

Impact & Performance Report



We value the insight that's gained from analysing many different people's experiences to learn how to improve care.

Pages 3 and 4 looks at our collaborative 'access to GP-led services' work.



July – September 2022 (Q2)

At a Glance

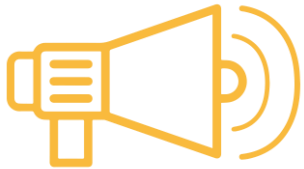
Making a difference to care



Looking at differences in access to GP-led Care

Tackling the sensitive but important topic of access to GP-led care. (See pages 3 and 4) in collaboration with NHS stakeholders from practices, Local Medical Committees and commissioners. Our reporting seeks to demonstrate the changes GP Practices have been subject to throughout the pandemic and what people have said about their experiences of services in the last six months of 2021.

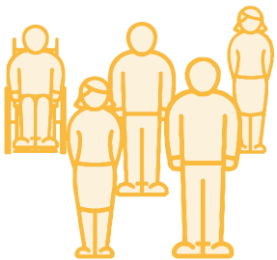
Reaching out



Working with people and communities

From understanding ethnic representation in Arun and Chichester Community and the Voluntary Sector, to catching up with College Freshers week.


Providing support



Providing valuable information

Supporting people to navigate health and care is challenging and this quarter we have supported three families whose young people have struggled to get appropriate support to sustain a life-saving weight.

Impact: Making a Difference

 I know the information [Healthwatch provided] will be a great help and ... I will act on all the suggestions in the fullness of time. This kind of service is lacking in our society, other than from your organisation. The NHS is so vast and confused ... that the man in the street/home needs help to find [their] way around. People like me need to touch base with what's available to them and avail themselves of it, if they can without involving a qualified doctor.

At the start of this report, we highlight some of the areas/topics where we've had the most impact in the last quarter. Healthwatch work has included:

- Our collective and sensitive handling of the access to GP-led Services
- Supporting hospitals to get the clinical environment right
- Snapshots of follow-up outcomes.

Tackling the sensitive but important topic of access to GP-led care

This project emerged because we were receiving a high level of feedback from the public regarding primary care. Healthwatch managers (from Isle of Wight, Hampshire, West Sussex, and Wiltshire) met to discuss this emerging trend and decided that this sensitive issue required a measured and balanced response. Within this work, we aimed to produce a balanced report, expelling myths on both sides, and to bring together practice staff and the public.



We agreed that involving and understanding the way GP practices had been asked to respond and change during the pandemic was critical to establishing a conversation between practices and people they support. We set up a regional and local advisory/working group to coproduce the project, made up of key stakeholders including the Care Quality Commission, Patient Participation Group members, GP's, Practice Managers, Reception staff, Local Authority Scrutiny Officer, Commissioners, Integrated Care System communication staff and local Healthwatch from across the south.



We surveyed GP practice staff and members of their public to ensure a balanced approach. We targeted the survey to groups of people who had been significantly affected by access issues, including people from the deaf community, autistic people etc. and concluded that there are misconceptions on both sides. Our report was shared in the local press and within the Integrated Care Systems.

From the extensive amount of feedback received from the public via our survey (over 7,000 responses, of which 1,500 were from Sussex residents), we quickly identified that many people across the south were having difficulties in getting through to their GP practice and also in obtaining a consultation.

What people in Sussex told us:

- Long telephone queues are frustrating, especially when having to try to get through multiple times
- Due to long telephone queues, often the 'on-the-day' appointment allocations were already gone, resulting in having to call back the next day
- There were mixed reactions over telephone consultations – some preferring the efficiency and immediacy of them, whilst others question the diagnostic effectiveness of speaking over the phone
- Many staff expressed feeling tired, overstretched, and frustrated, but also proud of the way they have adapted and delivered services throughout the pandemic.

In reaction to our report, Integrated Care Systems have shared how they will be meeting our recommendations and have already implemented improvements, such as providing improved telephony systems, commissioning bespoke communication support for GP practices, and providing additional training for GP practice staff. Some have also implemented a communication plan for the public, advertising the multidisciplinary roles now available within GP practices. We have a commitment from NHS Sussex that they will set out their short; medium; and longer-term plans to the public.

Our innovative practice in co-producing this work through a regional and local advisory groups, has led to the development of excellent relationships with the Care Quality Commission, the Integrated Care Systems, and the Local Medical Committee (LMC) and we are looking at how we can continue working with the LMC to support improvements for patients and practice staff. We are doing further work with the LMC & Commissioners to communicate and highlight additional roles within GP practices.

Supporting hospitals to get the clinical environment right

Now we are living with COVID-19, our Team of authorised representatives (trained local volunteers) have re-started our supportive visits to hospitals. These visits help Trusts create the right clinical environment that ultimately helps patient care. One area we are particularly keen to look at is signage; many departments changed locations during the pandemic and its important people can easily get to where they need to be. Here is a small example of how we can influence environmental improvements. One of our experienced authorised representatives has installed this within her family, as she reported:

 My husband emailed me some pictures of badly torn chairs in Crawley Hospital. These were sent into Sussex Community NHS Foundation Trust and the chairs have now been removed and replacements were immediately on order. The nurses were very impressed as they had been trying to resolve this for a while.

