

Impact & Performance



We believe health and social care providers can best improve services by listening to people's experiences.

Page 3 looks at how the Sussex health and care system is planning for change from 1 July 2022.



January – March 2022 (Q4)

At a Glance

Making a difference to care

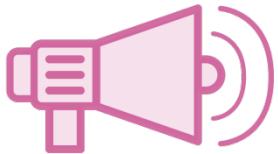
We are listening



We've been working to support the West Sussex youth voice in the development of emotional wellbeing and mental health support, and beyond. See page 6 for more information.

The Sussex Children and Young Peoples' Emotional Wellbeing and Mental Health Strategy has improved language and tone as a result of our encouragement and input. Commissioners have worked with a youth engagement specialist who delivered the young people workshops as part of the development of the strategy, which should be published soon.

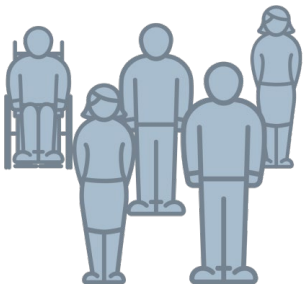
Reaching out



6,500+ stories and survey responses

Another insightful quarter. Thank you to everyone that has shared their experiences. This has offered us insight in real time, which is vital so we can support the system to understand the issues people face. We are taking some of these challenges to the April Sussex Cancer and Planned Care Forum (which we chair) so they can be unpacked and understood in more detail, with a view to finding solutions.

Providing support



Providing valuable information

As the UK moves into living with COVID it is important that we support the NHS to help our residents understand the current challenges it faces, and to keep attention on some of the difficult areas faced by people, such as dentistry, and improving the access to GP-led Services (see pages 4-5).

Impact: Making a Difference

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

Working Together – Getting the Sussex planning and spending right

Following last year's appointment of [Stephen Lightfoot](#) as the new Chair Designate of the future Integrated Care Board for Sussex there have been several opportunities for us to input into the Sussex Health and Care governance and public involvement thinking, using the knowledge of what local people tell us. We're delighted to hear Stephen's approach and eagerness for simple and inclusive language, and thoughts on involving Sussex people and communities.



With NHS public satisfaction at its lowest in England since 1997, according to the [Kings Fund, BSA research](#), the NHS has a lot of work ahead, which will be challenging for an exhausted workforce and the many competing demands.

Often when people tell us about their NHS experience, they speak about good clinical care when they receive it, but it can be poor processes that lay at the heart of dissatisfaction, frequently putting unnecessary burden and discomfort onto the patient.

As well as focusing on their workforce and digital investment, there must be a genuine commitment to utilising lived experience and designing care and treatment with people. Examining pathways of care through a human-process lens, can show up the pitfalls and problems well – this is why we present learning case studies to our Trusts and other services. For example, this quarter we've shared such a case study with University Hospitals NHS Foundation Trust on ways the breast clinic could create a more inclusive environment that is more representative of the people who need to use the services it provides. This case study was also shared with the Cancer Board and the West Sussex Cancer Alliance Group.

People hold the knowledge and solutions that will help NHS Sussex create better experiences and efficiencies (for the benefit of both the NHS and patients).

We'll be presenting an update at the public Board Meeting on [11 May 2022](#). We showed a preview of this to our Volunteers at an away day on the 12 April.



Accessing GP-led Services

One of the 2022-23 NHS Priorities is the improvement of peoples' access to GP-led Services.

Your survey contributions (over 1,500 responses) last quarter have been carefully reviewed and reported to the NHS. We'll be sharing this report publicly after the local May elections.

We're proud to have been central to this regional collaborative piece of research and are keen to make sure that it has an impact on the way Sussex commissioners work on this priority.

These are some of the themes from the public evidence.

