Listening and understanding how residents in Newhaven and Peacehaven experience local health and care services and wider determinants of health as heard during June 2018.
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Introduction

Healthwatch East Sussex (HWES) is the local watchdog for health and social care services in East Sussex. We listen to what the public say about their experience of using services and produce reports based upon what local communities tell us. We also talk to the public about social determinants of health such as work, leisure and housing.

We are pleased to introduce our second Listening Tour Report following our first tour in Hastings during October 2017. This report brings together the views and experiences local people shared during two weeks of our intensive engagement programme in the Havens over two weeks in June 2018.

In this report, we draw out common themes from conversations with local people in a variety of locations, from face to face interviews and from an online survey. We also draw upon our observations of the local environment and how this might contribute to the health and wellbeing of residents. We highlight good experiences and explore areas where the health and care system can learn from local citizens.

Acknowledgements

We would like to thank everyone in Newhaven and Peacehaven who supported us to listen and understand both what is working well and what could be improved in the Havens area. We would also like to thank our volunteers and the many local agencies who worked with us to make this tour happen.

Good Practice

We anonymise peoples’ experiences before sharing this valuable insight with those who plan, buy and provide local services, as well as with the local communities.

We encourage decision-makers to look closely at our conclusions, recommendations and learning points and ask them to tell us what they have done, or will plan to do, to make their services work better for local people.

We will return to the Havens area in the summer of 2019 to share with local residents and services what changes and progress has been made in response to their views outlined in this report.
Prior to this report being published, a headline summary report was drafted and shared with decision makers and is available from our website at https://www.healthwatcheastsussex.co.uk/havenslisteningtour

Executive Summary

Health and social care services in the Havens area of East Sussex are highly valued by local residents, despite the area facing some of the worst health inequalities in the county.

The Healthwatch East Sussex Havens Listening Tour in June 2018 realised some of the enormous benefits to be gained from getting closer to local communities, spending more time speaking with and listening to what local people have to say about local services. We were struck by how important the social determinants of health are to local people, in particular the impact of local housing development.

The main issues that local people wanted to talk about were twofold:

Firstly, there are concerns in the area over how difficult it is to make an appointment with local GPs. There are also fears that new housing developments planned for the area will make GP appointments even harder to find.

Not all the changes that are required to improve access to primary care are attributed to the national shortages of GPs. Practice staff, together with patients, policy makers and commissioners can start to address some of the issues this report has identified.

Secondly, many local people are concerned about the lack of local mental health services for both children and adults. Access to adult mental health services and Child and Adolescent Mental Health services is not always meeting the needs of people when they become mentally unwell and that further activity is needed to capture the views and experiences of people living on the margins of society.

This Tour enabled Healthwatch to capture rich insight from people in the Havens and with the intelligence we have gathered we will work with local residents to improve their experiences of health and care services and their wider wellbeing.

The comments and completed returns achieved during this activity were not a large sample size, but we have gained unique insights through engaging with local people who would not have otherwise share their views so openly. Our insight is further enhanced by our engagement with many local agencies and observations on our community transect walks in the area.

To ensure all the views, experiences and recommendations are responded to, Healthwatch will present this report to the East Sussex Health and Wellbeing Board, the County Council Health and Care Overview Scrutiny committee and
Lewes & High Weald Clinical Commissioning Group to work with partners and monitor how organisations are progressing recommendations made in this report.

A further event will be planned in June 2019 to report back to the local community on progress made on concerns they raised, one year on.

Recommendations

1. High Weald Lewes & Havens (HWLH) Clinical Commissioning Group (CCG) to review findings and feedback in this report through a working group with Healthwatch and local residents.

2. The CCG and local GPs to consider what improvements can be made to the appointments booking systems in local practices and communicate with residents on how they will cope with increased demand from new housing developments.

3. Healthwatch Information and Signposting service to liaise with the CCG on improving access to information available in GP practices and the local community on promoting NHS Dentist in Newhaven.

4. Healthwatch to investigate the needs of adults and young people accessing mental health services in the area, including those living on the margins of society, and work with Sussex Partnership Foundation Trust (SPFT) on an action plan.

5. East Sussex County Council (ESCC) Health and Care Overview Scrutiny Committee (HOSC) and Health & Wellbeing Board (HWB) to discuss this report and monitor progress on the recommendations.

6. Local councillors (Town, District and County) take the opportunity to witness how local residents address and build community resilience through activity in Havens Libraries.

7. Healthwatch will ask NHS England to provide guidelines on GPs charging patients for evidencing their need for debt counselling.

8. Healthwatch to write to individual Practice Managers in the Havens asking them how they and their staff are supported to understand how practices charging for debt counselling impacts on individuals’ well-being.

