A photograph of a family of three sitting on yellow chairs in a room. A woman on the left, wearing a grey and black striped long-sleeved shirt, is looking down at a book. A young child in the middle, wearing a striped shirt with a cat face on it, is also looking at the book. A man on the right, wearing a dark grey sweater and a blue scarf, is looking at the book. The background is a plain wall with some items hanging on it. The image has a pink border on the left and right sides.

Here

Putting care unbound into practice
Annual Report 2016-2017

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Introduction

This is our annual report for 2016 - 2017.

This document provides a 'snapshot' of the work we've been doing to support our purpose during the last year and a financial summary for 2016-17.

It's also a celebration of the achievements of people working inside Here and across our partner organisations.

There's an introduction from our Chief Executive Peter Devlin 'The context of our work in 2017'.

In part 1 we look at how we are delivering on our promises.

In part 2 we look at the work we are doing to innovate within the current system.

In part 3 we look at what is being done to design and deliver a new wellbeing system.

There's also an opportunity to meet some of the people who are delivering our purpose, and find out about what motivates them personally to continue exploring how to work with others to deliver what matters.

If you're interested in finding out more about our purpose, our work and the stories we are sharing about what we're doing at Here, visit our website: hereweare.org.uk

1.

The context of our work in 2017

“The world is a complex place, our social and healthcare systems are complex to those who navigate and work in them”.

The words which opened our last annual report continue to hold as true now as they did then. To complex, we should also add: volatile, uncertain and ambiguous. We see no sign of green pastures and still waters on the horizon, only more of the same.

Healthcare has continued to pursue a path of ever more specialisation, technical advance and a relentlessly purist biomedical model. The needs of the people we serve have, in contrast, been increasingly centred on learning how to live with

a complex mixture of long term conditions, while conserving wellbeing and social connection. Here's path is to provide an alternative and a counterbalance to the prevailing system.

Celebrating a decade of complexity

As we celebrate our first ten years and reflect on what we have achieved we look forward to the future in 2018 and beyond. There is great opportunity, not in spite of, but rather **because of** the increasing volatility, uncertainty, complexity and ambiguity of the world and the systems we work in.

Our story was born in 2007 of a desire to transform how people experience healthcare. The seed was a then central policy initiative called Practice Based Commissioning. It has long since gone to be replaced by newer, glossier policies with snazzier titles, which themselves have come and gone, as have the policy makers, and, all too frequently, the local leaders supposed to implement them. Some themes however have remained constant:

- care closer to home
- moving activity out of our hospitals
- innovative pathways



- service redesign
- moving money away from reactive care into preventative health promotion
- better and more proactive care of people with long term conditions

Our roots in referral management

We began delivering our vision through a referral management service – first in Brighton and Hove and then Croydon. The referral data we collected provided a chance to begin to understand the care that people wanted. From this we redesigned in excess of 200 clinical pathways, including those for neurology, ear nose and throat, gynaecology,

dermatology, musculoskeletal (MSK), mental health, dementia and many others.

At that time, there were not any local organisations which wanted to, or could, deliver new services that responded to the need to provide more, closer to home. It was into this gap that we brought our energies. We built our service delivery offer around three principles:

- Doing the right thing, first time for people
- Extending the skills of all the people we work with
- Only using highly specialist skills when and where they are needed

We added to this our belief that we do our best

work when we work together, whether that be across skills mix, or across different organisations; clinicians, managers and administrators; NHS trusts, third sector, charities, for profits, and not for profits.

Our strategic pillars

What we do has now grown into our three strategic pillars:

- **Delivering on our promises** – honouring our commitments for the people we serve; putting our purpose and the purpose of the partnership services such as Brighton and Hove Community Eye Service, Sussex MSK Partnership Central, Brighton and Hove Memory Assessment Service



and Brighton and Hove Wellbeing Service into practice.

- **Innovating within the current system** - demonstrated in our work in Diabetes Care for You, Extended Hours, Community Pharmacy Anticoagulation Management Service (CPAMS), Proactive Care, Practice Unbound, High Weald Lewes Havens, and Better Care Pharmacists.
- **Designing and delivering a new wellbeing system** - our vision for the future, rooted firmly in primary care and the work we're leading at Benfield Valley Healthcare Hub.

These three areas of focus are what you'll read more about in the report that follows this introduction.

Together with our many partners we have delivered on our promises – to give local people an accessible and responsive community mental health service, to make it easier to live a fulfilling life with a dementia diagnosis, to move more freely, to be able to see better. We have brought our experience of service redesign and operational delivery to a wide range of services within and beyond Brighton and Hove.