- **Long Telephone Queues** – Large amount of feedback across all areas regarding the length of time it takes to get through to surgeries. Many commented that they had to try multiple times. The feeling of frustration can often be exacerbated by lengthy messages whilst on hold.
- **Availability of consultations** – For those registered to surgeries that appear to offer on the day consultations, they have commented that by the time they get through on the phone, all the allocation for the day had gone. This is despite calling as soon as the lines open. They are told to try again the next day.
- **Telephone consultations** – Mixed feedback with some preferring the immediacy and efficiency of telephone consultations, whilst others question the diagnostic effectiveness of them. Most respondents would prefer a narrower time window for a call back in order to fit in with work and home pressures.

- **Online Services** – A mixed collection of responses from those who like the convenience of online services such as eConsult, to those who find it frustrating or impersonal. Digital exclusion is a factor for those who don't use the internet or who cannot get the system to work for them. It should be noted that sources of evidence suggest online booking is not always favourable, nor universally available.
- **Triaging** – A varied understanding of the pressures of primary care and how the triaging system has been adapted during the pandemic.
- **Staff Attitudes** – Whilst some people were sympathetic to the workload of practice staff and GPs, others were frustrated at having to explain their issues to patient advisors during the triage process. This was made worse if the healthcare professional, then acts in a way that demonstrates they have no understanding of why the person has a consultation with them. Positive feedback often centres on the staffs' ability and capacity to show empathy -listening - to the patient when dealing with their enquiry.
- **Face to Face consultations** – Concern that the lack of face to face consultations leads to an inferior service is a theme that resonates through the responses. Worry that telephone consultations are not adequate or that if they needed a face to face consultation, that it wouldn't be available.

Next Steps - We plan to follow up this by:

- Taking similar reports being produced in the South-East Region from the Local Healthwatch participating areas, we will produce a regional project report, including all of the rich learning from this collaboration. We aim to publish in May 2022.
- Resources allowing, we'll use the insight from staff and patients to support practices with a communication toolkit that has been collaboratively designed.
- We will ask the Sussex Health and Care Partnership (which will become the Sussex Health and Care Assembly from July 2022) what they have learnt from people through this work and how this will be used going forward.
- We will take opportunities to showcase this work nationally and continue to seek examples of good practice that we can share back to our Integrated Care System and local practices.



Giving young people a voice

Listening to young people is important. Commissioners and services create better outcomes if they listen and understand the societal influences and challenges young people face, including the impact of the pandemic and lockdowns. The cumulative aspects of young peoples' lives must be considered to help us move away from transactional interactions with our children and young people and start building positive relationships when they need help with their emotional wellbeing and mental health.

Supporting a Sussex-wide Improvement Programme

Throughout the last year we've been supporting the Sussex [Foundation for Our Future Programme](#)* to make sure that youth voice is central to the future development of emotional wellbeing and mental health support for children and young people.

We pushed to have young people involved in developing the content and language for a Sussex-wide strategy. The strategy was the focus of the latest Mental Health Sector Connector event hosted by Healthwatch in Sussex with young people helping to facilitate the break out rooms. We'll be sharing our learning from the event after the local May elections.



** The NHS and local authorities across Sussex are committed to working together to improve the experience and lives of all local children and young people who need support. They have dedicated staff working in health, social care, education, and the voluntary and community sector who work extremely hard together to try to ensure children, young people and their families get the help they need.*

