



Healthwatch East Sussex Annual Report 2013/14

Cover picture - "the view from South Downs Way", courtesy of www.snappytappy.com ©



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Director's remarks



Julie Fitzgerald

Director of East Sussex Community Voice -
delivering Healthwatch East Sussex.

Welcome to this first Annual Report of Healthwatch East Sussex. It has been a privilege to lead the Healthwatch team as this new service for the public has developed over the last year.

Inevitably, as with any new enterprise the first part of the year was devoted to finding premises, setting up systems and getting to know our partners in health and social care, and in the voluntary and community sector across East Sussex.

We are dedicated to ensuring the people of East Sussex have the information they need to make informed choices about their health and social care.

We will make it as easy as possible for people to tell us about their experiences, good and less good, and use this information to all with a view to improving options for the future. We are intent in making more people aware of our services during this coming year.

I would like to thank our staff team, our volunteers, partners and the public, all of whom make a fantastic contribution to our work.

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 details are highlighted throughout this report and also on page 35. There is also a jargon busting section at the end of the report, which hopefully will explain any terms or references you may be unsure about.





Who we are and about East Sussex

Healthwatch East Sussex is the local independent consumer champion for health and social care services. We are one of 148 Healthwatch across England, and works with Healthwatch England nationally.

Healthwatch has statutory powers both locally and nationally. These have been created to ensure the voice and experience of the consumers of health and social care services (patients and the public), is strengthened and listened to by those who commission, deliver and regulate your health and social care services.

Healthwatch East Sussex works closely with providers of services and their regulators, including the Care Quality Commission (CQC), when carrying out our activities and sharing our findings, including any complaints we receive.

Although we often hear about the bad experiences people have suffered, we do also hear about good experiences. Healthwatch East Sussex makes this data as much a priority as the negative data, and we ensure services providers also receive this positive feedback; and highlight examples of good practice, so that these may be shared more widely.

In East Sussex we provide non-clinical advice and information to help people make informed choices about their care and support. We also use our statutory 'Enter and View' powers to review services, and ensure they are

of a good quality, and deliver successful outcomes for residents.

East Sussex Community Voice

Healthwatch East Sussex is delivered by East Sussex Community Voice¹ (ESCV). This is a Community Interest Company, commissioned by East Sussex County Council to deliver Healthwatch.

ESCV is staffed by professional people with a wide range of skills and experience in the public and voluntary sector.

ESCV has in place a Board of five non-executive directors, who are accountable for delivery of the strategic objectives of the company.

ESCV also commissions the NHS Complaints Advocacy Service (NHS CA) for East Sussex. This service supports people wishing to complain about NHS services, and is explained in greater detail on page 10.

Successful delivery of the Healthwatch East Sussex contract is further supported by the ESCV Partner Framework. This is a collaboration of local grass roots organisations and consultants, through which ESCV commissions services and evidence and insight.

Through this Framework, Healthwatch East Sussex is able to work with other organisations in the county, bring in in specific skills and expertise which help deliver our Healthwatch activities and projects where needed. See our voluntary and community sector (VCS) collaboration report for examples:

www.healthwatcheastsussex.co.uk/reports

Our roles and functions

Our ultimate aim is to provide a high quality Healthwatch for East Sussex. To achieve this, we have worked hard to ensure your Healthwatch is well positioned strategically and operationally.

¹ See page 33 for ESCV details

This means that when we gather views, feedback and experiences from local people, we not only make it known to those who commission and provide your health and social care services, but we also ensure they use it to positively change to services.

The Healthwatch functions

Our Healthwatch functions (listed below), contribute to the effective and robust evidence we use to provide feedback to the local and national health and social care economy.

One of the key aims is to ensure patient and consumer experiences and views are placed at the centre of planning and delivery, and are used to improve the quality and delivery of the services people receive.

We also aim to provide the information people need to help them to make informed decisions about their care and support. We do this by:

- Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and care services.
- Enabling local people to monitor the standard of provision of local health and care services.
- Obtaining the views of local people about local health and care services.
- Making reports and recommendations which use these experiences to demonstrate how services can be improved.
- Providing simple, non-clinical advice and information about access to local care and support services.
- Making recommendations to Healthwatch England or the Care Quality Commission, on potentially conducting special reviews or investigations.

- Providing Healthwatch England with the Intelligence and Insight to provide local information to inform national policy.

Your Healthwatch team

East Sussex Community Voice delivers your local Healthwatch, through a small dedicated team of seven staff members who are based across the county.

Our objective is to strengthen the voice of the consumer. Our roles and responsibilities include:

- **Director** - strategic overview and statutory engagement locally and nationally.
- **Information and signposting** - enquiries line, signposting and information provision.
- **Volunteer and community liaison** - co-ordinating volunteer & enter & view activity, community engagement and outreach, liaison with providers, PLACE visits.
- **Stakeholder relationships** - growing awareness of the Healthwatch services, working with our strategic partners, development of the organisation, and influencing national policy issues.
- **Evidence and insight** - analysis of public views, evidence and feedback on providers of services, design of engagement tools and methodologies; and monitoring of information about 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 our ESCV and the non-executive Board.

For more information about our team please visit our website:

www.healthwatcheastsussex.co.uk/about

Policies and procedures

A significant focus for Healthwatch East Sussex, has been to ensure our procedures, policies and frameworks enable us to work together to provide a strong, independent voice for the local consumer, using this to improve the quality of services in health and social care.

These policies include safeguarding procedures, volunteering policies, support and governance, and also on how we share and keep information.

Working relationships

Developing effective, open and transparent working relationships with organisations that provide your health and social care support services has been a priority for Healthwatch locally and nationally.

Healthwatch East Sussex has made positive links across East Sussex. This means we can talk directly to service providers and decision makers to pass on your feedback and comments. This will help improve how services are delivered and regulated in the future.

You can see a list of the partners we have developed working relationships with on page 33 of this report.

The structures and relationships we have developed ensure the consumer is at the centre of everything we do. We provide a strong, independent voice, based on the feedback and experiences people are talking to us about. You can see examples of our work at:

<http://www.healthwatcheastssussex.co.uk/>

How we are funded and our finances in 2013-14

Healthwatch East Sussex is funded by East Sussex County Council, through money provided by the Department for Health.

In the first year of our operation, some of this money has been spent on putting in place a solid foundation for your local Healthwatch, ensuring we have the skills, facilities and technologies available to be able to deliver a high quality service now and in the future.

Our office locations

During 2013-14 we have been based with some of our voluntary sector partners and also within local authority premises. Our offices were based at 3VA in Eastbourne, HVA in Hastings and Sackville House in Lewes.

Our objectives in siting our offices across the county were to:

- Deliver coverage across East Sussex.
- Ensure flexibility for delivery of our Healthwatch Functions.
- Build close links with the voluntary & community sector.
- Secure efficiency savings in premises.

Our tools

Along with premises, our largest budgets have been for our staff and for the tools we require to deliver your local Healthwatch. We have installed two bespoke systems to make sure we are able to collect and interpret feedback from residents. These are:

- A specially designed database to collect, track and report all of our enquiries and signposting information; and
- Software to allow us to design, create and distribute surveys in different ways.

We are very aware that these are difficult financial times for all, and we have worked hard in 2013-14 to ensure that your local Healthwatch delivers an effective service which is value for money.

Our tools, premises and technologies are being used to promote a strong and independent voice for you, as residents and consumers of services, and to ensure that what you say is heard and makes a difference.

East Sussex in figures

East Sussex is a large county on the south coast of England, comprising of densely populated urban areas along the coastline and large areas of rural & semi-rural communities in beautiful countryside further inland. It shares its borders with Brighton & Hove, Kent and West Sussex as well as the English Channel to the south.

