

Performance Reporting and Functions -
Annual report: April 1st 2020 - March 31st 2021



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This reporting format outlines the annual performance report from April 1st, 2020 to March 31st, 2021. This reporting table aims to allow easier interpretation and aligns the activities more specifically to the Functions. The same format was used in the previous 6-monthly report (November 2020).

Appendix 1 (p.32) shows the workplan, including current projects and those proposed in the future.

Contents

Function 1: Gathering views and understanding the experiences of people who use services, carers and the wider community..... 4

1. Project engagement and impact.....	4
1.1 Number of service areas reviewed.	4
1.2 Number of people engaged per review.	5
1.3 Number and date of reports published.....	6
1.4 Recommendations produced per report.	8
1.5 Percentage of recommendations acted on leading to service improvement.	11
1.6 Three case studies of changes beyond 6-months.	12
1.7 Regular reports - Annual report, EIA, stakeholder.	17

Function 2: Making people’s views known, and Function 3: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised. 18

2. Meetings and impact.....	18
2.1 Three case studies of impact from attendance at decision-making meetings	18
2.2 Number of Board meetings attended.....	23
2.3 Number of decision-making meetings attended (excluding Board).	23
3. Volunteer involvement	23
3.1 Case studies of public and patient engagement.	23
3.2 Number of active volunteers - HW and YHW.	25
3.3 Number of meetings/events/engagements held by HW volunteers.	25
4. Media engagement	25
4.1 Number of newsletters produced.	25
4.2 Number of newsletter subscribers.	25
4.3 CRM mailshots.	25
4.4 Media events - press releases, media interviews.	25

4.5 Website page views.	25
4.6 Facebook followers and likes.	25
4.7 Twitter followers.	25
Function 4: Recommending investigation or special review of services via Healthwatch England or directly to the CQC, and Function 5: Providing information and signposting about access to services and support for making informed choices.	26
5.1 Number of information line enquiries (email and phone).	26
5.2 Number of people signposted.	26
5.3 Main issues arising from information line.	26
5.4 Number of safeguarding concerns and action taken.	27
5.5 Escalations to CQC, HWE, NHS England/NHSi.	27
Function 6: Making the views and experiences of people known to Healthwatch England (and to other local HW organisations) and provide a steer to help it carry out its role as national champion.	27
6. Joint projects.....	27
6.1 Joint projects undertaken with HWES and HWWS.	27
6.2 Impact from joint projects with HWES and HWWS.	28
6.3 Annual 360 review providing performance feedback from neighbouring HW and HWE on impact.	28
6.4 Workplan added as an Appendix (separate document) - ongoing and potential new projects - derived from ongoing intelligence about local population health and social care needs and pan-Sussex where appropriate (i.e. ICS).	29
Function 7: NHS Complaints Advocacy.	29
7. NHS complaints advocacy	29
7.1 Number of referrals to ICHAS, PALS, NHS complaints.	29

Healthwatch Brighton and Hove annual performance report - April 1st, 2020 to March 31st, 2021

Function	Function details	Text / Case studies
<p>Function 1: Gathering views and understanding the experiences of people who use services, carers and the wider community.</p> <p>1. Project engagement and impact</p>	<p>Function 1 details - Undertake on-going formal and informal engagement with all sections of the local population (including those who are not usually heard) to capture public opinion, experience and aspirations for health and social care. Engage with the public in a range of creative, interesting and inclusive ways.</p>	
<p>1.1 Number of service areas reviewed.</p>		<p>Specific services areas reviewed = 72 (GP surgeries, Patient Transport Services, and dental practices).</p> <p>Service areas were also reviewed in online surveys (below) but were generic such as ‘GPs’, ‘mental health services’ rather than specific services.</p> <p>Services reviewed online from April 1st 2020 to March 31st 2021 - these are when visits to services occurred which is not the same as some reports published this year but included reviews prior to this time frame.</p>

Function	Function details	Text / Case studies
<p>1.2 Number of people engaged per review.</p>		<p>7224 people engaged in reviews (April 1st, 2020 - March 31st, 2021) - mostly online or telephone.</p> <ul style="list-style-type: none"> • Home care support linked to hospital discharge from BSUH (from April 2020): 1731 successful contacts (where contact resulted in a conversation). • Healthwatch Brighton and Hove - Stakeholder Report 2020 (May 2020) - 47 people. • Exploring the views and experiences of young people from BAME backgrounds around local sexual health services (April 2020) - 71 people. • Outpatients' booking systems: an interim Healthwatch report (July 2020) - 120 people. • "A Good Send-off?" Patients' and Family's Experiences of End of life Care (September 2020) - 15 people. • Cancer webinar (June 2020) - 64 attendees (from 100 registrations). • Care home focus groups part of the care home project (July 2020) - 5 people. • Homecare (October 2020) - 19 active calls (83 people listed, 68 have been contacted, 15 never responded). • Dental survey (October 2020) - 56 people. • Restoration and Recovery Programme (Roar) - Accessing health and care services - findings during the Coronavirus pandemic (October 2020) - 2185 + 104 interviewees (subsample so do not count twice) + 146 from Young Healthwatch = 2331. • Patient Transport Survey - (November 2020) - 130 people. • Staying Connected Webinar Report (December 2020) - 90 people. • Ask Us/Tell Us Report (February 2021) - 34 people.