(West Sussex Resident)

Snapshots on outcomes

- Influencing a regional Polypharmacy¹ Improvement Programme, by sharing the learning and recommendations from our report <https://www.healthwatchwestsussex.co.uk/report/2022-07-11/living-back-pain-understanding-shared-decision-making> which mirrors some of the challenges the programme is seeking to address.

 @ Cheryl thanks for sharing and we will use the key findings and recommendations to help us steer the programme.

(Programme lead.)

- As part of our work with the West Sussex Perinatal (the time, usually several weeks, immediately before and after birth) Equity Steering Groups we have used peoples' recent maternity experiences to influence thinking. An example being, asking how Asian parents are supported to identify Jaundice in their babies and how they can get clinicians to listen to their concerns. Group discussed parents being informed on what to look out for during discharge and given details of a triage line. A yellow alert leaflet is shared with parents and health visitors also have these. It was felt this would be good for GPs to have access to these and this action was taken back. <https://childliverdisease.org/wp-content/uploads/2020/10/Jaundice-in-Newborn-Baby-DL.pdf>

¹ Polypharmacy is the use of multiple medications at the same time by one person. In other words, it means being on lots of different medicines. Usually, a person who is on quite a few different pills has more than one medical condition. There is no single definition of polypharmacy. It isn't defined as being over a specific number of medicines.

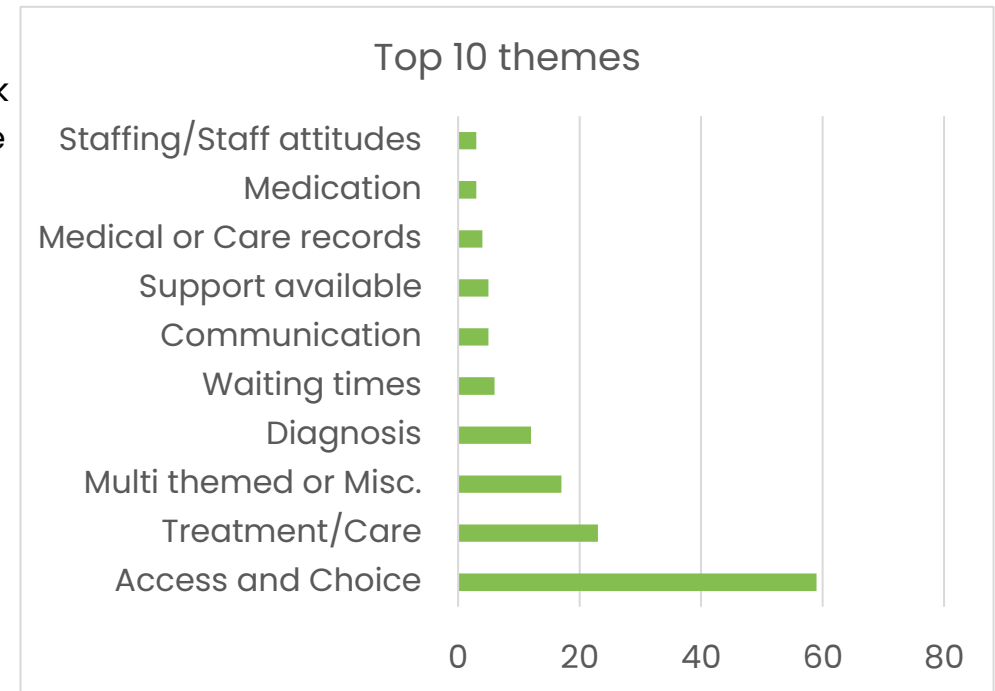
What people are telling us?

We've introduced this section to share the insight from people who that contact our Helpdesk for information, signposting and advice.

The total number of interactions logged by the Healthwatch Helpdesk for all services in West Sussex was 145 of which 46 were via telephone and 82 email and 17 from the website. The Hub received and dealt with 180 voicemail messages

The average time spent on recorded calls, including research was 29.8 minutes, the longest time spent dealing with a call was 98 minutes and the least was 2 minutes.

The team provided a wide range of signposting to support our residents, including to: specialist care dental team, community support groups and organisations, for mental health support nationally and locally, specialist support services, for transport support, and the General Pharmacy Council.



Q We explored with Sandra (name change) her main issue, which is getting through to her GP surgery. She said it is not unusual to have to wait on hold for an hour and she shared that due to her ME, she is unable to do this and that the voice and the music whilst waiting leaves her feeling very agitated and worn out. We discussed putting the phone down and doing something else, whilst waiting, but she said she couldn't do this as she is hard of hearing. She reported that a nurse is meant to call her weekly, but this stopped after she didn't manage to get to the phone in time. She is also meant to have three-monthly blood tests which doesn't happen. She had written to the Practice Manager but didn't receive a response. She said she doesn't need anyone at the moment but wants to know that she is able to access the surgery should she need to. Advised trying e-Consult, which she was pleased to hear about, as she wasn't aware of it. We gave her some follow-up information via email.

(Enquirer to Helpdesk)



Progressing our Priorities

You can find details of our 2022-2023 priorities [here](#).