9. The CCG and Public Health, East Sussex to review well-man checks and prostate screening events and to follow up former men’s health and prostate cancer activities hosted at the East Brighton Masonic Centre with a view to reinstating annual activity.
Going forward, several local residents have expressed an interest to be more involved in finding solutions to some of the issues identified in this report and HWES will continue to work with these residents. A follow-up event will be held in June 2019 to review what changes have been made over the year and how people are experiencing services one year on.
Background

Following the success of our first community Listening Tour in Hastings, local stakeholders and decision makers were keen to establish where the next Healthwatch East Sussex (HWES) Listening Tour would take place and our rationale for deciding the location. We chose the Havens because, like Hastings, there are high levels of health inequality compared to the rest of the county.

The first listening tour was a pilot and as such, was independently evaluated. The learning from that activity, informed significantly our planning processes for the Havens tour, together with the value of East Sussex Public Health data published by the Joint Strategic Needs & Assets Assessment (JSNAA).

About the area

**Newhaven** is a town in the Lewes District of East Sussex in England. It lies at the mouth of the River Ouse, on the English Channel coast, and is a ferry port for services to Dieppe in France.

**Peacehaven** is a town and civil parish in the Lewes district of East Sussex, England. It is located above the chalk cliffs of the South Downs approximately six miles east of Brighton city centre, clustered around the A259 coastal road.

Collectively, the two towns are known locally as *The Havens*.

According to *Public Health* statistics, the Havens have some of the worst health and care problems in East Sussex. Accident and emergency admissions, self-harm and mental health problems in young people are among the highest in the county. The number of local residents taking up health checks is among the lowest.

In addition, the Havens have the highest percentage of unpaid carers providing over 20 hours care a week in East Sussex. There is a high rate of learning-disabled adults in settled accommodation and low levels of public satisfaction with making GP appointments.

Healthwatch was also interested in what helps local people maintain good health and stay well. Excess weight in 10-11-year olds is being recorded in 35% of cases and 21% of children in the Havens who live-in low-income families.

**Pre-engagement Activity**

Alongside understanding what information already exists about the area enclosed in the JSNAA and data published by Public Health; a now familiar activity of our Listening Tour programme is the undertaking of community observation walks, known as ‘Walking the Patch’
These activities follow the *Transect Walk* principles and provide a community snapshot gathered from observations of assets and conversations with local people. Community observation walks bring together knowledgeable local citizens, community leaders, people with technical skills and health and care professionals.

The purpose is to identify potential engagement opportunities during the Listening Tour where people meet informally and formally, how the community communicates such as locations of notice boards, local premises displaying information and to identify any social behaviours unique to the area.

Two community observation walks took place, one in Peacehaven and one in Newhaven. Both involved between 10 and 15 people which enabled several routes to be completed lasting approximately 2.5 hours. Prior to the walks commencing planning sessions were held with participants whereby the routes were agreed.

**In Peacehaven,** a snapshot of noticeable observations included:

- Large numbers of pharmacy delivery vehicles delivering prescriptions. One driver spoken with said they could make up to 30 deliveries a day and that there were several vehicles operating locally.
- East Brighton Masonic Centre (EBMC) Seaview Road. We met with a member of staff who told us that EBMC hosted health related events such as a Men’s health/ Prostate Cancer event which attracted 150 attendees. However, contact has been lost with the event or ganisers and they would be keen to make new connections as this is seen as a vital service to the community.

**The Big Park**

- There were no posters in open spaces
- A large, clean, calm space. Well landscaped play areas, good views
- Skate park very clean and well maintained. 6-7 young people (male) at the skate park. Clearly a “bumping place” for younger people to exchange informal information
- Play areas and café area also a bumping place for families and individuals to exchange information
- Community Information on boards supplied by Peacehaven & Telscombe town council visible in nearby roads
- Sussex Coaster Pub on the A259 inspired a discussion in the group about how to engage “men in pubs” regarding their views on health & care services (and their level of engagement with healthy lifestyle/wellbeing activities). We found an opportunity during the listening tour to engage with lunchtime users of the bar in Newhaven Social Club in the town centre.
- Multiple conversations noted involved local people’s frustrations accessing GP appointments
**In Newhaven, noticeable observations included:**

- Dental surgery next to Elim Church on A259 ring road - it was unclear from signage whether this surgery is currently open, and the NHS website has no information on this practice.
- Seahaven Dental Practice (opposite Fire Station) was clearly operational with up to date signage. (NHS website shows current information).
- Large numbers of mobility scooters observed during the walk. Poor pavements, lack of dropped curbs and poor parking around the GP Practices, often made getting around hazardous for some.
- Lots of empty shop units, some utilising opportunities for pop up community hubs.
- There is no Bank in Newhaven, the police station appeared to be operating but it was unclear.
- Noticeable conversations with local people included concerns from working aged people around the introduction of universal credit.
- Local people keen to promote the up and coming ‘Fish Fest’ in the town, some expressing sadness on the demise of the local fishing industry and some speaking knowledgably about ‘approximately 30 operational registered small fishing boats operating out of West Quay’.
- There were several references to the incinerator, one resident commented: ‘having an Incinerator in the town makes people beyond ill! And; as a community, they did not feel ‘listened to’.

