patients whilst they were waiting for treatment
- more frequent and real time information to patients about waiting times and progress with their assessment and care
- environmental changes, such as comfortable chairs
- increased roles for volunteers in providing information and signposting.
- the need for a whole systems approach to resolve the build up of patients and delays in A&E Majors Emergency Department

The report was shared with commissioners and health providers and has helped inform a recent CQC inspection of the Brighton and Sussex University Hospitals Trust. Management at the hospital responded positively to the report. Recommendations about the Urgent Care Centre are incorporated in their modernisation programme. Others are going to the hospital Board. Healthwatch will continue to demand urgent improvements to the service in 2016.

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## Hospital Discharge

Healthwatch Brighton and Hove conducted a further Enter and View programme at the Royal Sussex County Hospital alongside the work of the Emergency Care Improvement Programme (ECIP). As part of ECIP the hospital introduced a 'Discharge to Assess' system to better handle hospital discharge. Healthwatch representatives interviewed patients who had been discharged under the new process to evaluate the quality of care and whether patients' needs had been met.

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**“Healthwatch brought an excellent focus for patient understanding of their discharge with their questionnaires.”**

CCG evaluation report

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The report produced for the ECIP project acknowledged the value of Healthwatch's work in helping to evaluate how patients' interests were being handled under the new system.



## PLACE visits

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

Our volunteers acted as patient assessors in PLACE visits for Brighton and Sussex University Hospitals NHS Trust and Sussex Partnership NHS Foundation Trust. They assessed the Sussex Eye Hospital, the Royal Alexandra Children's Hospital, A&E, several wards in the Royal Sussex County Hospital, the Lindridge Centre, Mill View Hospital, and the Rutland Gardens rehabilitation unit. The PLACE visits provided valuable insight on how the environment in services supports clinical care, including assessment of privacy and dignity, food, cleanliness and general building maintenance.

Some of the recommendations take time to deliver. In 2015-2016, a major works programme has been done in the Eye Hospital as a result of concerns raised with the CEO of the RSBH in 2014.

The results of the 2015 PLACE surveys are available at the Health and Social Care Information Centre:

[www.hscic.gov.uk/catalogue/PUB18042](http://www.hscic.gov.uk/catalogue/PUB18042)

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# Giving people advice and information

## Helping people to get what they need from local health and care services

The Healthwatch Brighton and Hove Helpline provided valuable advice and information about local health and social care services to the general public. The Helpline service was accessible through a dedicated phone line, email and the Healthwatch social media channels (Facebook and Twitter), provided support to users navigating the health and social care system.

From October 2015, we increased the operating hours of the phone line to 9.30am to 12.30pm Monday to Friday. Over the year the Helpline service received 353 enquiries, 330 from individuals and 23 from organisations. 60% of these enquiries were made via phone and 27% via email, with the remainder via outreach or social media.

As in previous years, we dealt with many issues relating to GP and dental practices, and liaised with practice managers and other practice staff on behalf of patients to resolve issues. Some issues raised in Helpline enquiries included the following:

- quality of care and treatment in residential care homes
- coordination of care at home following stays in hospital
- problems with adult social care
- issues relating to NHS 111 and Patient Transport
- right to choose a specific GP, consultant or hospital
- access to health services or information, e.g. for people with disabilities
- waiting times for a GP appointment
- patient pathway, e.g. lack of communication, coordination of services
- difficulties with repeat prescriptions
- long waiting times for hospital appointments
- closure of Goodwood Court Medical Centre
- situation with The Practice Group plc (where a contract to deliver GP practices has been returned to the NHS England)
- clarity of dental charges
- staff attitudes.

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**“I first heard about Healthwatch after the closure of the Goodwood Court Medical Centre. You were very helpful to me with information and kept me up to date with events. I am now happily with The Charter Medical Centre.”**

Janice Byrne, Helpline user

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We continued to have a very good working relationship with the PALS (Patient Advice and Liaison Service) teams from the local NHS Trusts and Brighton and Hove Clinical Commissioning Group (CCG). Helpline staff at Healthwatch East Sussex and Healthwatch West Sussex assisted us in responding to Helpline enquiries where issues crossed regional boundaries.