Supporting youth volunteers

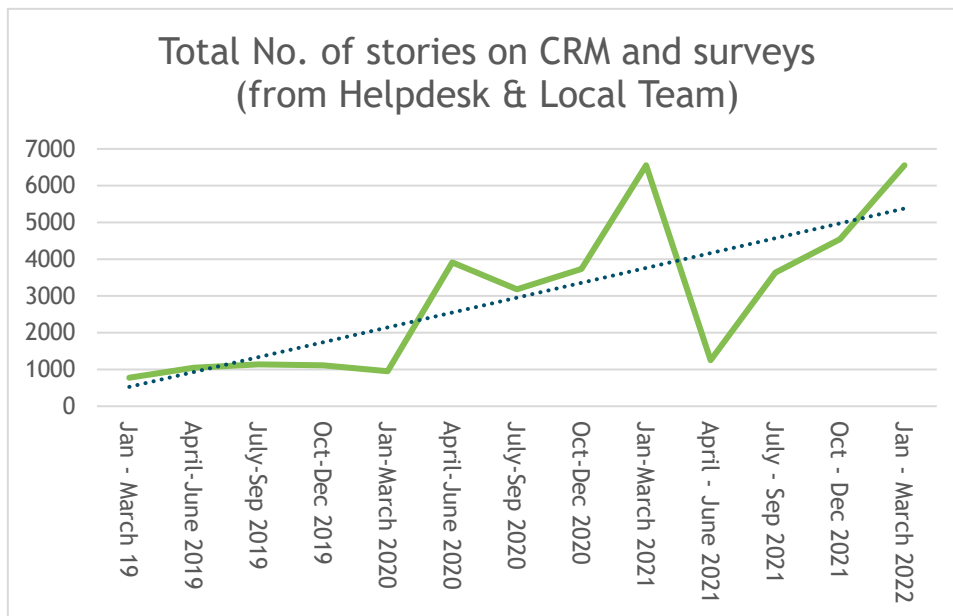
We're continuing to support a young volunteer to attend and participate in the West Sussex emotional wellbeing and mental health network meetings and to be an active part of the inaugural meetings of the West Sussex Youth Voice Network. So we can practice what we preach to the system, we are working with young people to develop our social media/ communication strategy.

Collaborating to learn how young people access information

We've recently engaged with young people in collaboration with the Chichester College Group. We asked the students where they get health information from and if the information they need is available and accessible. They also invited us to attend a Pride Group meeting and discuss the barriers they've experienced when accessing health care. Findings from this work will be available next quarter.

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



| | Contract annual target for 2021-22 | Actual for 2021-22 | Access % |
|--------------------------------------|---|---------------------------|-----------------|
| Calls to helpdesk | 1260 | 4917 | 290% |
| Insight stories | 2520 | 22,550+ | 794% |
| People engaged with | 84,000 | 233,493+ | 178% |
| IHCAS new case (Excludes T1 & T2) | 210 | 269 (Waiting list) | 28% |
| IHCAS cases closed | 210 | 382 | 81% |

We have continued to gather a large quantity of insight this quarter and in real time, which is very important given the demands and issues facing the NHS.

On the right is the annual performance data for 2021-2022, against the contract requirements, as requested by our Board. It is fair to say we dramatically exceed the contract key performance indicators.

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 | |
|--|--|------------------------------|
| | Q3 October – December 2021 | Q4 January – March 2022 |
| Enquiries to Helpdesk/frontline team through all channels | 1,582 | 1,998 |
| People signposted to IHCAS | 38 | 26 |
| Number of people engaged with (all channels) | 57,649 | 31,729 * |
| Number of engagement/influencing occasions | 776 | 820 |
| No. of stories/accounts recorded on CRM and surveys by Local Team & through Community Partnerships | 4,545 | 6,554 |
| Number of community partners engaged with | 2,000+ | 2,000+ |
| Active community collaborations | 46 | 48 |
| Reports, Spotlights, and case studies (incl's unpublished) | 12 | 20 |
| Website visits | 9,813 – 86.6% were new users | 8,429 – 87.7% were new users |
| Facebook: Followers | 663 | 667 |
| Posts | 71 | 67 |
| Reach | 26,576 (please note some posts did very well) | 8,367 |
| Twitter: Followers | 1,758 | 1,783 |
| | 71 | 59 |

* Drop due to lower social media reach this quarter, particularly for Facebook.

| | | |
|---|--------|-------|
| Posts | 13,472 | 9,500 |
| Reach | | |
| Heads Up briefing subscribers | 1,243 | 1,248 |
| External publications (hard copy and digital) | 10 | 8 |

Spotlight on the Your Care, your way Campaign

Clear, understandable information is important to help you make the right health and care decisions. Here in West Sussex, we are supporting the national campaign – so look out for our social media posts and have your say on what needs to change.