**Other pre-tour activity**

In addition to community observation, we invited local groups to work with us to help plan and deliver the tour. The activity described below added significant value to the Havens Tour and helped Healthwatch to seek out communities traditionally hard to engage. It also helped create opportunities to build sustainable links in the community when the tour finishes.

**Peacehaven Town Council**

Healthwatch staff attended a packed Peacehaven Town Council AGM on 17th April together with a stand containing advance publicity about the listening tour. We spoke to several residents, councillors and staff from local organisations, including the Chair of Lewes District Council and staff from the recently launched ‘Neighbourhood First’ team in Lewes. Residents were clearly very concerned about the impact of new housing on local health facilities and transport congestion.

**Lewes District Council Sheltered Forum**

The Healthwatch Director attended the Lewes District Council Sheltered Housing Forum which met in Peacehaven on the 17th May. This provided us with the opportunity to tell residents from Newhaven and Peacehaven in sheltered housing about the listening tour and listen to their concerns about local services.
Healthwatch Advisory Group (HWAG)

The multi-agency HWAG group met in public for the first time in Newhaven on April 16th. The event attracted around 60 people and we used this event to provide a soft launch for the listening tour in June. Several local residents and workers for local agencies shared their views on local health and care services and this helped inform our planning for the tour.

Kendal Court

Healthwatch became aware of vulnerable tenants living in emergency accommodation (TA) at Kendal Court in Newhaven in March 2018. There was a discussion at the Havens Community of Practice steering group meeting in April where local GP surgeries (Chapel St and Quayside) reported a spike in presentations of people with mental health and complex needs from Brighton and living at Kendal Court.

The Havens Locality Link Worker and Sussex Community Development Association also reported that Kendal Court residents were accessing community support services. Healthwatch then received further information on the number and nature of TA placements in the Havens area from Brighton & Hove City Council as context for our Listening Tour in June.

Case study

On 18th April 2018, a Healthwatch employee interviewed Julie (not her real name), a resident of Kendal Court, Newhaven. Julie is a white woman aged around 40 from Brighton who had lived at Kendal Court for six months. She was placed at Kendal Court through a housing association after being attacked at knifepoint in her previous accommodation. Julie has a scar on her face from the attack.

Prior to living at Kendal Court, Julie had been a heroin user for seven years but is no longer a user. Julie is a smoker and has several health problems including Chronic Obstructive Pulmonary Disease (COPD) and asthma. Julie was also street homeless in Brighton for seven years.

Julie is registered with a GP at the Chapel Street surgery in Newhaven. She rates the GP service highly, despite reporting that it was sometimes difficult to make an appointment.
Julie has got to know several other residents at Kendal Court and talked about high levels of 'mental instability'. There have been numerous complaints from neighbours about the erratic behaviour of residents. Julie said it was mainly single people housed at Kendal Court, which includes a women's block and a few young children.

Although Kendal Court is made up of self-contained accommodation, Julie described the environment as being 'like a hostel'. Most residents Julie has met have been placed there by Brighton & Hove City Council but there a few residents from other places as well.

Julie has not been offered a full tenancy because, she believes, she first needs to show that she is stable enough to manage a tenancy. She described her housing situation as being 'on probation'. Julie's final comment was 'the rooms at Kendal Court are small but it's better than being street homeless!'.

Press Coverage

The local media responded positively to our press release and featured BBC and local radio bulletins throughout the day. The focus for the interviews on air was the links Healthwatch had made relating to Public Health information in the area and how the general public can be involved to share their views (See Appendix Two).
How did people get involved during the Tour?

There were lots of ways for Havens’ residents, community leaders or professionals to get involved in the Listening Tour. Healthwatch staff and volunteers spent time at local events every day and some evenings from **Monday 11th to Sunday 24th June 2018**. There were also opportunities to participate through our website, social media, postal survey or by telephone.

**Events attended included:**
- ‘*Hear to Listen*’ sessions in the local Library and Peacehaven Town Council Café.
- **Information stands** at various community events including ‘Fish Fest’ Local Football tournament, Car Boot Fair and The Big Park.
- Visiting community groups and social events including: Newhaven Social Club, Tea Dance, toddler groups and ‘walking football’ sessions.
- Age Concern Over 50’s Club in Newhaven
- Newhaven Social Club
- Memory Moments Dementia Club - Peacehaven
- Newhaven Foyer*  
  - Talking to patients attending GP practices in Newhaven
- Local church drop-in coffee morning
- Local bus stops talking to commuters

*The Foyer is a temporary residential facility for young adults 16-25yrs old who would otherwise be homeless. They can stay for up to 2yrs depending on certain conditions and their individual circumstances.*

During these sessions’ residents were invited to share their feedback on local services using our **Feedback Wall**, complete our paper survey, use the QR code to go directly to the online version of our survey or be willing to submit their story as a case study.