Function	Function details	Text / Case studies
		<ul style="list-style-type: none"> •Vaccine survey (March 2021) - 2102 people. •Vaccine helpline calls (from February 2021) - 409 people.
<p>1.3 Number and date of reports published.</p>		<p>32 reports published April 1st, 2020 to March 31st, 2021:</p> <ol style="list-style-type: none"> 1. Covid Enquiry Line: 8th February to 19th March (March 2021). 2. The role and impact of Healthwatch Brighton and Hove: Our third activity report covering July 2020 to February 2021 (March 2021). 3. “A Good Send-off?” Patients’ and Family’s Experiences of End of life Care: One year on (March 2021). 4. People’s experiences and views about the Covid-19 vaccine in Brighton and Hove - key headlines (March 2021). 5. Accessing dental services under COVID-19: Reviewing dental practice websites and out of hours telephone messages (March 2021). 6. ‘Ask Us/Tell Us’ - People’s Feedback to Healthwatch (February 2021). 7. Dental Services during COVID-19 (January 2021). 8. Digital exclusion in Brighton and Hove - A Briefing Report (January 2021). 9. Patient Transport Services in Sussex: What patients and passengers told us about the service in 2020: Full report (January 2021). 10. Healthwatch Brighton and Hove Hospital Discharge Wellbeing Project (HOPs) April - December (December 2020).

Function	Function details	Text / Case studies
		<p>11. Staying Connected Webinar Report (December 2020).</p> <p>12. A Healthwatch in Sussex literature review provided to NHS Commissioners of Patient Transport Services (November 2020).</p> <p>13. Accessing health and care services - Interviews with 104 respondents - full report (November 2020).</p> <p>14. Young People's Preferences Towards the Future of Health and Social Care Services in Sussex - Findings during the Coronavirus Pandemic (November 2020).</p> <p>15. Accessing health and care services - findings during the Coronavirus pandemic: Executive summary and Full report (October 2020).</p> <p>16. Healthwatch Brighton and Hove - Hospital Discharge Wellbeing Report (October 2020).</p> <p>17. Healthwatch Brighton and Hove - 6-monthly performance report (October 2020).</p> <p>18. "A Good Send-off?" Patients' and Family's Experiences of End of life Care (September 2020).</p> <p>19. Preferences towards the future of health and social care services in Sussex: findings during the Coronavirus pandemic - Interim report (August 2020).</p> <p>20. Patient Led Audits of the Care Environment: a Healthwatch report of the scores achieved by local Trusts in 2019 (July 2020).</p> <p>21. Environmental Audits of the Brighton and Sussex University Hospitals Trust: April 2019 to March 2020 (July 2020).</p>

Function	Function details	Text / Case studies
		<p>22. Healthwatch Brighton and Hove activity report covering May to June 2020 (July 2020).</p> <p>23. Outpatients' booking systems: an interim Healthwatch report (July 2020).</p> <p>24. The impact of COVID-19 on Brighton and Hove: a statistical evaluation (July 2020).</p> <p>25. Healthwatch Brighton and Hove - Annual Report 2020 (June 2020).</p> <p>26. Cancer Webinar: Key Themes & Q&A - 11th June 2020 (June 2020).</p> <p>27. Healthwatch Brighton & Hove - Enter & View Policy (May 2020).</p> <p>28. The role and impact of Healthwatch Brighton and Hove during the coronavirus pandemic: activity report covering January to April 2020 (May 2020).</p> <p>29. Healthwatch Brighton and Hove - Stakeholder Report 2020 (May 2020).</p> <p>30. Equality Impact Assessment 2020 (May 2020).</p> <p>31. COVID-19: Positive comments and feedback received by Healthwatch (April 2020).</p> <p>32. Exploring the views and experiences of young people from BAME backgrounds around local sexual health services (April 2020).</p>
<p>1.4 Recommendations produced per report.</p>		<p>A total of 187 recommendations as follows:</p> <p>Several of the below are activity or review reports that do not post service recommendations such as the annual report, some briefing reports, or coronavirus update reports.</p>