We worked closely with Brighton & Hove Independent Complaints Advocacy Service (ICAS), and referred 16 cases to them this year. We also signposted people to ICAS and many other advocacy services for more specialised support depending on the needs of enquirers. The Helpline Coordinator participated in a peer review focus group for ICAS in March 2016 along with other local health complaints advocates from MindOut, ICAS West Sussex and Dorset Advocacy.

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**“Excellent service and you assisted in getting my issues resolved quickly. I have also recommended you to a colleague. You personally were also very helpful and kept in regular contact to make sure everything was resolved.”**

Travana Pither, Helpline user

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# How we have made a difference

## Our reports and recommendations

Healthwatch Brighton and Hove Enter and View work in reviewing health and care services resulted in 142 recommendations being made to hospitals, GP surgeries and care homes. Our recommendations and findings created constructive dialogue with service providers.



The impact of our findings was that 121 recommendations for improving services were accepted and implemented across GP surgeries, Care Homes and the hospital A&E Department. In the coming year we will check that our recommendations have been fully implemented and that people have kept their promises.

## Working with other organisations

Partnership and collaboration are essential parts of getting things done effectively in Brighton and Hove.

### Better Care Board, Systems Resilience and Sustainability Boards, and Primary Care Transformation Group

Healthwatch Brighton and Hove was represented on strategic health boards in the city including the Better Care Board (BCB), Systems Resilience Board (SRG) and the Primary Care Transformation Board (PCTB). Through regular attendance at these boards Healthwatch was able to keep the user perspectives firmly on the agenda whilst also acting as critical friend to health commissioners and providers. This has led to Healthwatch being a key player in the development and integration of the issues in the Better Care Plan and Systems Resilience Plans.

### Health and Wellbeing Board and Overview and Scrutiny Committee

Over the last year Healthwatch Brighton and Hove increased its profile on the Health and Wellbeing Board and Overview and Scrutiny Committee. We put items on the agenda, such as safeguarding issues in general practice, general concerns over general practice in the city and the closure of GP services. We were an active contributor to all the items at meetings and sought intelligence from user groups when appropriate, such as in response to changes in the special educational needs services.

## Working with the local authority

Healthwatch was represented at the Brighton and Hove City Council group on the forthcoming contracts for home care. Providing effective complaints mechanisms for home care was and remains a priority area of work for Healthwatch, especially in relation to service users with dementia, who are less able to communicate concerns they may have about their service. Healthwatch influenced the contract design to increase the focus on quality, personalised care, and complaints processes.

- Healthwatch Brighton and Hove, along with local Healthwatch in East and West Sussex, Kent and Surrey, work closely with the health and care inspectors from the Care Quality Commission (CQC). This close collaboration enables us to share best practice when we see it and any areas of concern. This collaboration of the South East Healthwatches with the CQC was recognised with a Highly Commended award from Healthwatch England.
- The CQC has three parts, covering care homes, hospitals and other health and care services. We meet regularly with all three parts of the CQC, and with Brighton and Hove City Council who purchase many social care services on behalf of local people.
- To help us work more effectively, we strongly encourage local people to share their personal and family experiences of health and care services. Your story will be taken seriously and can make a real impact.

Healthwatch also working closely with Community Works, a leader in the local community and voluntary sector, and Impetus, who provide NHS Independent Complaints Advocacy locally.

## Involving local people in our work

Local people are involved directly in Healthwatch in the city:

- Spokes – our outreach to minority communities and seldom heard voices
- our outreach programme visiting local public meetings, community events and special interest groups
- our volunteers – over 30 local people involved in Enter and View service reviews, representing Healthwatch, promotional, administrative and support activities
- networking facilitating and enabling community organisations and special interest groups to be involved with health and care decision making e.g. through the Transforming Primary Care Board, Better Care Board and the Patient Experience Group at the Royal Sussex County Hospital.



