



EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 6 OCTOBER 2015

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

- MEMBERSHIP - Councillor Keith Glazier (Chair) – East Sussex County Council
Councillors Bill Bentley, Pat Rodohan and Trevor Webb – East Sussex County Council
Councillor Martin Kenward – Rother District Council, District Council Representative
Councillor Mike Turner – Hastings Borough Council, Borough Council Representative
Dr Elizabeth Gill (Deputy Chair) – High Weald Lewes Havens CCG
Dr Martin Writer – Eastbourne, Hailsham and Seaford CCG
Amanda Philpott – Hastings and Rother CCG
Stuart Gallimore – Director of Children's Services, ESCC
Keith Hinkley – Director of Adult Social Care and Health, ESCC
Cynthia Lyons – Acting Director of Public Health, ESCC
Sarah MacDonald – NHS England South (South East)
Julie Fitzgerald – Healthwatch East Sussex
- Also invited - Councillor Margaret Salisbury – Eastbourne Borough Council
Councillor Linda Wallraven – Lewes District Council
Councillor Claire Dowling – Wealden District Council
Becky Shaw – Chief Executive, ESCC
Marie Casey – Voluntary and Community Sector Representative
Colm Donaghy – Sussex Partnership NHS Foundation Trust
Representative of East Sussex Healthcare NHS Trust
Representative of Sussex Community NHS Trust
Katy Bourne – Sussex Police and Crime Commissioner

A G E N D A

- 1 Minutes of meeting of Health and Wellbeing Board held on 7 July 2015 (*Pages 3 - 6*)
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 East Sussex Joint Strategic Needs Assessment and Assets Annual Report 2014/15
(*Pages 7 - 24*)
A report by the Acting Director of Public Health
- 6 Healthwatch East Sussex Annual Report 2014/15 (*Pages 25 - 58*)
A report by Healthwatch East Sussex

7 MEETING TOPIC: Ageing Population

All meeting attendees

8 Date of next meeting: Tuesday 26 January 2016, 2.30pm

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

28 September 2015

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 7 July 2015.

PRESENT – Councillors Keith Glazier (Chair), Trevor Webb, Bill Bentley, Pat Rodohan, Claire Dowling, Councillor Margaret Salisbury, Dr Elizabeth Gill, Stuart Gallimore, Keith Hinkley, Cynthia Lyons, Sarah MacDonald and Julie Fitzgerald

ALSO PRESENT – Councillor Mike Turner; Becky Shaw; Marie Casey; and Carl Rushbridge

1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 28 APRIL 2015

1.1 The minutes of the previous meeting were agreed.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Dr Martin Writer (Dr Alison Grimston substituted), Amanda Philpott (Jessica Britton substituted), Cllr Martin Kenward, Cllr Linda Wallraven, Colm Donaghy, Katy Bourne (Carl Rushbridge substituted), and Darren Grayson.

3 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

3.1 There were no disclosures of interest.

4 URGENT ITEMS

4.1 There were no urgent items.

5 GOVERNANCE OF THE HEALTH AND WELLBEING BOARD - REPORT BY CHIEF EXECUTIVE, EAST SUSSEX COUNTY COUNCIL

5.1 The Board considered a report by the Chief Executive of East Sussex County Council on proposals to amend its terms of reference and to agree what type of issues it should consider at its meetings.

5.2 Cllr Claire Dowling expressed her support for the current system used by the district councils whereby one district councillor represents all three districts as the voting member on the Board for a year at a time.

5.3 Cllr Mike Turner expressed his support for the current system used by the borough councils whereby their voting member on the Board is alternated from meeting to meeting between Eastbourne Borough Council and Hastings Borough Council.

5.4 Cllr Keith Glazier said that he was happy for districts and borough councils to continue to agree amongst themselves how they choose to appoint their two voting members of the East Sussex Health and Wellbeing Board.

5.5 Cllr Keith Glazier argued – and the Board agreed – that the term “observer with speaking rights” was a more accurate title than “non-board representatives with speaking rights”; observers are technically board members of the East Sussex Health and Wellbeing Board – albeit without the voting rights of full members – so the term “non-board representative” is inaccurate.

5.6 RESOLVED: The East Sussex Health and Wellbeing Board agreed:

- 1) To continue to allow district and borough councils to choose how they nominate their voting member of the East Sussex Health and Wellbeing Board;
- 2) To agree to retain the term “observer with speaking rights”; and
- 3) To agree the proposals for agenda management set out in paragraph 3 of the report.

6 HEALTH AND WELLBEING STRATEGY ANNUAL REPORT - REPORT BY THE CHIEF EXECUTIVE, EAST SUSSEX COUNTY COUNCIL

6.1 The Board considered a report by the Chief Executive of East Sussex County Council providing an update on the annual progress of the East Sussex Health and Wellbeing Strategy.

6.2 The following additional information was provided in response to questions from the Board:

- The £200 million proposed reduction in the Department of Health’s non NHS Budget was still out for consultation, although it was expected to be confirmed. This will result in an expected £1.7-2 million reduction in the Public Health Grant, which will have an impact on a wide range of public health services commissioned by the Council that could be exacerbated by the potential removal of the ring fence around the Grant. The Reconciling Policy, Performance and Resources (RPPR) process will help the Council to model and plan for these reductions in public health funding. Furthermore, any decision will need to be taken in conjunction with the Council’s commissioning partners as part of the East Sussex Better Together (ESBT) programme.
- Steps were taken during 2014/15 to help ensure that the number of old people admitted to hospital due to falls achieved a target reduction of 1% per year. The impact of these changes is expected to be seen in the Quarter 4 data, but that data is not yet available.
- There will be no additional resource available to assist with the conversion of Statements to Education, Health and Care Plans (ECHPs), but the Council will increasingly be measured on the number of conversions it achieves. At the same time, the Council could be taken to tribunal by a carer if there is a delay in the processing of a new ECHP. As a result, the Children’s Services Department will need to find a balance between converting Statements and creating new ECHPs.
- Although there has been no developed measure for improving the experience of care for people at the end of their lives, as part of the ESBT programme, the Council and Clinical Commissioning Groups (CCGs) will work more closely with patients and carers to provide them with care that reflects their needs and preferences.

6.3 RESOLVED:

- 1) To note the report and its contents; and
- 2) To agree the proposed changes to the measures and targets set out in paragraph 4.2.

7 QUALITY PREMIUM LOCAL MEASURES FOR 2015/16 - REPORT BY THE ASSOCIATE DIRECTOR OF STRATEGY AND GOVERNANCE FOR THE CCGS

7.1 The Board considered a report the CCGs asking for support for the CCGs' Quality Premium Local Measures 2015/16 which relate directly to the East Sussex Health and Wellbeing Strategy and CCG plans.

7.2 The CCGs clarified that although Eastbourne, Hailsham and Seaford CCG included as a local measure "people who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital" and Hastings and Rother CCG did not, the target would still apply to the whole of the catchment area of East Sussex Healthcare NHS Trust (ESHT) – including the Hastings and Rother area. This allowed Hastings and Rother CCG to set local measures to deal with issues that were particularly serious in its catchment area, such as maternal smoking. The admission time to a stroke unit of four hours was appropriate as it reflected the time it takes to test, diagnose and transfer patients; reflected national standards for stroke care; and was achievable within available resources.

7.3 RESOLVED: The East Sussex Health and Wellbeing Board agreed with and offered its support to the Quality Premium measures which Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG had identified within their plans for 2015/16.

8 MEETING TOPIC: HEALTH INEQUALITIES

8.1 The Board received a presentation from Joanne Bernhaut, Consultant in Public Health, HWLH CCG, on behalf of all three CCGs.

8.2 The Board noted that the work of the CCGs in the development of their health inequalities action plans including a range of activity such as the Practice Connect Worker Model; Healthy Hastings and Rother programme consisting of 50 projects; and a focus on improving outcomes, reducing variation and improving access.

8.3 The presentation highlighted the main contributory reasons for health inequalities including:

- The wider determinants of health: education, employment, housing
- Lifestyle factors: smoking, diet, exercise
- Health services we use (including preventative care)

8.3 The Board then received a presentation from Marie Casey, SEAP Advocacy Chief Executive, VCS Representative, on the role of the sector in tackling health inequalities.

8.5 The Board noted the work of the VCS included a range of activities such as Healthy Living Clubs, Time to Talk and the SEAP Benefits Advocacy Project.

8.4 The meeting was formally ended and the Board Members broke off into three informal groups and asked to work through a series of questions about health inequalities.

(The meeting ended at 3.44 pm)

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Report to: **East Sussex Health and Wellbeing Board**

Date: **6 October 2015**

Report by: **Acting Director of Public Health**

Title: **East Sussex Joint Strategic Needs Assessment and Assets Annual Report 2014/15**

Purpose: **To present to the Health and Wellbeing Board the 2014/15 Joint Strategic Needs and Assets Assessment Annual Report which outlines the updates and developments that have taken place during the year.**

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board note the 2014/15 Joint Strategic Needs and Assets Assessment Annual Report

1. Background

1.1 The Joint Strategic Needs Assessment (JSNA) programme was established in 2007 and reported on the health and wellbeing needs of the people of East Sussex. It brought together detailed information on local health and wellbeing needs to inform decisions about how we design, commission and deliver services to improve and protect health and reduce health inequalities.

1.2 In January 2012, a dedicated JSNA website was launched. All JSNA work and resources are placed on the East Sussex JSNA website (www.eastsussexjsna.org.uk) so that it provides a central resource of local and national information.

1.3 In February 2015, the JSNA became the Joint Strategic Needs and Assets Assessment (JSNAA). This was to reflect the inclusion of assets (ie. strengths and resources) in the assessment rather than just focussing on the needs (i.e. problems) of the population of East Sussex. This was a recommendation within the Annual Report of the Director of Public Health for 2014/15, *Growing Community Resilience in East Sussex*.

2. Introduction

2.1 The 2014/15 Joint Strategic Needs and Asset Assessment Annual Report provides a summary of the updates and developments to the JSNAA during 2014/15 and presents recommendations which will be addressed as part of the 2015/16 work plan.

3. Updates and Developments

3.1 There have been a total of sixty eight updates and developments to the JSNAA throughout the year. This includes annual updates of the Local Needs Profiles, JSNAA Scorecards and associated profiles that are based on them, forty three National Profiles, three Comprehensive Needs Assessments and seven Local Briefings. Updates are detailed on page 4-7 of the annual report.

3.2. This report makes the following three recommendations which have been incorporated into the 2015/16 work plan:

1. Further develop the communications plan with input from communications experts to promote the resources to a wider audience.
2. Increase the number of subscribers to the monthly email alerts by at least 10% by March 2016.