Update on adult social care priority

On Friday, 23 September 2022 the Health and Social Care Committee scrutinised the Financial Assessment Improvement Plan and this can be viewed [here](#).

Our Team has helped shape the Healthwatch England adult social care engagement/project that will be launched later in the year and will be asking residents to take part in the national survey.



Community collaborations

Over the Summer we've supported our Integrated Care System in the development of a West Sussex Partnership Forum. This Forum will exist to create sustainable and fairer health outcomes through understanding the people and communities of West Sussex. It will report into the West Sussex Health and Wellbeing Board.

In addition, as a member of the Sussex Assembly, we have been working with NHS Sussex to oversee the communication and engagement on the Sussex Health and Care Strategy, which will be published in early 2023.

Community Partnerships

- On the 1st July our Team joined the launch of the NHS Sussex Integrated Care System community event in Littlehampton.
- Met with the Social Prescribers in north Chichester area to support local people.
- As part of the Sussex Ophthalmology Steering Group joined two sessions of the NHS England Glaucoma workshops. The third session will be held in December. The workshops are to support the future provision of Glaucoma eyecare services across the system. At the second workshop community providers joined such as 4Sight, RNIB, and Glaucoma UK.
- Attended the Chichester Local Community Network (LCN) Swanfield multi-agency event in August. This provided an opportunity to speak with local people. Now planning for follow-up information and advice event in the next quarter.
- Completed a research spreadsheet with our and academic reports, information about the Buurtzorg Model and academic papers that show how this model could be adapted for the Crawley lens work.
- Our Bowel Screening report which includes 317 voices was shared with the West Sussex Cancer Alliance Group, West Sussex County Council's public health cancer consultant, Surrey and Sussex Cancer Alliance and the Local Screening Hub, for comment before published.

Why Healthwatch is supporting the Local Community Networks in West Sussex

What are Local Community Networks

A Local Community Network (LCN) is multi agency partnership covering each district and borough area (so there are six LCNs). Focused on tackling local health inequality priorities for example, access to primary care, cancer screening, young people's mental health, cost of living crisis, focused joint work on more deprived housing estates including encouragement into wellbeing services.

Creating healthy and sustainable environments and reducing health disparities: collaborative working with local and national partners, influencing decisions across planning sector and championing use of health impact assessments for planning projects, new housing developments, transport.

Why is Healthwatch supporting the LCN's?

We believe that by recognising the crucial role that community and voluntary sector groups and organisations of all shapes, sizes, and focusses play, so took the decision for greater community collaboration and partnership. Working together with others allows us to reach and support more people.

We live in a large and complex county with a diverse population with different needs. It is important for the voluntary sector to be heard. The LCN's improve health and social care by working much more closely together. We have observed that the NHS did not always understand the work of the voluntary sector and struggled to see how it could add value to their work. In both of these areas, we feel Healthwatch was able to use its unique position across the health and care system to strengthen relationships.

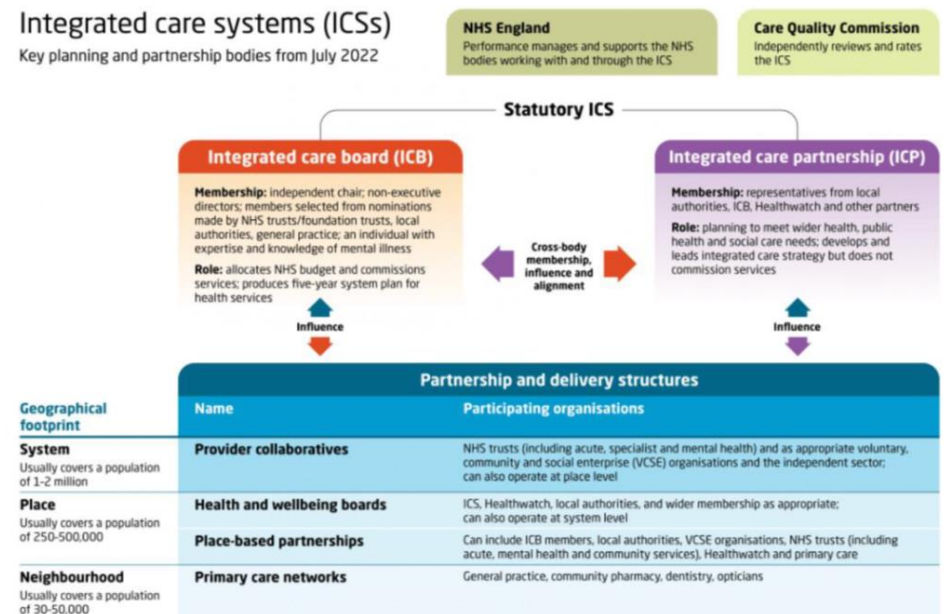
Recent changes are focussed on simplifying things and giving consistency in health, but radical change and social care has not got an overarching structure so varies enormously, there is still much for us to do together.

As Healthwatch is the independent health and social care champion, it is important that we support the LCN's and others to ensure that the voices of local people and their experiences are included to improve standards of care.