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# Our work in focus

## Closure of GP practices

Brighton and Hove experienced an unprecedented number of closures of GP practices over the year, affecting six practice. Healthwatch Brighton and Hove was proactive in providing support to patients, helping them navigate the changes and find new GP services.

The experience of the closure of Eaton Place surgery in Kemptown in early 2015 helped shape Healthwatch's model for dealing with later closures. The Eaton Place surgery served 5,600 people in Brighton, and communication with patients was poorly managed by NHS England. In the light of this experience, Healthwatch requested early notification in the event of future closures, giving us an opportunity to work with NHS England, the Clinical Commissioning Group and Patient Participation Groups to keep patients properly informed. With subsequent news of closures (Goodwood Court and five surgeries run by The Practice) we provided up to date information to patients on our website and via our Helpline. Our involvement provided valuable information to patients at a time of great uncertainty.



## Ambulance services

In November the South East Coast Ambulance Service (SECAMB) was criticised by Monitor for having changed the criteria for responding to urgent 111 services (Red 2s). This change in policy led to delays, meaning a large number of ambulances failed to respond to emergency calls within target times. It also led to the resignation of the chair.



Healthwatch Brighton and Hove issued a response to the report, and with neighbouring Healthwatches, met with the SECAMB CEO. This led to assurances from SECAMB that user perspectives provided by Healthwatch would be used to inform the future design and delivery of the service. SECAMB has since been subjected to further investigation, and Healthwatch has contributed to the discussion about the service at the Brighton and Hove Overview and Scrutiny Committee and Health and Wellbeing Board. The second investigation led to the resignation of the chief executive. Healthwatch will continue to closely monitor SECAMB and the Patient Transport Service in 2016.



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## Safeguarding issues in General Practice

During the year Care Quality Commission (CQC) inspections of some GP surgeries in Brighton and Hove noted a high number of safeguarding problems. One problem was the failure of surgeries to do Disclosure and Barring Service (DBS) checks on chaperones, who could be present during intimate examinations. A further issue highlighted was that sometimes staff are not being provided with safeguarding training.



Healthwatch Brighton and Hove provided an analysis of the issue in the city that and this was shared with the CQC, the Overview and Scrutiny Committee and the Brighton and Hove Safeguarding Panel. Healthwatch decided that the seriousness of the issue merited a formal escalation notice to Healthwatch England. The inadequacy of safeguarding processes in general practice has since been highlighted in national reports.

The Clinical Commissioning Group has agreed to monitor and review progress in safeguarding practice against the national standards, and Healthwatch will continue to monitor the situation in 2016.

## Mental health

Healthwatch Brighton and Hove worked closely throughout the year with Sussex Partnership Foundation Trust (SPFT) to strengthen the service user and carer voice within mental health services. A Healthwatch representative was part of a clinician-led working group surveying service users and carers to establish the key care issues that matter most to them. The representative was involved in the planning and running of a service user workshop as the next step in an ongoing process to ensure that people who use mental health services have a meaningful say in their development and delivery.

Further work was done with SPFT across a broad range of issues, including input to a new Trust-wide Patient Involvement Strategy due for roll-out in 2016, participation in the programme of Patient-led Assessments of the Care Environment (PLACE), including follow-up to ensure any necessary improvements are followed through, and critical input to the Trust's annual process of setting and reporting against quality standards. Representatives from Healthwatch, along with those from Healthwatch in East and West Sussex, met regularly with the Trust to ensure that any concerns arising relating to service user care were flagged and addressed at the earliest opportunity.



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## Short term care and hospital discharge

Along with a number of other trusts, Brighton and Sussex University Hospitals Trust (BSUHT) has a problem with the number of delayed discharges from hospital. The Clinical Commissioning Group (CCG) and Brighton and Hove City Council worked together to commission a number of schemes to improve the flow of patients through the system. Healthwatch Brighton and Hove was present at regular multidisciplinary meetings to monitor the progress and improve the schemes. These meetings enabled us to communicate the views of patients and carers on their actual experiences and make suggestions about future developments.