Function	Function details	Text / Case studies
		<ol style="list-style-type: none"> 1. Covid Enquiry Line: 8th February to 19th March (March 2021) - Not applicable as assessment report. 2. The role and impact of Healthwatch Brighton and Hove: Our third activity report covering July 2020 to February 2021 (March 2021) - Not applicable as assessment report. 3. “A Good Send-off?” Patients’ and Family’s Experiences of End of life Care: One year on (March 2021) - 6 recommendations. 4. People’s experiences and views about the Covid-19 vaccine in Brighton and Hove - key headlines (March 2021) - not applicable as headlines only with full report in progress. 5. Accessing dental services under COVID-19: Reviewing dental practice websites and out of hours telephone messages (March 2021) - Not applicable as assessment report. 6. ‘Ask Us/Tell Us’ - People’s Feedback to Healthwatch (February 2021) - Not applicable as assessment report. 7. Dental Services during COVID-19 (January 2021) - Not applicable as assessment report. 8. Digital exclusion in Brighton and Hove - A Briefing Report (January 2021) - 11 recommendations 9. Patient Transport Services in Sussex: What patients and passengers told us about the service in 2020: Full report (January 2021) - 14 recommendations. 10. Healthwatch Brighton and Hove Hospital Discharge Wellbeing Project (HOPs) April - December (December 2020) - not applicable as activity report. 11. Staying Connected Webinar Report (December 2020) - Not applicable as assessment report. 12. A Healthwatch in Sussex literature review provided to NHS Commissioners of Patient Transport Services (November 2020) - see above for full PTS report and recommendations. 13. Accessing health and care services - Interviews with 104 respondents - full report (November 2020) - Not applicable as activity report. 14. Young People's Preferences Towards the Future of Health and Social Care Services in Sussex - Findings during the Coronavirus Pandemic (November 2020) - 2 recommendations

Function	Function details	Text / Case studies
		<p>15. Accessing health and care services - findings during the Coronavirus pandemic: Executive summary and Full report (October 2020) - 'What it means for commissioners' - 4 recommendations.</p> <p>16. Healthwatch Brighton and Hove - Hospital Discharge Wellbeing Report (October 2020) - Not applicable as activity report.</p> <p>17. Healthwatch Brighton and Hove - 6-monthly performance report (October 2020).</p> <p>18. "A Good Send-off?" Patients' and Family's Experiences of End of life Care (September 2020) - 10 recommendations.</p> <p>19. Preferences towards the future of health and social care services in Sussex: findings during the Coronavirus pandemic - Interim report (August 2020) - Not applicable as interim report (see above for full report).</p> <p>20. Patient Led Audits of the Care Environment: a Healthwatch report of the scores achieved by local Trusts in 2019 (July 2020) - Not applicable as activity report.</p> <p>21. Environmental Audits of the Brighton and Sussex University Hospitals Trust: April 2019 to March 2020 (July 2020) - 129 recommendations.</p> <p>22. Healthwatch Brighton and Hove activity report covering May to June 2020 (July 2020) - Not applicable as activity report.</p> <p>23. Outpatients' booking systems: an interim Healthwatch report (July 2020) - Not applicable as interim report.</p> <p>24. The impact of COVID-19 on Brighton and Hove: a statistical evaluation (July 2020) - Not applicable as activity report.</p> <p>25. Healthwatch Brighton and Hove - Annual Report 2020 (June 2020) - Not applicable as activity report.</p> <p>26. Cancer Webinar: Key Themes & Q&A - 11th June 2020 (June 2020) - Not applicable as activity report.</p> <p>27. Healthwatch Brighton & Hove - Enter & View Policy (May 2020) - not applicable as activity report.</p> <p>28. The role and impact of Healthwatch Brighton and Hove during the coronavirus pandemic: activity report covering January to April 2020 (May 2020) - not applicable as activity report.</p> <p>29. Healthwatch Brighton and Hove - Stakeholder Report 2020 (May 2020) not applicable as activity report.</p>

Function	Function details	Text / Case studies
		<p>30. Equality Impact Assessment 2020 (May 2020) - 6 recommendations.</p> <p>31. COVID-19: Positive comments and feedback received by Healthwatch (April 2020) not applicable as activity report.</p> <p>32. Exploring the views and experiences of young people from BAME backgrounds around local sexual health services (April 2020) - 5 recommendations</p>
<p>1.5 Percentage of recommendations acted on leading to service improvement.</p>		<p>Most reports published too recently to lead to service improvement, even though several more have been ‘accepted’ (e.g. by the Health and Well-Being Board).</p> <p>Many of our recommendations are in progress and some are likely to have been implemented without Healthwatch Brighton and Hove being notified (especially those raised through the Environmental Audits where there have been no visits to Brighton and Sussex University Hospitals Trust in the last year).</p> <p>Without being able to fulfil our Enter and View due to Covid-19, we have become more of an ‘enabler role’ supporting the health and social care services and the wider community through, for example, our setting up of a new well-being support service for those discharged from hospital and regular Covid-19 update reports.</p> <p>Breakdown below:</p> <ul style="list-style-type: none"> • “A Good Send-off?” Patients’ and Family’s Experiences of End of life Care: One year on (March 2021) - 0/6 recommendations • Digital exclusion in Brighton and Hove - A Briefing Report (January 2021) - 2/11 recommendations • Patient Transport Services in Sussex: What patients and passengers told us about the service in 2020: Full report (January 2021) - 7/14 recommendations. • Young People’s Preferences Towards the Future of Health and Social Care Services in Sussex - Findings during the Coronavirus Pandemic (November 2020) - 2/2 recommendations