Integrated Care System (ICS)

Seeks to move from a competitive approach as per the Health and Care Act in 2012 to a collaborative approach Health and Care Act 2022. The Integrated Care System (ICS) was launched 1 July 2022: new governance for NHS nationally and locally. ICS for each area of England (of which there are 42) to enable greater integration within NHS and collaboration between NHS and social care.

Made up of two elements: Integrated Care Board (ICB), 'NHS Sussex,' and Integrated Care Partnership (ICP), 'Sussex Health and Care Assembly'. NHS Sussex has absorbed functions of



- Clinical Commissioning Groups (CCGs)
- Primary Care Networks (PCNs)
- Both NHS Sussex and Sussex Health and Care Assembly have duties to consider Health and Wellbeing Board plans
- JSNAs and the health and wellbeing strategies agreed through HWBs will set the evidence base and strategic framework within which priorities for each place within the ICS are identified.

Reference: The Kings Fund. Integrated care systems: how will they work under the Health and Care Act?

Available: Integrated care systems: how will they work under the Health and Care Act? | The King's Fund (kingsfund.org.uk) [Accessed: 12th July]

Other Community Engagement

- Joined the Carers Support West Sussex learning Disability Carers webinar and captured insight.
- Joined the Harvest UK school holiday events in Bognor, Littlehampton, and Petworth. This provided an opportunity to speak with parents when they collected their children.
- Joined three walking football groups in Arun (50 people) part of the Bowel Screening work.
- Joined the Ashington Community Transport event organised by Community Transport Sussex and Horsham District Council.
- Attended the Citizens Advice Fuel Poverty and cost of living advice session. This was informative and time well spent.
- Popped up at Haywards Heath Library in September. This was an opportunity to speak with local people. Our planned pop up at Crawley Library was postponed due to the death of Queen Elizabeth and has been re-arranged for the 24 November.
- Joined Community Transport Sussex and South Downs National Park at Pulborough Brooks as part of supporting people health and wellbeing. It is well known that there is a positive correlation between greenspace and physical activity, as people who use greenspaces for physical activity have improved mental health and feelings of wellbeing. It can reduce stress, fatigue, anxiety, and depression, and help to boost immune systems. Physical activity in greenspaces may reduce the risk of long-term diseases such as asthma, and positively support feelings of loneliness, and isolation as well as bringing local people and communities together. However, what prevents many people from accessing green spaces is transport.

Community Engagement		
Our role in Community Engagement Consult, Involve, Collaborate	Benefits of Community Engagement	Engagement role changes
<p>Community Engagement is a way of bringing the views of local residents, to help shape and solve problems that affect their health and social care provision and lives.</p> <p>Our role at Healthwatch is to share these views with the health and social care system so that together the right changes can begin to happen.</p> <p>It is a very inclusive problem-solving approach to seek change within complex systems.</p>	<p>Different way for community engagement such as surveys, poll surveys, questionnaires, Pop-up events, community events, attending community Tea and Chat groups. Being present helps to achieve meaningful, two-way engagement.</p> <p>This builds trust amongst residents and provides opportunity to influence decisions about health and social care that affects them.</p> <p>It brings a greater knowledge of issues and how these issues affect local people. Which in turn helps to remove barriers physical, language or social barriers, and in some case economic.</p> <p>Provides community understanding – it enables local people to better understand how a decision may affect them and ensure their voice is part of the solution. Provides a timely approach as a pop in is not always what is needed.</p>	<p>Community engagement has to be fluid as the situations will be different some people will be just seeking information and knowledge.</p> <p>Others might be newly diagnosed and may need a more supportive, listening approach.</p> <p>Healthwatch is here to listen to resident's views, and to Learn in a supportive way, so that we can truly feedback to the health and social care system to influence firstly, a need for change, and secondly, for greater community involvement.</p>



NHS dental care

Healthwatch in Sussex has been preparing questions and proposing activities to support NHS Sussex. We will be discussing these shortly with the new Sussex Directors of Primary Care Operation, to see how we can work together ahead of our integrated care system taking over full responsibility for dentistry in April 2023.



Youth mental health

Last quarter we reported that the development of the strategy for Children and Young Peoples' Emotional and Mental Wellbeing in Sussex is reaching its conclusion. From this work, there is a recognition that to achieve the ambitions of the strategy, these must align to educational needs.

We're asking our system leaders to look at concerns that add layers of conflicting policies, e.g. within schools, without working out how they will intersect, may adversely impact the support available. Young people's and their family's experiences of policy conflicts indicate they reduce opportunities for supporting positive emotional wellbeing and mental health.

The metaphor we're using is one of a motorway – fine when all the lanes run in parallel, but a horrible pile up when they need to intersect unless consideration and planning have been given to who has priority.

We believe there needs to be conversations with both the management teams and the staff who are in regular contact with pupils to understand how all these different policies can shoehorn together and support each other, otherwise we're inadvertently creating further bottlenecks that squeeze staff and fail young people. And we can't underestimate the conflicting pressures already on schools and staff with attendance targets, attainment targets, etc. As to which pressure is going to win without careful planning? The one that maintains a league table place and good Ofsted reports, or the one that nurtures a healthy space for good mental health? We need to work out how both can happen, and that isn't by tick-boxing and just having guidelines in place.