Community Short Term Services (CSTS) cover a range of bed-based and home-based services that give people the rehabilitation and re-ablement they need to maintain their independence. Due to the increasing numbers of complex cases requiring bed units, a decision was made to develop a new model of care for the CSTS beds starting in April 2017. Healthwatch was involved in shaping the details of the new specification and we emphasised the need for adequate information and communication to be given to patients and their carers.

Discharge to Assess (D2A) is another process used to expedite the movement of patients out of the hospital. Patients who are medically fit for discharge are sent home with support from a multidisciplinary team. The team makes a needs assessment with the advantage of seeing the patient in their normal surroundings. The numbers of patients slowly increased during the year and Healthwatch will continue to monitor the situation.

## Cancer services

The improvement of services for people with cancer is a national and local priority and a key issue for Healthwatch Brighton and Hove. Two experienced volunteers regularly attended meetings during the year, including the Cancer Action Group. We raised concerns about a number of issues, for instance the low take up rates for bowel cancer screening. We supported the Clinical Commissioning Group's (CCG) involvement in the Local Cancer Services scheme and helped to shape this service. Healthwatch had a scoping meeting with the Cancer Research UK Health Professional Engagement Programme for the South East, which is to develop a programme to raise the awareness of cancer screening programmes within local GP practices.



Our volunteer representatives have also supported a number of Brighton and Hove CCG initiatives, including Living with and Beyond Cancer. For the Cancer Peer Research Programme, one Healthwatch volunteer presented a well-received personal account entitled 'My Story'. More broadly, Healthwatch has been tracking cancer targets on waiting times for appointments and treatment, and has raised concerns about fluctuations in activity.



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## Sussex Community NHS Foundation Trust

Healthwatch Brighton and Hove has always had an open and constructive relationship with the Sussex Community NHS Foundation Trust (SCT), with a Board member meeting the Trust's Chair and CEO regularly, and other volunteers attending patient participation meetings. This good relationship has meant that any time there has been a problem identified with services, Healthwatch could pick up the phone and it would be taken seriously and addressed. Issues raised included uncertainties about who was responsible for supplying incontinence pads and mobility equipment, and waits for the podiatry service. Healthwatch also liaised with the Trust over concerns being raised with us about the potential impact on the recommissioning of the Patient Transport Service, and this was taken forward to the Clinical Commissioning Group by the Trust. Concerns about the iniquity of community service provision for people in care homes led to an Enter and View programme, the results of which will be shared with Sussex Community Trust.

## Referral to treatment times

During 2014-5, by analysing regular data, Healthwatch Brighton and Hove identified that complaints to the Brighton and Sussex University Hospitals NHS Trust (BSUHT) were increasing rapidly in some specialities. We took our concerns to the CEO. Over time, it emerged that there was an excessive backlog of patients waiting for outpatient and inpatient treatment, who were not being seen within the eighteen-week referral from GP to treatment time as set out in the NHS Constitution. Healthwatch made a formal request for information under the Freedom of Information Act for the precise details, and issued a press release so that the public were able to make choices about their care in this unsatisfactory situation. The episode created challenges for Healthwatch as there were reservations by the statutory agencies about whether this information should become public and how. Nevertheless, we worked with BSUHT's and the CCG's communications department to provide an acceptable public communique.'

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## Maternity services

Healthwatch Brighton and Hove had a representative on the city's Maternity Service Liaison Committee (MSLC), which worked to improve outcomes and the patient experience. The committee brought together mothers, maternity staff and commissioners to look at maternity care, childbirth and post-natal support.

The major themes discussed this year included:

- midwife staffing levels
- improving breastfeeding rates
- establishing a midwife-led birthing unit (MLU) in Brighton. This was agreed in principle but no further action was taken. The MSLC set up a petition to raise its profile and Healthwatch included an article about the MLU in its magazine



- a poster telling mothers about their home birth option. This was produced and sent to all GP surgeries in the city. The Healthwatch representative ensured it was distributed to all the Patient Participation Groups (PPGs) in the city, and raised it at the PPG Network meeting.