Function	Function details	Text / Case studies
		<ul style="list-style-type: none"> • Accessing health and care services - findings during the Coronavirus pandemic: Executive summary and Full report (October 2020) - ‘What it means for commissioners’ - 1/4 recommendations. • “A Good Send-off?” Patients’ and Family’s Experiences of End of life Care (September 2020) - 6/10 recommendations. • Environmental Audits of the Brighton and Sussex University Hospitals Trust: April 2019 to March 2020 (July 2020) - 60/129 recommendations implemented. <i>For this project, the recommendation actioned are likely to be more in reality (because since Covid, we have not been sent the data).</i> • Equality Impact Assessment 2020 - 6/6 recommendations implemented. • Exploring the views and experiences of young people from BAME backgrounds around local sexual health services (April 2020) - 5/5 recommendations. <p>Approved 89 out of 187 recommendations = 48%.</p>
<p>1.6 Three case studies of changes beyond 6-months.</p>	<p>3 case studies of changes achieved beyond 6-month project lifespan.</p>	<p>Case study 1 - Hospital Discharge Wellbeing Project (HOPS)</p> <p>The HOPS project started early in April 2020 as part of the response to COVID 19. This new service is offered to anyone discharged from hospital - not just those with COVID-19 related conditions. The project is jointly funded by Brighton and Hove City Council and NHS Brighton and Hove Clinical Commissioning Group (CCG). The role of Healthwatch Brighton and Hove in this service is to signpost and assist people to find the help they need.</p> <p>People referred to HOPS are on Care Pathways 0 (Needing no further assistance) or 1 (needing some assistance which can be provided at home, in their normal place of residence). People are phoned by trained Healthwatch volunteers within a few days of discharge from hospital, usually in the first week.</p> <p>A total of 1731 people were successfully contacted (where conversation happened) between April 1st 2020 and March 31st 2021. 24% of people were referred or signposted for additional community support. Services referred to were: BHCC Community Hub</p>

Function	Function details	Text / Case studies
		<p>online, Possibility People, Link Back scheme for over 55yrs, Aging Well service, Together Co - befriending, Carers Hub, GP Surgery, NHS/BHCC Community Assessment Scheme and Mental health support. A further 124 people were signposted or referred for other, unspecified, community support.</p> <p>People welcome the HOPS calls - 92% considered the calls to be ‘helpful’ (65% ‘extremely’ or ‘very helpful’ and a further 27% ‘somewhat helpful’); and 76% gave permission to be called back in a few months.</p> <p>The service was initially funded for 6 months, with a further extension to 31st December 2020, and then further extension to 31st March 2022.</p> <p>The service is recognised nationally through a webinar hosted by the Care and Health Improvement Programme at the Local Government Association and the British Red Cross (February 2021), as a “best practice example demonstrating how the voluntary care sector has been stepping up during the pandemic to relieve pressure across the health and care system and enabling people to recover safely in their homes after a hospital stay.”</p> <p>The Matron Integrated Discharge Team (IDT), Brighton and Sussex University Hospitals Trust (BSUH), describes the services as follows: <i>“There is real value in an independent person calling these people when they return home, to explore if the person needs any additional support. This service provides a safety net and ensures people don’t slip through gaps in the system.”</i></p> <p>Case study 2 - Patient Transport Service</p> <p>The Non-emergency Patient Transport Service for Sussex is provided by South Central Ambulance Service (SCAS). At the current time, the service is scheduled to be re-commissioned during 2021, with a 5-year contract worth up to £20 million beginning on 1st April 2022. Sussex NHS Commissioners, representing NHS Clinical Commissioning Groups (CCGs) in Sussex, are responsible for this service.</p>

Function	Function details	Text / Case studies
		<p>In June 2020, the CCGs approached Healthwatch to help them gather people’s experiences of using the current service and their ideas for the future of the service. In response, we engaged with 130 passengers who use the current service or had applied for it. Separately, we have also undertaken a review of national and local reports and publications on patient transport to identify best practice and key learning. This included over 30 publications and documents (written since 2009) on the operation of the service both in Sussex and nationally.</p> <p>The CCGs have already used our findings (including 14 recommendations) to review their draft contract specification. They are clear that patient communications need to improve. They have also strengthened some draft targets which relate to timeliness. Healthwatch is also pleased to see that some of our concerns and recommendations sit at the heart of the CCGs’ set of values for the new service, with patient care and quality outcomes being at their core.</p> <p>Going forward, we have agreed with the CCGs to provide a joint briefing for key decision makers across the Sussex region. This will include advising Councillors, MPs, Directors of Adult Social Care, Directors of Public Health, MPs, and Chairs of local Health and Wellbeing Boards and Health Overview Scrutiny Committees.</p> <p>In February 2021:</p> <ul style="list-style-type: none"> • We met with Commissioners to discuss progress with the tendering process and the extent to which our recommendations have been actioned, receiving assurance that these are being taken seriously. We are scheduled to meet again in late April. • In direct response to our report, we were approached by SCAS who are keen to engage further with patients about their experiences of using the service. We are scheduled to meet with them in mid-March to discuss this request - a potential joint collaboration is now being considered.

