Healthwatch Brighton and Hove Engagement Plan 2024-27

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1. Introduction

Healthwatch Brighton and Hove (HWBH) is the local health and social care champion. We have the power to ensure NHS leaders and other decision-makers listen to local feedback and improve standards of care. We can also help people to find reliable and trustworthy information and advice. We're here to listen to the issues that really matter to people in Brighton and Hove and to hear about their experiences of using local health and social care services. We are entirely independent and impartial, and anything shared with us is confidential.

2. Vision and Mission

For context, our vision and mission statements are below:

Our vision:

Everyone in Brighton & Hove has access to the health and social care services they need, when they need them, to live a healthy life.

Our mission:

To ensure that everyone in the city knows about Healthwatch and understands that by sharing their experiences with us they are helping to continually improve health and care services and making a positive difference for all.

3. Purpose of this engagement plan

Healthwatch have statutory duties and a number of them involve engagement with the public to:

- Obtain the views of local people regarding their needs for, and experiences of, local health and social care services and importantly to make these views known.
- Make reports and recommendations about how local health and social care services could or ought to be improved. These are directed to commissioners and providers of care services, people responsible for managing or scrutinising local care services, and shared with Healthwatch England.
- Provide advice and information about access to local health and social care services so people feel informed and know where to go for help.

This document describes how we decide who to engage with to meet our statutory duties. This informed decision is based on three elements which will comprise the next three sections of this plan:

- A range of local data sources (both internally and externally to HWBH).
- What we already know about the population of Brighton and Hove (mostly council data).
- The policy context from the Integrated Care Board (ICB) and Brighton and Hove City Council (BHCC).

We conclude this strategy by outlining our engagement plans for 2024-2027 in terms of our target priorities for each year and expected outcomes.

4. Local data and intelligence collected by Healthwatch Brighton and Hove

We use a number of ways to hear people's views and experiences about health and social care services. This is a mixture of intelligence directly from the public, and indirectly from professionals and others working with people, as follows:

4.1 Intelligence directly received from the public

- A 'contact us' feedback survey is available on our website permanently. This is available as Easy Read and BSL services are also available.
- A helpline is available 7 days a week which can be accessed via our website or directly by email or by phone. We aim to respond to all enquiries within 72 hours.
- Social media channels are maintained where people can contact us.
- We attend or host face to face engagement at community groups, community venues, and events such as local festivals.
- Through our annual Equalities impact Assessment, we see how much HWBH local data from its engagement activities meets the Protected Characteristics of people compared to the local 2021 census data.
- We record and routine analyse the data we received directly for the public and in 2023-2024, compared to the local census data, Healthwatch was effective in hearing the views from people whose gender did not match their sex assigned at birth, the LGBTQ+ community, people with disabilities, and (unpaid) carers. We have identified that we want to further our reach to ethnic communities, men and younger people.

4.2 Indirectly from professionals working with people

We gather further evidence from:

- Working with other local voluntary, community and social enterprises.
- Working with local providers and commissioners within BHCC and the NHS.
- Attending key meetings including the local Health and Wellbeing strategy and the Health Overview and Scrutiny Committee.

5. Local data provided by the Council and other sources (including the census)

In addition to the above, there are a range of sources for city-wide data where we hear people's experiences and see emerging trends. We examine city-wide data, which can be focussed at various levels – at city-level, one of the four Integrated Community Teams (ICTs) areas, Primary Care Network (PCN) level and to the Lower Level Super Output Area (LSOA)[1]. The following data sources are used:

5.1 Joint Strategic Needs Assessment (JSNA)

Provides city-wide data on:

- Population and population groups.
- Healthy places - A summary report exploring the environment that shapes community wellbeing.
- Healthy lives - Risk and protective factors for health and wellbeing (Starting Well, Living Well, Ageing Well and Health Protection).
- Healthy people - Physical and mental health conditions, learning disability and neurodiversity.
- Key evidence reports and briefings e.g. Mental health JSNA, Pharmaceutical needs assessment, Adults with multiple complex needs.
- Primary Care Network profiles.