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# Our plans for next year

## Future priorities

Healthwatch Brighton and Hove has a challenging year ahead. We acknowledge the great work being done by thousands of health and care staff across the city to provide some excellent services. Families, friends and carers continue to provide support for people, without which statutory services would be unable to cope. In addition Brighton and Hove remains one of the great volunteering cities in the UK. However we cannot ignore what are very real and clear deficits in public services. In our view urgent action is required by decision makers across the whole health and care economy to address problems with patient safety and the quality of services.

Our priorities for the next year will be:

- to help increase consumer confidence in local services by ensuring that decision-makers keep their promises and helping to improve health and care commissioning
- to provide evidence of consumer experiences of health and care services using our Enter and View statutory powers. Over the next year this will focus on social care services but is likely to include service reviews in the NHS
- to provide evidence, to improve health and care services, from people with protected characteristics and seldom heard communities including children and young people and people with mental health issues and frail older people
- to help decision-makers by providing evidence and information on topical health and care issues.

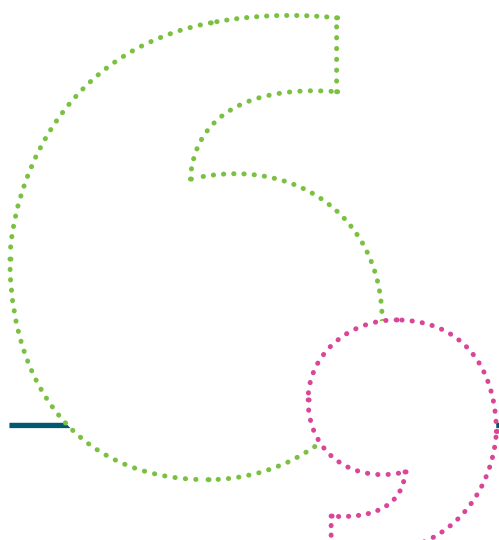
## Extending our Reach

We want Healthwatch Brighton and Hove to be well established in the public arena. Raising public awareness of what we do and how they can use us is a major challenge for the future. We will deliver at least one major public engagement activity, which will aim to have impact, while still being fun. Apart from promoting the work of Healthwatch, it will provide information and ask the question “What does good look like?” for local health and care services.

We will continue to extend our reach using the Healthwatch magazine, website, public events and other activities. We will increase our impact on social media such as Twitter and Facebook. Our targets include 24,000 website hits, 1,000 people subscribing and reading the magazine, and at least 100 people at our public event. We will increase our reach by engaging with young people in colleges and universities by recruiting a team of community researchers in collaboration with the local Clinical Commissioning Group.

In the coming year we intend to build on the excellent working relationship we have with local TV, radio and newspapers. In the past year that has included:

- leading a media campaign on hospital waiting times, where Healthwatch prompted additional transparency and ensured that important information on hospital waiting times was put in the public domain
- regular TV interviews for a local on line TV station on topical health and care issues
- BBC TV and Radio and newspaper interviews concerning Coperforma and non-urgent hospital transport services
- radio and newspaper interviews on GP services.



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Healthwatch is now established as an authoritative source of information and comment for all forms of local media. In the next year we will build on that, taking a more proactive approach to communicating messages directly to the public. All our events, public meetings and report launches will be supported by a media plan, press release and invitations to the local press to attend.

We work increasingly closely with Healthwatch in East and West Sussex and in a regional network of local Healthwatches that includes Surrey and Kent. At the 2016 Healthwatch National Conference, the regional group of Healthwatches was Highly Commended in the Healthwatch National Awards for its collaborative work with the Care Quality Commission. In the coming year we will build on those sound foundations, and we are planning to create Sussex Voices – a combined Healthwatch consumer voice across the whole of Sussex.

Over the last year we have actively engaged with minority communities and seldom heard voices through our Community Spokes programme. The Spokes network consists of 27 community organisations, seven of which were funded to undertake research projects focusing on health issues facing vulnerable communities in the city. Next year we want to redesign the programme taking on the valuable and positive lessons learned from our first attempt at this kind of collaboration. At its best this is a two way process with Healthwatch providing help and support to small organisations:

- Healthwatch sharing its privileged access to high level decision makers
- Healthwatch sharing skills and expertise in research and planning to produce creditable messages and evidence
- Healthwatch giving minority communities a platform and a voice.