The insight captured in this report is unique as most people completing the survey or sharing their stories are doing so for the first time. Whilst the responses can be interpreted as not high volume, the added value and insight generated by this unique feedback adds richness to what already exists and represents a wider cross section of the community when viewed as a whole.
Working with Partner Organisations

To maximise engagement opportunities, Healthwatch East Sussex invites partner organisations to join its community Listening Tour programme. Organisations can follow their own key lines of enquiry if they wish, but also ask that they share any relevant information with us to enable us to build a better understanding of local people’s views and experiences.

Joining our community observation walks in Peacehaven and Newhaven in April:

- High Weald Lewes Havens Clinical Commissioning staff
- Peacehaven Town Councillor
- Local citizens
- Public Health second year degree students
- Healthwatch volunteers
- East Sussex County Council
- Havens Locality Link Worker
- Local Church member
- Sussex Community Development Association (SCDA)

Joining the listening tour in June:

- **East Sussex County Council** (ESCC), Adult Social Care (ASC), Safeguarding Adults Development team. Healthwatch has very good links with the Safeguarding team and is always keen to promote awareness of safeguarding in the community. There was one area of concern raised during the tour involving people living on the margins of society accessing local employment and employment conditions.

- **High Weald Lewes Havens** (HWLH) Clinical Commissioning Group (CCG) Project Manager and Engagement Officer capturing feedback around GP services in Newhaven Town centre and talking to local residents about local Frailty Services.

- **Friends Against SCAMS** team joined *Hear to Listen* sessions in Newhaven Library, raising awareness in the community and also talking to library staff. [https://www.friendsagainstscams.org.uk/contact.php](https://www.friendsagainstscams.org.uk/contact.php)

- **Free Health Checks** the NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease. People aged 40 to 74 without one of these conditions are invited to a health check once every five years. [https://www.eastsussex.gov.uk/socialcare/healthadvice/healthchecks/](https://www.eastsussex.gov.uk/socialcare/healthadvice/healthchecks/)
• **Citizens Advice Bureau (CAB)** colleagues highlighted the following concerns on behalf of citizens they see:
  - Concerns over some people’s experiences of applying for PIP benefit requiring supporting evidence from GP’s. Some GP’s good, some reluctant to complete, some not doing it all, some charging high fees that are not always appropriate.
  - Some views from CAB staff include a belief that Practice Managers need to have a better understanding of how inconsistencies within individual practices and the GP’s role in providing supporting evidence, impacts on patient’s wider wellbeing.

**Recommendation**: Healthwatch to write to individual Practice Managers in the Havens asking them how they and their staff are supported to understand how practices charging for debt counselling impacts on individuals’ wellbeing.

• **Integration Access and Advice Referral Agency**
  Issues raised to Healthwatch involving GPs charging patients that are receiving Debt counselling to provide evidence letters when they experience mental ill health or anxiety brought upon by their circumstances. These evidence letters enable clients to negotiate more timely interventions with their creditors. However, it is very unhelpful for clients to be charged high fees for these letters when they are already experiencing hardship. [http://beta.charitycommission.gov.uk/charity-details/?regid=1119775&subid=0](http://beta.charitycommission.gov.uk/charity-details/?regid=1119775&subid=0)

**Recommendation**: Healthwatch will ask NHS England to provide guidelines on GPs charging patients for evidencing their need for debt counselling.

• **Newhaven and Peacehaven Police Community Support Officers** - providing local knowledge and joining conversations with those in the community who are at risk of social isolation and loneliness.

• **Peacehaven Town Council** - supported five listening sessions in the community café for Healthwatch to talk to local people, displayed information and posters about Healthwatch activity and enabled staff and volunteers to join many of the community sessions offered at the venue. **One such activity included:**

• **Memory Moments Dementia Club - Peacehaven**
  Very well attended group by individuals and those with family carers. Many of those attending had come by **CTLA provided community transport** and emphasised that, without it, they would not be able to attend. Several of those attending were from as far as Seaford.
Newhaven Foyer - Newhaven
The Foyer is a temporary residential facility for young adults 16-25yrs old who would otherwise be homeless. They can stay for up to two years depending on certain conditions and their individual circumstances.

We held an engagement activity in the common room. After a brief introduction, young people were invited to complete a survey and share their views. The main concerns shared involved seeking clarity on what services are going to be available at the Polyclinic for young people experiencing episodes of being mentally unwell?
https://www.homeless.org.uk/homeless-england/service/salvation-army-newhaven-foyer

Newhaven Library ‘Hear to Listen’ sessions offered opportunities for people to find out about Healthwatch, talk to someone about their experiences and to access signposting information to help solve individual queries or questions. Supported by our volunteers, staff and partners they enabled Healthwatch to have a visible presence in the community.