Our transformation of musculoskeletal health has turned a tariffed, procedures-driven service model into a right care, right place, by the right clinician experience, in which people have the information that they need to make their own decisions about what matters to them. This model is now delivering the

triple aim of improved outcomes, improved experience and better value for money.

We have enabled 7,000 people to continue to stay with their GP surgery in Hove and Portslade and given them same day access to a clinician. Our Workflow solution within our new national primary care innovation service - Practice Unbound - has freed up thousands of hours of GP time all over the United Kingdom and given clinicians more time to listen to what matters to their patients.

Our commitment to our purpose

Our transformation from BICS to Here has purposefully coincided with our commitment to nurturing and sustaining an organisation and a workplace that helps people to excel at doing meaningful work together, to succeed at delivering our shared purpose of creating more possibilities for care in every moment. We are proud of the national recognition that this has given us as UK Social Enterprise of the Year 2017.

The last ten years has taught us how to do good work even within the constraints, design flaws, beliefs, attitudes and behaviours of a system that is no longer fit to meet the health and wellbeing of the people it is supposed to serve. Our ambition for the future is to be part of a network of organisations and individuals across the world that recognise that we are at a point in history, the third industrial revolution, where we need radically to transform how we care for each other, and manage our collective

resources sustainably, and equitably.

Our direct support to primary care gives us an opportunity to work alongside the 7,000 people registered with our Benfield Valley Health Hub to begin to explore all of what really matters in the lives of these individuals, households, families and communities. Medicine has achieved some amazing things. You can have a stroke in the morning, and be home, fully cured by teatime; you can be crippled by hip arthritis and be walking pain free within two weeks. We should not be surprised though that "a pill for every ill" doesn't work when you are lonely, isolated, cold, or hungry; it doesn't help you to say hello to a neighbour, it doesn't make you feel contented when you are surrounded by injustices small and great.

We are learning, through talking to people, and looking at the work that we routinely do, that much of what we do in the pursuit of an improbable illness that might or might not respond to some pill or procedure, or in seeking to offer immortality, simply creates work, generates anxiety, and consumes resources.



We are rediscovering that when we spend time listening when people first ask for our help, when we are curious about the person, and seek to uncover what matters to them, when we are more willing to recognise that complex lives and complex problems have complex solutions, and when we are open to exploring what the individual themselves brings to the table, and are ready to connect to the resources in our communities – then, we are really engaged in the business of creating more possibilities for care in every moment.

**Peter Devlin, Chief Executive, Here
March 2018**

2.

Delivering on our promises

Throughout 2017 we have continued to honour our commitment to the people of Sussex, with the services we run with our partners - in eyes, dementia, wellbeing and musculoskeletal health.

- We see and hear the whole person in all that we do.
- We put people at the centre of their wellbeing and focus with integrity on what matters to the individual.
- We listen with curiosity and ask the right questions from the very start.
- We offer the right care first time round.

This year we successfully bid for and won the procurement tender for a new and greatly expanded Wellbeing Service, requiring us to design a whole set of new pathways for children and young people and for people with complex care needs. This includes a new IAPT with a changed focus on people at an earlier stage of psychological distress.

We have been engaged in work with our commissioners to understand how the money works in the MSK service, to ensure that we can deliver into the future the vision that we have designed together. This work will continue into 2018.

Looking ahead, we sense the central policy shift away from the ideology of the "commissioner provider split" and into a more collaborative approach in which commissioners work with established providers to co-design new service solutions. In the small number of competitive tenders that will come up, it is increasingly likely that few independent providers will be able to carry the financial risks associated with these contracts.

It heralds for us a significant change to where we look to make a difference, whilst at the same time not distracting us from the important work we showcase in this section of our report.





Brighton and Hove Community Eye Service

The Brighton and Hove Community Eye Service (CES) is a service provided in the community by clinicians with specialist knowledge and skills in caring for people with conditions related to their eyes. It is delivered in partnership with Warmdene Surgery, The Eyecare Centre and Brighton and Sussex University Hospitals NHS Trust.

Putting 'what matters to you' at the centre of the service

YAG laser treatments

2016/17 saw the introduction and continued success of YAG Laser treatments for people with cloudy vision after cataract surgery. The CES offers this in a community service setting which is unique to the south east of England.

Swift treatment

We have also been able to offer people swift treatment - we have consistently been able to offer people an appointment and treatment well within the 21 day contractual requirements. This has compared very favourably with waiting times for similar care in a hospital setting.

Service achievements

In 2016/17 we've been proud of the continued high levels of patient satisfaction with the service:

99%

of respondents have told us that they find the staff at the Community Eye Service:

- Helpful.
- Friendly.
- Respectful.

95%

say that the appointment completely met their expectations.