Public Health England has mental health resources on the School Zone website (a wide range of lesson plans and content) to help “students into the right frame of mind as they face challenges with upcoming exams, friendships or unhelpful thoughts”. The [link](#) for teaching networks to help support students' mental wellbeing this autumn term.



Hello,
Looking for ways to support student wellbeing this autumn term?
Our **Building connections resource** uses the Relationships and Sex Education (RSE) and Health Education statutory guidance to equip students with the tools they need to build meaningful connections as they enter a new school year.
The NHS approved lesson plan is developed with teachers and provides flexible activities and a range of strategies for students to build connections with family, friends and their community, while also learning about how they can look out for others who might be feeling lonely.

With a new term having just begun, why not focus on how to instil positive wellbeing habits this term and sign up to the School Zone and download this resource today.

[Sign up now](#)



As your students head back into the classroom for a new school year, be sure to check out the School Zone for useful, curriculum-linked teaching materials to support their mental wellbeing.
Covering a wide range of topics, our resources can help guide your students into the right frame of mind as they face challenges with upcoming exams, friendships or unhelpful thoughts.

Explore our list of wellbeing resources and download them for free today, and don't forget to sign up to hear about new resources launching soon!

[Download now](#)

Updating our engagement and insight: Our Team attended many of the September Chichester College Group **2022 Fresher's Fairs and engaged with over 250 people** to get an up-to-date understanding of young people's experiences of emotional wellbeing and mental health support. We'll be sharing their collective insight with Stephen Lightfoot, Chair of NHS Sussex in October.

As well as our outreach engagement, our Independent Health Advocacy Service are supporting several young people and their families to navigate mental health needs with the Sussex Children and Adolescent's Mental Health Service (CAMHS) via a complaints process. We are noting there are similarity of experience between different families accessing the Worthing service. Here is one example:

 We have had a long and gruelling experience with CAMHS Worthing. From being accepted for a referral to medication to lack of communication between staff and inconsistency, lack of transparency and parent blaming, even mixing up my child with another patient.

CAMHS have made times harder for me as a parent carer, I have been made to feel that I lack the knowledge to support my child, when really, I go above and beyond and have taken courses in additional needs and mental health to support my child, along with the lived experience of safeguarding my child and her siblings, when suicidal ideations, dissociative episodes, derealisation and self-harm are present.

We have been made to feel like bad parents and that the problem lies at home, and my child has been made to feel consistently let down by the service. Resulting in trips to A&E for help and support and them being at the mercy of CAMHS, who tell families to go to A&E, with A&E staff having minimal knowledge to support children's mental health, that then lead to MASH (Multi-Agency Safeguarding Hub) report because you are reaching out for professional intervention to support your child and immediate family.

The lack of psychiatric support is seriously causing many young people to get to breaking point before help is offered. The change in locum psychiatrists has caused more parent blaming, a loss of faith in the service by my child.

Issues with prescriptions are ongoing and me and other parents have to chase this constantly, causing children to be out of medication and facing the dreadful side effects, no medication causes.

This is around five years of on and off experience, which is ongoing and doesn't show any signs of improvement.

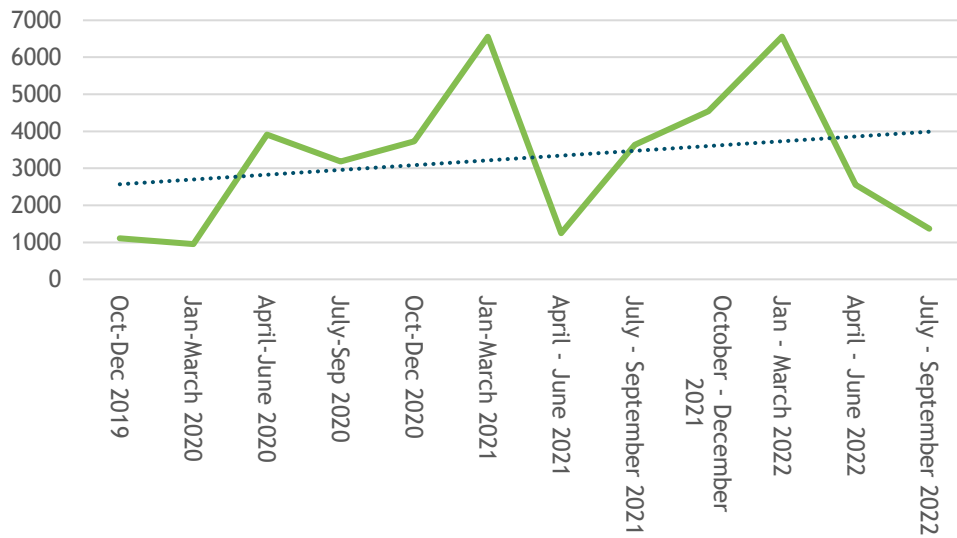
Thankfully we have had support after requesting the help of both Healthwatch and social care's early help intervention, who's support have been invaluable and a brilliant SEN school with brilliant staff, without these agencies I don't think I would have had the strength to continue fighting for support for my daughters' rights as a British citizen with disabilities.