Function	Function details	Text / Case studies
		<p>Healthwatch will also review the draft contract specification and to assist in setting some procurement questions and in evaluating these elements of any bids that are submitted. We will continue to work with the CCGs throughout the recommissioning process to ensure that the patient and public voice is heard. Where Commissioners decide not to adopt our recommendations or apply previous learning, they will be asked to explain that decision. Healthwatch will consider using our statutory positions on local scrutiny committees and national escalation routes to achieve this.</p> <p>The NHS Commissioners describe the impact of this work: “This report and earlier reports produced by Healthwatch is the outcome of that engagement and is very much welcomed by the commissioners. It has already been used to inform the development of the new specification that will be used to secure the future service, for example new draft targets have been developed which relate to more timely arrivals and pick-ups from hospital.”</p> <p>Case study 3 - Accessing health and care services - findings during the Coronavirus pandemic</p> <p>During the summer of 2020, when it became clear that health and social care were unlikely to resume to exclusively face-to-face appointments in the future, Healthwatch Brighton and Hove led a pan-Sussex study into people’s use and preferences towards accessing services. The study involved identical questions to those added by Healthwatch to a recent NHS survey. The combined surveys generated responses from 2185 people.</p> <p>Overall, remote appointments were well received by some people, groups and communities. For others (especially older people and those with disabilities) they felt services were less accessible and may lead to a delay in access. Ongoing models need to be a hybrid of remote and face to face appointments, making this clear to patients, carers and the public. From all those that volunteered, further insight was gained from a sub-sample of 104 people telephone interviewed, some of whom opted for a video interview to further promote the messages.</p>

Function	Function details	Text / Case studies
		<p>Following these findings, similar questions were used in other surveys such as the Brighton Station Walk-In practice and an exclusively young people’s survey run by YMCA (Young Healthwatch). Learning was also shared with others designing work in this area such as Southdown Housing.</p> <p>Two documents resulted from this work:</p> <ul style="list-style-type: none"> • ‘What it means for commissioners’ document, posting recommendations to reduce the proportion of people delaying appointments; offering a hybrid solution of face-to-face and remote appointments; encouraging men to seek mental health services when required; and increase the uptake of digital solutions by reducing the proportion of people who are digitally excluded. • A briefing report ‘Reducing Digital Exclusion in Brighton and Hove’ (February 2021) is a foundation towards planned ongoing work. <p>The work has been shared widely:</p> <ul style="list-style-type: none"> • With Health Overview and Scrutiny Committee; Digital First Working Group; NHS Commissioners (via the monthly project meeting groups); Sussex Partnership NHS Foundation Trust (including some further analysis requested); the Mental Health Sector Connector; East Sussex Being Digital Strategy; and the Programme Manager for Covid-recovery. • By bulletins and newsletters from the three Sussex Local Healthwatch and to Healthwatch England. The latter led to our involvement in a new e-learning module HWE are currently developing. • An interim report, summary and an infographic supported this process. • Most notably the work was approved by the Sussex Health & Care Partnership STP Digital Programme Board.

Function	Function details	Text / Case studies
1.7 Regular reports - Annual report, EIA, stakeholder.		<p>EIA - new review published April 2021: Equality Impact Assessment Healthwatch Brightonandhove</p> <p>Annual report - next report due June 2021: https://www.healthwatchbrightonandhove.co.uk/report/2020-06-30/healthwatch-brighton-and-hove-annual-report-2020</p> <p>Stakeholder survey - next review planned July 2021: https://www.healthwatchbrightonandhove.co.uk/report/2020-05-05/healthwatch-brighton-and-hove-stakeholder-report-2020</p>

Function	Function details	Text / Case studies
<p><u>Function 2: Making people's views known, and Function 3: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised.</u></p> <p>2. Meetings and impact</p>	<p>Function 2 details - Using evidence from engagement activity, identify specific areas for improvement, change or further investigation.</p> <p>Function 3 details - Promote public and patient involvement in health and social care services to commissioners and service providers and the public.</p>	
<p>2.1 Three case studies of impact from attendance at decision-making meetings</p>	<p>3 Case studies demonstrating impact from attendance at decision-making meetings (e.g. commitments made in decision-making meetings), including protected characteristic group and raising of issues about service improvement:</p>	<p>Case study 1 and protected characteristic - Care Home residents and their informal carers</p> <p>A series of events has been organised between September 2020 and March 2021 on behalf of informal carers (families and friends) of care home residents. The purpose has been to enable informal carers to ask questions and gain answers from health and social care representatives, about access to care home residents during the pandemic. These events have ensured that the voice of informal carers and care home residents, a protected characteristics group, has been heard, raising issues about care home service improvement, and has influenced decisions made by system leaders during this period.</p> <p>We coordinated two informal online forums during July 2020, to provide space for carers to express their concerns and where we would listen to them. During these</p>