5.2 Brighton and Hove Local Insight

Explores facts and figures at different geographic levels (to LSOA) for Brighton and Hove e.g. population and migration, deprivation and low income indicators, health indicators, and demographics.

[1] Integrated Community Teams – There are four ICT areas in Brighton and Hove and they offer integrated health, social care and health-related services across local communities. Primary Care Networks are groups of GP practices that work together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. Lower Level Super Output Areas provide data between 400 and 1,200 households, typically between 1,000 and 3,000 residents.

5.3 Integrated Community Team profiles

Each of the four ICTs have data packs. They include summary information on demographics and key health and wellbeing indicators. Some data is only available at city-level rather than for each ICT. We will continue to monitor updated data packs as new ICT level data is generated documenting the following:

- Population composition – age, ethnicity, gender etc.
- 'Building blocks of health' – indicators of poverty and deprivation all compared to England levels – of the initial 6 blocks, only 2 are available at ICT level (deprived areas and fuel poverty). Other blocks include living alone, population density overcrowded, lack of central heating, child indicators such as attainment and qualifications, crime rate and antisocial behaviour.
- Range of health and other services in area – GP, pharmacist, school, library etc.
- Health and wellbeing across the life course – starting well, living well, ageing well, dying well. Data is mostly not available at ICT level. The notable exception where local data is available is premature (under 75s) mortality rate per 100,000 population due to cardiovascular disease, cancer and respiratory disease and the proportion of people living in the 20% most deprived areas in England.
- Life expectancy rates – all at Brighton and Hove, and not ICT level.
- Key risk factors and greatest burden of disease – Brighton and Hove level e.g. smoking, high Body Mass Index (BMI).
- Primary care data at ICT level e.g. patients per GP, patient survey experience – compared to Sussex data.
- Data for long term conditions at ICT level e.g. mental health
- Planned Care Alternatives and Cancer Care – ICT level data e.g. new cancer cases per 100,000 people.
- Community Health Services – ICT level e.g. Brighton Community Beds.
- Acute Planned Care – ICT level e.g. waiting times for elective acute care.
- Urgent and Emergency Care – ICT level e.g. A&E attendances.
- Acute Inpatient Emergency Care – ICT level e.g. acute beds occupied.
- Care Homes: Urgent Healthcare use – ICT level e.g. care home beds.
- Adult Social Care – ICT level e.g. safeguarding episodes.

5.4 Health counts

A health and lifestyle survey of residents that is conducted once a decade, with the latest survey conducted in 2024 reaching approximately 17,000 people[2].

[2] Approximately 17,000 competed the questionnaire in its entirety, a further 8,000 completed some but not all the questions.

5.5 City Tracker survey
A survey of 1,000 residents to find out what they think of Brighton and Hove as a place to live and what they think about local services (available up until 2018).

5.6 Safe and well at school
An anonymous online survey conducted across primary and secondary schools in the city, last performed in 2023.

5.7 Sussex Insight Bank
A repository of local data and reports compiled within Brighton and Hove. A repository of local data and reports compiled within Brighton and Hove. The Sussex Insight Bank is used to source further relevant work on topic areas and see whether any proposed project has been undertaken before.

5.8 Healthwatch England
Conducts a range of projects and publishes its priorities for the year ahead.

5.9 Census data
The 2021 census data is available at the local area and provides a wealth of information of population health. Brighton and Hove has the second highest number of highly deprived areas of any Local Authority (15 Lower layer Super Output Areas in the most deprived 10% nationally in 2019) and contains the third most deprived ward in Sussex (East Brighton).

6. Policy priorities from the Integrated Care Board, Brighton and Hove City Council and Healthwatch England

The engagement plan for 2024-2027 is set within the context of the priorities from NHS England; the Sussex Integrated Care System (ICS), Brighton and Hove City Council (BHCC) and Healthwatch England (HWE).