Medical and healthcare information can be complex. But, if you're disabled or have a sensory loss, you have a legal right to health and social care information in a way you understand, and communications that supports your need. So, for example, if you're D/deaf*, you should be able to use a British Sign Language (BSL) interpreter at an appointment.

Even though the Accessible Information Standard has been a legal requirement since 2016, **many NHS Trusts are not supporting equal access** to care for deaf and blind patients.



That's why Healthwatch launched a new campaign, *'Your care, your way'* to ensure services are taking their duty seriously to provide information in a way that people understand.

* The 'lowercase d' deaf simply **refers to the physical condition of having hearing loss**. People who identify as deaf with a lowercase 'd' don't always have a strong connection to the Deaf community and don't always use sign language. They may prefer to communicate with speech.

The obstacles people face trying to access information they understand

The lack of support from services has a detrimental impact on people who need it most. The views of 6,200 people shared with Healthwatch show the incredible difficulties and obstacles people face trying to access the care they vitally need – leaving them frustrated, concerned about their health, and reliant on others. Just a handful of examples people shared include:

- Dental practices not getting hearing induction loops installed
- GPs refusing people access to a sign language interpreter
- Low staff awareness, with D/deaf people reporting that staff communicated by shouting
- During the pandemic, the lack of accessible information prevented people from understanding national COVID-19 guidance.
- Physical barriers, such as the introduction of masks, made it harder for people to understand healthcare staff.

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 | | |
|--|-------------------------------|----------------------------|
| | Q3 October – December 2021 | Q4 January – March 2022 |
| Volunteers | 54 | 56 |
| Roles covered by volunteers | 94 | 96 |
| Volunteering interactions (meetings, events) | 402 | 382 |
| Volunteer support hours | 421 | 411 |
| Healthwatch Board Independent Directors | 228 | 230 |
| Estimated value of volunteers ** | £27,625 | £27,867 |

**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 taking part in:

- Collecting and sharing insight from local networks and social media – identifying themes and emerging issues
- Representing Healthwatch West Sussex and amplifying local people’s voices at committees, forums, networks, and other meetings

- Reviewing and commenting on health and care communications as part of our #ConfusingComms Campaign
- 1:1 Volunteer meetings with Volunteer Lead (virtual/telephone)
- Volunteer Drop-In session with Volunteer Lead for Liaison Representatives to review the role and explore future opportunities.

Reports and Publications

Please note that due to pre-election protocols we will not be publishing several reports due now, until after the May 2022 local elections.

The following were published this quarter:

Care Homes



[Staying Connected One Year On in the COVID-19 Pandemic - Care Home Webinar](#)

January 2022

Healthwatch in Sussex publish the final report ending our series of nine webinars capturing relatives and family carers experiences visiting their loved ones in care homes during the pandemic.

Community care



Identifying the need for Befriending Support

February 2022

The Horsham District Befriending Support Survey aim was to learn, from people in the Horsham District, the impact of loneliness and isolation on health and wellbeing, including mental health, confidence, motivation, and social participation. Included in this report are five case studies provided by Horsham Central Primary Care Network, demonstrating why there is a need for a Befriending Support Service and highlighting the impact of the Social Prescribing Service.

Dental care



NHS Dentistry Briefing - for Scrutiny Committee Meeting

January 2022

Lack of access to NHS dentistry has intensified, nationally and locally, as an issue for people over the last 18 months. Our report details the experience-based insight gathered from August to 2 December 2021.

#Confusing Comms



[Your care, your way – Join Healthwatch's new campaign](#)

February 2022

Clear, understandable information is important to help you make the right health and care decisions. Join our campaign and have your say on what needs to change.

Mental health



[How has lockdown affected people's mental health and dignity?](#)

January 2022

New research highlights the challenges faced by health and social care services in England and the importance of feedback for improving care.