Function	Function details	Text / Case studies
		<p>conversations, and through conversations outside these forums via email and written letter, we heard the following:</p> <ul style="list-style-type: none"> • Access to residents varied depending on care home: Some families were allowed to see their loved ones in the garden and others were denied access altogether; • The negative effects of separation on carers' and residents' wellbeing; • Communication from care homes varied between regularly keeping in touch with relatives and other carers not hearing anything; and • Guidance from government and the CCG lacked clarity, was inconsistent and was sometimes not forthcoming. <p>On 10th November 2020, 100 people registered (90 attended) the “<i>Staying Connected during the Coronavirus Crisis: families and friends of Care Home Residents Webinar</i>”. Participants included members of the public (carers), representative bodies, commissioners and front-line staff from health and care services.</p> <p>The webinar included discussion on:</p> <ul style="list-style-type: none"> • Adopting ‘Key Worker’ status for informal carers, with 85% agreeing this should happen in a live poll on the evening. • The potential role of increased COVID-19 testing in helping relatives keep in touch with loved ones. • The urgent need to clarify options for visiting over the Christmas period. <p>Outputs from the webinar were:</p> <ul style="list-style-type: none"> • Message to MPs and Councillors, co-written by Healthwatch in Sussex (HWiS): https://www.healthwatchbrightonandhove.co.uk/news/2020-11-16/%E2%80%9Camplifying-voices-relatives-loved-ones-care-homes-across-sussex-%E2%80%93-our-message-mps • Staying Connected Webinar Report December 2020: https://www.healthwatchbrightonandhove.co.uk/report/2020-12-23/staying-connected-webinar-report-december-2020 • Recommendations from this report included:

Function	Function details	Text / Case studies
		<p>1. HWiS and partners to continue to push for greater clarity on guidance for families around visiting arrangements.</p> <p>2. HWiS and partners to encourage providers to adopt best practice examples of staying connected with families during the pandemic, considering the impact on both residents and relatives.</p> <p>3. HWiS and partners to explore the suggestion that relatives be awarded key worker status to facilitate continued visiting of their loved ones in care homes.</p> <p>A further result from the success of the webinar and a call from carers to continue the conversation, was that Sussex Partnership NHS Trust offered HWiS funding to provide a series of monthly Sussex-based webinars in 2021 and covering the following themes: COVID-19 Vaccination roll-out in Care Homes; The Impact on relatives and carers from long term separation and restricted visiting in care homes; What could and should the system be doing to support relatives and carers?</p> <p>Each forum offered a public session involving health and social care partners and a closed session allowed families and friends to stay on to reflect privately.</p> <p>Through these webinars:</p> <ul style="list-style-type: none"> • We have increased our reach to informal carers and their loved ones in care homes, a protected characteristics group often neglected in the social care conversation. • We have amplified their voices, giving them a place to represent themselves to health and social care representatives, and raise key issues about service improvement. • We have influenced system leaders, ensuring that questions raised by carers have been answered by those representatives. • We have brought to the attention of the media and the general public, the issues related to carers and their loved ones, during the pandemic period. • We have encouraged better relations between carers and care home staff, promoting good communication and involvement of carers in decisions made around visiting and care of their loved ones during the pandemic.

Function	Function details	Text / Case studies
		<p>Case study 2 - Mental Health Sector Connector</p> <p>Sector connector is a way for non-NHS organisations (the Sector) to engage and influence the Sussex Health and Care Partnership (SHCP) Mental Health Programme. The Sector Connector project has been developed during 2020 by voluntary and community sector organisations across Sussex. Healthwatch Brighton and Hove have agreed to coordinate, convene, and enable the project.</p> <p>We arrange and facilitate ‘Forums’ which will meet three times a year and provide a way for the Voluntary and Community Sector, expertise from people with lived experience and the private sector to influence and engage with NHS Mental Health strategic planning, Clinical Commissioning Group on a Sussex-wide basis. Healthwatch acts as link between the Forums and the SHCP Mental Health programme and has agreed a method for the Forums to provide representatives to attend the SHCP Programme Board.</p> <p>In July 2020, presentations were provided by the CEO, Sussex Partnership Foundation Trust of the strategic structure; the mental health restoration and recovery programme; and a video launch presentation by Adam Doyle, Chief Executive Officer Clinical Commissioning Groups in Sussex, and the Senior Responsible Officer for the Sussex Integrated Care System.</p> <p>In December 2020, the focus was on digital delivery of mental health services with presentations from SPFT; Thinking Well; and Healthwatch Brighton and Hove. Our presentation included three key recommendations from the ‘accessing health services’ study: A hybrid model of delivery; offer patients a choice of medium of appointment; and work towards reducing digital exclusion.</p> <p>The Sector Connector also publishes a bulletin to bring people up to speed on strategic developments and key meetings held in between the Forums.</p>