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. It focuses on the most deprived 20% of the national population. The 'PLUS' priority groups are then determined by each local authority and for Brighton and Hove these are Carers, Children and young people in transition from children to adult mental health services, globally displaced communities and LGBTQ+ communities. There are also five clinical areas of focus which have been identified as requiring improvement: maternity especially for women from Black, Asian and minority ethnic communities and from the most deprived groups; severe mental illness (SMI); chronic respiratory disease; early cancer diagnosis and hypertension.

ICS level priorities present opportunities where HWBH can have the most influence, namely improving the use of digital technology; mental health, learning disabilities and autism; and addressing health inequalities which is described as 'a golden thread running through the delivery of all the actions' (Improving Lives Together, 2022).

The Brighton and Hove City Council (BHCC) health and well-being strategy names five place-based priorities as children and young people, mental health, multiple long-term conditions, multiple compound needs, and cancer.

Healthwatch England shares the focus on health inequalities and to support those who face the worst outcomes to speak up about their health and social care and to access the advice they need.

7. Targeted engagement plans for 2024-2027

The data sources above have informed our targeted engagement plans for 2024-2027.

HWBH is committed to hearing the views and experiences of the diverse range of communities in Brighton and Hove. We have a finite resource to do this and so need to prioritise those communities to ensure we use our capacity effectively. By being a 3-year engagement strategy, we can ensure we have different priorities each year that will enable us to reach the breadth of communities in the city.

We want to be available and accessible to anyone in Brighton and Hove that wants to share their story with us. We want people to tell us anything they wish about their experiences with health and social care services.

Our workplan sets out the projects we undertake each year where we take a deep dive into people's views and experiences of health and social care services. We identify whom we engage with as part of the project planning process which sets out the service being researched and the rationale behind this.

As well as being open to feedback from anyone, we want to ensure we are hearing from groups that are seldom heard and those experiencing health inequalities.

Using the data sources above, we are able to outline what we know about the health and well-being of the city's population, and this underpins our engagement plans for 2024-2027.