Spotlight on other services:



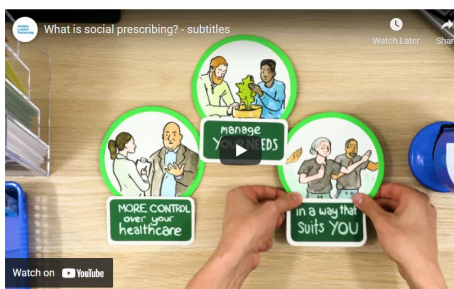
[Spotlight on: Sussex Community NHS Foundation Trust's Living Well Programme](#)

March 2022

We're supporting and working with community groups and clubs to promote a deeper understanding of local health and care needs and experiences. Here's our Spotlight on Sussex Community NHS Foundation Trust's Living Well Programme.

The Sussex Community NHS Foundation Trust's Living Well Programme is a free 6-week self-management course for adults living with any long-term physical or mental health condition. They are now running a new online version of the course via Microsoft Teams.

Other



[What is social prescribing?](#)

March 2022

A short blog and video that informs people about social prescribing and raises awareness of this newer area of support.



Progress Report on Autism Assessments for Adults

March 2022

We're publishing this report to give an update from Sussex NHS Commissioners and the Neurodevelopmental Service on what has happened in the last nine months. We're having discussions with people to see if the updated letters are helping them to access support ahead of their assessment.

Healthwatch West Sussex

| Priority Areas | Scope of what we plan to do with "Core Healthwatch" funded resources available |
|---|--|
| Adult Social Care - Financial Assessments & Care Provider Briefings • Collaborate with WSSCC Finance Team on improvement plan and insight - review Sept 2022. • Co design a survey for 2700 residents affected by the financial assessment changes to understand impact on issues including hearing from people who have ceased their adult social care as a result of changing. • Webinars, articles, published after each information and communication development. • See engagement for financial assessments. With the aim of providing on advice to wider audience (part 1) and then a feedback focus group (part 2). We see our role as being the independent backbone/head of the website. • Continue to attend monthly WSSCC Care Provider briefings and maintain strong local sector relationships. | |
| Community Services • Continue our partnership with the local Community Networks to make sure communication and engagement with communities and individuals is at the heart of our priorities. We'll make sure that network members fully understand the findings of our GP-Access work and other insight. | |
| Dentistry • We'll collaborate with Healthwatch England or Help and Care on activities to engage people. | |
| Mental Health • We'll be involved in any further Sector Connector work. • We'll continue to use resources to provide an independent voice to the Foundation for Our Future Programme for improving the emotional and mental health of children and young people. • We'll continue to invest resources to make sure that children and young people in West Sussex have their voices heard and understood. | |

Our Priorities for 2022-23

March 2022

Our Board has agreed four priority area for the coming year.

Equalities and Inclusion Approach for 2022 (Our listening and Involvement)

February 2022

We have put together a document showing how we plan to listen and make sure everyone's voice is being heard even louder this year.





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

[March 2022 Heads Up](#)

[February 2022 Heads Up](#)

[January 2022 Heads Up](#)



[Impact & Performance Report - October to December 2021 \(Q3\)](#)

January 2022

A summary of the breadth and depth of our work from October to December 2021, issues/concerns, and our forward plan for the next 3 months.

[Latest Board Meeting Papers](#)

February 2022

[Minutes from the last Board meeting](#)

[Confirmed Minutes of the November 2021 Board Meeting](#)





[Healthwatch West Sussex celebrates Student Volunteering Week](#)

February 2022

Student Volunteering Week is a national celebration for all student volunteers. Read more about the benefits of student volunteering and how you can volunteer with us here.

We'll be focusing next year on youth voice to further support the Foundation for Our Future Strategy, making sure we avoid duplicating the good engagement that is happening elsewhere.