Key East Sussex data

- Population of 526,671.
- 23% of people living in East Sussex are over 65 (119,763), similar to the 2001 population.
- 55% of people living in East Sussex are aged 19-64 (290,563 people).
- 22% of people are between 0 - 19 years old (116,345 people).
- 74% of population live in urban areas, 26% in rural areas.
- East Sussex is served by a two tier local authority system, comprising of East Sussex County Council and 5 local district & borough councils, providing social care, children's services and community services locally.
- Healthcare Trusts in East Sussex are East Sussex Healthcare Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT), providing hospital and day surgery services
- There are three Clinical Commissioning Groups (CCG): High Weald Lewes Havens (HWLH), Eastbourne Hailsham and Seaford (EHS) and Hastings & Rother (H&R). all commissioning services and managing health care budgets locally.
- South East Coast Ambulance Service (SECAMB) provides patient ambulance services and emergency response services.

The data above is just a small insight to the local population and to the main providers of health and social care services across the county.

Deprivation and affluence

Across the whole of East Sussex there are areas of affluence as well as areas of extreme deprivation.

Healthwatch East Sussex will work to make sure that there is equality of access to health and social care services across this diverse population and geography.





Engaging with our communities

As your local consumer champion we are here to listen to your views about health and social care. We will use what you tell us to effect positive changes to services, and ensure people are placed at the centre of services.

Our objective is to ensure the services we provide are accessible to you, and that we capture your views in a wide range of ways. So far Healthwatch East Sussex has put in place:

- A dedicated information and enquiry telephone line and text phone.
- A dedicated email for you to contact us: enquiries@healthwatcheastSussex.co.uk
- Healthwatch 'Speak Out' forms, which can be completed and sent back using a freepost address.
- An information and sign-posting website, with accessibility features such as Browse Aloud and British Sign Language videos (from July 2014).
- A social media presence, including Facebook and Twitter.
- Surveys we can use to gather views at events and when visiting services.
- Healthwatch volunteers who help to promote our information.

- A drop-in session at Bexhill library, and with more libraries coming on board in 2014.
- A six weekly e-bulletin for people who have subscribed to receive information about our activities.
- Leaflets, postcards, posters and other promotional material, telling people about what their local Healthwatch does and how they can get involved. This includes Easy Read versions of our posters.
- A programme of visits to local groups, forums and meetings where our staff can talk directly to people and listen to their feedback.

Listening and getting your views

Healthwatch East Sussex has spoken to many consumers about their experiences, and has collected these views using surveys and questionnaires. We have produced both paper and online surveys and in our first year we received over 800 completed responses from our engagement activities.

Confidentiality

Anyone contacting us can be sure that we treat their information confidentially, and that we do not identify them in any way, unless they have given us consent.

Equality Act 2010

We ask people to give us some information about their age, gender, religion, ethnicity sexuality and if they have a disability.

This data is crucial in helping us to make sure that we are seeking the views of everyone, especially those who are vulnerable or hard to reach. We also work with partners such as Age UK East Sussex, East Sussex Disability Association, or Care for the Carers to ensure we understand the different needs and experiences of communities in our county.

Contacting your Healthwatch

Healthwatch East Sussex provides simple non-clinical advice, information and support should you need it to access services.

We have a dedicated signposting and information service, with a skilled advisor ready to respond to your enquiries and help you make informed choices. This includes a dedicated information and enquiry telephone line. Our number is:

0333 101 4007

Between April 2013 and March 2014, **108** people have contacted the us and this number continues to grow.

Some of the concerns people have been told us about include access to services, out of hours GP support, and unsatisfactory discharge from hospital.

Each enquiry is followed up by our adviser, and when necessary passed onto the relevant service provider to resolve.

Supporting complaints

Healthwatch East Sussex can quickly put in place support for members of the public who wish to make a complaint about the health services they have received.

The NHS Complaints Advocacy Service is commissioned by ESCV and provided by SEAP, who make sure that people are offered practical support and information to help them resolve their complaint.

SEAP uses the information it gathers on the complaints, to make recommendations to or raise concerns with Healthwatch East Sussex.

This crucial data provides us with the evidence to work with health commissioners, providers and strategic partners to develop better complaints solutions. Healthwatch East Sussex will be delivering a significant piece of work on complaints in 2014/15.

The annual report for the NHS Complaints Advocacy service will be available on our website in July 2014.

GP complaints

During January 2014 Healthwatch East Sussex ran a small pilot project, which tested the availability of information on how to raise a concern or make a complaint to GP Practices.

We did this as through our public engagement work, people told us they were sometimes unsure how to voice a concern about the service they had received from their GP practice.

Healthwatch East Sussex carried out a short 'Mystery Shopping' exercise, and asked our volunteers to visit eight GP practices across the county. They were tasked with finding out what information was available to help people raise a concern or complaint, and whether the processes were straight forward.

We found that whilst the practice staff were helpful, and able to assist when asked directly, there was little visible information available to enable the public to raise a concern without approaching the reception desk.

General complaints issues

Additional feedback we have received via our complaints activity has shown us that raising a concern or complaint can be an intimidating process for people.

It has also become clear that if clear information is not available for consumers about how to share their concerns, service providers will miss out on crucial information from which learn, put things right and improve their services.

By the time this report is published, Healthwatch East Sussex will have completed a larger project, again using our volunteers as 'Mystery Shoppers'.

We will have visited every registered GP practice across the county, looking at the information and processes they make available to support consumers to make a complaint.

We will share this information with local service providers and decision makers, and work to ensure where necessary GPs improve their services and complaints processes.

Social media

Alongside a variety of traditional methods of collating views e.g. surveys, workshops and public events, we have invested in the use of social media and new technologies to interact with residents and organisations.

The use of digital media has provided Healthwatch East Sussex with exciting opportunities to engage more widely with people in the county. These tools are also powerful tools to communicate our messages and gather evidence.

During the year our social media activity has grown encouragingly, and we will continue to develop this as a way of communicating with you. In 2013-2014 our activity included:

- 142 posts via Facebook, with 154 people 'liking' our page
- 945 tweets via Twitter
- 815 followers via Twitter
- 5100 visitors to the Healthwatch East Sussex website, where our 'Pathway to Urgent Care' report was the most popular download.
- 1482 subscribers to our e-bulletin.

Listening to our communities

Health and primary care services users:

We have been receiving feedback on concerns about accessing services when people are unwell or need medical support.

This feedback ranges from how easy it is to book an appointment with GPs, out of hours services, using the new NHS 111 service, and

attending Accident & Emergency departments (A&E).

We were also aware that nationally, access to GP and urgent care services was beginning to come under the spotlight, and due to our information gathering activities we were approached by a national television channel for a local comment on the situation.

This data provided us with a great opportunity to carry out our first large scale piece of engagement work, a study of the pathway to all aspects of urgent care services. This included the experience of using the NHS 111 service and booking an out of hours GP appointment.

This study was completed during the summer of 2013, and we made contact with **623** individuals, whose responses were captured in our report **The Pathway to Urgent Care - Turning up Where the Light Is On.**

Our Healthwatch volunteers spent two weeks at the county's A&E departments, minor injury units and walk in health centres. The spoke to people about why they had decided to attend these departments, who told them to go there, and whether or not they had tried to seek help elsewhere. We found that:

- 73% of the people we spoke to in A&E had not tried to book an appointment with their GP; and
- 51% had gone straight there, without trying to get help elsewhere first.

Following a review of the equality monitoring information we collected, we also identified that many of those who participated in our study, were of working age.

As part of the recommendations from our findings, we suggested there could be potential gaps in the availability of service information, which would result in people going straight to A&E, and the impact of this may have been felt more keenly by those in the working age bracket.