3. Further engage with users and potential users of the site to gain feedback on current resources and insights into user needs. This will be incorporated into the communications plan and will include a user survey launched at the same time as the release of the JSNAA indicator scorecards in February 2016.

4. Conclusion and Reason for Recommendation

4.1 The 2014/15 JSNAA annual report provides detail of all the updates and developments to the JSNAA throughout 2014/15.

4.2 It is recommended that the Health and Wellbeing Board note the report and in particular the inclusion of assets to produce a more holistic assessment.

CYNTHIA LYONS

Acting Director of Public Health

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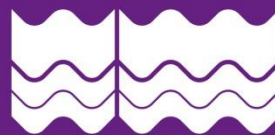
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Local Members

All

Background documents

None



Joint Strategic Needs and Assets Assessment 2014/15 Annual Report

June 2015

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1. INTRODUCTION

In February 2015, the East Sussex Joint Strategic Needs Assessment (JSNA) became the Joint Strategic Needs and Assets Assessment (JSNAA). This was to reflect the inclusion of assets (i.e. strengths and resources) in the assessment rather than just focussing on the needs (i.e. problems) of the population of East Sussex. This was a recommendation within the Annual Report of the Director of Public Health for 2014/15, *Growing Community Resilience in East Sussex*¹.

The Joint Strategic Needs & Assets Assessment (JSNAA) is a resource of local and national information to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The JSNAA is an on-going, iterative process, led by Public Health within the County Council.

The JSNAA is used to:

- provide a comprehensive picture of the health and wellbeing needs of East Sussex (now and in the future).
- inform decisions about how we design, commission and deliver services,
- improve and protect health and wellbeing outcomes across the County while reducing health inequalities.
- provide partner organisations with information on the changing health and wellbeing needs of East Sussex, at a local level, to support better service delivery.
- provide an evidence base for the [Joint Health and Wellbeing Strategy](#)², identifying important health and wellbeing issues for East Sussex, and supporting the development of action plans for the 7 priorities in the strategy.

During 2014/15 the JSNAA supported work on a range of specific priority areas and informed the council and partners on the wider health and wellbeing of the people of East Sussex.

All JSNAA work undertaken and resources developed are available on the East Sussex Joint Strategic Needs & Assets Assessment website (www.eastsussexjsna.org.uk) which went live on 31 January 2012 and since then has been visited over 18,700 times by over 8,900 unique users to the site³.

This report provides a summary of the updates and developments to the JSNAA during 2014/15.

¹ www.eastsussexjsna.org.uk/publichealthreports

² <http://www.essp.org.uk/what-we-do/Pride-of-Place/Health.aspx>

³ Google analytics data between 31st January 2012 and 10th June 2015

2. JSNAA ADDITIONS AND UPDATES

There have been many updates to the JSNAA throughout the year ranging from new national profiles being added to the complete annual update of the JSNAA indicator scorecards in March 2015.

The JSNAA indicator scorecards have been produced since 2008 and present data based on the national JSNA Data Inventory⁴ supplemented with other local data. There are two views: the National Health Service (NHS), and Local Authority. The NHS view presents data at GP practice, locality, Clinical Commissioning Group (CCG) and county levels. The Local Authority view presents data at electoral ward, district/borough and county levels. The NHS and Local Authority view scorecards both contain 268 indicators arranged in 5 sections. Area scores that are significantly higher or lower than the East Sussex scores are highlighted. Area Summaries (called Commentaries in previous years) are available for each CCG and its localities within the NHS view and for Districts/Boroughs within the Local Authority view. Area Summaries provide key features of each area using the indicator scorecards. Individual GP practice profiles are available in the NHS view that pull together all available scorecard indicators for each practice.

This section lists the updates and developments between 1st April 2014 and 31st March 2015.

There have been a total of sixty eight updates and developments to the JSNAA throughout the year. This includes annual updates of the Local Needs Profiles, JSNAA Scorecards and associated profiles that are based on them, forty three National Profiles, three Comprehensive Needs Assessments and seven Local Briefings.

Table 1 lists all the additional resources added to the JSNAA during 2013/14.

Table 1: Additions to the JSNAA during 2014/15

Month	Description
Apr-14	Overview - Labour market analysis from the 2011 Census
Apr-14	National Profile - End of Life Care Profiles for Clinical Commissioning Groups (CCGs)
Apr-14	National Profile - Local Authority Outcome Information Pack
Apr-14	Local briefing - Adult Social Care Client Experience Survey results, 2012/13
Apr-14	Local briefing - Adult Social Care Client Equalities data set report, 2012/13
Apr-14	National Profile - Local sport profile
Apr-14	National Profile - Diabetes Footcare Activity Profiles

⁴ http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3511127/ARTICLE

Month	Description
Apr-14	National Profile - Sexual and Reproductive Health Profiles
Apr-14	Comprehensive Needs Assessment - Borderline Personality Disorder Rapid Needs Assessment
May-14	Local briefing - Accidents and injuries in under 25s
May-14	National Profile - Local Alcohol Profiles for England (LAPE)
May-14	Local briefing - Smoking in East Sussex
May-14	Overview - Update of the Public Health Outcomes Framework Profile for East Sussex
Jun-14	National Profile - Community Mental Health Profiles
Jun-14	National Profile - Common Mental Health Disorders Profiles
Jun-14	National Profile - Severe Mental Illness Profiles
Jun-14	National Profile - Neurology Profiles
Jun-14	National Profile - English Road Safety Comparison Profile
Jul-14	National Profile - Cardiovascular Disease (CVD) Commissioning for Value focus packs
Jul-14	National Profile - Commissioning for Value CCG data packs
Jul-14	National Profile - Local Health
Jul-14	National Profile - 2014 Health Profiles
Jul-14	Comprehensive Needs Assessment - Child and Adolescent Mental Health Services (CAMHS)
Jul-14	Local Briefing - Assessing Alcohol Licensing Framework
Aug-14	East Sussex Pharmaceutical Needs Assessment
Aug-14	National Profile - Cardiovascular Disease (CVD) profiles
Aug-14	National Profile - Atlas of Variation for Mental Health
Aug-14	Overview - Update of the Public Health Outcomes Framework Profile for East Sussex
Sep-14	National Profile - Marmot Indicators for Local Authorities in England 2014
Sep-14	National Profile - Local Cancer Intelligence for CCGs
Sep-14	National Profile - Local Authority Spend and Outcome Tool (SPOT)
Oct-14	Overviews - CCG Local Needs and Assets Profiles. These included details of assets within each area for the first time.
Oct-14	National Profile - Liver Disease Profiles
Oct-14	National Profile - Children's and Young People's Mental Health and Wellbeing Profiles
Oct-14	National Profile - JSNA support packs for Drugs and Alcohol
Oct-14	National Profile - Sexual and Reproductive Health Profiles

Month	Description
Oct-14	National Profile - JSNA support pack for Tobacco
Nov-14	Overviews - Local Authority Local Needs and Assets Profiles
Nov-14	National Profile - Commissioning for Value, CCG "Pathways on a page" packs
Nov-14	National Profile - Healthier Lives (Diabetes, Hypertension & Health Checks)
Nov-14	National Profile - Local Tobacco Control Profile
Nov-14	Overview - Update of the Public Health Outcomes Framework Profile for E Sx
Dec-14	Annual Report of the Director of Public Health for 2014/15
Dec-14	National Profile - Co-existing substance misuse & mental health issues profiling tool
Dec-14	National Profile - Infant Mortality and Stillbirths Profiles
Dec-14	National Profile - Interactive Health Atlas of Lung conditions in England (INHALE)
Dec-14	National Profile - National General Practice Profiles
Dec-14	National Profile - Healthier Lives (Alcohol and Drugs)
Dec-14	National Profile - CVD Commissioning for Value CCG focus packs
Jan-15	National Profile - Local Health
Jan-15	Local Briefing - CCG Equality and Diversity Profiles
Feb-15	JSNAA rebranding on the website
Feb-15	Based on user feedback the most recent Overviews and Needs Assessments added to home page under relevant section to help users access key documents
Feb-15	Based on user feedback the word "Surveys" added to the Evidence & Links pages to help users navigate to key content.
Feb-15	NHS View Scorecards and Area Summaries added, and previous years moved
Feb-15	Local Authority View Scorecards added, and previous years moved
Feb-15	GP Practice and Locality Profiles added
Feb-15	National Profile - Commissioning for Value CCG Integrated Care Pathways data packs
Feb-15	National Profile - Spend and Outcome Tool (SPOT) for CCGs and LAs
Feb-15	National Profile - Diabetes Outcomes Versus Expenditure (DOVE) tool
Feb-15	National Profile - National Child Measurement Programme (NCMP) Profile
Feb-15	National Profile - Local Tobacco Control Profiles
Feb-15	Overview - Update of the Public Health Outcomes Framework Profile for East Sussex
Mar-15	Local Authority View Area Summaries added
Mar-15	National Profile - Suicide Prevention Profiles

Month	Description
Mar-15	National Profile - Severe Mental Illness Profiles
Mar-15	National Profile - Common Mental Health Disorders
Mar-15	Local Briefing - Alcohol Related Health Harm

3. ACCESSING THE JSNAA

Introduction

Some people access the JSNAA through the Public Health Team but the vast majority of people access it through the JSNAA website.

The JSNAA website is accessed by a large range of people. An analysis of activity on the website during 2014/15 was undertaken, using a Google Analytics tool, which provides data on numbers of users accessing the site, the number of visits by those users, how users are referred to the site and a wide range of other useful analyses.