(West Sussex Parent Carer)1

We are committed to public and stakeholder engagement and transparency. You can find our reports, on our website www.healthwatchwestsussex.co.uk

Service and Activities

Total No. of stories on CRM and surveys
(from Helpdesk & Local Team)



Our insight this quarter dropped for a variety of reasons, include holidays/ill health in the team, delays in progressing project (as briefs needed to change) and project conclusion.

In addition, our team resources have been deployed to support the NHS and local authority in setting up new integrated governance, communication and engagement, and also preparation for winter.

Please also note our communication lead, Cara left and therefore we

Information, Advice, Communication & Engagement

We have supplied to residents, their family and friend carers, community partners and Integrated Care System stakeholders, through all of our communications channels:

	Key performance metrics for current and previous quarter	
	Q1 April – June 2022	Q2 July – September 2022
Enquiries to Helpdesk/frontline team through all channels	2518	1366
People signposted to IHCAS for ongoing advocacy support	18	17
Number of people engaged with (all channels)	34,458	17,754
Number of engagement/influencing occasions	711	652
No. of stories/accounts recorded on CRM and surveys by Local Team & through Community Partnerships	2,553	1,366
Number of community partners engaged with	1586	1231
Active community collaborations	48	36
Reports, Spotlights, and case studies	13	9
Website visits	10,008 – 86.6% new users	TBC
Facebook: Followers	669	973
& Instagram Posts	55	16
Reach	7767	1,276
Twitter: Followers	1793	1800
Posts	50	30
Reach	13,600	4555
Heads Up briefing subscribers	1248	1250
External publications (hard copy and digital)	8	5

Involving Local People

Involving local people in designing and delivering our core responsibilities and work is critical to the success of this local Healthwatch:

	Key performance metrics for current and previous quarter	
	Q1 April – June 2022	Q2 July – September 2022
Volunteers	57	65
Roles covered by volunteers	97	106
Volunteering interactions (meetings, events)	398	466
Volunteer support hours	425	481
Healthwatch Board Independent Directors	240	240
Estimated value of volunteers **	£28,625	£29,650

**Estimate based on £25 per hour for volunteers who usually work at a high level and £75 per hour for Independent Director volunteers. More virtual meetings reduced the need for travel hours so although a slightly lower number of hours, it reflects increased direct activity.

During this quarter:

We continue to sustain a good level of engagement with volunteers, who have taking part in:

- collecting and sharing insight from local networks and social media – identifying themes and emerging issues
- representing Healthwatch and amplifying local people’s voices at committees, forums, networks, and other meetings
- 1:1 and small group volunteer meetings with Volunteer Lead (in person / virtual)
- attending Freshers Fairs at sixth form and further education campuses across the county – promoting and developing our Youth Network as well as capturing the voices and views of local young people
- working with our local hospital trusts to plan and prepare for the return of annual PLACE (Patient Led Assessments of the Care Environment) assessments in the autumn
- helping to co-design an autumn Volunteer Event planned for November.

Reports and Publications

publication.

The following were published this quarter:

Cancer



[Survey – Completing Bowel FIT Test](#)

July 2022

We were trying to learn what stops people completing the Bowel faecal immunochemical (FIT) test and published a survey, as part of our engagement work.

You can read about the findings and next steps to this work when it is published in November.

Community Services:



[Conversations with Ethnically Diverse Communities in Arun and Chichester](#)

July 2022

This project, delivered by Voluntary Action Arun & Chichester's Partnership Officer (Health & Wellbeing), Stephanie Mooney, looked holistically at ethnically diverse communities' experience of living and working in Arun and Chichester. We are very proud to have supported this important piece of work:

- Cheryl Berry, Community Partnership Lead at Healthwatch West Sussex supported and edited this report
- Cara Horne, Communications Lead at Healthwatch West Sussex designed the report

GP-led Care



Staff and Sussex Patients Views on Access to GP-led Services

August 2022

Local Healthwatch have been listening to people's experiences of accessing GP led services and we have also been listening to the staff who have been working in GP practices through the pandemic. This piece of work emerged because we were receiving a high level of feedback from the public regarding primary care. Healthwatch managers met to discuss this emerging trend and decided that it was a sensitive issue that required a measured and balanced response.

Working collaboratively with NHS GPs, practice staff, commissioners and local people, our co-designed staff and public surveys gathered views and experience of accessing GP led services over the last 6 months of 2021.

Spotlight on other services:



My Care Matters

August 2022

Mycarematters is a not-for-profit social enterprise with a mission to improve the experience of care in any care setting for people with communication challenges.

NHS Services



[Living with back pain – Understanding shared decision making](#)

July 2022

Earlier this year, residents in Sussex told us about their experiences of living with back pain, and how their shared decision-making process could be improved. By focusing on a specific condition and pain, we've demonstrated how experiences need to improve. Championing the need for a holistic, whole person focus – emotional, social, physical, information and timely communication.

Our understanding and relationship with the Personalised Care Lead enabled us to actively contribute to the specification for a new Contract. This now identifies how a future provider will need to deliver care that enables people to live effectively with their pain, by being more informed and able to share in their healthcare decisions.