Independent Health Complaints

Our advocates have supplied to patients, their family, carer and friends, community partners and Integrated Care System stakeholders through offering support in learning from complaints and patient concerns:

| | Key performance metrics for current and previous quarter | |
|--|--|----------------------------|
| | Q3 October – December 2021 | Q4 January – March 2022 |
| One off information, advice, and support | 72 | 86 |
| New referrals for support | 38 | 26 |
| People on waiting list | 2 | 3 |
| Advocacy support concluded | 79 | 34 |
| Ongoing advocacy support cases | 113 | 105 |

Continued impact on the NHS because of high COVID infection-rates has had a direct impact on our advocacy service. It's become increasingly difficult to conclude advocacy, as the whole complaints process has been lengthened. This has created more work for our service, and it is often necessary to make multiple attempts to find out where a complaint is within a Trust's process.



You provided me with a first class friendly and professional service which gave me the confidence to place my trust in your hands, as you know I don't trust people easily. You did as you said you would and didn't give me any false expectations as to the outcome of my complaint. Having you

arrange a meeting between yourself, myself and the practice wouldn't have happened if I'd been on my own nor would the satisfactory outcome of that meeting.

West Sussex Resident supported by IHCAS, February 2022

Learning for the NHS

#NHSlearning #livedexperience

Improving triage pathways

As a result of our advocacy support, it has been recognised that **the NHS pathway of a triage system is not sensitive enough to pick up the volume of blood that can be lost due to a [fistula bleed](#)** and that a recommendation has been made to update this section of the pathway. Specific training and learning will also be implemented in the relevant teams.

Surgical pain-relief learning

Advocacy support has been provided to a resident of West Sussex to make a complaint to Croydon Health Service NHS Foundation Trust following post-surgical pain relief complications.



As a result, the hospital recognised the need for learning:

- The surgical team did not clearly document their discussion about patient-controlled analgesia (PCA) therefore, the surgeons have been asked to highlight this issue at their clinical governance meetings to ensure **appropriate pain relief is discussed with the anaesthetic team**, to avoid further misunderstandings about the level of pain relief to be provided.
- Feedback has been shared to **avoid future delays in pain control through pre-operative discussion** of the need for a PCA with the anaesthetist and early prescribing and starting when a PCA is required post-operatively.

- Prescribed medication was not given to the patient, the Trust sincerely apologises, whilst the nursing team administered the medication prescribed, it was not at the level which has been expected by the gynaecology team. The team will share these findings at their clinical governance meeting to ensure that **planned medication is prescribed as intended**.
- The pain team nurses will carry out additional training for the ward nurse to enhance staff knowledge on pain management. This training was to ensure a nurse is **able to recognise and escalate cases where a prescription for an increased dose has not been issues by the clinical teams**.
- Part of the complaint was about the need to get out of bed following the surgery, due to the amount of pain this patient was experiencing, this request was very upsetting. As a result of the complaint, the pain team training has reminded staff to **clearly communicate to patients the rationale behind activities that enhance recovery**. The ward matron has been asked to monitor feedback to ensure patients are being communicated with effectively.
- Nurses have been reminded to **ask patients about their pain levels regularly** and to escalate to the medical teams when prescribed analgesia is not effective in controlling pain.
- Staff have been reminded that, whilst good nutrition is important, they **should display empathy with patients who are not ready to eat**, and also ensure they communicate clearly why we are encouraging good nutrition.

The Trust has apologised that the post-operative pain was not effectively controlled, and that nursing care and discharge contributed to distress. They have welcomed the feedback and concerns have been taken seriously and that appropriate action has now been taken to address the issues raised.

Need to improve follow-up to complaint actions

Part of our service is to support our advocacy partners in **local resolution meetings, which can really help services and complainants to resolve outstanding concerns** and to find a resolution to the complaint.