This section provides a summary of the key activity and Table 2 shows a summary of the results

Table 2: Summary of activity

3,341 users	5,216 visits	92% access from a desktop/ laptop computer
The most popular page, after the home page, was the scorecard page	28% increase in subscribers to email alerts	Average time on site per visit is 6 mins 12 seconds
6,530 documents downloaded from the site	On average users access 5 pages per visit	435 visits per month

JSNAA website overall activity

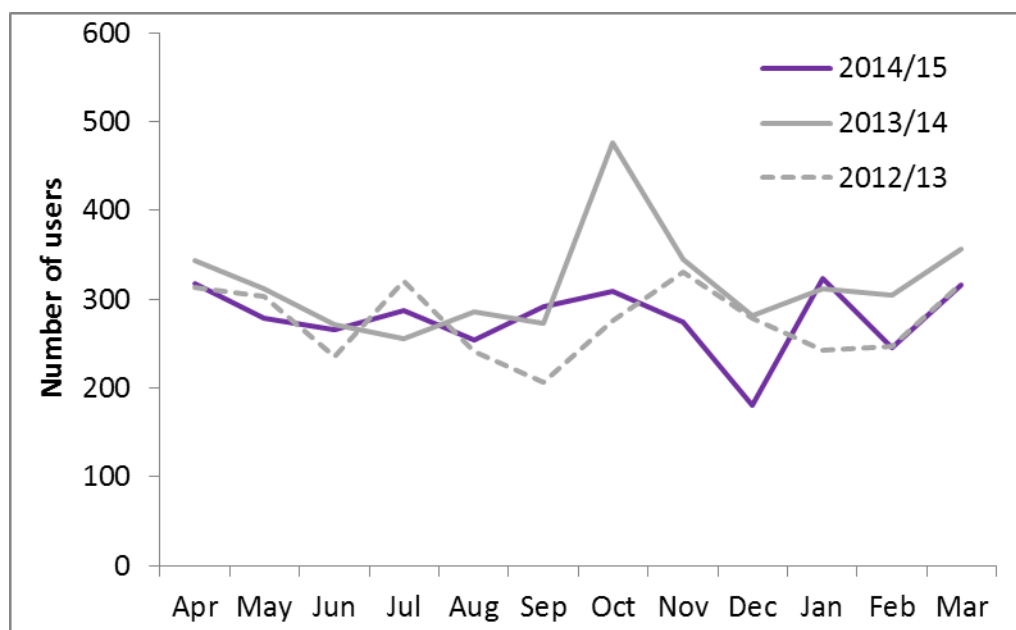
Number of users and visits

The website went live on 31 January 2012 and since then there have been over 18,700 visits by over 8,900 unique users to the site⁵.

During 2014/15, 3,341 unique users accessed the site. This was a decrease of 13% on the previous year. The number of visits in 2014/15 totalled 5,216, which was a decrease of 18% on the previous year.

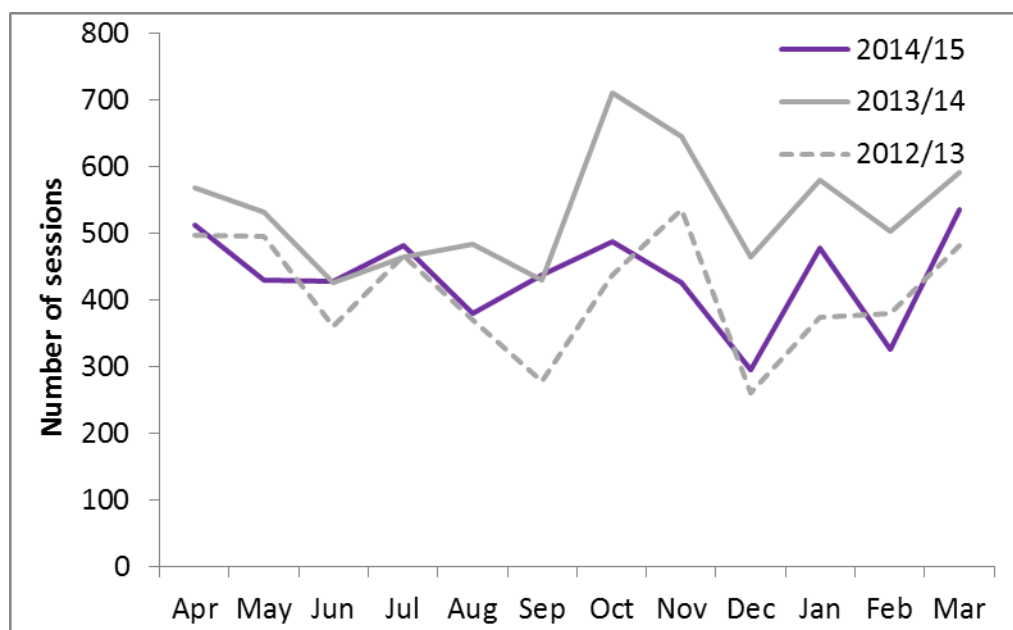
Charts 1 and 2 below show the trend by month of activity on the site. The peak in October 2013 coincides with the launch of the Local Needs Profiles (these are overview documents for East Sussex and for each district/borough local authority and Clinical Commissioning Group) and the promotion of these products at the time.

Chart 1: Number of users to the website, 2012/13 to 2014/15



⁵Google analytics data between 31st January 2012 and 10th June 2015

Chart 2: Number of visits to the website, 2012/13 to 2014/15

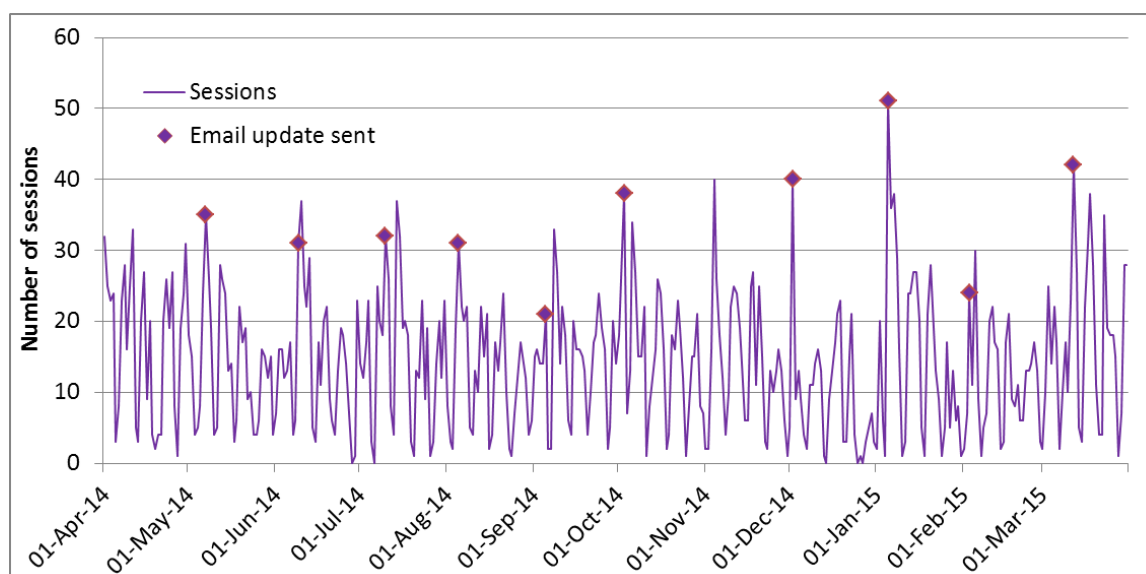


Monthly email alerts

A monthly email alert has been in place since May 2013 which alerts subscribers to new work and/or resources added to the website. During 2014/15 the number of subscribers has **increased by 28%** from 158 on 1st April 2014 to 203 by the end of March 2015

Chart 3 shows the number of visits to the website in 2014/15 by day with the date each monthly email update was sent labelled. There are clear peaks of activity the day or very soon after an email update has been sent to subscribers. This clearly shows that the email alert is influencing users activity on the website, prompting them to click on the links in the email that direct them to the new JSNAA work and/or resources added.

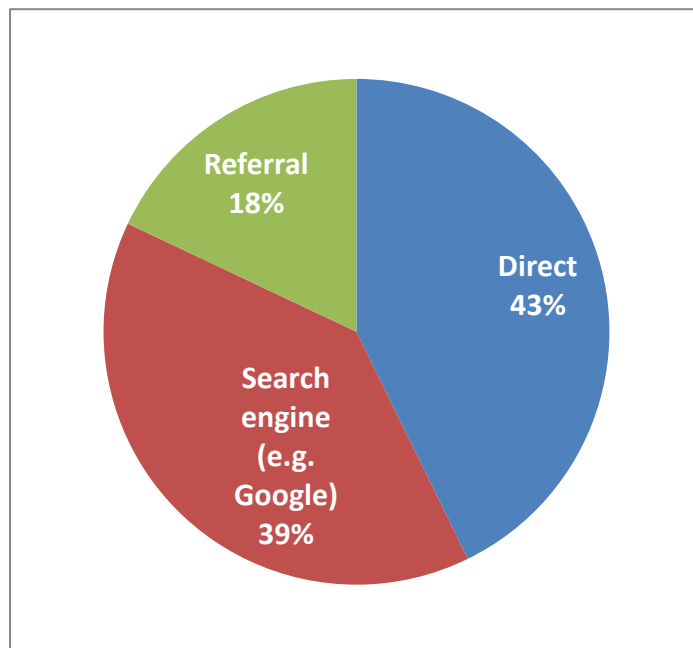
Chart 3: Number of visits by day, 2014/15



Sources of traffic to the website

The following section looks at how users came to the website.

Chart 4: How users reached the site in 2014/15



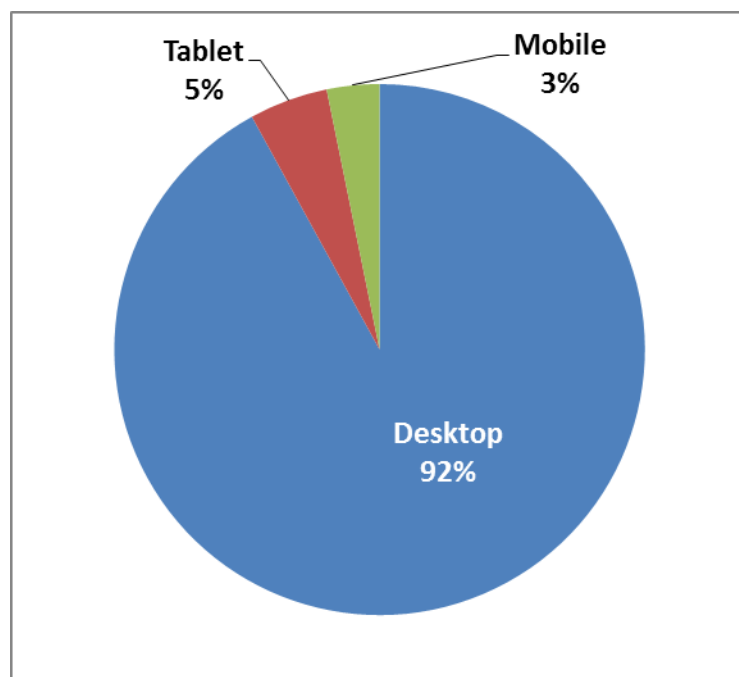
Most visits to the site were either direct, by going straight to the JSNAA site or by using a search engine. The most popular of these search engines was Google (80%) followed by Bing (17%).

Direct navigation to the site could either be from a person typing the address into their browser, using a bookmark or clicking on a link from the JSNAA monthly subscription email.

18% of users were referred from another source. Of the referrals to the site 40% were from the council's website, 18% were from the East Sussex Strategic Partnership (ESSP) site (essp.org.uk) 10% from the council's intranet.