Observations from a volunteer in Newhaven Library: “Part of the Library appears to be used as an informal ‘Day Centre’ where individuals not accessing books or PCs are using the space to meet up regularly, chat, know each other by name etc. (social gathering). Would be interesting for Councillors to observe as they consider the future of local Libraries”.

**Recommendation:** Local councillors (Town, District and County) take the opportunity to witness how local residents address and build community resilience through activity in Havens libraries.
Working with informal networks

Healthwatch relies on both formal and informal networks to fulfil its’ engagement remit and requirement to help address health and social inequalities experienced by local people. Often hard to reach communities are best accessed through those already embedded in their community who have knowledge of and trusted relationships with people invisible to services.

We spent some time with a local church member with good knowledge and relationships with a small community of residents in Newhaven living in temporary shelters on Denton Island such as caravans/campervans and occasionally barges.

An informal walk around this area did not present opportunities for Healthwatch to speak directly with any of these residents however, as we moved on to a coffee morning in the town, several residents had already made their way over.

Earlier conversations in the town with community groups and residents implied that the town did not have a homeless/rough sleeping community. However, some individuals knew of two individuals frequently in the town after dark. Others, when speaking about people living on the margins of society, described a small community of ‘invisible’ homeless people, invisible because they have access to shelter and are not sleeping in doorways as people often associate homeless people and those sleeping rough with.

A key concern for Healthwatch was to understand how this small vulnerable community were accessing health and care services, and if so, what were their experiences? It was evident from viewing at a distance that these temporary shelters provided a ‘shelter’ but to what degree they supported healthy living, we were unable to ascertain.

Healthwatch was told of a resident frequenting an old barge on the river who require urgent acute medical intervention at the Royal Sussex County Hospital in Brighton. Following a short stay, he was discharged back to the ‘barge’ whereby he became acutely unwell again within 48 hours and was readmitted. We did not have the opportunity to speak directly with this individual. (No other evidence was shared with Healthwatch to corroborate this).

At the coffee morning there were several residents from the temporary shelters, some reluctant to engage. However, one individual was willing to share their experiences.

Jack (not his real name) described a chaotic at times lifestyle, he was a proud person and determined to move on from his current lifestyle. He felt, as he had been moved on from so many other places along the coast, that this was the ‘last’ location that he stood any chance of being able to improve his own circumstances.
Jack lived in a state of daily anxiety that the authorities would move him on. He spoke openly about frequent spells of ill health but only accessing health care when he viewed it to be life threatening. He felt unable to access regular health checks because of the stigma ‘people like us’ have to endure. He also had poor oral health and openly admitted to not accessing any dental treatment since he was a child.

Jack’s life was also impacted by a history of alcohol and substance misuse, which led to criminal activity, but this was very much in the past and he had a plan that was going to move him into paid employment (he was very entrepreneurial) and settled accommodation. He had also attended learning courses in the past to improve his skills.

Jack spoke of a ‘camaraderie’ approach with the people residing on Denton Island, there was also an open display of concern for one female resident. He spoke to her because of her age and vulnerability, about how there was ‘lots’ of support going in there, that they all keep an eye on her.

Healthwatch would need to engage more fully with statutory, formal and informal networks that support vulnerable members of the community to formulate a recommendation, but we recognise the value of amplifying the views and stories we heard, as an insightful starting point for that engagement activity.
Key statistics

Healthwatch East Sussex utilised a short survey and feedback walls (see below) to collect feedback during the listening tour. A total of over 400 responses were obtained, including 119 completed surveys and over 300 feedback wall comments.

The survey incorporated questions about how often people used services, which services they used recently and if people they support or cared for used services and their overall experiences.

The survey was made available online, via the Healthwatch East Sussex website, could be completed using paper versions or on tablet devices while Healthwatch staff and volunteers were out in the community.

A total of 119 surveys were completed during the timeframe of the tour. Of these 88 responses specifically gave registered GP practices in the Havens area.

Where people indicated that they were registered at a GP practice outside of the Havens area, it is considered that these people were visiting the area and for the purposes of analysis their feedback was analysed separately.

The analysis for this report will focus on the responses of those who stated that they used services within the Havens area, as per their registered GP practice.

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- Over 20 face to face engagement sessions delivered
- Two detailed Case Studies collected

Healthwatch East Sussex ‘Feedback Wall’

Feedback Walls were available for people to complete at Healthwatch stands during the tour or for staff, volunteers and partners to capture comments from passers-by. This generated lots of feedback that may otherwise been missed.

This new method of collecting feedback in an informal way was found to be successful as many people were happy to provide feedback outside of the traditional methods of collection, such as the survey, providing a further opportunity for people to leave comments about their services.