Healthwatch East Sussex will revisit this topic again in 2014-15, and the full report of our current study can be found at:

www.healthwatcheastsussex/pathwaytourgentcare.co.uk

We also followed the study above, with a review of trolley waiting times over the Christmas period, and will conclude this project in the summer 2014, with a large scale examination of the discharge processes for people from hospitals, back into the community.

Those who are seldom heard

Mental Health service users:

Healthwatch East Sussex has worked hard this year to talk to people who are experiencing mental health difficulties and need support and advice.

We found that people were contacting our information and signposting service to seek advice, as they felt that there were no alternative resources available to them.

Although we are unable to provide individual case work, we are able to listen to peoples experiences; and take these to those organisations providing services so that they can act and improve them.

In one example, we found that some people were contacting our enquiry and information line, and telling us that they were finding it difficult to access services when they needed them. This was either due to long waiting lists, or shortages of services that they felt could really help them.

This information has been shared with our local CCGs to help them review the current service pattern and inform changes.

A further example of what people told us, is that the Mental Healthline in East Sussex is only available at weekends and evenings, and

these numbers are often engaged when people try to use them.

The access times for this are now being reviewed by local CCG's, with a view to extending the operating times of this service.

During January and February we held five listening events around East Sussex to talk to people directly about their mental health services. These events were run on our behalf by Age UK East Sussex.

These events identified 13 themes about services provision based on user experience. Healthwatch East Sussex has shared this information with service providers and decision makers and will monitor their response before deciding if further action is required. These themes included:

- Access to a regular psychiatrist, instead of someone new at every appointment.
- Concerns from self-funders who receive Adult Social Care.
- Waiting times are longer than for users or other health services.
- Carer support; and
- Availability of mental health beds.

These themes were also shared at a Brighton University mental health conference, where Healthwatch East Sussex facilitated a workshop on mental health issues that had we had been told about.

At the conference 15 people shared their views on how best organisations should talk to and engage with patients and carers to improve mental health services.

These experiences have provided your local Healthwatch with a greater understanding of how we can work to ensure that the voice and experience of those using mental health services are listened to.

We have also collaborated with partners and providers of mental health services, to ensure that our own staff to develop skills to help those who contact us in a safe, confidential way and provide them with appropriate advice and guidance.

Where people have felt that they have needed to make a complaint about a service, or the lack of a service, we have also supported them to do so.

Your local Healthwatch also has a seat on the Mental Health Action Group and the Mental Health Partnership Board, and will continue to promote the voice of people who use these services during 2014-2015.

People Living with HIV/AIDS:

Our information and signposting advisor attended two group support sessions for people living with HIV. This provided us with a great opportunity to learn more about the experiences of people who live with this condition. This has led to strong partnership work with the Terence Higgins Trust (THT), which is a nationwide charity who support people and provide specialist advice and guidance.

Healthwatch East Sussex has additionally supported some of the work of the THT by providing additional information, signposting, listening to experiences and using these examples to improve service delivery.

For example, we were hearing that some people were only being offered very early or very late dental appointments when declaring that they had HIV/AIDS, with some surgeries stating that extra sterilisation would be required. This practice is outdated and left people feeling stigmatised.

We have been able to take these experiences and present them to NHS England for action. In their national capacity they will inform dental surgeries of the appropriate practices.

Many people, who have spoken to us, told Healthwatch they sometimes feel they have been treated differently due to their condition once it is known. Sometimes this is by the staff providing services to them. This has led to people losing confidence in how their treatment is provided and in how confidential about their patient records is being used.

Healthwatch East Sussex has responded to this by supporting THT to deliver targeted training sessions throughout 2013-2014, to NHS and care staff focusing on good practice when working with patients who declare that they have HIV/AIDS.

Staff groups receiving this training have included dental nurses, maternity and special care baby unit staff, community matrons and care home staff. A final report will be drafted during the year to enable further sharing of this good practice.

Access to interpretation services:

Throughout the year we have heard experiences from people about difficulties accessing interpretation services to help them make informed choices about their care and support. These included those who do not speak English as their first language and also those who have hearing impairments and require sign language support.

We have found that other issues around access to services, staff awareness, charging and promotion of services are encountered by these two groups. We have started to work with the University of Brighton to research how we can inform those who provide services about these barriers, to make sure that they can be addressed and overcome. This research will continue throughout 2014.

From people under 21 years old:

We have been keen to work with young people and provide them with the opportunity to use their own skills to monitor services and voice their own experiences.

East Sussex Community Voice has been developing a **Young Inspectors Programme**, to gather these views and help shape services, drawing on the experiences and views of young people. Work on this started in late 2013 and a team is now in place.

Healthwatch East Sussex will utilise the work and stories these young inspectors gather throughout the year, to provide the basis for a strong voice for young people across the county.

From people who use learning disability services:

Healthwatch East Sussex, through its partner framework was keen to involve service user in the quality checking of services they use. We started to explore how the Q Kit model could be rolled out across services outside of those residential services provided by Southdown Housing. We have commissioned the Q Team to pilot six visits to test this out this model of collecting consumer feedback as part of our 'Enter and View' activity.

The Q-Kit is a quality checking tool designed in partnership with people with learning disabilities and its focus is to ask questions that enable service users to focus on what contributes to good support and therefore a good life. It can be used to assess the quality aspects of support services that are of most importance to service users.

We will be using this in the coming year when we begin to visit services and the outcomes from these visits will be available in early summer 2014.

The partnership work we have started with Southdown Housing, will help local commissioners have a greater understanding of what good support looks like as described by people who use those services and what is most important to them. This will inform future service planning.

This work will also be valuable to the work of the Care Quality Commission (CQC). As the

relevant regulatory body, reports of these visits will inform their inspection work. For more information visit:

www.southdownhousing.org/services/learning-disability-support/the-q-kit/

Southdown Housing has commented on how they have found working with Healthwatch East Sussex:

"Working with Healthwatch East Sussex has been a wonderful opportunity for the Q-Team as it has enabled the team to broaden their experience of checking different types of services across a wider geographical area. It has also enabled us to raise the profile of the Q-Team, and the Q-Kit, which can only reinforce the work we're doing.

On top of that it has also enabled us to create paid employment for the team and we are now looking at extending this in to other areas of the Q-Team's work, but HWES was the real catalyst in making this happen.

We are really interested in thinking about how we could now extend the Q-Team approach in to health settings and would love to be able to share take our approach and work out a way for people with learning disabilities to honestly reflect on their experiences of using health services. It would be great to do some work with people with learning disabilities using health services to find out what is important to them and develop a similar tool to the Q-Kit designed specifically for health settings..."

Southdown Housing



Our volunteers and champions

Our work with volunteers has been a major contributory factor, in achieving the successes in delivering key Healthwatch functions we have reported in 2013/14. Without their commitment, experience and goodwill, those successes would not have been possible.

We began the year with a dedicated group of volunteers who had previously volunteered with the Local Involvement Network (LiNK), who were keen to take on roles within Healthwatch East Sussex. Much of our early work included:

- Understanding what we could learn from LiNK in East Sussex.
- Developing a Volunteer Involvement Strategy.
- Developing role descriptions for our new volunteer roles.
- Producing a volunteer handbook - setting out how HWES will recruit, train and support volunteers.

“...our reward is seeing services change as a result of our contributions”

Healthwatch Volunteer

- Organising a Volunteer Assembly to launch the Healthwatch Champion role.

Recruitment

Our volunteer base continues to grow and we welcome a steady stream of new volunteers each month as more people become aware of Healthwatch and its activities. We have over 50 active volunteers undertaking the following roles described below.

Authorised representatives: this role is to engage directly with people who use health and care services, where their care is delivered.