In return, these community organisations will be able to:

- represent their communities and make an impact otherwise unavailable to them
- build capacity and confidence for the future
- promote their message and make their voice heard by audiences not usually accessible to them.

Over the summer and autumn this year we will be working with our existing Spokes network and others to design and provide a new programme of work.

## Intelligence, Insight and Policy

For this coming year the Healthwatch Brighton and Hove team has been strengthened by the addition of an Evidence and Insight Manager, Dr Roland Marden, an experienced research professional. The city has an excellent Public Health Department that produces high quality research and Joint Strategic Needs Assessments. We aspire to supplement and complement their work with service reviews and case study insights providing the consumer's perspective. In the last year we worked with the local Clinical Commissioning Group and commissioned research, undertaken by Kaisen, into attitudes to health and care from over 700 local people approached in the street. Our aim was to capture views from some of the people we often find it difficult to reach, including working age adults, young people, and people from minority communities. At Healthwatch this research was nicknamed the 'Kebab Shop' project, which captures the type of street engagement used by the Kaisen research team and the intention to capture voices of people who are rarely heard in health engagement exercises: we wanted to hear the voice of the kind of people you might meet in the local kebab shop on a Saturday night.

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We will find ways of using the results of the Kaizen research to influence service planning and design. The research provides a baseline against which we can test assumptions about the 'public view'. Our view is that it is important to capture the voice of those people who do not have fixed and predetermined views, and who are not organised around single issues. The reality seems to be that most people most of the time do not have health and care issues at the forefront of their minds. Getting involved in those issues by being part of Healthwatch is not a priority for the vast majority of local people. However, when health and social care problems enter people's lives and families it often becomes the single most important thing on their minds.

We intend to influence and improve the nature of public consultation across the city. There are a number of voluntary and community organisations providing excellent community engagement and advocacy services in the city, and Healthwatch works in close collaboration with Community Works and Brighton and Hove Impetus. Healthwatch contributed in the last year to engagement exercises in community and primary health care, mental health, hospital care, the integration of health and social care, prevention of hospital and care home admission, and psychological and wellbeing service changes.

A discussion is emerging in the city not just about services that are under pressure, but also about how services are commissioned and how that process can be improved. A key element in the commissioning processes is public engagement and public consultation. We believe there may be a valuable role for Healthwatch in providing assurance that those processes have been carried out to a high standard, with statutory and regulatory obligations being met, and consistent with best practice. We will be working with the Consultation Institute to bring forward a plan to improve this aspect of commissioning in the City.

## Representation and Influence

Healthwatch Brighton and Hove has privileged access to senior decision-makers, and we are able to represent consumer views and influence decisions about how services are designed, funded and provided. We have done that vigorously in the past year, influencing the agendas of the Brighton and Hove City Council's (BHCC) Health and Wellbeing Board and the Overview and Scrutiny Committee by representing the consumer view.

Over the next year we will provide representatives to the following decision-making groups and forums:

- the Health and Wellbeing Board - a BHCC committee that co-ordinates all health and social care in the city
- the Health Overview and Scrutiny Committee - a BHCC committee that scrutinises changes in health and adult care services in the city
- the Adult Safeguarding Board, which oversees Adult Safeguarding issues in the city
- the Strategic Transformation Plan group charged with long term reorganisation of health across Sussex and East Surrey
- the Systems Resilience Group - a chief officers group for Brighton and Hove chaired by the clinical lead for the Clinical Commissioning Group and attended by health and care providers including the BHCC Director of Adult Social Care
- the Quality Surveillance Group - a regional group involving the Care Quality Commission, NHS England and CCGs sharing information and concerns about the quality of care and patient safety
- the Better Care Board - a joint initiative by BHCC and the NHS, coordinating the integration of some aspects of health and care services
- the Primary Care Transformation Board - an NHS England and CCG forum overseeing changes in the provision of GP services in the city.