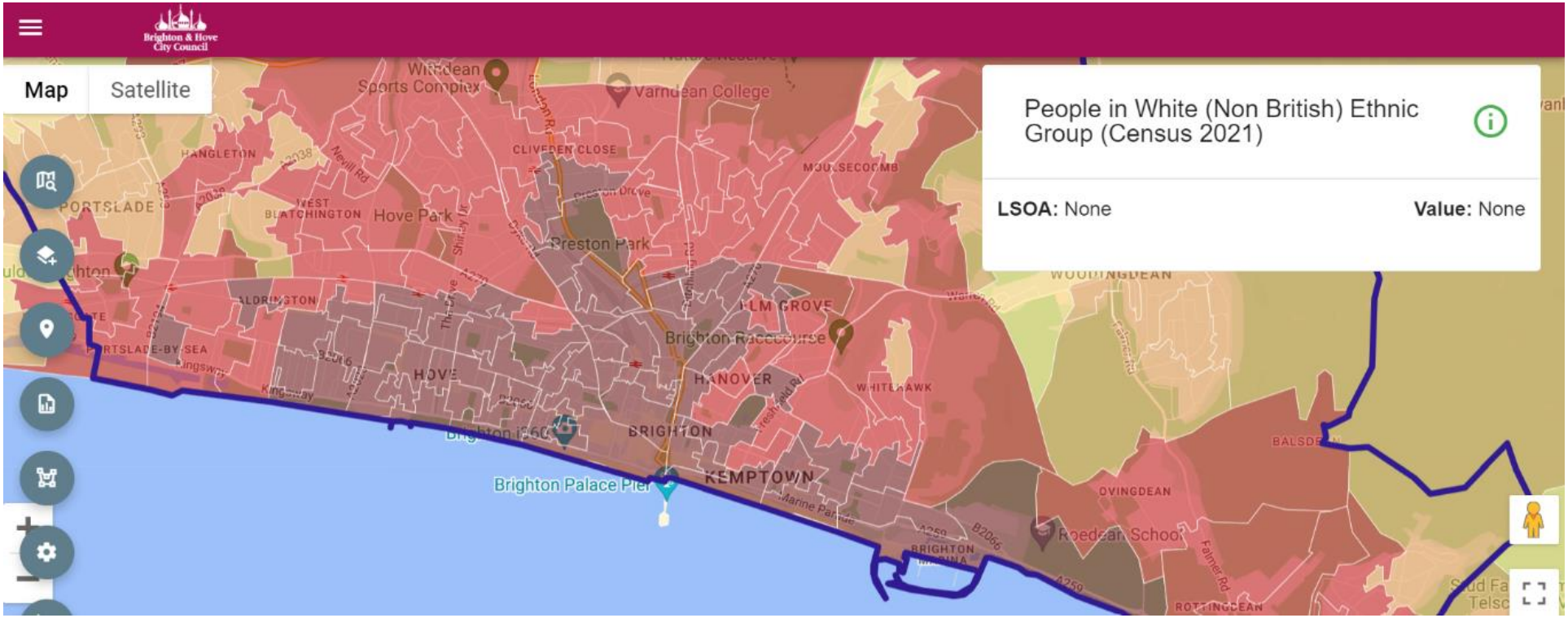
7.1 Evidence base for target groups

The following table summarises key evidence that determines our target groups for 2024-2027:

Populations:
Brighton and Hove North (Integrated Community Team) ICT[3] has a high proportion of students who may have specific health needs.
LGBTQ+ people (10.6% of the local population) face unique and difficult issues – LGBTQ+ people are consistently reported as having poorer mental health compared to the general population. LGBTQ+ people with intersectional identities experience greater levels of inequalities compared to the non-LGBTQ+ population. Being misgendered within healthcare is often a common reason Trans, Non-Binary, and Intersex people avoid seeking the help they need.
We hear less from men compared to women.
We hear less from younger people, despite Brighton and Hove having a much higher proportion of people aged 19–31 years (23%) and nearly one in ten of Brighton and Hove's total population (9%) is aged 19 to 22 years old. Partly due to the two universities in the city.
People with learning difficulties have lower rates of employment and lower life expectancy. It is estimated that there are around 5000 working age adults with a learning disability in Brighton and Hove.
Being homeless includes rooflessness (sleeping rough), houselessness (with a place to sleep but temporary, or a shelter), living in insecure housing (threatened with eviction, domestic violence, or staying with family and friends known as 'sofa surfing'), and living in inadequate housing (in caravans on illegal campsites, in unfit housing, extreme overcrowding). 138 people were defined as homeless in the 2021 census - those at hostels and temporary shelters for homeless people but excluding other types of accommodation, or rough sleeping. 52 rough sleepers (street count 2023).

[3] There are four ICT areas in Brighton and Hove – Brighton- East, West, North and Central.