Information volunteers: are part of the information and signposting service based in libraries and village information centres, providing information to help local people to navigate and understand health and care services.



Healthwatch Champions: these are individuals and community groups who are already connected and networking within their community. This might be geographical or associated with their identity or belief. These are often volunteers attached to another organisation who “champion” and help promote Healthwatch East Sussex.

Advisory Champions: are individuals who bring the lay perspective to the Advisory Groups in the county and contribute where appropriate when Healthwatch is setting its priorities.

Training

Several of our volunteers worked with Healthwatch England this year in developing the national guidelines for the **Enter and View** training programme.

We have worked through the enter and view guidelines with volunteers interested in this role and have a twice yearly training programme in place to ensure there is sufficient capacity within the Visiting Services team to carry out the work programme.

As part of their induction, volunteers learn about the functions of Healthwatch, East Sussex Community Voice and the local health and care landscape. Volunteers also receive as mandatory workshops:

- Safeguarding Adults at Risk
- Child Protection - understanding the legislative framework for children and young people
- Deprivation of Liberty safeguards (DOL's)
- Mental Capacity Act (MCA) awareness
- Report writing
- Equality and diversity

Additional modules are available relevant to different volunteer roles:

- Dementia awareness
- Mental health awareness
- Patient Led Assessment of the Care Environment (PLACE)

Induction for Information Volunteers includes:

- Introduction to Healthwatch

- Dealing with difficult situations ?Full title of this module.
- Understanding the roles of local information resources.
- Introduction to 1Space, ESCIS and Social Care Direct.

Healthwatch provides Patient Assessors to local Hospital Trusts, independent health providers and hospices. During 2013/4 volunteers visited 23 sites and contributed over 350 hours to this process.

Supporting volunteers

All new volunteers complete a declaration of interest form and meet with the volunteer manager who then checks their references.

Where roles require clearance through the Disclosure and Barring Service (DBS), this will be processed on application. Following satisfactory completion of the recruitment process, volunteers receive a Handbook, and invitations to quarterly meetings, an annual 1:1 discussion meeting with the volunteer manager or supervisor and an annual celebration event.

Volunteer expenses

Reimbursement of out of pocket expenses is provided, no volunteer should be out of pocket for giving their time freely. Travel expenses are reimbursed monthly together with any agreed other costs incurred.

Where our partners ask Healthwatch to provide experienced volunteers to undertake specific activity as part of Enter and View engagement or carrying out PLACE inspections, we will try to secure a reward and recognition payment in line with local policy.

If you are interested in getting involved or for an informal chat about any of the roles, please contact our Volunteer and Community Liaison Manager on **01323 400520** or by email:

elizabeth.mackie@healthwatcheastsussex.co.uk

Further details and role descriptions can also be found on our website:

www.healthwatcheastssussex.co.uk

Our Volunteers

Our volunteers have ensured that Healthwatch East Sussex has been able to undertake two large scale projects, reviewing services and asking those who have used the services about their experiences.

These were our review of the pathway to urgent care, and trolley waiting times. To undertake these they participated in a total of **87** individual authorised enter and view visits, contributing to these two projects.

Healthwatch East Sussex would like to take this opportunity to thank all of our volunteers who have worked with us over the last year and without them could not have achieved some great successes.

Healthwatch volunteers

- Len Ashby
- Rodney Ash
- Eileen Bacon
- David Bold
- Marianne Colliard
- John Curry
- Roy Dobson
- Ivy Elsey
- Joan Fox
- Mary Goodwin
- Valerie Greenwood
- Phil Hale
- Michael Healey
- Alan Hill
- Cliff Hubbard
- Pan Keen
- Mark Kelner
- Anthony Moore
- Nicola Robinson
- Steven Ryan
- Timothy Sayers
- Margaret Stanton

your
**voice
counts**

healthwatch
East Sussex

 **Champion** 





Community liaison

The success we achieved in liaising with communities this year was enhanced by the contribution of East Sussex Local Involvement Network (LINK).

Deciding **where we go**, is very much part of the engagement methodology the team has been developing throughout 2013/14. This ensures that we use our resources effectively, maintaining our commitment to operate as a lean and efficient organisation. This includes:

- Operating independently, constructively and authoritatively, representing the voice of local people on what matters most to them in the strengthened system of strategic needs assessment and commissioning decision-making.
- Making the views and experiences of people known to Healthwatch England to help it carry out its national champion role.
- Developing and maintaining good working relationships with appropriate scrutiny committees (or other scrutiny arrangements), NHS Foundation Trusts and (where this is provided separately) with the independent NHS complaints advocacy service.
- Playing a full role in strategic decision making as a member of the Health and Wellbeing Board, as well as acting as a constructive 'critical friend' on the board.
- Is seen as an essential contributor to the local Joint Strategic Needs Assessments, and Joint Health and Wellbeing Strategies

ensuring that local people's views are integral to local decision-making about services.

- Encouraging high standards of health and care provision and challenges poor services.
- Championing equality of access and provision in health and social care services.
- Influencing commissioners, providers, regulators and Healthwatch England, using knowledge and evidence of what matters to local people and able to demonstrate that decisions about commissioning priorities and services are based on the needs and experiences of local people.
- Ensuring arrangements are in place to demonstrate the positive impact on local decision-making and services.

ESCV has at its disposal, a comprehensive list of individuals, and community and voluntary organisations who work with the organisation to help deliver Healthwatch in East Sussex. We work together for the purpose of having a clear:

- **Voice** - acting as a bridge, speaking up for the wider community and communities whose voice is seldom heard.
- **Influence** - being a 'Critical Friend', actively affecting, having an impact, i.e. NHS Trust, local partnership Boards, and overview scrutiny committee.
- **Building the relationship** - (Partnership) directing resources to best effect.
- **Promoting ESCV/Healthwatch** - raising awareness of the organisation and the Healthwatch brand.
- **Legal duty** - statutory duty to attend i.e. Health and Wellbeing Board.

These functions are jointly delivered by paid officers, Healthwatch volunteers and champions, or volunteers working with other voluntary and community organisations.



What happens to what you tell us?

We are working hard to make sure that all of the information we receive is shared as an informed, collective view of the public's experiences, where these have been good and not so good.

Feedback on services from you the consumer provides Healthwatch East Sussex with a strong, local evidence base and is used to positively impact on services locally.

Information is collected in a variety of ways, including direct contact via our engagement activity and surveys; through the Information and enquiries service; from local media, meetings and at events we organise.

All of this information is reviewed and themed, which allows us to monitor feedback, and plan our activities to make sure we are responding to the views and concerns of you the consumer. For example **39%** of the contacts made with our enquiries and information line service were about access to services and **13%** were regarding delays in receiving services. By monitoring information in this way we are able to identify trends and plan our activity to ensure we are responsive and effective.

"Thank you for your easy to read information"

Member of the Public

As we mentioned earlier in this report, we heard from a variety of people and stakeholders about the experiences of trying to access out of hours GP care. In gathering these views and analysing them, looking at the themes and trends, we were able to focus our examination of the pathway to urgent care services and plan how we would engage with consumers and providers to understand this further. This planning, based on evidence, meant we could collect meaningful information about people's experiences and inform those who provide these services of your perspective, the consumer.

Since this study was completed locally, it has been incorporated into a national study being undertaken by Healthwatch England, ensuring the local voice is also heard nationally.

Better Beginnings case study

In August 2013, Healthwatch East Sussex was invited by the three East Sussex Clinical Commissioning Groups (CCGs) to form part of its Better Beginnings Programme Board as a non-quorate member. The Board was responsible for overseeing a consultation on proposals for the future of NHS maternity, in-patient children's services and emergency gynaecology in East Sussex:

www.betterbeginnings-nhs.net

Our role on the Programme Board was to use our knowledge and experience to ensure the consultation was planned and delivered with a focus on co-production, being transparent and evidence based, and that it showed due regard to the public sector equalities duty.