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In addition we will continue to provide representatives to a wide range of advisory forums covering:

- mental health
- cancer services
- equality, diversity and LGBT
- supporting the patient voice at the Royal Sussex County Hospital.

Healthwatch is currently working on issues of topical concern that will help define some of our activities in the year ahead including Coperforma - non urgent patient transport services. Healthwatch Brighton and Hove together with Healthwatch East and West Sussex is calling for:

- the Independent Review to be made public
- a learning event to be held ensuring that lessons are learnt
- Healthwatch to be commissioned to gather evidence of the impact of this service on consumers in the future
- concerns raised by CQC over the quality of SECamb services and failure to meet performance targets.

Healthwatch Brighton and Hove in collaboration with Healthwatch East and West Sussex is arranging:

- Enter and View observations and tracking of patients at A&E departments
- Enter and View work on delayed transfers of care
- a programme of support to ensure the consumer view is heard by senior managers and decision-makers in the ambulance service
- Healthwatch visits to ambulance control to observe the dispatch process
- a review of Care Quality Commission concerns about Royal Sussex County Hospital service quality and patient safety.

Healthwatch Brighton and Hove has offered a support plan including:

- a rolling programme of Enter and View visits - reviewing services from the consumer's perspective
- improving patient feedback using community representatives
- a Healthwatch presence in the hospital
- PLACE visits - a national annual review of the hospital environment
- an independent audit of patient complaints.



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# Our people

## Decision-making

Healthwatch Brighton and Hove became an independent Community Interest Company (CIC) on 1st April 2015. Healthwatch Brighton and Hove CIC was commissioned by Brighton and Hove City Council to deliver the statutory local Healthwatch functions with Department of Health funds. We had four public meetings last year. We have Finance and Governance sub group an Intelligence and Communications Sub group that report to the main Board.

## Our board 2015/16

**Frances McCabe** – Chair

**Bob Deschene** – Director

**Carol King** – Director

**Catherine Swann** – Director

**Clare Tikly** – Director; resigned November 2015

**Doris Ndebele** – Director

**Geoffrey Bowden** – Director

**John Davies** – Director

**Karin Janzon** – Director

**Neil McIntosh** – Director

**Sophie Reilly** – Director

We also have three people who can attend the Board to offer expertise who are not Directors:

**Barbara Harris** – equalities, inclusion and social justice

**Tony Benton** – safeguarding

**Dr Frances Forester** – general practice and clinical issues

## How we involve the public and volunteers

Healthwatch Brighton and Hove is an organisation led by and for local people, and throughout last year, as always, we aimed to involve local people in all aspects of our organisation.

During the year we recruited 13 new volunteers with a wide range of expertise and nine left, meaning that we ended the year with 32 volunteers in total. Two of the new recruits were Enter and View Authorised Representatives; this provided us with a team of seven, ensuring that we were able adequately to undertake our statutory right of Enter and View. Three recruits were Engagement and Communications Assistants, providing our Engagement and Communications Coordinator with a strong and diverse team to help reach local communities.

Two recruits were Helpline volunteers, which enabled us to increase the reach and capacity of the Helpline service. Also, three new Admin Assistants were taken on, providing us with a strong team of volunteers to help us in our busy office. One person joined us as a Healthwatch Representative to help us with our role in representing the views of patients and service users on decision-making bodies across the city.

We also recruited two new members to our team of Hospital Complaints Peer Reviewers, bringing its strength up to four volunteers. Their role was to regularly review a sample of Brighton and Sussex University Hospitals NHS Trust responses to complaints about its services. This has ensured that members of the community have played a role in monitoring complaints made about a local NHS trust.

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

At the end of the year, all of our volunteers attended a reception and celebratory event hosted by the Mayor of Brighton and Hove at Brighton Town Hall to thank them for their hard work and dedication throughout the year.