Users technology

Chart 5: Technology used to visit the site, 2014/15



92% of visits to the website are done so using a desktop (including a laptop) computer. This will reflect the professional nature of current users accessing the site from their work computer. This is very similar to 2013/14 when 94% accessed from a desktop.

Bounce rate: The percentage of visitors who enter the site and "bounce" (leave the site) rather than continue viewing other pages within the same site. It is expressed as a percentage and represents the proportion of visits that end on the first page of the website that the visitor sees.

The higher bounce rate and fewer pages viewed per visit from tablet and mobile devices (table 3) may be a reflection that the site is harder to view and navigate from a tablet or

mobile device. Or they may represent a group who are simply looking at the site whilst on the go or in meetings and therefore unable to spend a long time on the site.

Table 3: Visits by technology used, 2014/15

Device	Visits	% New Visits	New Users	Bounce Rate	Pages / Session	Avg. Session Duration (mins)
Desktop	4,799	49%	2,348	28%	4.95	05:11
Tablet	250	60%	149	40%	3.54	03:13
Mobile	167	86%	143	59%	2.50	01:39
Total	5,216	51%	2,640	30%	4.81	04:59

Time spent on the website

New users on average spend just under 4 minutes on the site and visit around 4 pages during their visit (table 4). This increases to over 6 minutes and 6 pages for returning users.

Table 4: Visit duration, 2014/15

User Type	Visits	Bounce Rate	Pages Per Visit	Avg. Session Duration (mins)
New Visitor	2,640	38%	3.9	03:40
Returning Visitor	2,576	22%	5.7	06:19
Total	5,216	30%	4.8	04:59

Website pages visited and documents accessed

Table 5: Top 10 landing pages (1st page visited) on the website, 2014/15

Page	Page views
Home page	2,741
Director of Public Health Annual Report	302
Local Needs & Assets Profiles	181
Scorecards	155
Comprehensive Needs Assessments	98
Public Health Outcomes Framework	79
Local briefings	76
Access to East Sussex in Figures	52
National Profile - SPOT	46
National Profile - Diabetes	42
Total	5,216

As expected, the JSNAA website home page (www.eastsussex.gov.uk/index) was the most popular page to enter the website on. This was followed by the Director of Public Health Annual Reports, Local Needs & Assets Profiles and the scorecards.

The home page again features at the top when looking at the most popular page visited overall. This is followed by the JSNAA scorecards section and Director of Public Health Annual Reports.

Table 6: Top 10 pages visited overall, 2013/14

Page	Page views
Home page	3,908
Scorecards	1,067
Director of Public Health Annual Report	781
Local Needs & Assets Profiles	648
Comprehensive Needs Assessments	610
National Profiles	609
Overviews	589
Local briefings	542
NHS View Scorecards & Area Summaries	527
Access to East Sussex in Figures	445
Total	25,080

The last two Director of Public Health Reports were the 1st and 2nd most downloaded documents from the site. Accessed/downloaded documents are those that are opened and viewed. The Local Needs Profiles and Scorecards also had high numbers of downloads.

Table 7: Top ten documents accessed from the website, 2014/15

Document	Downloads
Director of Public Health Report 2014/15	214
Director of Public Health Report 2013/14	187
Hastings and Rother CCG Local Needs & Assets Profile 2014	152
Eastbourne, Hailsham and Seaford CCG Local Needs & Assets Profile 2014	117
Local Authority View Scorecards 2014	116
East Sussex Local Needs Profile 2013	113
NHS View Scorecards 2013	107
Eastbourne, Hailsham and Seaford CCG Local Needs Profile 2013	97
East Sussex Local Needs & Assets Profile 2014	76
East Sussex PHOF Profile, Aug 2014	76

Table 8 shows all of the accessed documents in 2014/15 grouped into broad categories. This shows the popularity of the National profiles, Local Needs Profiles and scorecards.

Table 8: Summary of accessed documents, 2014/15

Document type	Downloads	
	Number	%
National profile	1,376	21%
Local Needs Profile	1,010	15%
Scorecards	804	12%
Director of Public Health Report	796	12%
Comprehensive Needs Assessment	617	9%
Practice profile	586	9%
Area Summary	480	7%
Local briefing	394	6%
PHOF profile	253	4%
Evidence review	122	2%
Survey report	65	1%
Other overview document	27	0%
Grand Total	6,530	100%

4. KEY FINDINGS AND RECOMMENDATIONS

Key findings

The monthly email alert system has become a very useful way of encouraging core users to access the JSNAA resources regularly.

The vast majority of users of the site continue to access from a desktop rather than mobile/tablet technology.

Both the number of overall users and the number of visits has reduced in 2014/15 compared to 2013/14. It is clear that promotion of the JSNAA resources is required to a wider audience than subscribers to monthly email alerts.

Engagement with users and potential users of the site should be undertaken in 2015/16 to understand more about current and potential user needs. A user survey to coincide with the next annual release of the JSNAA indicator scorecards in February 2016 would both publicise the release of a JSNAA key resource and allow feedback from a wider audience.

Update on 2013/14 recommendations

Progress made against the three recommendations in the 2013/14 annual report is outlined below.

1. Develop a communications plan to promote the JSNA and the JSNA website and increase the number of subscribers to the monthly email alerts. The communications plan would look at improving the referral rates from sites, such as local NHS sites, and also building on the popularity of key publications such as the Local Needs Profiles, JSNA scorecards and Director of Public Health Reports, to boost subscriptions to the monthly email update.

Progress Update: A communications plan was developed and articles were included in partner newsletters, e.g. those produced for East Sussex Strategic Partnership, Health & Wellbeing Board. These articles included inviting people to subscribe to the monthly email alert. Subscribers increased by 28% during 2014/15. Links to the Local Needs Profiles were already placed on the Clinical

Commissioning Groups websites but in March 2015 this was supplemented with a link to the main site so as to facilitate access to all the resources on the website.

2. Make improvements to the navigation of the website.

Progress Update: Several improvements were made to the website during the re-branding from JSNA to JSNAA. The home page was also updated to include the latest overviews and Comprehensive Needs Assessments listed underneath each relevant section. There are several resources relating to population surveys that have been undertaken locally in East Sussex. Based on user feedback the word “Surveys” was added to the Evidence & Links pages to help users navigate to these resources.

3. Consider how navigation and experience of the site can be improved for users accessing the site from a tablet or mobile device.

Progress Update: In March 2015, the site was tested by information technology experts for usability from mobile devices. They confirmed that the responsive design of the website worked and that the page adapt to a mobile friendly version if accessed from a mobile/tablet device. Almost all of the downloadable documents on the website are in a pdf format which works well on mobile devices.

Recommendations

This 2014/15 annual report makes the following three recommendations which will be addressed as part of the 2015/16 work plan:

1. Further develop the communications plan with input from communications experts to promote the resources to a wider audience.
2. Increase the number of subscribers to the monthly email alerts by at least 10% by March 2016.
3. Further engage with users and potential users of the site to gain feedback on current resources and insights into user needs. This will be incorporated into the communications plan and will include a user survey launched at the same time as the release of the JSNAA indicator scorecards in February 2016.

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Report to: **East Sussex Health and Wellbeing Board**

Date: **6 October 2015**

By: **Director Healthwatch East Sussex**

Title of report: **Healthwatch East Sussex Annual Report 2014/15**

Purpose of report: **To provide a summary of the Healthwatch East Sussex annual report 2014/15.**

RECOMMENDATIONS

The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

1. Background

- 1.1 Attached as appendix 1 is the Healthwatch East Sussex Annual Report 2014/15.
- 1.2 The Healthwatch East Sussex Annual Report 2014/15 reflects upon Healthwatch's second year of activities and highlights the achievements and developments the organisation has made. It also reports on Healthwatch East Sussex's delivery against its statutory responsibilities as a local Healthwatch organisation.

2. Conclusion and Reason for Recommendation

- 2.1 The Board is recommended to consider and note the report.

JULIE FITZGERALD
Director Healthwatch East Sussex

Contact officer: Richard Eyre
Tel No: 01323 723944

Members

All

Background documents

None

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Healthwatch East Sussex

Annual
Report

2014/2015





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Note from the Director



Welcome to the 2014-15 Annual Report for Healthwatch East Sussex. This report reflects upon the second year of our activities and highlights the achievements and developments the organisation has made. It also reports on delivery against our statutory responsibilities as a local Healthwatch.

We entered this year with enthusiasm and commitment to maintain the high standards we set ourselves in year 1. This was not without its challenges, and I'm pleased to report that the team has continued to put the voice and experience of you, the residents of our county, at the heart of all Healthwatch East Sussex does.

Operationally, we are now located in a single office. This co-location has allowed us to review the systems, procedures and policies we have in place, providing more opportunities to develop and grow the effectiveness of Healthwatch East Sussex.

Locally and nationally our relationships have grown with our partners in health and social care commissioning, provision and regulation. This has meant that we are able to share the experiences and opinions that you have brought to us with those who provide these services, so that your views inform and shape them for the future.

During 2014-15 Healthwatch East Sussex has intensified its work to make more

people aware of its existence and purpose. We still have some way to go with this but we are heading in the right direction. Our Information and Signposting services have seen growth each month and we are responding to more complex requests for information, signposting and advocacy. As we enter a new year we have some exciting developments in the pipeline, which will give the people of East Sussex a new opportunity to share their experiences, locate services and make informed decisions in a way that is unique to the county.

I would like to thank you the public, our volunteers, partners and our staff team, all of whom have contributed to the work we have delivered during the year. I hope you find this report interesting and please do get in touch if there is anything you would like to talk to us about.

All of our contact information is available on P.32.

Julie Fitzgerald,

Director, East Sussex Community Voice -
delivering Healthwatch East Sussex



About Healthwatch

We are here to make health and social care better for the people of East Sussex. We believe that the best way to do this is by designing local services around people's needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are your local watchdog, working across all publicly funded health and social care services, gathering feedback and experiences to make services better and more available.

The county of East Sussex has a population of over 526,000 people, and has a mix of dense urban areas, coastal and large rural/semi-rural areas further in land. It is served by a two tier Local Authority system, with a county council; district and borough councils, and two healthcare Trusts. There are also three Clinical Commissioning Groups and emergency response services covering the county via the NHS 111 and 999 services.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision / mission (East Sussex Community Voice)

Healthwatch East Sussex is delivered by East Sussex Community Voice (ESCV). This is a Community Interest Company (CIC) commissioned by East Sussex County Council (ESCC) to deliver Healthwatch. This company is staffed by a small, professional team and is governed by a board of five non-executive directors, who

are accountable for the delivery of the strategic objectives of the company.