Healthwatch East Sussex was part of the maternity and paediatrics communications and engagement working group. Our main purpose has been and continues to be to provide advice and support for the overall process including communications tools, engagement, the consultation design and use of accessible language.

We were also a non-scoring member of the options appraisal panel, which took place on 14th May 2014.

Healthwatch East Sussex supported the Programme Board in organising additional focus groups. These have targeted key groups identified in the Equality Impact Assessment (EIA) that may require additional publicity and promotion of the consultation, and support in understanding how the options may affect them.

As part of the consultation process, an equality analysis of the proposals identified a number hard to reach/at risk groups that could experience different impacts from any service change. These were:

- parents / carers of children with complex needs or long term conditions
- ethnic minorities particularly migrants
- gypsies and travellers
- recent or potential maternity and or paediatric service users with a disability or long-term health condition; and
- young parents.

The Programme Board, with influence from Healthwatch East Sussex, agreed that resource should be allocated to promoting the consultation to, and gathering evidence an insight from these groups, in a way that would ensure the data was not lost in the general public responses.

The Programme Board agreed there was an opportunity to use the partner framework model and commission the focus groups through a competitive process, but one that recognised the importance of using local grass roots organisations.

This approach identified the local voluntary and community sector as the key partners, with the skills and knowledge to communicate the consultation messages to their service

users. The trust they have with these groups and individuals enabled them to recruit participants to the focus groups. It meant that:

- The Programme Board received the information it required for the consultation
- HWES was able to facilitate the gathering of information and make it known
- the VCS was able to demonstrate its grass roots links and ability to provide insight
- hard to reach groups, became less hard to reach, and co-produced their responses.

The key benefit achieved through this work is that it:

- produced **20%** of the total consultation responses, so significant evidence and insight
- supported the CCGs in listening to hard to reach communities through grass roots organisations
- demonstrated “Due Regard”, under the Equality Act 2010 public sector equality duty; and
- increased trust, knowledge and interactions between these communities, the three East Sussex CCG’s, and Healthwatch East Sussex.

We suggested to the Programme Board, that we felt could Healthwatch East Sussex could provide additional value to the consultation process by holding independent forums at which the public could ask questions directly of decision makers, make their views known, and promote the involvement of people in the commissioning and provision of local care services.

These Question Time events supported the consultation process by providing people with an additional independent environment to

question and raise concerns with the key decision makers. Attendees were supported to gain sufficient knowledge and information

from which they could confidently go away and complete a consultation document.

The events received full support from the Programme Board, with Healthwatch East Sussex commissioned to plan and manage the entire process without interference.

Over 70 people attended three events in Hastings, Eastbourne and Uckfield. The key questions and comments were recorded, and you can find a copy of our report which was provided to the Programme Board and the East Sussex Health Overview Scrutiny Committee on our website.

www.healthwatcheastsussex.co.uk/reports

Healthwatch East Sussex has welcomed the open and trusting relationship this piece of work with our three Clinical Commissioning Groups has created.

Maternity and paediatric services have an emotive history in East Sussex. What has been clear in this process, is the commitment the joint CCG Programme Board placed on decisions being evidence based, ensuring quality and safety as the primary determining factor in decisions (not finance), and that at all times, they have placed the patients', their families or carers at the centre of this consultation.

"Thank you very much for sending a good reply.Best wishes for an important job which you do."

Comment received via our
Information & Enquiry Line

What you tell us matters

As your local Healthwatch grows, we are able to talk more people and collect the evidence to begin to effect positive change in the delivery of health and social care services.

We will continue to talk to you and gather your views, to provide strong evidence and insight to commissioners and providers that is based on real life experiences.

The Healthwatch East Sussex website is regularly updated with information about what we are doing and how you can get involved.

You can see all of this at:

www.healthwatcheastsussex.co.uk

Alternatively you can contact our team on:

0333 101 4007

or email us at:

enquiries@healthwatcheastsussex.co.uk





Our statutory requirements

Healthwatch has a place on the statutory Health and Wellbeing Board for East Sussex and our representative is our Executive Director, Julie Fitzgerald.

The Board is made up of staff and elected councillors from across East Sussex; representatives from each of the three Clinical Commissioning Groups, Healthwatch and invited observers with speaking rights.

Membership of the Board enables us to ensure that the public's views are fed directly into decision making. The Health and Wellbeing Strategy for East Sussex was developed by all partners following consideration of the Joint Strategic Needs Assessment of County and locality needs.

If you would like to know more about the Joint Strategic Needs Assessment or the Health and Wellbeing Board click the links below.

Joint Strategic Needs Assessment at:

www.eastsussexjsna.org.uk

Health and Wellbeing Board at:

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

Partnership working and sharing experience

Throughout our first year we have started to share our findings nationally with Healthwatch England and we regularly attend and interact with Healthwatch local and national forums, included hosting the first South East forum for local Healthwatch, to exchange information and monitor trends.

Nationally

We are extremely pleased that our report 'Turning Up Where the Light Is On', has been used by Healthwatch England to help them with their national work, which is a fantastic way of promoting the voice of the consumer in East Sussex and informing national agendas.

Our interactions with the regulators of services are also extremely important, as this allows Healthwatch East Sussex to raise serious concerns quickly and confidentially if we need to.

Your local Healthwatch has in place regular discussions locally and nationally with representatives from the Care Quality Commission (CQC) and this enables us to talk quickly with local staff when we need to promote the voice and concerns of the consumer.

During our first year we have not had to raise any serious concerns for investigation by CQC or Healthwatch England and we will continue to work with providers and regulators to try and work on positive solutions to any concerns we find, using the strong relationships we have spent time developing throughout our first year.

Regionally

Regionally we have a seat at the Quality Surveillance Group where representatives from health, social care and regulators share information and look at themes and trends which affect people across different areas of the South East.

In this forum, we are able to share information in confidence and challenge providers in a constructive way if we need to. We can also raise our local concerns to ensure that these are made known to decision makers and discuss trends that may be wider than East Sussex. This is also a useful place to share the examples of good practice we find, to help improve services for all users of health and social care services.

Locally

Locally we have a Healthwatch Advisory Group, which is a forum that brings together our local partners from all sectors. This allows us to share ideas, concerns and experiences with key partners and develop our work jointly where we need.

Some of the meetings we attend locally to share our information are:

- Older Peoples Partnership Board
- Improving Life Chances Board
- SpeakUp - the forum for voluntary and community groups in East Sussex
- SECAMb Collaborative meeting
- CCG Critical Friends

We also have regular meetings with local trusts and the ambulance service where we can raise any issues which are giving cause for concern to the public or ourselves.

Healthwatch trademark / branding

All of the material which we use to promote, develop, report and collect the information to inform our activities is in compliance with the use of the Healthwatch branding and trademark, including logo, font, colours and graphical images.

Examples of these include (this list is not exhaustive):

- Website
- Facebook page
- Reports - internal and external
- Information stand
- Volunteer name badges
- Enquiries database
- Survey materials
- Presentations
- Promotional leaflets
- Posters
- Email

How we used our funding

For the financial year 2013/14 ESCV was commissioned by East Sussex County Council to provide Healthwatch services across the county and also to commission the NHS Complaints Advocacy Service (NHS CA) for the public.

We received £395,000 revenue to provide Healthwatch services and £135,000 for the NHS Complaints Advocacy Service.