Healthwatch West Sussex



[Heads Up](#) – Keeping people up to date on health and social care.

[September](#) Heads Up

[August 2022](#) Heads Up

[July 2022](#) Heads Up



Impact and Performance Report Q1 - April to June 2022

July 2022

A summary of the breadth and depth of our work from April to June 2022, issues/concerns, and our forward plan for the next 3 months.

Independent Health Complaints

Our advocates have supported patients, their family, carer and friends and community partners. Also, offered learning to our Integrated Care System stakeholders from experience of supporting people to raise concerns

	Key performance metrics for current and previous quarter	
	Q1 April – June 2022	Q2 July – September 2022
One off information, advice, and support	34	18
New referrals for support	54	43
People on waiting list	0	0
Advocacy support concluded	50	26
Ongoing advocacy support cases	105	104

As we have reported previously the impact on the NHS because of the pandemic has continued to have a direct impact on our advocacy service, e.g., slow referrals, and difficulties in concluding advocacy, particularly when trying to arrange local resolution meetings – has not changed. This creates more support needs.

Given the demands on the NHS expected in the coming winter months this is unlikely to change and our team **will be mindful in their interactions and support our advocacy partners to understand potential for delays in progressing their complaints.**

Between July and September, our advocates have supported West Sussex residents, including:

- Follow-up meeting with advocacy partner (complainant) and Hospital Trust to read the outcome of a Serious Investigation Report, Katie (one of our advocates) was able to signpost family for alternative support.

- Katie attended the Community Connections Conference in Bournemouth and was able to share her experience of NHS complaints with the staff of Help and Care. Since the conference she has signposted staff to ensure they understand there is an advocacy service in each county in England that will provide support for residents to make NHS complaints.
- Mrs M submitted her own complaint to her GP practice in August 2020, and then was offered a meeting to discuss her complaint, she contacted the advocacy service for support at the meeting and due to short notice decided to not accept the date for the meeting. With advocacy support it was requested that the GP send a formal response, Mrs M received her response letter in October 2021. Katie immediately requested a local resolution meeting, which took place in August 2022.
- Our complaints advocacy service assisted an advocacy partner (complainant), in have their voice heard regarding their side effects of medication that they had been on for several years. NICE clinical guidance recommended that the medication should only be prescribed for a specific and short period of time and there were concerns that these reviews had been missed. As a result of our assistance the GP practice introduced improvements to their review system, meaning patients who were on time limited medication will be reviewed appropriately.



Katie supported a family following the death of their father. The family shared the following:



You have been so organised, so friendly and approachable. Without your input, and bearing in mind the burdens of losing our father which were placed on us as a family, I'm sure this would have been an even more difficult task if not impossible to cope with, without your assistance. Without this process valuable learning from our father's poor experience would have been lost. It has been a hard road, a difficult, awkward, time consuming, heart aching road to take to complain. But your tenacity, friendliness, and knowledge of the organisations, people, and processes has really made the process possible. It has allowed us to grieve, opened our eyes and helped us to understand. It has been long, tough, but we hope a worthwhile process for others and ourselves. Nothing can erase what happened but analysing, examining, considering, and reviewing can make future experiences for others better. Thank you so much for your amazing help. Of particular benefit to us were the meeting with the hospital regarding the assault and the offer of counselling, the meeting where we received an apology, having support to access medical records and being able to discuss matters face to face.

(West Sussex Advocacy Partner, Complainant)

An advocacy partner (Complainant) made a complaint back in April 2021, following concerns after the birth of her baby, the Trust took until August 2021 to respond to the complaint and then confirmed there would need to be a Clinical Risk Review. Katie spent a whole year chasing this review, which was finally sent to her partner in August 2022. They are now waiting to meet with the hospital trust. The outcome of the review confirmed:

The patient developed sepsis following her c-section. The patient was seen in the community by a maternity support worker on day 5 and day 7, both visits the wound was described as offensive. However, there was no documentation to show escalation to a midwife or GP. It took a visit by a midwife on day 9 to notice sepsis and the patient was taken into hospital for treatment and was discharged on day 12, but then was readmitted on day 25 and had surgery on day 26.

The learning identified – postnatal guidance requires standard practice regarding observations in the community. Senior review required on readmission.

The postnatal guidance is now under review.

Finance

Finance and Performance Board Sub Committee and Actions

Wherever possible we continue to pursue additional commissioned work and social enterprise opportunities to support us to deliver our work, tackle inequalities and influence to improve health and social care outcomes for people.

The finance subcommittee meets on 1 November 2022 to scrutinise:

- Contract performance (as detailed on pages 58-59 of Contract). Performance shown here.
- Finance report (internal document)
- Risk Register (internal document).

This sub-committee provides a summary of the discussion to the Board at the public meeting.

	Contract annual target for 2022-23 Q1 & Q2	Actual for 2022-23	Access %
Enquiries to helpdesk	662	775	17%
Insight stories	1323	3919	196%
People engaged with	44100	52,212	18%
IHCAS new case	110	97	-12%
IHCAS cases closed	74	76	3%

Looking Forward

Pulling together this winter

This winter, we're likely to see unprecedented pressure on the NHS and the social care system. Local Healthwatch have helped shape the next steps Healthwatch is taking nationally.

