



Healthwatch Annual Event 2022

*“Health and Social Care in East Sussex:
Towards the new normal”*

healthwatch
East Sussex

Our 2022 Annual Event

Uckfield Civic Centre – 19th July 2022

At our first 'in person' annual event since 2019 we met approximately 50 people, made up of members of the public and our colleagues from statutory and voluntary organisations.

Our three speakers responded to our theme of *"Health and Social Care in East Sussex: Towards the new normal"*:

Ashley Scarff – Deputy Managing Director for the East Sussex and Brighton and Hove areas within [NHS Sussex](#).

Samantha Williams – Assistant Director, Strategy, Commissioning and Supply Management, [Adult Social Care and Health, East Sussex County Council](#)

Patrick Nyikavaranda – Director of Leadership and Research, [Diversity Resource International \(DRI\)](#)



Copies of the speaker presentations can be [downloaded here](#).



The collated discussion points for each question are presented on the following slides.

Breakout discussions

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Following our speakers and a question-and-answer panel, we hosted a breakout session discussing health and care in 2022 and beyond.

Within these sessions our groups discussed the following questions:


1. What are the greatest opportunities for making long term improvements to our health and care?
2. What are the greatest risks posed by changes to our health and care?
3. What practical suggestions do you have for making improvements to our health and care over the next year?
4. What should HWES priorities be over the next 12 months and beyond?


6 What are the greatest opportunities for making long term improvements to our health and care?

1. **More** action on **social justice and reducing inequalities**
2. **Massive investment needed** in front line staff wages, GPs, dentists, social care, maternity, early years, voluntary sector, wellbeing, prevention and social determinants
3. **Learning from changes that worked for the public during the pandemic.** The potential of **digital** is a real opportunity but so is **community-based help**
4. **Walk-in primary care** is an opportunity to give people 24 hr help and reduce stress on emergency care
5. **More holistic** approach to health and care, including access to multiple services, social prescribing and a stronger culture of **personal responsibility** for our own health
6. NHS and local authorities to be more **truthful and transparent about problems**
7. Build on **skills really needed to work in health and care roles**, not just academic qualifications
8. **Value care workers and nurses more**, including those working in the voluntary sector
9. More **Education and Empowerment** for communities to find and deliver solutions
10. Improve support for people **with long-term health conditions**, including tools to **manage this themselves and have access to advice.**
11. **Be mindful of language and labels**, are communities 'hard to reach' or are the services they need hard to reach?
12. The **ICS has potential to make improvements** such as continuity of care and transport to medical appointments





What are the greatest risks posed by changes to our health and care?

1. **Exclusion of vulnerable groups** including those on low incomes, leading to **private care** if you can afford it, **inadequately funded state care** and **digital exclusion** if you can't
 2. **Increased burden on friends and family carers** with impacts on personal health, finances, future prospects. Leads to greater long-term strain on statutory funding
 3. **Progressive loss of staff** due to stress, visa restrictions and insufficient medical & nursing staff trained or retained in UK
 4. **Inability to meet demand** - how can services stretch for the increase in demand when health and care services are already on their knees?
 5. **Housing and accommodation problems** add to the health and care risks being faced by people on low incomes
 6. **Becoming too digital** – not everything can be done digitally or over the phone, sometimes we need face to face contact and assessments to understand the situation
 7. **Lack of funding** for services combined with **money being wasted** on inefficient systems means risks to effective health and care being delivered
 8. **Sussex ICS may create better opportunities** but risks losing more local focus of CCGs. **ICS may not have the local knowledge** to make good decisions or understand localities
 9. **People are fearful of change, positive changes will take time** and might not benefit those needing support now.
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What practical suggestions do you have for making improvements to our health and care over the next year? (1)