Our expenditure for 2013-14 has included the cost of premises, equipment, staff and operating costs. ESCV is committed to ensuring that we provide a high quality service which produces a return on this investment. Shown below is an overview of how we have allocated these funds in the first year, to deliver the activities we have outlined in this report.

Organisation Cost	Expenditure (£)
Staff salaries	229, 519
Premises	10, 737
Volunteer expenses	4, 214
Staff travel expenses	10, 523
Training and development	3, 995
Finance, payroll & HR support	16, 397
Governance	4, 734
IT	5, 607
<u>Other operating costs</u>	<u>13,854</u>
Total	£299, 580

Commissioned services

Info, Signpost & Advice	51, 374
Partner Framework	35, 584
<u>Complaints Advocacy</u>	<u>128, 307</u>
Total	£215, 223

From our first year of operation we have a surplus of £15,000, this will be carried into the current year's budget to support increased volunteer activity and increased public awareness of Healthwatch East Sussex and the services available to them.



Working with our partners

During 2013-14 we have sought to actively engage the organisations who commission, deliver and regulate your health and social care. Healthwatch East Sussex has been able to build strong links with these partners and use this to talk constructively with them about our findings and the work we do to ensure that what you say is heard.

We believe East Sussex benefits greatly from a local strategic investment in partnership working. This has seen leaders and commissioners at East Sussex County Council and the three Clinical Commissioning Groups (CCGs) identify Healthwatch East Sussex as a key partner. It has allowed us to represent and promote public engagement and involvement, in the decisions that are affecting the new health and social care landscape.

“Healthwatch bring the patients voice closer to our organisation, helping us to ensure what we do is always focused on what is best for our patients.”

**South East Coast Ambulance Service -
Senior Operations Manager**

As well as listening to the views and experiences that you have to say, we are also keen to listen to those who actually deliver these services and what they have to say about your local Healthwatch.

We asked partners and providers for some feedback about their interactions with Healthwatch East Sussex since its launch.

When asked about their understanding of the purpose, accessibility and effectiveness of Healthwatch East Sussex partners responded that they agreed and let us know that there was a growing awareness of our role within their own organisations.

“Healthwatch has used it’s independence (of Health & Social Care) thoughtfully and with purpose in support of enabling engagement.”

**Clinical Commissioning Group -
Associate Director of Strategy &
Governance**

Local and national priorities for delivering health and social care services you want are also important for Healthwatch East Sussex to understand, and help us to make sure that we focus our planning in the most effective way to ensure that your messages are able to influence decision makers.

The transformation of your local health and social care services, implementation of the Care Act and growing the evidence that is provided by you, were all identified as really important by partner organisations, and are areas which Healthwatch East Sussex will continue to develop going forward.

The regulators of services and strategic partner groups we attend also responded positively about our first year. Our work alongside the Care Quality Commission and the Quality Surveillance Group has allowed Healthwatch East Sussex to share intelligence and information where needed to ensure that your services are delivered safely and how they should be.

“Information about some care homes influenced the timing of the inspection to ensure that people were being cared for safely.”

**General Practice Inspection Manager
- Care Quality Commission**

These regulators and groups help coordinate the early detection and inspection of services and we are able to highlight areas of good work for sharing and also where you may have found problems with your service, to help them to improve.

"We have found Healthwatch's engagement with the QSG to be vital in ensuring the patient voice and patients are at the centre of the work we do. Sharing of reports from focussed pieces of work has provided challenge and assurance as well as identifying additional areas for improvement. Healthwatch has embraced and brought real value to the QSG."

**Sussex & Surrey Area Team - Quality
Surveillance Group**

During our first year your local Healthwatch has made many positive interactions with the organisations who plan, commission and deliver your health and social care services and we look forward to continuing to working alongside these and ensuring that the voice and experiences of you, the consumer, continue to be heard and have influence.





The challenges and the future

2013-14 has been a challenging and rewarding year. We believe we have a strong platform in place for 2014 -15 and beyond. From this we will continue to strengthen and promote your voices and experiences, and ensure they will be heard and acted upon by those who provide and regulate services.

The model we have adopted to deliver Healthwatch in East Sussex has been carefully designed to achieve its goals of being a cost effective and resilient organisation which is independent and a voice for the consumer in the long term.

We will continue to listen and engage with consumers, commissioners, providers and regulators to improve the services you use, based on the experiences of and feedback you give us.

Growing the awareness of Healthwatch locally and nationally has been the big challenge of our first year.

As demonstrated in this report, we have worked to make sure that Healthwatch East Sussex has in place a strong local structure and

the right tools to be an effective, independent champion.

As a new organisation it has taken some time to raise awareness of what we do, and to start to gather your feedback and experiences. We are pleased that increasing numbers of people are contacting Healthwatch and talking to us.

We will continue to engage with as many local consumers as we can, it is your feedback that provides Healthwatch with the evidence and insight needed to be fulfil our role as the local independent consumer champion for health and social care.

We have a well-trained, skilled group of volunteers who are proactively working alongside our paid staff us and helping to deliver positively results.

Our **Turning up Where the Light is on** report has been used to inform national activity and we hope that our work in the future will continue to drive forward the quality of service improvement locally and nationally.

We hope you will add your voice to our work in the coming year; we look forward to welcoming you.

With thanks

healthwatch
East Sussex

References

- 1) East Sussex Community Voice, Registered
CIC 08270069,
Units 1-3
85B Ashford Road
Eastbourne
East Sussex
United Kingdom
BN21 3TE
- 2) All figures courtesy of East Sussex in
Figures. For more information please visit:
[www.eastsussexinfigures.org.uk/webview/
welcome.html](http://www.eastsussexinfigures.org.uk/webview/welcome.html)

Strategic partners

- Care Quality Commission
- East Sussex County Council
- Eastbourne Hailsham Seaford CCG
- General Osteopathy Council
- Hastings and Rother CCG
- Healthwatch England
- High Weald Lewes Havens CCG
- NHS England
- Surrey and Sussex Probation Trust

Voluntary and community partners

- Action in Rural Sussex
- Age UK East Sussex
- Brighton University
- Care for the Carers
- East Sussex Disability Association
- East Sussex Parent and Carers Council
- Friends, Families and Travellers
- Hastings Voluntary Action

- Healthwatch Brighton and Hove
- Healthwatch Kent
- Healthwatch Medway
- Healthwatch Surrey
- Healthwatch West Sussex
- POhWER
- Rother Voluntary Action
- RVA
- SEAP
- Southdown Housing
- SPARK
- Speak Up
- Sussex Community Development Association
- Terrence Higgins Trust
- Vandu Language Services
- Volunteer Centre East Sussex

NHS Trusts

- East Sussex Healthcare NHS Trust
- Sussex Partnership NHS Foundation Trust
- South East Coast Ambulance NHS Trust

Glossary

The information below is taken from the Local Government Association document: **Get in on the Act - Health and Social Care Act 2012**.

Although our report does not mention every abbreviation or term listed, we have included it as you may come across it in other health and social care literature.

Abbreviations

- CCG** - Clinical Commissioning Group
- CQC** - Care Quality Commission
- DH** - Department of Health
- DPH** - Director of Public Health
- GSCC** - General Social Care Council
- HCPC** - Health and Care Professions Council
- HPA** - Health Protection Authority
- HPC** - Health Professions Council
- HWB** - Health and Wellbeing Board
- HWE** - Healthwatch England
- JHWS** - Joint health and wellbeing strategy
- JSNA** - Joint strategic needs assessment
- LH** - Local Healthwatch
- LINK** - Local Involvement Network
- NHSCB** - National Health Service Commissioning Board
- NICE** - National Institute of Health and Care Excellence
- OHPA** - Office of the Health Professions Regulator
- PCT** - Primary Care Trust
- PHE** - Public Health England
- SHA** - Strategic Health Authority
- SoS** - Secretary of State

Terms

Care pathway - an important concept in the integration of services, a care pathway is the sequence of care events that a patient or

service user undergoes in receiving treatment or other forms of support for an acute or long-term condition. Integrated care pathways involve taking an overview of the patient's or service user's experience as a whole, so as to co-ordinate the services and/ or treatment they receive.