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## Our finances

### Income

Funding received from local authority to deliver local Healthwatch statutory activities	£234,000
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Additional income	£7,095
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<b>Total income</b>	<b>£241,095</b>
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### Expenditure

Office costs	£57,535
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Staffing costs	£166,798
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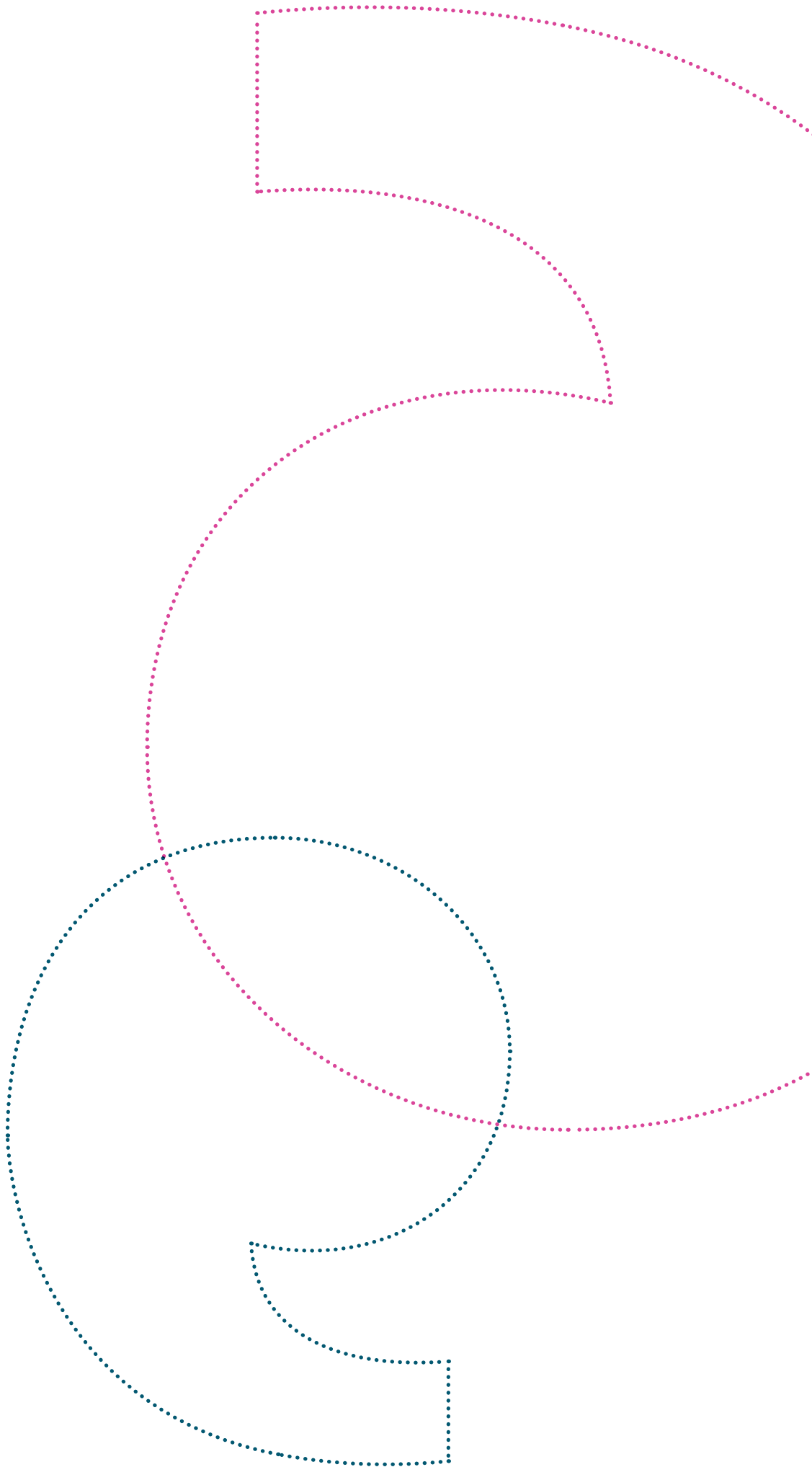
Direct delivery costs	£23,674
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<b>Total expenditure</b>	<b>£248,007</b>
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Current year loss	- £6,912
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## Contact us

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