This information when analysed is collated onto the Healthwatch East Sussex Enquiry and Contact Database and will go forward to inform our regular reporting in the future. Over 300 comments were collected from the Feedback Wall during the listening tour.
A selection of feedback illustrating the most frequent comments include:

- Communication between hospital and GP’s not good, sometimes a complete lack of communication or it is delayed. Sometimes GP’s are told something different to what the patient had been told.
- People don’t feel listened to - as if GP staff judge what they think the patient wants to say, not what they actually say. And therefore, it’s a waste of time or they have to repeat themselves.
- People often passed from hospital to hospital with little communication!
- Delays in appointments just makes issues get worse.
- People are using pharmacy in the High Street more due to lack of GP appointments
- Quayside generally good feedback about doctors, once you have an appointment!
- Receptionists say different things, lack of consistency.

‘Not happy with receptionist, say different things, hard to get an appointment’

Detailed Responses to our survey questions

Healthwatch is interested in when and how often people access health and social care services. Responses to our survey showed that 81% (71) people said that they had accessed services in the last 6 months. 42% (37) of respondents also said that a person that they cared for or supported had also used services recently.

The following charts highlight the frequency of those who access services as individuals and those who access services as part of the care or support they provide to someone else.
Overall a person who is supported or cared for by another is a more regular user of local services than an individual. A quarter of those who responded individually said that they only used services when they needed them.

Healthwatch East Sussex was also interested to learn which types of services people used and people were asked to let us know which ones that had used in the same 6-month time frame. Respondents could tick more than one service, so the percentages here reflect the number of responses each service received overall.
Community services featured in over 50% of the responses used by individuals in the last 6 months with hospital-based services also featuring prominently. Where voluntary and charity sector organisations were mentioned, Community Transport for the Lewes Area (CTLA) featured in several comments.

![Chart 4: Services used - supported / cared for](chart)

As with the responses shown in chart 3, community health services and hospital services featured prominently, with a higher proportion of responses also stating that they used Adult Social Care services as well.

**Information**

The following information reflects the answers given via our surveys, whether these were completed online, as a paper return or face to face with a member of the Healthwatch East Sussex team.

57% (39) agreed that accessing the right information and advice about services as an individual was easy, with a further 19% (13) saying that this was not so. Where people were responding about access to information on behalf of the person they care for, 49% (17) responded that they found it easy.

Some issues with support for children, including mental health support and follow up with allergy advice were given as some reasons for dissatisfaction in this area.

**Access and Choice**

Some questions asked about people’s views on their perception of choice and access to services. People who responded as individuals were mainly positive about their access to the right care and support, with 56% (39) people agreeing with this. However, choice about services was less positively perceived, with 29% (22) people agreeing, while 38% (26) neither agreeing nor disagreeing.
Where dissatisfaction was shown issues included awareness of new housing being built locally, placing further strain on local services. Lack of appointments also featured.

Where people responded about the person that they look after or support, we asked about their involvement in the planning and discussions for the services their cared for person. 38% (13) people felt involved in the discussions about services with a further 27% (9) people saying that their needs as a carer/supporter were considered in planning services.

Some observations referred to the importance of wider family support in cases where capacity may be an issue for some and chasing information on behalf of someone else.

Feeling Listened to

In the past Healthwatch has found that people find that they need to repeat their story, if they use different services and sometimes even if they use a single service - for example GP support. We were keen to see how residents felt about this and asked some questions as both individuals and on behalf of a person who was supported.

People who responded as an individual were split evenly between those that agreed and disagreed with the question, with 36% (25) people agreeing and 34% (23) disagreeing. Where reasons for disagreeing were given, not seeing the same GP featured the most, with examples of ongoing conditions needing reminding despite medical records being available. These sentiments were also reflected from responses and the comments from the feedback wall, with frustration from patients having to repeat their medical history, often citing the use of Locum Doctors as the main reason.

The sentiments recorded for responses made about a person being supported or cared for echoed those as individuals, with 27% (9) people agreeing that they didn’t have to tell their story more than once and 27% (9) disagreeing. Reasons given also were the same as previously, with continuity of contact given as the main reason.

Satisfaction

As a final snapshot, people were asked how satisfied they were with their services overall.

Satisfaction was largely positive, with 46% (30) people responding as an individual and 42% (14) as a carer/supporter of someone being positive. When asked what worked well positive staff attitudes and support featured prominently and many examples were given of good experiences of interactions with GP’s, nurses and wider staff groups. Some comments about how stretched staff appeared were also
made at the same time, but these served to highlight further the dedication people felt of those providing some services.

Around a quarter of respondents, as both individuals and carers/supporters did express some satisfaction.

Common themes emerging were found when asking people what changes they would like to see featured were more appointment availability and systems of access such as advanced telephone booking and online, more time to listen to issues at appointments, more funding to be made available and more joined up working.

Mental Health also featured as an area for more support to be made available, such as initial assessment/diagnosis. Some comments also recognised potential issues with extra housing being built, with no apparent infrastructure being put into place to support this growth, for example more GP services.

**Direct Feedback - conclusions**

To conclude; there is a balance of both positive and not so positive comments on the impact patients and carers experience when trying to book an appointment. It is not acceptable any longer for those who plan and pay for services to attribute the main cause as a workforce issue, relating to the national shortage of GPs.