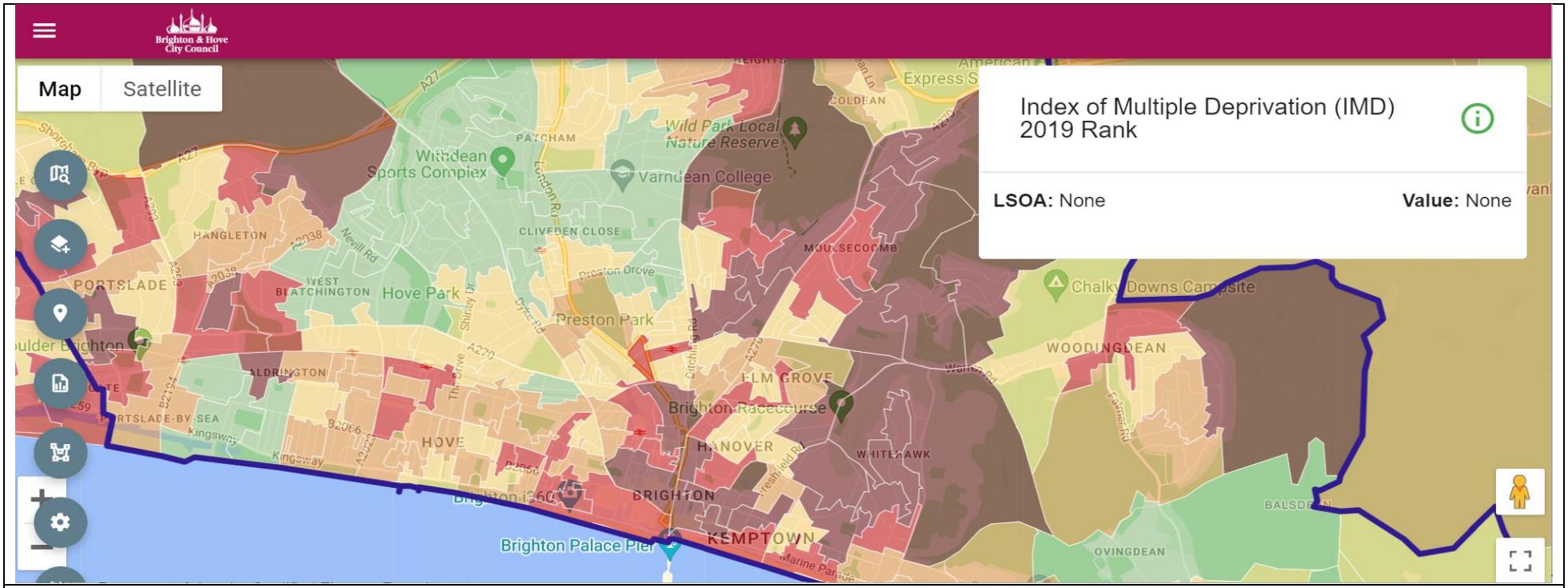
We hear less from Black and minoritised ethnic groups, despite 26% of the population being Black or racially minoritised. *Darker shades on the map below indicate higher levels of Black and minoritised ethnic groups.*



Local area-based health differences:

Health inequalities persist in Brighton and Hove.

Levels of deprivation vary widely across the city. East Brighton and Hove ICT has some of the most deprived neighbourhoods in the city. The East neighbourhood includes 8 out of the 34 CORE20 deprived areas in Sussex and 22.1% (13,000 people) of its residents live in those deprived areas, which is one of the highest across all Sussex ICT neighbourhoods. Brighton North has 9 out of the CORE20 deprived areas and 14,900 living in these areas (highest for the city). *Darker shades on the map below indicate higher levels of deprivation groups.*



Census data shows that the five areas with the highest deprivation rates, and likely the highest health inequalities, are:

1. Whitehawk – 72% of households here were deprived in at least one dimension (of the index of Multiple Deprivation[4]?) at the time of the 2021 census, down from 77.4% in 2011.
2. Bevendean and Moulsecoomb East – 68.7%, down from 71.2% in 2011.
3. Coldean and Moulsecoomb North – 67.5%, down from 71.1% in 2011.
4. Hollingdean and Moulsecoomb West – 66.7%, down from 72.5% in 2011.
5. St James's Street and Queen's Park – 62.3%, down from 69.7% in 2011.

[4] The 7 dimensions are Income; Employment; Education, Skills and Training; Health and Disability; Crime; Barriers to Housing and Services; and Living Environment.