Recently, Katie one of our advocates, has attended two local resolution meetings and both the advocacy partners/complainants were pleased with the way the meetings had taken shape and both had agreed action plans. However, both people have since been left feeling frustrated as the agreed deadline for actions have passed, without any communication from the service. One person had been promised an appointment within one month and two months later there has been no appointment and no communication. They have described feeling let down and fobbed off and all the time they have to watch their son's mental health decline. The other person was at first very pleased with the approach by the Trust after their meeting. A planned telephone appointment took place within the week and actions were agreed. Now a month later and nothing has since happened. The advocate has been chasing the Trust and is still awaiting a response.

There is learning that can take place from these experiences to avoid further complaint action. We recognise that the clinicians who take part in local resolution meetings are in high demand, and the following are potential ways for addressing the issues:

- a short debriefing, or period of post meeting is allowed for when arranging the meeting, so that actions can be instigated before the clinician returns to their day job
- where service pressures get in the way of delivering the actions to the set deadlines, that the complaints handlers ensure they communicate with the complainant openly, communicate the delay and when an action can then be delivered.

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 3 May 2022 to scrutinise:

- Impact and Performance report (published document)
- Finance report (internal document)
- Risk Register (internal document).

We've written to commissioners to request a contractual uplift for the new financial year, and whilst the request has been acknowledged, we have yet to hear the outcome to this request.

Looking Forward

Change of Healthwatch West Sussex Chief Officer

After eight years, Sally Dartnell will be handing over the Chief Officer role to Katrina Broadhill from 20 April 2022. Sally has helped shape how we work collaboratively with stakeholders, and we are delighted that she will continue her commitment and support for Healthwatch West Sussex by joining our board of voluntary independent board directors.

Kat has worked tirelessly as the operational lead to champion the voices and health and care experience of West Sussex people. Her expertise, knowledge and drive are inspirational and the Chair of the Board thanks her for increasing her commitment to Healthwatch. She will continue to build on the extensive work and partnerships we have with so many of our stakeholders to share insight even further to help shape future change across all areas of health and social care and in particular our priorities for 2022-2023.

Kat will be a member of the new **Sussex Health and Care Assembly** as the Independent Health and Care Champion for West Sussex people.

“The core purpose of the Sussex Health and Care Assembly, as a statutory committee, is to agree the strategic direction and facilitate joint action across a broad alliance of organisations to improve the outcomes, equality of access and patient experience of health and care services for all communities across Sussex. The Assembly will have a specific responsibility to develop an ‘integrated care strategy’ for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing health inequalities and the wider determinants which drive these inequalities.”

Carrying out our inclusion and equality activities

Following the Prime Minister's announcement of the new 'Living with COVID-19' plan, detailing how the UK will tackle the COVID-19 pandemic going forward. Whilst the government removed all restrictions associated with COVID-19. It is still possible to catch and spread COVID-19, even if you are fully vaccinated.

All of us can play our part by understanding the situations where risks of COVID-19 infection and transmission are likely to be higher and taking action to reduce this risk. Whilst the legal requirement to self-isolate if testing positive has been removed, we are encouraging our staff and volunteers to take personal responsibility concerning COVID-19.

At Healthwatch West Sussex we intend to maintain best practice and for staff and volunteers to continue to utilise many elements of our previous COVID-19 guidance. This should help keep the transmission of COVID-19 and other infectious diseases to a minimum.

These are our core guidance:

- If testing positive or displaying symptoms of COVID-19, our staff and volunteers will cancel any face to face business arrangements.
- Staff and volunteers will be asked to continue to stay away from face to face activity for 10 days after the onset of symptoms, unless you can confirm you are no longer infected through a negative test.
- If staff and volunteers test positive and feel well enough to work, they may continue to do so but in isolation, no physical attendance at meetings or travelling will take place.
- If someone staff or volunteer tests positive for COVID-19, we ask to reduce risk people and communities, they do not undertake face to face activity unless they have access to testing.

- Sanitisation of hands and equipment will continue.
- We will ask for good ventilation in meeting rooms (keeping windows open).
- Risk Assessments will continue to be completed.
- Where an organisation requires a Lateral Flow Test to be completed, we will ask for this to be provided at the time of visiting the premises, and at the organisation's cost.