There are clearly improvements that can be made to improve the experience within the existing workforce and Healthwatch would want to work with the CCG and Patient groups to agree what these improvements should be.

Another key area of concern people spoke about was access to Mental Health services. This featured in our paper surveys and through face to face discussions with local people. People spoke about untimely interventions, long waiting times to access services and gaps in support when you do not meet the criteria for high end support or lower level interventions, leaving some people ‘waiting to go into crisis’ before they can access help and support.

**Summary of key themes**

Overwhelmingly, we heard throughout the tour the difficulties people experienced in accessing appointments in primary care and for hospital referral appointments. ‘**It’s not always people that are hard to reach...services are too**’

We also heard lots of praise and support for the local services people used at Lewes Victoria Community Hospital and Newhaven Polyclinic and for initiatives such as the Prescription Ordering Direct scheme (POD) for reordering prescriptions is fabulous - one delighted resident added...

‘**really works for me**’
To find out more about the POD click here:

https://www.highwealdeleweshavensccg.nhs.uk/your-health/prescription-ordering-direct

Linked to people’s feedback on accessing GP appointments were lots of concerns voiced around the proposed new housing development and the impact that will have on what they perceive to be already stretched GP lists.

A number of young people spoke about their frustrations accessing mental health services and were unhappy with the proposal to stop some of those services that are currently provided at the Newhaven Polyclinic.

Feedback on adult mental health services was highlighted as another key area of concern. People spoke about untimely interventions, long waiting times to access services and gaps in support when you do not meet the criteria for high end support or lower level interventions, leaving some people ‘waiting to go into crisis’ before they can access help and support.

Informal networks of people offering outreach to homeless people and rough sleepers described a concept of homeless people being ‘invisible’ to some statutory agencies, especially in Newhaven. Other vulnerable groups identified included potentially large numbers of elderly people (not exclusively) in Peacehaven that are socially isolated. HWES is following up this enquiry with specific activity in Newhaven and Peacehaven during the summer to understand the extent of the issue.

We also heard about really good events that had been hosted previously in Peacehaven to support and encourage men to attend prostate screening and well-man checks however, these are no longer happening, and community members would like to see these events reinstated.
To conclude

There are enormous benefits to be gained from getting closer to local communities, spending more time speaking with and listening to what local people have to say about local health and care services. During the Havens Listening Tour, we were also struck by how important the social determinants of health are to local people, such as local housing issues.

This listening tour enabled Healthwatch to capture rich insight from people in the Havens area and by using our influencing platforms, we hope to change some of those people’s experiences of health and care services for the better.

Whilst the comments and completed returns achieved during this activity were not a large sample size, the insight we gained is unique and without this activity, local people would not have otherwise shared their views so openly.

However, the views represented in this report are only a snapshot, or perhaps a short video, over a limited two-week period. Over this fortnight in June 2018, the overwhelming concern shared by people in the Havens was around their access to GP services and the impact of plans to build more houses on already stretched primary care services.

Not all the changes that are required to improve access to primary care are attributed to the national shortages of GPs. Practice staff, together with patients, policy makers and commissioners can start to address some of the issues this report has identified.

**Recommendation:** The CCG and local GPs to consider what improvements can be made to the appointments systems in local practices and communicate with residents on how they will cope with increased demand from new housing developments.

**Recommendation:** Healthwatch Information & Signposting service to liaise with the CCG on improving access to information available in GP practices and the local community on promoting NHS Dentist in Newhaven

**Recommendation:** The CCG and Public Health, East Sussex to review well-man checks and prostate screening events and to follow up former men’s health and prostate cancer activities hosted at East Brighton Masonic Centre with a view to reinstating annual activity
There is also evidence that access to adult mental health services and Child and Adolescent Mental Health services (CAMHS) is not always meeting the needs of people when they become mentally unwell and that further activity needs to be explored that captures the views and experiences of people living on the margins of society.

**Recommendation:** Healthwatch to investigate the needs of adults and young people accessing mental health services in the Havens, including those living on the margins of society and to work with Sussex Partnership Foundation Trust on an action plan.

To ensure all the views, experiences and recommendations are responded to, Healthwatch will present this report to the East Sussex Health and Wellbeing Board and County Health and Care Overview Scrutiny Committee to monitor how organisations are progressing the recommendations made in this report.

**Recommendation:** East Sussex County Council (ESCC) Health and Care Overview Scrutiny Committee and Health & Wellbeing Board to discuss this report and monitor progress on the recommendations.

Healthwatch will also work with High Weald Lewes & Havens (HWLH) Clinical Commissioning Group (CCG) to review our findings and feedback in this report.

**Recommendation:** High Weald Lewes & Havens CCG to review findings and feedback in this report through a working group with Healthwatch and local residents.