Brighton and Hove Central ICT, compared to the 3 other ICTs, reports the highest levels of Alcohol specific hospital admissions per 100,000 people; Premature (under 75s) mortality rate per 100,000 population for cancer and respiratory diseases; and the highest number of patients per GP.
Brighton and Hove Central ICT has the highest rate of patients on the Mental Health register in Sussex.
Additional health indicators:
The causes of death which contribute the most to inequalities in life expectancy in Brighton and Hove are: • For males - circulatory, external causes (injury, poisoning and suicide) and cancer. • For females - cancer, external causes, circulatory and respiratory diseases.
The contribution of external causes and digestives diseases (includes alcohol-related conditions, chronic liver disease, cirrhosis) is greater in Brighton and Hove than across England.
Brighton and Hove (not available at ICT level) has a higher than England average for depression prevalence, the proportion of people with a high anxiety score and the same proportion of people with a low happiness score.
The Safe and Well at School Survey 2023 (with responses from approximately 13600 people aged 8-16) found that younger pupils are more likely to agree that they have often felt happy in the last few weeks. For primary school pupils aged 8 to 11 years, 89% agreed with this statement. This falls to 83% of 11 to 14 year olds, and 80% of 14 to 16 year olds. Most secondary school pupils often or sometimes worry about the future (62%). Furthermore, more than half often or sometimes struggle to sleep at night (54%).
Census data shows that 18.7% of people in Brighton and Hove are disabled under the Equality Act. Highest proportions (20.4%) in East ICT. There are over 51,000 adults aged 20 years or over in Brighton and Hove recorded as having multiple long-term conditions (two or more) and around 8,000 with five or more conditions. We have a significantly higher estimated prevalence of multiple long-term conditions than the South-East for all age groups under 85 years, but because our population is younger our overall estimate is lower than the South-East and England (both 23%).
The 2021 census estimates that 54,343 residents (20%) were born outside of the UK. This is significantly higher than seen in both the South-East (16%) and England (17%). Over a half of international migrants in the city (51%, 27,670 people) are from countries outside of Europe. Between 2011 and 2020, there has been a decrease from internal UK migration of 10430, and a 22,980 estimated increase from international migration to Brighton and Hove. Some of these migrants may have difficulty accessing health services due to language and other reasons.

This data and the policy context has informed our engagement strategy for 2024-2027, in terms of our target priorities and expected outcomes.

7.2 Target priorities

Using the insights from the data, our target communities over the next three years are:

- People living in the East Brighton ICT or East and Central PCN
- Black Ethnically and racially minoritised communities
- More men
- More young people
- Cares including young carers
- Mental health – adults and children
- LGBTQ+ communities
- People with disabilities
- People who are homeless or at risk of homelessness

We acknowledge that there will be some intersectionality in these groups, so they do not necessarily mean distinct engagement activities or projects per group e.g. men's mental health, young people from LGBTQ+ communities.

7.3 Expected outcomes

From these target groups, across the next three years, we expect a number of specific and generic outcomes as follows:

Specific outcomes

- Evidence-based engagement priorities based on internal and external data sources.
- Bespoke project reports capturing views from our target groups that can produce recommendations for commissioners and amplify them within the system.
- Follow up on recommendations from our engagement to confirm what has changed and improved (impact).
- New intelligence is used to inform future priorities and projects and issues for further investigation or escalation.
- We can demonstrate we are effective at hearing the experiences of target groups, those facing health inequalities and those seldom heard.

Generic outcomes

- An increasing amount of feedback is received from a wide range of residents and locations across the city.
- Monthly monitoring reports and six-monthly and annual performance reports present themes arising from public engagement.
- People are more aware of Healthwatch and what we do, increasing opportunities for more feedback from the public and collaborative ventures with VCSE colleagues.
- The feedback from our engagement informs our future workplan and future engagement strategies.

7.4 Engagement methods

We use a wide range of engagement tools to gather views and experiences. This includes listening events (stalls or events at different locations across the City), online and paper surveys, video calls, phone conversations, online and face-to-face focus groups, and deliberative engagement workshops.

Most of our surveys allow people to volunteer for a conversation to continue the engagement. For this activity, we can select a range of people who volunteer based on their survey answers ensuring, where possible, we are capturing those who face health inequalities,

People can request our surveys or engagement forms in different formats such as large print and Signlive and our website is fully accessible and translatable into over 100 languages. We provide an Easyread feedback form.

8. Conclusion

This strategy sets out how we ensure we hear from Brighton and Hove residents to inform our work on researching and improving services.

Our Equity and Diversity Policy means everyone is treated the same exact way, regardless of need or any other individual difference. Equity means everyone is provided with what they need to succeed. Equity, diversity, and inclusion are at the heart of Healthwatch Brighton and Hove's values.

Healthwatch recognises the diversity of the population it serves and takes seriously the obligation to reach and include a diversity of people, and to ensure its credibility within a diversity of communities. We are committed to policy, procedure and practice that recognises and respects the identity, rights, abilities and needs of everyone, and actively oppose all forms of unfair discrimination.