Function	Function details	Text / Case studies
		<p data-bbox="898 177 1366 209">Case study 3 - End of Life Care</p> <p data-bbox="898 252 2175 432">An in-depth piece of work was undertaken on End of Life care patients' experiences of hospital discharge before Covid-19. 15 people and their families told Healthwatch about their experiences in and out of hospital. We were sad to report that End of life care was not a dignified and well-arranged experience for many. The sensitivity of individual care planning that we would expect was not always provided.</p> <p data-bbox="898 475 2163 580">The report was delayed due to Covid-19. However, it was published in September 2020, gaining support for the findings from the CCG and resulting in a major update at the BSUH on their End of Life Care work.</p> <p data-bbox="898 624 1352 655">We also issued a press release.</p> <p data-bbox="898 699 2190 842">The End of Life report has recently been supplemented by a 'one year on' document (March 2021) illustrating further impacts. Some formal processes have also taken place to embed the report's findings into strategy and policy, providing confidence that quality end of life care and dying well remain high on statutory agencies agendas:</p> <ol data-bbox="898 885 2190 1326" style="list-style-type: none"> 1. September 2020: the CCG formally responded accepting all recommendations as appropriate and reasonable. 2. October 2020: Presentation to the Patient Experience Panel and the Quality Assurance Board, Brighton Hospital University Trust. Agreement to improve the care pathway and ensure personal sensitivity, in line with feedback from patients and families. 3. October 2020: Health and Wellbeing Board Committee receive report and propose it form part of their Dying Well programme. Requested report be brought back to the Committee for monitoring in March 2021. 4. Healthwatch invited to be a member of the End of Life Steering Group that monitors the quality and performance of end of life care. The Steering Group prepared a detailed action plan for the March 2021 meeting; Healthwatch has been involved in early discussions of the dashboard response.

Function	Function details	Text / Case studies
		<p>5. Other presentations to: the Gold Group of End of Life General Practitioners; and to the research team at The Shore-C cancer research centre at Sussex University.</p> <p>6. The report will help to inform the Dying Well week in May 2021.</p>
2.2 Number of Board meetings attended.		56
2.3 Number of decision-making meetings attended (excluding Board).		612
3. Volunteer involvement		
3.1 Case studies of public and patient engagement.	Case studies from annual report on advice and guidance of best practice for public and patient engagement x 2	<p>The onset of the Covid-19 pandemic started just prior to this financial year and the Government restrictions on social distancing and staying at home are still in place through to March 31st 2021. This has had a dramatic, overnight, impact on the usual ways in which Healthwatch volunteers engage with public and patients. There have been no face-to-face engagement activities with patients and public (nor enter and view). By contrast, Healthwatch activities have been replaced by a combination of telephone and online engagement.</p> <p>First case study: HOPS wellbeing calls A team of up to 40 volunteers have been telephoning people recently discharged from hospital offering wellbeing checks and signposting people for further support if required. Skills involved:</p> <ul style="list-style-type: none"> • Building immediate rapport with the person discharged (often not expecting this call). • Explaining the role of Healthwatch in this process • Occasionally, this call is taken by a carer or relative, and volunteers respond accordingly.

Function	Function details	Text / Case studies
		<ul style="list-style-type: none"> • Supporting the public and patient engagement, volunteers meet fortnightly as a team to discuss emerging issues and share learning. They are also invited to attend learning events, for example, a session by grassroots suicide prevention (Brighton). <p>The success of this volunteer engagement is highlighted by:</p> <ul style="list-style-type: none"> • 1731 people having been successfully contacted over 2020/21 • 92% finding the calls to be ‘helpful’ (65% ‘extremely’ or ‘very helpful’ and a further 27% ‘somewhat helpful’); and • 76% giving permission to be called back in a few months. <p>Second case study: ‘Accessing health and care services - findings during the Coronavirus pandemic.’</p> <p>This study successfully engaged 2185 people. Volunteers contributed to the design of the online survey. Engagement of the public and patients was achieved by the following:</p> <ul style="list-style-type: none"> • Explaining to people that Healthwatch “gathers patient and public opinion on health and social care services and uses this information to make service improvements.” • Explaining purpose and how results will be used: “Health and Care services in Sussex are changing because of the Coronavirus. Healthwatch in Sussex has produced this survey to make sure that people's experiences and preferences are central to these changes.” • Assurances of anonymity and confidentiality and link to privacy statement: “Healthwatch in Sussex are committed to protecting and respecting your privacy and security and will process any personal data in accordance with the General Data Protection Regulations and the 2018 Data Protection Act. See: https://www.healthwatchbrightonandhove.co.uk/privacy-policy/” • Survey length: “The survey will take around 10 minutes.” • Signposting: “For any questions about this survey please contact the Healthwatch Brighton and Hove office (office@healthwatchbrightonandhove.co.uk).” • Expressing gratitude and thank you at the end of the survey. • A voluntary invitation to engage in an additional telephone conversation about the survey (of which around 200 people agreed).