Care Quality Commission (CQC) - the regulator of health and social care for England. It registers, and therefore licenses, care services if they meet essential standards of quality and safety and monitors them to ensure they continue to meet these standards.

Healthwatch England will be part of the CQC.

Clinical Commissioning Group (CCG) - the bodies which will carry out local commissioning of NHS services. They will be public bodies holding their meetings in public. Their members will be primary and secondary care doctors, nurse specialists, lay people and others.

Clinical networks and clinical senates - the **NHSCB** will host clinical networks, which will advise on distinct areas of care such as cancer or maternity services. The Board will also host new clinical senates which will provide expert multi-disciplinary input to strategic clinical decision making to inform and support local and national commissioning.

Commissioner - a manager in the NHS or a council who oversees the day-to-day process of **commissioning** services.

Commissioning - the process of ensuring that health and care services are provided so that they meet the needs of the population; it includes a number of stages including assessing population needs, prioritising outcomes, procuring products and services, and overseeing service providers. The concept of commissioning is expanding to include the way decisions are made about directing investment as well as direct service commissioning.

Community mental health team (CMHT) - teams of mental health workers from the NHS and social care who work in the community to support people with mental health problems, usually referred to the team by their GP.

CQUIN - Commissioning for Quality Indicators - a payment framework used in the NHS by commissioners to reward high quality services, by linking healthcare providers' income to the achievement of quality improvement goals.

Direct payments - budgets paid directly to social care users to meet their needs. They are a form of **personal budgets**, giving service users direct control of the money allocated to them for care.

Director of Public Health (DPH) - appointed through local authorities and PHE (on the SoS's behalf), acting jointly, directors of public health will bring leadership and direction to local collaborative discussions about the best use of the local ring-fenced public health budget. There will be a director of public health for each upper tier local authority, although one DPH may cover more than one local authority.

Foundation Trusts - NHS providers which are granted foundation trust status (by **Monitor**) have greater freedoms and are subject to less central control than NHS trusts without foundation status. The Government has indicated that all NHS trusts should become Foundation Trusts.

Health Act Flexibilities - see **Section 75 arrangements**.

HWB - a statutory committee of a local authority which will lead and advise on work to improve health and reduce health inequalities among the local population. It will have a performance monitoring role in relation to NHS clinical commissioning groups, public health and social care. Members will include councillors, GPs, health and social care officers and representatives of patients and

the public, including local LH. Shadow Boards should have been established by Spring 2012, with full statutory Boards coming into existence by April 2013.

Health inequalities - differences in health (and increasingly, in definitions, the wellbeing) experienced by different groups in a community which are avoidable and therefore held to be unacceptable (See also **Marmot review of health inequalities**).

Health Needs Assessment (HNA) - a method for reviewing the health issues facing a population, leading to a set of agreed priorities and the allocation of resources to improve health and tackle inequalities. HNAs also provide an opportunity for specific populations to contribute to service planning and resource allocation. HNAs are also a tool used in the commissioning process. In future **JSNAs** should also encompass the kind of issues currently included in HNAs.

Health Premium - an incentive payment proposed by the Government to be received by local authorities. Payment will be dependent on the progress made against improving the health of the local population and reducing health inequalities and will be linked to performance against a number of indicators.

Health Overview and Scrutiny Committee (HOSC) - often known as health scrutiny committees, HOSCs were committees of local authorities with statutory powers to monitor and scrutinise local healthcare and health improvement and make recommendations. Under the Act, these powers are transferred to the local authority itself which may delegate them to a HOSC or other committee.

Healthwatch England - a committee of the CQC, which will be the national body representing the voice and perspectives of patients, service users and the public. It will provide support and guidance to LH.

Integration - in the context of health, social care and local government, the term is used in relation to bringing services closer together, for example by developing joint teams of staff (eg housing, social care and/ or health staff), co-locating staff or using **pooled budgets** (for example to provide health and care services to a group of people such as people with learning disabilities). The objective is for services to take a holistic view of services users and to be 'seamless' from their perspective. Planning integrated services ought also to enable prevention and early intervention and greater efficiency and effectiveness across **care pathways**.

JSNA - the process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive local picture of health and wellbeing needs. The development of JSNAs will be the responsibility of CCGs and local authorities through **HWBs**. **CCGs** and the **NHSCB** are required to 'have regard to' JSNAs when developing their commissioning plans.

Joint health and wellbeing strategy (JHWS) - **HWBs** are required to produce a JHWS for the local area, based on the needs identified by the **JSNA**

Lifecourse - a lifecourse approach to health emphasises the accumulated effects of an individual's experience across their life span in understanding the maintenance of health and the prevention of disease; poor economic and social conditions in the very early years of life have been shown to affect adversely individuals' growth and development, their risk of disease and ill health in later life and their life expectancy. **Professor Marmot's 2010 review of health inequalities**, 'Fair Society, Healthy Lives', strongly advocates a lifecourse approach to population health, health improvement and tackling health inequalities, with the first five years of life being the highest priority.

Local Healthwatch (LH) - effective from April 2013, LH will be patient and public engagement bodies taking over from **Local Involvement Networks (LINKs)**. They will be supported by a national organisation,

Healthwatch England (HWE), which will be part of the CQC.

Local Involvement Network (LINK) - a local organisation of individual and organisational members which collects and represents the views of health and social care service users and the public. Under the Health and Social Care Act 2012, LINKs will be superseded by **LH**.

Marmot review of health inequalities - a review of the causes and the 'causes of the causes' (ie the social and economic determinants) of **health inequalities** in England, carried out by Professor Sir Michael Marmot in 2010. It was commissioned by the previous Government and its findings were endorsed by the present Coalition Government. It identifies a number of key areas for action to reduce health inequalities, the most important of which is "giving every child the best start in life". The review, 'Fair Society, Healthy Lives', is an invaluable resource to assist with developing priorities for **JHWS**.

Monitor - the regulatory body for NHS Foundation Trusts. Under the Health and Social Care Act 2012, Monitor's key role will be to promote and protect patients' interests. It has statutory powers in relation to co-operation and competition and will be required to support the delivery of integrated care where this would improve quality or efficiency.

National Institute for Health and Clinical Excellence (NICE) - the body responsible for providing research, evidence and guidance on what medication, treatments and interventions should be available through the NHS and, in the case of public health, through local authorities.

Needs assessment - a systematic method for reviewing the characteristics of a population (for example, their health status, the number with long-term conditions, numbers in different age groups) and their needs, leading to agreed priorities and resource allocation that will improve health and wellbeing and reduce inequalities. A **JSNA** is a statutory requirement for each area.

NHS Constitution - lays down the objectives of the NHS, the rights and responsibilities of the various parties involved in healthcare (patients, staff, trust boards) and the guiding principles which govern the health service.

NHS Commissioning Board (NHSCB) - a national body to be created under the Health and Social Care Act, whose role will include supporting, developing and holding to account the system of clinical commissioning groups, as well as being directly responsible for some specialist commissioning.

NHS Operating Framework - an annual document which outlines the business and planning arrangements for the NHS in the forthcoming year.

Outcomes Framework - a national framework which sets out the outcomes and corresponding indicators against which achievements in health and social care will be measured. There are currently three outcomes frameworks - for the NHS, for adult social care and for public health.