ESCV has the following mission:

"Independent but not self-serving; non-bureaucratic and non-political; focused around a small central team; professional in all that it does, focused on building partnerships with existing provision; able to expand if appropriate beyond core Healthwatch functions; sustainable into the future and easy for people to become involved".

ESCV commissions the NHS Complaints Advocacy Service (NHS CA) for East Sussex, and we are further supported by the ESCV Partner Framework. This is a mechanism whereby we draw on the skills and knowledge of local organisations and consultant services to enhance our activity and delivery of projects around research and public engagement. We recognise the importance of utilising local skills and expertise and the added value that these organisations can bring to our work.

Our Strategic Priorities

Our key delivery aim is to ensure that patient and consumer experiences and views, are placed at the heart of service planning and delivery, and are used to improve the quality and delivery of the services people receive.

With the statutory powers Healthwatch East Sussex (HWES) has, we can ensure that the voice and experience of consumers is strengthened and listened to by those who commission, deliver and regulate your health and social care services.

We also provide simple information and signposting services that matter to you, and help you to make informed choices about care and support.

Healthwatch East Sussex hears about a range of experiences, both good and not so good, and we use this evidence to help inform our work activities in the areas of delivery where this information will be most effective.

The Healthwatch East Sussex Team

Healthwatch East Sussex continues to be delivered through its small staff team. This team has been enhanced since our last report by a new member of staff, focussing on the delivery of a “Young Inspector” programme, which has also fed into Healthwatch work-streams.

Our roles and responsibilities include:

- **Director** - strategic overview and statutory engagement locally and nationally
- **Information & Signposting** - enquiries line, signposting and information provision
- **Volunteer & Community Liaison** - co-ordinating volunteer and Enter & View activity, community engagement and outreach, liaison with providers, PLACE visits
- **Stakeholder & Relationship Management** - growing awareness

Our Healthwatch Team (from Top left to bottom right): Flossie Hayllar, Elizabeth Mackie, Charlie Rustem, Jamie Hogben, Kate Richmond, Julie Fitzgerald, Richard Eyre, Heidi Bush.

of the Healthwatch services, strategic development and influencing national policy issues, working with our strategic partners and business development

- **Evidence & Insight** - analysis of public views, evidence and feedback on providers of services, design of engagement tools and methodologies and monitoring of health and social care services
- **Administrator for Public Information** - social media activity, creation of materials for the public and partners, public information
- **Administrator** - administration and support for ESCV CIC and its Board
- **Youth Participation Worker (ESCV)** - coordinating The Young Inspectors, a team of trained young people who provide a service to organisations through a range of inspections.

For more information about our team please visit our website:

www.healthwatcheastsex.co.uk/about-us/meet-the-team





Engaging with people who use health and social care services

Understanding people's experiences

Our second year has seen Healthwatch East Sussex explore different methods of engagement and ways of gathering and collecting your views. Through our statutory functions and some of the activity commissioned through our Partner Framework, we have continued to offer as many routes of access to our services and provide opportunity for all to leave their feedback. These include:-

- A dedicated information and enquiry telephone line, including a text phone facility, delivered in partnership with South Coast Development Association
- A dedicated email address for you to contact us:

enquiries@healthwatcheastsussex.co.uk

- Healthwatch East Sussex "Speak Out" forms to leave comments, with freepost address included
- A newly designed website, incorporating enhanced accessibility features such as "Browse Aloud" and British Sign Language videos
- Increased social media presence, including Facebook & Twitter
- A team of information volunteers providing regular drop in sessions at several library sites around the county

- A specially commissioned service, delivered by Age UK East Sussex, providing information and gathering feedback at targeted events and engagement networks
- Enter & View activity delivered by trained volunteers
- Regular newsletter and e-bulletins, informing people about our activity
- Leaflets, postcards, posters and other promotional material, including Easy Read and translated copies available on request
- A new "Young Inspector" programme, specifically designed to encourage young people to become involved in reviewing and giving their feedback about services

All of the comments and feedback we receive about services are recorded centrally on our database and are analysed for themes and trends, we then take these to those who commission, provide and regulate services both for information and action. Please note that this includes comments received via one of our delivered services e.g. the Information & Enquiry line, Speak Out returns and our commissioned activity. Contacts and trends collected via our Enter & View activity and directed engagement is reported as part of these activities.



During the year we recorded the following number of contacts:

Apr-Jun 45	July-Sept 62
Oct-Dec 149	Jan-Mar 180

We are pleased to see that the number of people we are in touch with has grown. This means that our information and analysis is stronger and provides Healthwatch East Sussex with evidence of experience both good and not so good, to take to providers and commissioners to continually drive forward improvement in the quality of service delivery.

Healthwatch East Sussex recognises the importance of the engagement potential of social media platforms, such as Facebook and Twitter, and we actively engage with the public using these methods.

When analysing our contacts, we can see that we are reaching a younger demographic in the more rural parts of the county, which is hard to do using traditional marketing methods. Healthwatch East Sussex actively looks for new ways of promoting and marketing online, and we are constantly examining ways of improving our online presence.

A 658% increase in the number of people who have liked our Facebook page, with 1168 likes.

There have been over 500 posts to our page, with an average reach of 1500 people per week. From our analysis we have found that most of those who have visited our Facebook page have been in the 35-44 year old age group, while women were three times more likely to visit than men. Our own local research

shows that we rank highly for number of "likes" for Healthwatch in the country.

We use Twitter to find out what people are publicly saying about local services and we are finding that this is a growth area in gaining views and experiences, both directly and indirectly. Our Twitter following has seen a 32% increase in 2014-15 and we have tweeted a total of 1121 items. These have included news about our work, information from partners and helpful articles regarding health and social care.

In the past year, Healthwatch East Sussex has held four online competitions, which attracted more than 900 entries, in turn helping generate awareness and contact.

Our website has received over 6500 hits during the year and we now have 1032 regular subscribers to our e-bulletin newsletter.

Healthwatch East Sussex has invested significantly in our communication and engagement methods. This has allowed us to gather feedback and provide information to a far reaching audience, alongside the more traditional methods such as newsletter, survey and telephone.

We believe that the past 12 months have been very successful for Healthwatch East Sussex, in respect of our engagement through all of our digital and social media related activity and we view this as a valuable tool. We are also developing our capability to podcast and create video content, so that local people can learn about the changes that are taking place in health and social care in East Sussex, giving people access at any time of the day to our feedback services, wherever they are.

During 2014-15 Healthwatch East Sussex has continued to engage widely with people from communities whose voices



may not be readily heard or involved in the monitoring and delivery of quality services. The following pages will provide some examples of where we have worked alongside people to make sure that their voice is heard.

Involving people and gaining the views of:

Young People

East Sussex Community Voice, as part of the delivery of Healthwatch East Sussex and in partnership with East Sussex County Council Children's Services, has launched and supported a Young Inspector Programme. This programme recruits and supports young people aged 11-19 to inspect services and provide feedback from the perspective of young people about their experience on a range of topics, such as accessibility, cost and suitability. A professional worker has been recruited to facilitate this. Initially this programme was aimed at services other than health and social care, with two inspections taking place at a local bowling alley and an art gallery.

During the latter part of the year our Young Inspectors were asked to take part in a small scale PLACE inspection at Eastbourne District General Hospital, to look at services from a young person's perspective. The feedback from this was shared with the provider and was received with interest. It was also found that immediate improvements could be made to elements of a service, which were followed up and implemented as a result of this visit - see impact story 1 on Page 24.

As a result of this a Young Inspector has been asked to take part in the formal PLACE inspection programme.

One of our Young Inspectors was also involved in analysing and scoring bids for the re-tender of the Wheelchair Service for East Sussex and played a key role in providing feedback. After this activity we received requests to work with ESCC and students from Hazel Court Special School on the Special Educational Needs and Disability (SEND) reforms, where young people with additional needs communicated what was important to them in advance of writing up Education, Health and Care plans.

"I like being a Young Inspector. I wasn't that confident at first but now I'm pretty confident. You gain experience and can learn from it. And you are helping make a difference."

Young Inspector

Older People

The main focus of our Enter and View activities this year has been reviews of the treatment of older people, with particular focus on discharge procedures and treatment of older / vulnerable people in hospital. Please see our dedicated section regarding Enter & View on Page 13 for more detail about this.

People volunteering or working in East Sussex, but living out of county

This year has seen Healthwatch East Sussex work collaboratively with our neighbouring Healthwatch organisations, especially on Enter and View activity. There are a small number of volunteers from outside the county expressing interest to be involved in East Sussex activities and volunteers who live out of county have expressed an interest in accessing parts of our training programme.



Our volunteers also undertake activities such as Patient Led Assessments of Care Environment (PLACE) with providers who deliver services across several areas in the south east.

Disadvantaged people or people who may be vulnerable

The area of mental health has provided Healthwatch East Sussex with some unique opportunities to engage with people about their experiences and feedback to providers to share good practice and suggest improvements. One of the priorities identified through research and feedback concerned the lack of telephone support available for people who may require help and who may need support to access services, particularly out of hours. The aim of this work was to seek the views and experiences of people with mental health needs, and their families, carers and supporters, on what services are useful at times of crisis and on people's experiences of the helplines which are currently available.

A key observation from this report identified that: "the appropriateness of responses to mental health crises by out of hours services would bear closer monitoring, together with the general issue of the availability of services at weekend. Only the helpline, the Samaritans and Accident and Emergency (A&E) appeared to be available".

A number of visits were also made to inpatient services in East Sussex, including the Hellingly Centre Secure & Forensics unit for mental health services. The purpose of these visits were to understand what type of services are provided in East Sussex for people with mental health needs, and how Healthwatch could engage with patients using these services to gather their views.

Following these visits, Sussex Partnership NHS Foundation Trust (SPFT) was provided with a report outlining the findings. There is now in place an agreement for Healthwatch East Sussex to explore the development of further work to complement existing peer support forums, to provide continued engagement with patients into 2015-16.

Healthwatch East Sussex now chairs the Client & Carer Safeguarding Advisory Network. The Care Act 2014 guidance has been published and this specifies that Safeguarding Adult Boards (SABs) must take account of the views of people who use care and support, their families and carers, when developing safeguarding policy and practice. Moreover, it states that the SAB must consult with the local Healthwatch and the community when developing its strategies and plans.

In line with these duties, there was a recommendation from the Peer Review of the East Sussex Safeguarding Adults Board in May 2014 that a representative from Healthwatch take on the role of the Chair of the Client and Carers Safeguarding Advisory Network (CCSAN). This was to help achieve greater independence and momentum, strengthening the client and carer voice in shaping safeguarding practice. This recommendation was agreed by the SAB and since November 2014 a member of the Healthwatch staff team has been in the role of chair for this network. The network exists to enable a two way exchange of information between the voice of client and carers and the SAB, and to enable feedback to be given on the plans and strategic direction of the wider safeguarding network for East Sussex.