1. **Communication** that is timely, transparent, honest and inclusive especially when services are struggling. Silence means people will 'fill in the gaps' for themselves
 2. **Empower people facing barriers** to access services more effectively
 3. **Use digital messaging periodically and effectively** to update and reassure patients
 4. **Support and train frontline** staff in de-escalation when communicating with patients and carers who are worried and frustrated. Language should be **inclusive, not curt** and confidentiality is essential when personal details are needed in public areas
 5. **Raise the profile and diversity of patient and public voice at all levels in the ICS.** Promote Healthwatch to patients and service users, support Patient Participation Groups (PPGs) towards diversity and equalities of access
 6. **Standardise information on GP and Dentist websites** on consultation options, self-care advice and contacts for local services including social care and emergency services. Clarify "urgent" and "emergency" meaning for the public
 7. **Increase support for Carers** who subsidise the cost of national care and health services. Carers increased from 6.5m in 2019 to 13.5m in 2020 (Carers UK)
 8. **Refresh Warm & Well services.** Heating homes to 18°C is *unrealistic for more vulnerable people and some now want non cook food at foodbanks to save energy*
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What practical suggestions do you have for making improvements to our health and care over the next year? (2)

9. **Health in Mind** was praised for a timely, responsive & respectful service through “**Patient Navigators**”. Some vulnerable patients may benefit from this model.
10. **Improved translation service** for health and care, learning from the national Police system. Information benefits patients and staff responding to simple enquiries.
11. **Simplify hospital discharge and ASC links**, it has become too complicated
12. **More accommodation for key staff** to address **work force** issues. More **medical students and apprenticeships** in exchange for commitment to work in NHS
13. **Stronger community engagement, not just the ‘usual suspects.’** Let the public know how they can be involved in decisions
14. Make **Social Prescribing** more consistent across GPs and support services they can refer to, including **prevention and voluntary groups**





What should HWES priorities be over the next 12 months and beyond? (1)

1. **Social Determinants of Health** - evidencing health impact on East Sussex population from challenges such as economic, energy, global, national policies, poverty, homelessness. Focus on engaging people who are **on low income or are vulnerable**, including young people. **ESCC & Health Trusts** are the biggest employers of ethnically diverse workforce, many on low pay. Embedding HWES info on staff intranets can help to reach this cohort. Build on previous work in **prisons** by engaging with Sussex Prisoners Families, whose service users face more barriers and stigma in accessing services and are challenged by costs and time needed to visit family members.
 2. **Mental health needs to be its own priority.** Services are 'panic/crisis driven' - this needs to change, we can't tackle these issues without more emphasis on prevention
 3. **Carers' needs** - closer partnership working is needed. Carers are not always aware of help that is available and don't have the opportunity to learn because of the time it takes to deal with issues (caring responsibilities) in their lives
 4. **Dementia services** - HWES should lead the way into shaping care for older people, for example there needs to be a dementia strategy in the county
 5. Go into the community and **physically visit** places/ organisations, like they have recently done with the 111 call centre
 6. Working with Health & Care organisations to **highlight different ways that people access information** to help services take steps from the findings to ensure they are effectively communicating with the wider community
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What should HWES priorities be over the next 12 months and beyond? (2)

7. Facilitate delivery of an **integrated intergenerational project** for young people and older people to provide opportunities to learn from each other. Perhaps a focus on growing up/ growing older looking at transitional and life changes? Could include **suicide prevention** and how services can encourage people to talk
8. Lead a project that encourages **people to think about their future, specifically how they want to be cared for**, what they would like their care to look like and who they want providing that care. This needs to happen early in life.
9. **Funding and support for voluntary/charity sectors**, who are 'picking up the slack' for NHS services and should be supported better, not repeatedly bidding for funding.
10. **Oversee changes made by the ICS**, ensuring there is continuity of care to make lives significantly better. Look at communication between different organisations.
11. **Public transport** and location of services and **falls** (ageing population).





Feedback from attendees

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“Glad I came, quite enlightening.”

“Very well organised.”

“Hearing about achievements Healthwatch has produced, meeting others and the chance to discuss and debate the issues was valuable.”

“I found it really interesting.”

“The workshop was really valuable in terms of shared conversations, synergy, agreed actions etc.”

“Workshops. Very valuable excellent discussion.”

For more information

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