The pressure facing health and care: Healthwatch England have stated "There have already been widespread reports of 'winter pressures' this summer, with bed occupancy at over 90% in many areas, widespread ambulance delays, and the continued challenge of record numbers of people waiting for care. As we head into winter, we face the continuing impact of COVID-19, significant workforce shortages in the NHS and a broken social care market suffering from chronic underinvestment.

Couple this with a cost-of-living crisis that will affect millions of people and potentially worsen pre-existing health conditions due to issues with heating and nutrition, and we could see significantly worsening access to, experience of, and outcomes in health and social care. This could also exacerbate existing health inequalities as the poorest and most marginalised groups will be particularly impacted."

What are many Healthwatch doing locally? As a local Healthwatch our staffing resources are extremely limited, and work priorities have already been set. If we can align our activity on the challenges facing the country this winter, we will be part of a collective response to the crisis.

As a board we will be discussing five key activities that Healthwatch England has suggested we prioritise.

1 Monitoring Integrated Care System (ICS) winter plan activity and targets and feeding back people's experiences in those areas with constructive improvement suggestions. Following on from the nine key areas outlined for systems by NHS England, each Integrated Care System should have a winter plan which includes improving virtual ward capacity, reducing backlogs, and increasing access to primary care, amongst other areas.

- 2 Amplifying information about the right service for people to use through your communications channels.** We can help people be more aware of which NHS service can best help them, whether a pharmacy, GP or other primary care services, NHS 111, 999, Urgent Treatment Centre or diagnostic hub. And where possible, feeding back on whether people are receiving communications in the right way, with suggestions of what more can be done.
- 3 Supporting people with advice and information on social care assessments and supporting discharge services when leaving the hospital.** We can help by giving advice and help on discharge pathways, so that people have information as a way of avoiding emergency readmissions. We will need to work with NHS Sussex to best understand what information is needed.
- 4 Balancing stories and feedback of poor access and care more proactively with positive stories and feedback and reflecting this back into the health and care system.** We know indirectly that burnout and poor morale in the NHS and social care workforce can make it difficult for staff to provide the best care and manage public expectations. So, whilst we always have sought to give a balanced view of people's experiences, including both positive and negative issues, it is even more important now that we seek out examples of what works well for people.

- 5 Working with voluntary sector colleagues on measures to help those most affected by the cost-of-living crisis.** By mobilising our volunteers and staff and working with community partners, we can continue to find ways to help people with the food, hydration and heating they need to stay well this winter. Further interventions such as supporting falls prevention could also help people stay well at home. Whilst this has never previously been a 'core business' for Healthwatch, for the first time, many local Healthwatch are saying they need to do this because of the direct impact of the cost of living on people's health. Our work with Local Community Networks is key to this.

Board meetings

Board meetings are held in public (Virtually at the current time). Future meeting dates are:

- Wednesday, 9 November 10am -12 noon (Q2)

Issues and Concerns

The two main themes from our insight remain access to GP-led Services and dentistry this quarter. NHS England have written to Healthwatch to provide an update on commissioning of NHS dentistry, updating on plans for a Phase 3, following two previous unsuccessful rounds of commissioning. The plan aims to attract dentists to apply for NHS contracts in defined areas of need. We welcome the opportunity to meet and to discuss these issues with the new Director of Primary Care Operation for West Sussex. In advance of our meeting, we've prepared and shared a dentistry paper.

Managing expectations – Our helpdesk provides support, signposting and information to people that have been referred to us from other services, but in some cases, we are limited on our ability to support them. We fear this is leading to frustration amongst residents. For example, NHS England refer people to local Healthwatch who are seeking an NHS dentist and we do not have the resources to capture available (due to the number of dentists in West Sussex and, that dentists tell us, this can change on a daily basis). The dental reforms do require dentists to maintain their availability information on NHS.uk from October 2022. Similarly, we are unable to advocate for individual families struggling to access adult social care or the affordability of this (as the role of Healthwatch is to look at themes not casework), particularly this quarter aging parents.

Prioritising health and care resources – Members of the Assembly, which met informally in September made it clear that NHS Sussex must be **bold** in its health and care strategy, and the strategy must prioritise young people's mental health. Whilst we have supported the development of the Foundation for Our Future, it is clear that there **remains a lot of unmet need amongst under 25s**. Young people and their families continue to share their struggles around navigating the system, often without success. We have young people in main stay hospital beds with life threatening eating disorders and increases in suicidal ideology/action and self-injury. There are also less obvious but impactful issues arising from the pandemic for our children. For example, not all Year 7 children have experienced doing homework for years and are now expected to deal with 5+ lots a week which is creating concerns/anxiety. Similarly, we are hearing that special education needs assessments and plans have not been addressed at primary school level due to lockdowns and secondary schools face more complicated support needs.

Complaints processes – we have several referrals for advocacy support which involve serious incidents/death or safeguarding concerns, that appear not to be progressing in line with expectations around such matter. We plan to work with NHS Sussex Executive Lead for Safety and Quality to see how we can work together to create better outcomes for our residents.