97%

say that any questions they have are answered in a satisfactory manner.

"Absolutely wonderful, I can't believe I was seen so soon."

-Service User

"We both thought the atmosphere was very calming, being elderly we appreciate this very much and of course Dr Rogers was good and his team. Thank you very much."

-Service User

"This appointment far exceeded my expectations in being thorough and speedy, while still allowing for my sensitivity and apprehension. The service I received today was impressive, and I was seen by caring and extremely professional staff, thank you."

-Service User

Delivered in partnership with

Warmdene Surgery

The Eyecare Centre
BRIGHTON & HOVE

NHS
Brighton and Sussex
University Hospitals
NHS Trust





The community eye service in Brighton and Hove – eight years of excellence

Dr Avin Rogers reflects on the success of the Community Eye Service in Brighton and Hove.

We've been running the Community Eye Service (CES) in Brighton and Hove at Warmdene Surgery since 2009. I'm a GP at the surgery – I've been here since 2007 – but after completing my medical degree in 1991 I specialised in ophthalmology for 12 years. I moved into general practice in 2004.

The origins of the eye service

In 2008 Sussex Eye Hospital was treating a wide range of conditions – including relatively minor conditions. Clinical leaders in the hospital and at BICS began to wonder if a community service could offer a more accessible pathway for patients – quicker and more direct – and also ease demand on the Eye Hospital. This was the start of the CES. The substantive service was commissioned in 2011 and has been running ever since.

What we do

We're able to help people with a wide range of minor eye conditions – everything from meibomian cysts to warty growths on the lids. We also do entropion surgery. And we assess and sometimes manage watery eyes – blepharitis and conjunctivitis – any sort of sore, red, itchy eyes. We also have a YAG laser which means we can conduct capsulotomies – a treatment for posterior capsular opacification which is something that a third of people who undergo cataract surgery experience.

What do patients think?

We've had very good feedback from our patients.

"A very pleasing experience. A great NHS innovation. Much better than a stressful, busy hospital. Thank you."

I think there are some good reasons for this positive feedback from our patients. The service runs from Warmdene Surgery at the County Oak Medical Centre. It's a nice place for people to come to and there's ample parking here. By and large we don't keep people waiting for hours on end. We give people an appointment slot and we keep to that appointment slot.

We aim to see everyone within three weeks of the receipt of the referral and to a large extent we achieve that.

The comments tell me that people feel at ease coming here and we believe in the quality of service we provide for them.

Who can refer to the Community Eye Service?

GPs and optometrists can refer to us – this comes to us through a referral service. The wait is less than three weeks. For the YAG laser, the referral comes to us direct. So the wait is often even shorter.

Visit the Community Eye Service page at hereweare.org.uk/what-we-do/brighton-hove-community-eye-service/

Brighton and Hove Wellbeing Service



On 1st June 2017 we launched the new Brighton and Hove Wellbeing Service – which is an expanded service that includes children and young people into our offer of care and support, as well as adults. We deliver this service in partnership with Sussex Partnership Foundation Trust, Mind and YMCA and with support from the Brighton Women's Centre.

Putting 'what matters to you?' at the centre of the service

We used an Action Group to help develop our ideas for the new service - learning about what matters most to people in Brighton and Hove. We joined people on their journey through the mental health system and hosted groups for young people and children.

We learned about the significant confusion around how to access mental health services and about what kind of help is available. We also learned that for children and young people, access can be even more difficult. Through this learning we developed a plan for the type of community wellbeing service we need to offer:

- You find out about us easily, or you already know about us.
- Direct conversation about what matters to you.
- Shared-decision making about what happens next.
- The help you get is helpful.
- The help is embedded in a support network.
- You leave knowing where you are getting support in the future.

Service achievements

It's early days for the service, but we're proud of the new ways of supporting people that we've put in place:

- Collaboration between all the service partners which means that advice and information is available through the same system as in psychological therapies.
- A triage hub for children and young people which brings access to primary and secondary care (from our service and CAMHS) together into a single 'doorway' to help.

- Understanding hidden needs so we can increase provision appropriately - for example a pilot for people with 'complex' needs who have been under-served previously.

There's much more to come to be able to meet the challenges of giving people the kind of help and support that matters to them when they have problems with their mental health.

"From the first day I felt completely transformed as an individual. I won't go into specific details, but lets say I arrived one person and walked away with a whole new perspective on life."

- Service user

13,000 referrals Jan - Dec 2017

+2000 referrals for children/young people

5.5K completed courses of treatment

Delivered in partnership with





Innovating mental health and wellbeing services across Brighton and Hove

Jo Hillier, Clinical Lead for Brighton and Hove Wellbeing Service, talks about her work in the new service that supports adults and young people with their mental health.