Caption: CCSAN Network Members

People who are seldom heard

Our “No Barriers to Health” report explored the provision of language support and bilingual advocacy services in East Sussex, to provide guidance at policy level for providers. Healthwatch East Sussex, had heard that some people were not being provided with interpreters when requested, or local providers were not aware of their requirement to offer such support if requested.

This required looking at the current range and provision for access to translation and interpretation services in East Sussex and working with key providers to identify gaps and areas for improvement. All of our findings have been shared with providers of services and Healthwatch East Sussex is continuing to monitor this going forward.

“Thanks for your time with the deaf community. It was much appreciated and I believe things have improved, certainly in the hospital and we are now seeing some improvement in some of the GP surgeries”

Sussex Deaf Association

You can read the report and our recommendations on our website here:

www.healthwatcheastsussex.co.uk/no-barriers-to-health/#.VVxvW03bKwI

Healthwatch East Sussex has developed an operational statement, aimed at staff who work in East Sussex for health and care services, who wish to “Whistleblow” on poor practice or delivery of care and support, yet may not feel confident doing so within their own structures.

This statement has been shared with partners and Healthwatch England, and is now available by request or via our website here:

www.healthwatcheastsussex.co.uk/about-us/policies-priorities

Public Reference Forum

Healthwatch East Sussex has been developing with strategic partners, a locality based engagement model for the East Sussex Better Together (ESBT) programme, which is planning future health and social care services in the county. This is a 150 week transformation programme led by the three Clinical Commissioning Groups and East Sussex County Council.

We will be delivering a key part of this work through a public reference forum. The forum will be supported by a member of staff working in pre-identified communities across East Sussex, engaging with the public, gathering their views on the changes, and providing information and signposting in relation to this county wide, integrated health and care commissioning programme.

The forum will be made up of local people who have registered an interest in receiving updated information, or who want to share their views and experiences to shape future East Sussex Better Together engagement and consultation events.



Enter & View

An important Healthwatch activity is carrying out Enter and View visits. Local Healthwatch representatives visit local health and social care services to find out how they are being run and make recommendations where there can be improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives 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. Enter and View visits take place if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation. This means we can learn about and share examples of what is working well from the perspective of people who experience a service first hand.

For 2014-15 we have undertaken **48** visits in total, including **four** jointly delivered with Healthwatch Brighton & Hove (plus a further unannounced visit to the Royal Sussex County Hospital) and **two** with Healthwatch Kent.

Hospital Discharge

During the year we undertook two specific activities looking at discharge from hospital. These reviews form part of our "Hospital Pathway" review, which we began in 2013. A review of discharge processes followed our "Pathway to Accident and Emergency" and our study of "Trolley Wait" times, started in 2013-14.

Evidence gathered both via our information and enquiry services and via direct engagement activity, has shown examples of poor experiences related to

access to a service and the patient pathway, when being discharged.

We also found, in discussion with our neighbouring Healthwatch networks that there were some common emerging themes. There was some evidence from our previous activities under "Hospital Pathway" that some of the discharge process was not being delivered effectively and this led to the planning of further work.

Our initial Enter & View focussed on discharge from hospital lounges in our acute hospitals and in three acute settings outside of East Sussex. We spoke to over **90** people and we found that, where support in a community setting was in place, for example good family support, a discharge to the home was overall a good experience. It was found that good information provision for all parties involved in a discharge from hospital was key to ensuring that a person's experience was a positive one and that this was not always the case. Another important factor was involving family, friends and carer support. Healthwatch East Sussex was able to make several recommendations arising from this work, which the acute trust has agreed to review.

A small number of people we spoke to who were discharged into a residential or nursing home setting, however, did not have such a good experience.

Based upon this evidence Healthwatch East Sussex followed up this activity with a further Enter & View, focussing specifically on discharge into a residential or nursing home. Our Authorised Representatives visited **25** care or nursing homes around the county, speaking to managers, staff and where possible, residents who had recently been discharged.



Healthwatch East Sussex found that in instances where discharge was well coordinated, this was a positive experience. There were however some issues of concern, which we are now following up with providers, including examples of people being discharged with a cannula still in place, in states of poor dress and without regard to general cleanliness.

Both of these discharge activities provided little acknowledgment of the role Adult Social Care plays in ensuring discharge is a positive experience. We found that in many instances, where ongoing support and packages of care were put into place as part of discharge, patients were not aware of any social care input into this. We will be exploring this further in 2015.

Healthwatch East Sussex has also been invited to attend multi-disciplinary meetings with all providers, as part of the 'Discharge Improvement Plan' for East Sussex and we look forward to contributing to this process.

Other Enter View activity has focussed around working with our neighbouring Healthwatch organisations in Kent and Brighton and Hove. In partnership with Healthwatch Kent we followed the same methodology used in East Sussex to gather the experiences of patients using acute services on our borders, with a particular interest in those patients who live in East Sussex to understand how their experiences of discharge compares. This activity identified that people living in East Sussex who use services in West Kent have a different experience regarding timely discharges, especially where additional care and support is required from continuing health and social care. This will be explored further in 2015 - 16 as part of a planned activity.

During 2014, both Healthwatch East Sussex and Healthwatch Brighton and Hove received information of concern regarding quality of care of older people at the Royal Sussex County Hospital in Brighton. Healthwatch East Sussex saw this as an opportunity to capture information about out of county services for East Sussex residents.

Information shared with both Healthwatch organisations was reviewed jointly and it was decided to deliver a planned Enter & View looking at the quality of services, especially those for people whose needs are complex.

Both Healthwatch provided Authorised Representatives and although we did inform the provider of our intentions to visit, we arrived unannounced. This enabled Healthwatch to be able to review services impartially and in the moment.

Following our visit we received a comprehensive report from the provider, including information about the training and development being undertaken, challenges experienced in delivering these services and an invite for Healthwatch to join one of its dementia study days. A commitment to deliver the improvement plan was also given and input from Healthwatch was welcomed in this.

This activity will continue as a priority for Healthwatch East Sussex in 2015 - 16 due to the number of patients from East Sussex using Brighton Sussex University Hospital NHS Trust. There is a case study available highlighting best practice guidance on undertaking unannounced enter and view activity to engagement with patients, carers, families and if appropriate, members of staff.



Full details all of our Enter and View reports are available at:

Healthwatch East Sussex:
www.healthwatcheastsussex.co.uk/our-work/

Healthwatch Brighton and Hove:
www.healthwatchbrightonandhove.co.uk/what-weve-done/healthwatch-reports/

or be offered appointment or in a few cases, just left hanging at the end of the phone!

A small number of the contacts made did experience an appropriate signposting to NHS111 service.

Our findings from this activity were screened in March 2015 on Inside Out and our partners and stakeholders were also provided with the information gathered.

Mystery Shopping

HWES was approached by the BBC Inside Out programme for any insight we had gathered about accessing GP appointments, for a regional programme they were planning.

We had available evidence of this as an emerging trend for the county, with many instances recorded of people's experiences trying to book a same or next day appointment. We asked our volunteers to conduct a short mystery shopping research activity who were able to contact 24 out of 30 randomly identified surgeries.

Our findings identified only three surgeries that could offer same or next day appointments. In most cases, volunteers experienced long waiting times for calls to be answered, long automated processes that didn't always result in option to book





Providing information and signposting for people who use health and social care services

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

Healthwatch East Sussex continues to deliver its dedicated Enquiry and Information services and has expanded its reach across the county. Our Information and Signposting advisor coordinates our delivery channels to ensure that we can provide simple, non-clinical information and support for all of the enquiries and request for help we receive.

During 2014-15 our Information and Enquiry telephone and email service was delivered by Sussex Community Development Association.

This service logged **136** contacts and was able to provide information and signposting support on a wide range of requests.

The most popular requests for information related to Access to Services, with **40** of these requests being responded to.

Our number for this line is:

0333 101 4007

In our analysis of this service we have found that there has been growth in the number of requests for information and signposting and that many of these are straightforward. However some of the contacts have developed into complex

issues and have required intensive support to ensure that these are handled with care and understanding and appropriately referred.

An example of this can be seen in our second Impact Story on Page 25.

We now have five volunteers based in libraries across the county, who deliver weekly drop in opportunities. These volunteers are able to provide simple signposting and gather feedback using our Speak Out forms, where people wish to give their views.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Healthwatch East Sussex has developed its infrastructure and operational delivery to ensure that it can robustly use patient and consumer voice to influence those who provide, deliver, regulate and commission health and social care services in the county.

Relationships with these partners continue to grow positively and strong links, based on evidence, help inform partners working at a strategic level about how the consumers of their services view them and where improvements may be made.

All of the conclusions and recommendations from our Enter & View and other projects are shared with providers for comment before they are published. We are also committed to sharing positive feedback, where this is received; ensuring that good practice is recognised.

To facilitate this sharing of information we hold regular liaison meetings with:-

- East Sussex Healthcare NHS Trust
- Sussex Partnership NHS Foundation Trust
- Adult Social Care and Children Services
- Clinical Commissioning Groups
- South East Coast Ambulance Service NHS Foundation Trust
- Care Quality Commission

All of these commissioners and providers now receive our quarterly overview report of the contacts we have received, including the contacts received about their organisation. These reports, which contain observations and recommendations, based on analysed themes and trends are discussed at our strategic meetings with Directors, Chief Executives and other senior management staff. These meetings are held regularly and enable Healthwatch East Sussex to maintain strong links with decision makers and those who deliver your care and support.

"We remain very impressed by our local Healthwatch in East Sussex. We have strong working relationships based on respect of each other's roles and a shared ambition to improve care for patients."

Clinical Commissioning Groups
(Eastbourne Hailsham Seaford CCG and Hastings & Rother CCG)



Putting local people at the heart of improving services - Supporting the development of effective patient participation in primary care

Healthwatch East Sussex (HWES) continues to recognise the value effective patient participation in primary care can contribute to the wider health and social care economy, especially in times of change.

Healthwatch East Sussex has also recognised that as the consumer champion for health and social care, it has a key role in supporting the development of patient participation in shaping primary care services. Working in partnership with the National Association of Patient Participation (NAPP), we have during 2014-15 begun to help develop and build effective, healthy Patient Participation Groups (PPG) in GP practices across the county.

We work with the Department of Health guidance, which emphasises the need for local Healthwatch to be networked in to PPGs, to ensure that it is helping to support existing engagement mechanisms and enhance the work of local PPGs, to help inform its work and successfully represent the views of patients, service users and the public.