Overview and scrutiny - currently a function of local government with specific powers to scrutinise council executive decisions. **Health overview and scrutiny committees** had additional powers to enable them to monitor and scrutinise NHS commissioners and providers. These powers have been transferred to local authorities.

Outcomes based accountability - an approach to planning services and assessing their

performance that focuses attention on the results, or outcomes - as distinct from inputs and outputs - that the services are intended to achieve.

Outcomes-focused approach - an approach based on focusing on the results rather than on the outputs of investing in a service or providing it in a certain way. Commissioners can be clearer about the real benefits they are seeking by defining the outcomes being sought in terms of improved health and wellbeing. (See also 'Health inequalities').

Patient Reported Outcome Measures (PROMS) - provide information on how patients feel about their own health, and the impact of the treatment or care they receive **Payment by Results (PbR)** - the term was originally introduced in the NHS to describe a system of paying providers of NHS services a standard national price or 'tariff' for each individual episode of treatment supplied. It has caused some confusion among non-specialists as it is not about payment based on health results, as its name might suggest, but is based on activity. More recently, the same term has been used in other areas of public policy, such as the criminal justice system and the employment service, where it is more closely linked to outcomes.

Personal health budget - see **personal budget** **Personal budget** - the amount of money allocated for an individual's social care, either paid directly to the individual in **direct payments** or held by social services or a third party. Now often used interchangeably with 'individual budget'. Personal budgets are being piloted in health services as **personal health budgets**.

Personalisation - the principle behind the current transformation of adult social care services, and also related to health services; refers to the process of providing individualised, flexible care that is intended to promote the independence of those who need care.

Pharmaceutical Needs Assessment - an assessment of the current need and provision of pharmaceutical services for a community, provided mainly through local community pharmacies. Its aim is to identify any gaps in the services, and see what new services may be offered to improve the health of the local population. The Act makes the preparation of pharmaceutical needs assessments a responsibility of the **HWB**.

Pooled budgets - one of a range of options available to support the integration of health and social care (under **Section 75** of the NHS Act 2006). While partners such as local government and the NHS can delegate some functions to each other, they may also commit some of their financial resources to create a single or 'pooled' budget which is discrete and separate and for a specific purpose, thus helping to avoid funding disputes and create greater flexibility in the use of budgets. The Act requires HWBs to encourage the use of pooled budget (See also **Section 75 arrangements**).

Population Health - an approach that aims to improve the health of the entire population and tackle health inequalities between different groups in society. Rather than focusing on individuals, population health addresses a broad range of factors that affect the health of entire populations, such as environment, social structure, and the distribution of resources.

Primary Care Trust (PCT) - PCTs are the commissioning bodies for the NHS. Under the Act, their work will be taken over by CCGs.

Programme budgeting - the analysis of expenditure in healthcare programmes, such as cancer, mental health and cardiovascular diseases. Programme budgeting usually makes comparisons between expenditure and outputs or outcomes between one geographical area and another and is therefore a useful benchmarking tool. **Provider** - organisations which provide services direct to patients and service users, including hospitals, mental

health services and ambulance services; providers are commissioned to provide NHS, public health and social services by NHS and local government commissioners.

Public health - "The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society." (UK Faculty of Public Health, 2010). Public health is generally thought of as being concerned with the health of the entire population, rather than the health of individuals - and therefore requiring a collective effort - and as being about prevention as well as treatment. The three domains of public health are: health improvement; health protection; and health services. Under the Health and Social Care Act, responsibility for public health is to be taken over from the NHS by local government. A national public health service, **PHE** will also be created.

Public Health England - the new national public health service which will integrate the work of a large number of disparate public health organisations into a single, expert body providing advice and services across the range of public health. It will allocate ring-fenced funding to local authorities and will also act on behalf of the SoS in the process of appointing DsPH at the local authority level.

Quality premiums - a Government proposal to offer GPs financial rewards for performing well.

Quality, innovation, productivity and prevention (QIPP) - a framework for the NHS intended to deliver efficiency savings while maintaining quality.

Quality Outcome Framework (QOF) - a voluntary reward and incentive programme for all GP surgeries in England, detailing practice achievement results.

Resource Allocation System (RAS) - system each council has for allocating social care budgets to individuals, based on need determined by assessment/self-directed assessment. If personal budgets are introduced into health services, similar RASs will be needed.

Risk stratification - means of classifying the risk of individuals within a group or population of experiencing a particular health condition or event (such as hospitalisation) and thereby determining what preventive action can be taken.

Ring-fenced budgets (for public health) - public health budgets that will be allocated to local authorities from April 2013 for their new role in public health. The DH will set out the purpose of the funding but not exactly how the money should be spent, although a limited number of services will be mandatory. Local authorities will be able to use the ring-fenced budget widely to improve public health in their local area in line with local priorities. This may include using it jointly with other local authority budgets such as those for children's service, schools, housing, transport and environmental health.

Scrutiny - see **Overview and scrutiny**. **Section 75 arrangements** - section 75 of the NHS Act 2006 consolidates previous powers to allow local authorities and NHS bodies to make financial arrangements (often described as the Health Act 'flexibilities'). These include **pooled budgets**, lead commissioning in which partners agree to delegate commissioning of a service to one lead organisation and integrated provision in which partners can join staff, resources and management structures to integrate a service. In future, Section 75 arrangements are likely to be made between **CCGs** and local authorities and are to be encouraged by **HWBs**. **CCGs** and **Monitor** also have duties to promote integrated services, which may entail the use of Section 75 arrangements.

Single assessment process - a process for assessing an individual's health and social care needs without assessment procedures being needlessly duplicated by different agencies. Single assessments are an important first step towards **integration** of services.

Social determinants of health - the social and economic conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The **social determinants of health** are mostly responsible for **health inequalities**.

Strategic Health Authority (SHA) - part of the structure of the NHS, currently responsible for implementing policy and overseeing the work of NHS trusts and PCTs. In October 2011, the 10 strategic health authorities in England merged to form four clusters which will manage the NHS until April 2013. **Tariffs** - in relation to payment by results, the tariff is the calculated price for a unit of healthcare activity eg treatment for a coronary artery bypass. Prices in the national tariff have been set on the basis of the average cost of providing a particular procedure, using data gathered from all NHS hospitals. They include non-clinical costs such as food, cleaning and estate costs.

Transition planning - in the context of NHS reforms, the process of supporting the development and implementation of key elements of reform including the transfer of public health to local authorities, establishing **CCGs**, setting up **HWBs**, supporting **JSNA** and **JHWS** and establishing **Healthwatch**; programmes are carried out at regional and local levels.

Upstream and downstream investment - based on an analogy by McKinley (1979) of the health and wellbeing system as being like a fast flowing river in which people were drowning. The system was so preoccupied with

rescuing them (ie treating them when they fall ill) that there was no time to go upstream to prevent them falling in (ie public health and early intervention) - which would have been a more fruitful, (upstream) activity.

Value-based pricing - a controversial mechanism for linking the prices the NHS pays drug providers to the value of the treatment - this would be defined in terms of such factors as effectiveness and/ or innovativeness of treatments. The DH consulted on the issue in 2011 and said that negotiations with the pharmaceutical industry would begin in 2012.

Wellbeing - used by the World Health Organisation (1946) in its definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. More recently the concept was described as “feeling good and functioning well” (New Economics Foundation, 2008). Creating wellbeing (of which good physical health is a component) requires the mobilisation of the widest assets to ensure community cohesion, safety and so on.



Alternatively you can write to us using our freepost address:

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If you would like any further information about the activities highlighted in this report or those we have referenced please contact us using one of our contacts.

We look forward to hearing from you.

Contact us

We want to hear about your experiences of health and social cares services, whether they were good or bad as well as hear your ideas for improvements.

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