A further event will be planned in June 2019 to report back to the local community on progress made on concerns they raised, one year on.
Appendix One

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<th>Summary of Feedback by GP practice</th>
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The information below is from patients completing our survey who named their GP

Chapel Street, Newhaven - (Context 6,165 patient population)
A total of 27 respondents named Chapel Street practice as their registered practice.
- I have always managed to see my GP when I have a medical problem.
- I rarely speak to the same person twice, although they seem to be able to access his file, they have no answers.
- His transfer to the nursing home went smoothly because they were well organised, but the hospital did not give them all his medication. Nor did they tell social services he’d been discharged or get an OT to look at him beforehand. It took us 3 weeks to get one to visit him at the home.

Meridian Practice, Peacehaven - (Context 12,367 patient population)
A total of 48 respondents named the Meridian medical Centre as their registered practice. Some of the comment’s patients made include:
- Tried to get a GP appointment for daughter as very poorly, told I have to queue at 8.30 in the morning, I’ve got no car and a 5 week old baby!
- My GP knows me well and I can always get a planned appointment with them
- I can usually get my GP if I wait a week or two when using online booking. My GP is very good indeed and does try to help.
- Booking an appointment with the doctor takes a long time as lines are engaged for long periods and appointments are often not available

Quayside Medical Practice, Newhaven - (Context 9,604 patient population)
A total of 54 respondents named Quayside Medical Practice as their registered practice.
- It seems whatever we want/need locally is overridden by county
- Please provide a service that is accessible and supportive to the service user not one that is designed to make life easy for staff members, also staff that are competent to do the job and able to follow basic rules e.g. Writing full and proper notes in a timely manner would enable other staff to follow up on enquiries from family members.
- Patient has been let down repeatedly by the community mental health services

1 http://www.eastsussexjsna.org.uk/menuoflocaldata/NHSprofiles/HWLHCCG
• GP surgery know who we are when we phone them, do have different Drs though. All have read our notes before they see us.
• Locum problem - have to explain issue all over again Make people feel more important/respected.

Rowe Avenue, Peacehaven - (Context 6,714 patient population)
A total of 47 patients named Rowe Avenue practice as their registered practice.
• Lack of funding is shutting down choices and options, the centralised Gov’t is increasingly tying peoples hand and taking away their voices. They, the gov’t, say one thing and really mean something else
• When you manage to get an appointment, the GP’s are good
• Easier appointment system More Doctors Seems as if Peacehaven is too big for the services in the area

(Not listed in the JSNA Data at time of reporting )

Anchor Healthcare Centre, Peacehaven (No context available)
A total of 69 patients named Anchor Healthcare Centre as their registered practice.
A selection of feedback lifted includes:
• The NHS is disjointed
• I’ve been told no funding, no central point for information
• Top GP but not enough of them
• Every time we have a new organisation or person involved it is as if there are no files or case notes or they haven’t read them
• CAMHS need to get their act together and their needs to be a multi-agency approach when dealing with a child with mental health issues
• Using the memory moments cafe Happy with the carers who provided care to my husband CTLA transport really good, without them would not get out Meals on wheels works well

More generic comments included lack of clarity on the future of the services available at this practice and expressed concerns over the number of GPs no longer supporting the town.
Appendix Two

(Havens Listening Tour launch press release)

Local Health and Care Watchdog coming to the Havens

Healthwatch East Sussex is launching a health and social care Listening Tour for Peacehaven and Newhaven on Monday 11th June. For two weeks, Healthwatch staff and volunteers are running an exciting programme of activity to talk to local people about their views and experiences of health and social care services.

According to Public Health statistics, the Havens have some of the worst health and care problems in East Sussex. Accident and emergency admissions, self-harm and mental health problems in young people are among the highest in the county. The number of residents taking up health checks locally is among the lowest.

In addition, the Havens have the highest percentage of unpaid carers providing over 20 hours care a week in East Sussex. There is a high rate of learning-disabled adults in settled accommodation and low levels of public satisfaction with making GP appointments.

Healthwatch is also interested in what helps local people maintain good health and stay well. Excess weight in 10-11 year olds is being recorded in 35% of cases and 21% of children in the Havens live-in low-income families.

There are lots of ways for Havens’ residents, community leaders or professionals to get involved in the Listening Tour. Healthwatch staff and volunteers will be at local events every day from Monday 11th to Sunday 24th June. There are also opportunities to participate through our website, social media, postal survey or by telephone.

We are running a Havens health and wellbeing themed photograph competition on Instagram (#HavensLT) with a prize of a Kodak photo printer for the best photograph received.

There will also be six lucky winners of £25 Amazon vouchers from people who complete our health and care survey, and limited-edition Havens Listening Tour designer t shirts given away at local events.

After the Listening Tour, we will share what we learn with local residents and talk to local health and care services about how their services can be more responsive to local needs. To feedback only takes a few minutes but the impact can last a lifetime.
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Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

A final version of this report will be publicly available by December 2018 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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