Function	Function details	Text / Case studies
		The recommendations compiled from the survey were shared widely, most notably approved by the Sussex Health & Care Partnership STP Digital Programme Board. It has also spawned work into digital exclusion, with a Brighton and Hove briefing report produced earlier this year.
3.2 Number of active volunteers - HW and YHW.		63
3.3 Number of meetings/events/engagements held by HW volunteers.		16
4. Media engagement		
4.1 Number of newsletters produced.		In response to the COVID pandemic and need to share more regular updates and information, we began issuing health, social care and COVID-19 bulletins in April 2020, replacing our former bi-monthly newsletters. From December 2020 we have produced dedicated vaccination bulletins. <ul style="list-style-type: none"> • Total number of health, social care and COVID-19 bulletins: 35 • Total number of COVID vaccination bulletins: 13.
4.2 Number of newsletter subscribers.		1527
4.3 CRM mailshots.		149 (116 had Covid-19 related content)
4.4 Media events - press releases, media interviews.		18 press releases 19 interviews
4.5 Website page views.		64,193
4.6 Facebook followers and likes.		2500
4.7 Twitter followers.		1020 Instagram followers

Function	Function details	Text / Case studies
<p>Function 4: Recommending investigation or special review of services via Healthwatch England or directly to the CQC, and Function 5: Providing information and signposting about access to services and support for making informed choices.</p> <p>5. Information line and signposting</p>	<p>Function 4 details - Ensure that urgent concerns relating to safeguarding or individuals are escalated appropriately in accordance with local policy.</p> <p>Function 5 details - Identify local people who contact HW who may benefit from information and/or advice about health and social care services, and either signpost or refer them.</p>	
<p>5.1 Number of information line enquiries (email and phone).</p>		<p>330</p>
<p>5.2 Number of people signposted.</p>		<p>124 of the 330 were signposted</p>
<p>5.3 Main issues arising from information line.</p>		<p>(possible to raise more than one issue)</p> <ul style="list-style-type: none"> • Dental services - 93 • COVID - 128 • Covid vaccine - 122 • GP queries - 17 • Care home related - 10

Function	Function details	Text / Case studies
5.4 Number of safeguarding concerns and action taken.		54
5.5 Escalations to CQC, HWE, NHS England/NHSi.		1 signposted to CQC; 1 to HWE, 6 to NHS England.
<p>Function 6: Making the views and experiences of people known to Healthwatch England (and to other local HW organisations) and provide a steer to help it carry out its role as national champion.</p> <p>6. Joint projects</p>	<p>Function 6 details - All HW activities entered on CRM are automatically shared with HWE. All HW reports are also shared with HWE.</p>	
6.1 Joint projects undertaken with HWES and HWWS.		<ol style="list-style-type: none"> 1. Restoration and Recovery (RoarR) programme: <ul style="list-style-type: none"> • Future preferences of health and social care services in Sussex; • Home care support linked to hospital discharge from BSUH; • Supporting hospital discharge for groups 0 and 1; and • Care homes - ongoing. 2. Follow-up RoarR telephone interviews (total 104). 3. Mental health sector connector project - ongoing. 4. Cancer webinar - June 2020. 5. Patient Transport Service review - November 2020. 6. BAME Covid-19 impact: Healthwatch Sussex-wide have offered to help at no additional cost and be present on the Sussex-wide advisory group - ongoing.

Function	Function details	Text / Case studies
		<p>7. Dentistry project in Sussex - September 2020 to March 2021.</p> <p>8. People's experiences and views about the Covid-19 vaccine in Brighton and Hove (March 2021).</p> <p>9. Care home webinar - March 2021.</p>
<p>6.2 Impact from joint projects with HWES and HWWS.</p>		<p>Restoration and Recovery (Roar) project impact plan developed for a 'What it means for decision-makers' paper. Approved by Sussex Health & Care Partnership STP Digital Programme Board.</p> <p>New Roar programme submitted to NHS commissioners for 2021-2022. Possible topics include Long Covid and digital exclusion.</p> <p>New projects planned for the Mental Health Sector Connector with links to the Sussex Mental Health Collaborative.</p> <p>Patient Transport Service review will inform recommissioning process for Spring 2020.</p> <p>Webinars set precedent for future topics in this format.</p> <p>Dentistry issues raised to NHS England; the Chair of HOSC and the HWB; to the Chief Executive Officer Clinical Commissioning Groups in Sussex and the Senior Responsible Officer for the Sussex Integrated Care System; and raised in the House of Commons by Caroline Lucas.</p>
<p>6.3 Annual 360 review providing performance feedback from neighbouring HW and HWE on impact.</p>		<p>Not performed within the last 12 months, although HWES and HWWS meet weekly and the South East HW meet quarterly.</p>

Function	Function details	Text / Case studies
<p>6.4 Workplan added as an Appendix (separate document) - ongoing and potential new projects - derived from ongoing intelligence about local population health and social care needs and pan-Sussex where appropriate (i.e. ICS).</p>		<p>Attached - Appendix 1 (separate document)</p>
<p>Function 7: NHS Complaints Advocacy.</p> <p>7. NHS complaints advocacy</p>	<p>Function 7 details - Identify local people who contact HW who may benefit from NHS Complaints Advocacy and either signpost or refer them to the locally commissioned service in a prompt and timely manner taking account of the person's individual access requirements</p>	
<p>7.1 Number of referrals to ICHAS, PALS, NHS complaints.</p>		<p>16 Powher NHS Complaints Advocacy; 13 to PALS; 3 NHS complaints (can be referred to more than one complaint route).</p>