These benefits include:

- Clarity of the role and purpose for PPGs, existing and newly created
- Greater understanding of the current challenges and how patients can feed into those processes
- Contributing positively in shaping services to meet the challenges
- Healthwatch Champions in each PPG
- Robust and transparent communication channels between

Patient Participation Groups (PPGs), Clinical Commissioning Groups (CCGs) and Healthwatch East Sussex

By creating two way communication channels for PPGs to receive up to date and relevant communications on the wider health and care system and the importance of sharing the information they gather about primary care with Healthwatch, we are helping the consumer voice to play a vital role in shaping and improving local services.

HWES commissioned 3VA to host six Development Days for PPGs across the county. The purpose of these events was to bring groups of patients together to:

- learn about their experiences and challenges as a PPG
- identify any learning and support needs for patients
- prepare for contractual changes from 1st April 2015 which will require all GP practices to ensure that they have a Patient Participation Group
- develop strategies and ongoing support needs going forward to ensure PPGs to develop consistently across the county

We engaged with over 70 practices in East Sussex and our 'Developing PPG workshops' attracted an average attendance of 32 per work shop, which included presentations about:

- East Sussex Better Together programme lead
- Practice manager perspective
- National Association of Patients Participation (N.A.P.P.)
- NHS England - implementing the Friends and Family Test in primary care
- Making best use of social media
- NHS England - Seven Day Services



- PPGs from 1st April 2015

HWES will continue to support this priority by recruiting a dedicated worker for a fixed period enabling PPGs to have access to support to build on the learning identified in the development workshop. One year's subscription to NAPP will be provided to each PPG to ensure there is consistency in access to resources for PPGs across the county that will support their ongoing development.

A DVD highlighting what PPGs do, how patients can get involved and why it is important all patients are aware they have a voice is currently being produced by HWES featuring local PPG members and will be available early summer.

To get involved, contact your local GP Practice or email:

enquiries@healthwatcheastsussex.co.uk

Connecting with Regulators

We attended, at the invitation of the CQC, two "Listening Events" in Eastbourne and Hastings, prior to the CQC inspection of East Sussex Healthcare NHS Trust, to gather feedback and consumer experience. Our role in attending these events was to listen to and understand some of the concerns people raised, while sharing their experiences with CQC and acting upon some of these where we were able.

These were:

- Long waiting times for health services
- Concerns about access to care in a crisis and not knowing where to go for help
- Access to the right information at the right time

Having identified these themes we were able to review them against our existing information, collected via our other engagement and contact monitoring processes and look more widely at all of the evidence available to us. This helped us to develop further projects such as access to mental health services, discharge activity and providing the right advice and signposting when needed.

Our CIC, East Sussex Community Voice also commissions the NHS Complaints Advocacy service for East Sussex, delivered by "Support, Empower, Advocate, Promote" (SEAP). This service helps Healthwatch East Sussex provide a simple path for requesting information about how to raise a complaint about their health care services and support with advocacy if required.

During 2014-15 the reporting processes to collate this data have been refined to ensure that the information can be used strategically and operationally to drive forward the quality of services. SEAP will be producing a separate report detailing their activity, however Healthwatch East Sussex is pleased to publicise that SEAP supported 256 new clients with a complaint.

Working with others to improve local services

We concluded in the early part of 2014-15 our work with the Terence Higgins Trust to raise awareness of some of the issues people living with HIV encounter when accessing health services.

Healthwatch East Sussex worked alongside the Terence Higgins Trust to provide training for staff, specifically aimed at recognising the importance of overcoming prejudice, encouraging testing and confidentiality regarding a person's HIV status.



The training was delivered, as a pilot, within both East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust across a broad range of staff groups across the Trusts, with a focus on improving knowledge and promoting best practice for all. A further session was also delivered to care home staff.

A total of five sessions were delivered to 61 staff and gave attendees the confidence to be able to provide better support for a client group that can be challenged with preconceptions and prejudice about their condition.

One attendee said "Doing outpatients you never know what is going to walk through the door. How people will react or what they will say and do. Being well "armed" with knowledge can diffuse ... potential situations."

The results of this pilot were shared with the participating Trusts and also CCGs, East Sussex County Council, Health Overview Scrutiny Committee, NHS England and other local providers. It is anticipated that this model will continue to be delivered, with a focus on GP providers.

"Personally, I would also like to thank you for all your continued support with us and the great amount of work you have done to enable us to get our voice heard within East Sussex. As a result of your valuable input we have managed to change the attitudes of many front line staff and also signpost service users to get resolve on several issues."

Terrance Higgins Trust

You can read this report here:

www.healthwatcheastsussex.co.uk/our-work/our-reports/

How we support the involvement of lay people and volunteers

Our pool of volunteers continues to grow. Volunteers are trained and supported to undertake various roles that assist in championing the work of Healthwatch in the community. One role we have developed this year has been Healthwatch Champions attending Boards and Networks. This role includes sharing information about:

- Our agreed priorities
- Information gathering - what we want to know more about i.e. horizon scanning
- Reports about services we have investigated
- What people are contacting us about

Champions also gather wider views from these networks that add to the already rich data we collect.

Our Visiting Services volunteers carry out various engagement activities that enable Healthwatch East Sussex to have visibility in health and care services. These include:

- Enter and View activity
- Mystery shopping
- Patient Led Assessments of the Care Environment (PLACE)
- Observing care using Sit and See observational toolkit
- 15 Steps programme
- Face to Face surveys



For 2014 -15 we wanted to attract volunteers from a wider range of backgrounds in the community. Our activity providing Patient Assessors for PLACE Inspections prompted some interest from a young person who attends a local college. HWES and the East Sussex Healthcare NHS Trust were delighted, when he joined the inspection team for the acute hospital in Eastbourne. Similarly, another new volunteer joined the team, (and his Guide Dog); which the patients in a community hospital instantly bonded with!

Our Health and Wellbeing Board role

The Healthwatch East Sussex Director continues to represent the voice of the consumer at the East Sussex Health and Wellbeing Board and we contribute to the aspects of the current Health and Wellbeing strategy where there is overlap with our priority work and/or feedback from the public. This will be a developing relationship as we go forward and we are planning to provide positive challenge and contribution for 2015 -16 and beyond.

You can find more about the Health and Wellbeing Board here:

www.eastsussex.gov.uk/yourcouncil/about/committees/meetings/healthwellbeing.htm

Relationships with partners

Healthwatch East Sussex has also built strong relationships, locally and regionally with our Care Quality Commission colleagues. The Care Quality Commission is the regulator of health and social care for England and inspects all health and care services to ensure that they meet essential standards for quality and safety.

We are able to share, through regular liaison meetings and ad hoc escalation,

any concerns that we have about services and ensure that we are kept fully informed of any action thereafter.

Locally our Healthwatch Advisory Group has grown in strength over 2014-15, bringing together leads from all sectors, including local authority, health and voluntary & community sector leads. This forum provides Healthwatch East Sussex a platform to share reports, our priorities and information about new initiatives and to discuss future opportunities with partners around the table.

Healthwatch East Sussex is also a key partner in the East Sussex Better Programme (ESBT), which is a 150 week transformation programme to develop a fully integrated health and social care economy. ESBT will enable commissioners and providers to work together to achieve these aims to ensure high quality and affordable care now and for future generations. You can find out more about the programme here:

<https://news.eastsussex.gov.uk/east-sussex-better-together>

Healthwatch East Sussex is a regular contributor to the local area Quality Surveillance Group. This group, chaired by NHS England provides a forum for representatives of health, social care and regulatory services to share insight about services and providers in a confidential manner. We use this forum to raise any concerns and provide intelligence about issues affecting people locally in respect of the quality of services, with those who commission and deliver them.

The strength of our relationships, locally and regionally, has enabled Healthwatch East Sussex to resolve any issues with providers in the first instance and as such, there has been no need to make any



recommendations to CQC or Healthwatch England to undertake a special review or investigation.

Where we have worked closely with our partners we have received information when requested and have not had any instance of a request for information denied.

Receiving feedback from CQC

Healthwatch East Sussex benefits from a unique and mature model of working with the Care Quality Commission (CQC). This includes:

- Quarterly liaison meetings where information is exchanged
- The meetings are attended by all three directorates i.e. Hospitals, Primary Medical Services and Adult Social Care
- Dedicated administrative support for accurate record keeping
- Opportunities for open dialogue as required

“They have demonstrated successful strategies to access the hard to reach local groups, and provide invaluable complaints signposting and support for local people living with a challenged acute health service.”

Care Quality Commission

Healthwatch England

All of our reports are published on our website and uploaded to the Healthwatch England Hub and our staff regularly contributes to the Healthwatch Regional South East Forum.

We have also contributed nationally to special programmes developed by Healthwatch England, for example

contributing to the Healthwatch England Special Enquiry on Discharge. This was a national focus looking at unsafe discharge for patients with specific characteristics that HWES was also interested to gather insight from. These included:

- People who are homeless
- People with mental health conditions and
- Older people

Healthwatch England had identified the following emerging cross-cuttings themes to explore, based on its own insight and evidence.

These were:

- Failures occurring at moments of transition or transfer between systems
- Differences between premature discharge, delayed discharge (particularly older people), out of hours discharge and self-discharge
- Breakdown in communication (internal, across sectors / agencies / with person and family)
- Establishing responsibility for discharge and care
- Flows of data and information (within and between systems)
- Use and adequacy of discharge protocols and arrangements in place in a setting
- Access to, and availability of community based services (i.e. mental health crisis teams, district nursing, adult social care, voluntary sector hospital to home schemes)
- Adequacy of hostel and housing agencies and connections with health and social care services

Healthwatch East Sussex had already started to gather the experiences of older people and had identified within its own priorities, wider issues relating to older



people's experiences in acute hospitals and their discharge. This meant that we were well placed to support Healthwatch England in its own inquiry.

We were able to bring together representatives from South East England Forum on Ageing (SEEFA), local voluntary organisations supporting older people, sheltered housing schemes and local older people's forums together in a focus group to share their collective experiences, as well representatives from Healthwatch England.

Four case studies were shared identifying concerns around poor experiences of older people returning, specifically to sheltered housing schemes with little or no support in place.

These findings were shared with Healthwatch England and you can read more on this here:

www.healthwatch.co.uk/thenwhat/about

Healthwatch East Sussex successfully delivered a countywide "East Sussex Complaints Conference" in March 2015, which brought together Healthwatch England, partners, stakeholders and representatives from many voluntary and community sector organisations to look at the whole process of raising complaints. We looked at the access to, pathways within and joint working within the complaints processes and what this means for those people who wish to make a complaint about the services or support they have received.