Priority 1: Adult Social Care

In preparation for the agreed co-designing of a survey for people who have experienced a financial assessment (for non-residential care) we have shared our plan-on-a-page with people who have lived experienced and the Council's Financial Lead, for comment. We've met with a community organisation and Councillor that has offered some early learning, and we have identified some co-design partners, so our aim is to establish a co-design working group who will meet at the end of April/beginning of May.

Priority 2: Community Services

We are working with many of the West Sussex Local Community Networks on specific community engagement relevant to specific communities. We'll give more information on this next quarter.

Priority 3: Dentistry

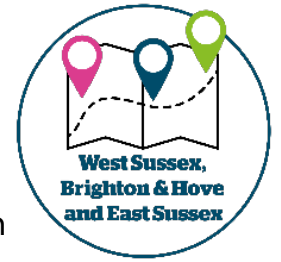
We'll be attending a Healthwatch England Dentistry Workshop this month, so we have the benefit of the latest information. We plan to work with other regional Local Healthwatch to look at a shared dentistry project later in the year, building on the successful collaboration of the access to GP-led Services project. **#fixNHSdentistry**

Priority 4: Youth Mental Health

We continue to support the Foundation for Our Future Programme, that involves us inputting your insight into decision making. As an example, the insight from the recent Mental Health Sector Connector Event where participants commented on the Sussex Emotional and Mental Health Strategy has been shared and we'll be following up to see how this insight is being used. Our team is currently looking at opportunities where we can work with young people to add value, whilst not duplicating any of the emerging engagement.

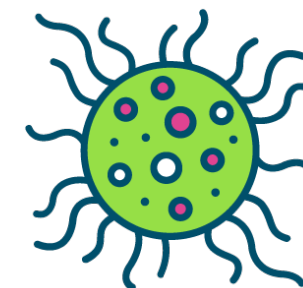
Social enterprise opportunities

We continue our strong and collaborative working with colleagues in Healthwatch Brighton & Hove and East Sussex, where issues are Sussex-wide, including additionally commissioned work. Healthwatch West Sussex currently leads on behalf of Healthwatch in Sussex on: Autism and Learning Disabilities, Cancer, Children and Young Peoples future engagement with the implementation of the Foundations for Our Future recommendation implementation, Dentistry and Ophthalmology.



Issues and Concerns

Omicron/Deltacron are having an enormous impact on staffing-levels across the NHS and care, as well as wider industries. Your insight suggests this is having a negative effect on patient experience, as **pathways become disrupted** and attendance time increases. For example, we've raised an issue about how patients can get a PCR test locally, if they are due at an out-of-area hospital, to avoid lengthy/costly and often painful travel?



We've raised concern over the way clinicians and frontline staff express a need to wear a face mask in a health setting, and that there needs to be an easy way for people who cannot wear one to make staff aware, so appropriate risk mitigation can be put in place ahead of an in-person visit.

As well as a **heightened level of dissatisfaction**, our conversations suggest **some peoples' frustrations are tipping over into aggressive behaviour**. It is vital that we all work together to resolve some of the root causes to protect staff and people.

What are people telling us about?

Access to NHS dental care and GP-led services continue to be the common areas of insight and negative experience.

Some people have raised concerns over the timeliness and quality of emergency/urgent hospital care, so we have discussed this with Sussex NHS commissioners. This has been communicated to the public to raise awareness of how much demand there is on A&E and urgent-care, and what we can do to support the NHS.

Sadly, people have still come forward this quarter to raise issues around the financial assessment process and we've raised specific concern over the assurances given to the West Sussex Health and Social Care Scrutiny Committee in January 2022.

Board meetings

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

- Wednesday, 11 May 10am – 12 noon (Q4)
- Wednesday, 10 August 10am – 12 noon (Q1)
- Wednesday, 9 November 10am – 12 noon (Q2)