At the end of this all of the organisations who attended were able to deliver a draft 'Declaration of Understanding' jointly, to begin to address some of the difficulties

and provide a platform with which this work can continue to be taken forward.

"They have established effective local partnerships and balance being an independent voice with being part of the wider decision-making processes and are respected as one of the local system leaders"

South East Coast Ambulance Service
NHS Foundation Trust



Impact Stories

Case Study One

Records left out in the open



Caption: *Young Inspectors receiving their Equality and Inclusion achievement award.*

back to Healthwatch to follow up. This was presented to the trust and these changes were quickly implemented in a positive way. When our staff returned to follow this up, we found that the records were not in the open and were confident that they were now being held securely.

During March we were able to work alongside Sussex Downs College, our Young Inspectors helped support students with their studies. This involved helping them to prepare for and deliver a youth led PLACE inspection at Eastbourne District General Hospital.

Although smaller scale than a full PLACE inspection, the students had available to them the same tools and methods used for a full scale inspection, supported by our staff in some of the planning.

For the visit, the students were appointed different areas to look at, and were escorted by health professionals during their visit. During this visit it was observed that there were patient records left potentially unattended and unsecured in the outpatients department, where they could potentially be accessed.

At the end of the inspection the students prepared a report, noting this and made recommendations for change that was fed





Case Study Two

Access and Support - Engaging with a trust



Caption: Engaging with Healthwatch East Sussex.

Two local residents contacted Healthwatch to share a very complex on going health issue regarding their care and treatment at East Sussex Healthcare NHS Trust. There were lots of sensitivities involved for these two individuals, who both felt at the time, they could not engage with our hospital trust to begin to untangle their concerns and try to seek some resolutions.

It was also found that they were not receiving appropriate advice and support, which was proving to be confusing and adding a further layer of complexity.

In conversation with the individuals to ascertain what their exact issues were and the outcomes they wished to achieve, Healthwatch East Sussex was able to use its relationship and liaison role with the Trust to facilitate an initial face to face meeting, between all parties, to begin a process of understanding and resolution. This included helping to plan mutually convenient meetings, with understanding from all parties about the outcomes

required, this began to build trust in finding a way forward.

The first meeting was successfully held and both individuals are now engaging with the trust about their care and experiences, and able to talk with staff to find resolution. The trust was extremely positive in engaging with these individuals, which is contributing to finding a successful outcome.

Healthwatch East Sussex was able to follow these issues at our regular liaison meetings, to highlight some of the concerns, and we were delighted that one of the individuals felt confident enough to speak at a public event celebrating National Dignity Day.

We have been told that this insight has been of significant value to the trust and it has also provided both Healthwatch East Sussex and SEAP the opportunity to explore further, early intervention strategies for patients when things start to go wrong with their care, thus avoiding full, complex and often distressing complaints, working in partnership with the hospital trust.

Our professional relationship has strengthened over the year and I hope this will continue to do so as we move forward with developing a better patient experience and outcome."

East Sussex Healthcare NHS Trust





Our plans for 2015/16

2015/16 has the potential for significant positive change across East Sussex's health and care environment.

In 2015/16 we expect the East Sussex Better Together (ESBT) transformation programme to be the major strategic focus for the county.

The reputation we continue to build locally has given us considerable influence in developing the engagement model for East Sussex Better Together. Our role on the communications and engagement working group, advisory group, and delivering the public reference forum, will enable us to ensure the public can access information and signposting in relation to the programme, share their experiences, and influence decisions.

Within this programme we also recognise there will be many areas the public are likely to raise concerns about. These may include the impact of the Care Act, mental health provision for young people, complaints and the complaints system, accessing GPs, support for carers and continence services.

Commissioning evidence and insight work through our local voluntary and community sector partners, will ensure we can examine these issues in depth.

The reports this work creates also ensure that people's views continue to directly inform other local commissioning programmes such as the Hastings and Rother Health Inequality plan.

User experience reports on Child and Adolescent Mental Health Services, the

Care Act, local multi-agency complaints management, and the out of hours mental health helpline are amongst just some of the key early reports we will be publishing in 2015/16.

During the next 12 months our enquiry line and a community engagement resource have again been commissioned through our local voluntary and community sector partners.

SEAP will deliver the information line ensuring there is a seamless link between this and the NHS Complaints Advocacy service. Action in Rural Sussex will be delivering a weekly rural engagement programme through its Village Agents team.

Engaging with Patient Participation Groups (PPGs) will be another key focus, and we are providing every East Sussex PPG with a year's free membership to the National Association for Patient Participation (NAPP), including their online resource centre.

At the time of writing there is also a genuine uncertainty about the delivery of services by the acute hospital provider, East Sussex Healthcare NHS Trust (ESHT). During the next 12 months we have committed to identifying with ESHT and the Health Overview Scrutiny Committee (HOSC), the role of Healthwatch East Sussex in supporting the Improvement Plan to be agreed by all partners, and ensuring the public will be engaged with the changes required.

Healthwatch East Sussex shares our skills and experiences with other local Healthwatch working in partnerships to



deliver real outcomes, based on consumer experience. We will continue to partner our regional and national Healthwatch colleagues in activities such as enter and view and other direct engagement programmes.

We will also support Healthwatch England by sharing our reports with the wider network of Healthwatch and through our involvement in areas such as the quality standards and service reconfiguration work streams.

Our volunteers remain a crucial part of the team and contribute significantly to our success. We will continue to support and train them, so they are able to champion Healthwatch, and excel in their ability to engage with the public, and gather experience and views.

Finally, in 2015/16 our top objective will be to deliver a major Healthwatch East Sussex promotional campaign across the county.

Starting with this report, we will be using radio adverts, billboard advertising, social media and community networks to raise further awareness of our functions through our new website and the 'rate and review local service' Feedback Centre.

This new tool is our investment to ensure that wherever you are in East Sussex, and by whatever means you choose, each and every member of the public can submit their compliments and concerns about local services.

Healthwatch East Sussex will then use what you have said collectively to ensure 'Your Voice Counts'.



Our governance and decision-making

Our board and governance

East Sussex Community Voice (CIC) has a Board of five non-executive directors who are accountable for the delivery of the strategic objectives of the CIC. The Board meets four times during the year and has three sub-committees: Finance, Human Resources and Business Development, which meet in between Board meetings and report any recommendations to the full Board.

Healthwatch East Sussex decision making

Healthwatch East Sussex has a Priorities Framework process which prescribes how we analyse the evidence and feedback we receive and how this information along with other local and national criteria determines how we decide on our work priorities for any given period. We then are able to plan and carry out work activity, which is directed by you, the consumer.

During 2014-15 our priorities included:

- County wide review of complaints services
- User experience of accessing translation and interpretation services in East Sussex
- Hospital Discharge
- Access to Out of Hours GP & GP complaints processes

We also use this process to consider information we have received that is beginning to emerge as a possible theme or trend. With these emerging issues we

are able to consider activity which will help gather further evidence or feedback, using specific engagement methods, such as focus groups or open surveys or decide to monitor these for the future.

Some of these areas for 2014-15 have included:

- Wheelchair services
- Continence services
- Breast Screening services
- Discharge services

You can find out more about our priorities here:

www.healthwatcheastsussex.co.uk/about-us/policies-priorities

As a staff team we have in place a performance monitoring tool, to allow staff the opportunity to highlight and discuss their work areas and provide our Board and Commissioner with a quarterly update of progress. Our performance tool in East Sussex closely aligns the Healthwatch aims and objectives, as set out within the "Local Healthwatch Outcomes and Impact Development Tool" as well as incorporating the wider East Sussex Community Voice work.

How we involve lay people and volunteers

As we have demonstrated throughout our report, our volunteers and Authorised Representatives have continued throughout 2014-15 to provide the commitment, experience and dedication



to help Healthwatch East Sussex deliver its varied engagement programme. Whether they are undertaking Enter & View activity, providing simple information at drop-ins, sharing Healthwatch information and updates at meetings or attending training and support sessions, our volunteers remain at the forefront of our services. There were 51 active volunteers helping to deliver our activity throughout the year.

While local priorities and governance are decided within the Healthwatch staff team, using evidence to strategically review areas of activity, our volunteers input into the design of activity. This includes helping formulate questionnaires and surveys, reviewing and commenting upon our project documents and drawing on their expertise to help design our projects.

For example our recent study about discharge from hospital into residential / nursing home settings was greatly enhanced by some of our volunteers who have had considerable experience in the care home sector and were able to help identify some of the key lines of questioning and provide an overview of areas to look for when the visits were being delivered. This insight helped with the planning and delivery to ensure that information captured was relevant and provided a solid evidence base from which to make recommendations and conclusions to share with providers.

All of the people who volunteer are provided with a comprehensive induction programme and training that is relevant to the role(s) they wish to undertake. Enter & View training is delivered twice yearly as a minimum, which is also delivered nationally by our visiting services staff.

Other training includes:

- Safeguarding Adults at Risk / Child Protection
- Deprivation of Liberty safeguards (DOLS)
- Mental Capacity Act (MCA)
- Report writing
- Equality & Diversity
- Dementia Awareness
- Mental Health Awareness
- Patient Led Assessment of the Care Environment (PLACE)

Volunteers all complete a declaration of interest form, indicate their preferred role(s) and go through a robust clearance process, which includes having a Disclosure and Barring service (DBS) check. All people who volunteer on behalf of Healthwatch East Sussex receive a dedicated handbook which is reviewed annually. This helps to define and reinforce the roles and responsibilities that they have while representing the organisation.

During any activity all volunteers are provided with the contact details for the lead coordinator as well as the Healthwatch East Sussex central office number.

At the conclusion of any activity, the volunteers are able to meet to debrief with the Healthwatch staff about how the activity went and discuss any areas which they feel need further action.

This support ensures that the volunteers who represent Healthwatch and help deliver some of its functions are clear about their roles and what they are responsible for and who they are accountable to.

Where our partners ask Healthwatch to provide experienced volunteers to undertake specific activity as part of Enter & View or PLACE inspections, we



will provide a reward & recognition payment in line with our local policy, as well as out of pocket expenses. This ensures that no one who volunteers is out of pocket when giving their time freely.

Our volunteers were consulted about changes introduced nationally to the Reward and Recognition scheme during the year and helped agree a matrix for awarding payments by activity type, as well as contributing to the updating of our volunteer policy and handbook.



Financial Information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		409,149
Additional income		97,781
Income for NHS Complaints Advocacy		105,851
Total income		612,781

EXPENDITURE		
Office costs		103,557
Staffing costs		265,911
Direct delivery costs		239,691
Total expenditure		609,159
Balance brought forward		3,622



Contact us

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We will be making this report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group(s) and Scrutiny Committee(s) and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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