I have been privileged to work in mental health for the past 20 years. I have worked in a range of settings including the prison service, inpatient units and with children and young people. I have not yet met a person whose life has not been affected by mental health – whether that is their own mental health or that of a family member, colleague or friend. I am an occupational therapist and it's our relationship to our mental health and our ability to engage in the activities that matter to us which I feel very passionate about.

The beginning of a fresh narrative

There's a national narrative that our mental health services are in crisis and that mental health services are not invested in to in the same way that physical health services are. Our perspective is that there are still real challenges to ensuring parity between mental health and physical health. There are historic challenges in the way health services have been designed where mental health is

seen as a separate entity to physical health. In the Wellbeing service we are committed to working in an integrated way to embed our services in physical health pathways so the two are not separate. For example, many of our clinicians are based in GP surgeries. However, we recognise that we have a long way to travel and are excited about this journey.

I was lucky enough to work in New Zealand and have first-hand experience of how early intervention and co-produced services can dramatically change the outcome of people's experiences of mental health difficulties. In the UK there are centres of excellence in Birmingham and Norfolk, both of whom we have connected with and can learn from as we progress in the next stages of our journey as a service.

Expanding the service to include children and young persons will be a challenge and with that, comes an opportunity to learn. There is a paucity of data relating to children's mental health and the evidence base in relation to interventions is much smaller. However, we are keen to contribute both nationally and locally to this picture and learn from what we discover to design our services around the young people and their families that we work with.

Read the rest of Jo's story at [hereweare.org.uk/latest](https://www.hereweare.org.uk/latest)

Brighton and Hove Memory Assessment Service (MAS)



We offer assessment, diagnosis, treatment, support and advice for people in Brighton and Hove with memory problems.

Putting 'what matters to you?' at the centre of the service

In 2016/17 we have continued to build on what we learned about what matters to patients in the MAS Action Group, and have implemented additional support to patients:

Peer support groups

Patient feedback showed us that people value coming together to share experiences. So we created two separate peer support groups for both people with dementia and carers to create new support networks and reduce social isolation. We invite speakers from other support services and psychosocial groups to come and talk so people know about other support available to them.

Support for people with mild cognitive impairment

People with mild cognitive impairment (MCI) historically have received no support as MCI is not

classed as a positive diagnosis. A third of these patients may go on to develop dementia. We've been keen to reach out to these patients and offer support, advice and guidance.

Caring about people's quality of life

The MAS 'How are you?' questionnaire gives us a way to track quantitative data about a person's quality of life. This also helps our Memory Support Workers (MSWs) to have meaningful conversations with people and to personalise care plans to meet their needs.

Service achievements

A positive impact on people's quality of life

We have been using the DEMQL Dementia Quality of Life quantitative tool. Between April and December 2017, 87% of people reported an improvement or maintenance in quality of life.

There is limited research regarding the use of quantitative quality of life scores for dementia patients. We hope that our data may form a MSc Public Health study with Brighton Medical School.

Reducing the time between assessment and diagnosis

Our effort to reduce the time between assessment and diagnosis - the time of greatest anxiety for people using the service - has borne fruit. In December 2017 it was recorded at 2.6 weeks, against a target of 8 weeks and in comparison with a national average of 8.55 weeks.

Other service highlights

- MSNAP Accreditation for the service – Care Quality Commission (CQC) approved gold standard for Memory services. This was the second cycle of accreditation for the service with additional criteria the service needed to achieve.
- Social Enterprise of the Year Award 2017 and EOA Employee Owned Innovation of the Year 2017 for Here - MAS was showcased in our applications for both these awards.

"Everybody was so kind and considerate, helped me to understand my condition and work out how to handle my memory problem."

Delivered in partnership with



for brighton and hove





Improving quality of life for people with memory problems

What does 'service redesign' look like in practice? Tiffeny James and Lesley Reeves - Memory Support Workers in the Brighton and Hove Memory Assessment Service (MAS) – talk about the impact of their work.

What does a Memory Support Worker do?

Lesley: It's a relationship-based role. We've moved from a model where we gave standard appointments and the same information to everyone to a much more personal approach. We can adapt what we do, depending what that person might need. For some people it might be hardly anything and some people we might make a phone call to and discover that they are really in crisis and we are able to help with that.

Tiffeny: Our role starts with first contact as soon as people come into the service. That's a phone call to try and understand what kind of changes or problems they've noticed with their memory and what we can do to help them. We give people support as soon as they come into the service – regardless of diagnosis.

After the assessment process, anyone who then receives a diagnosis of dementia

is offered support from one of us, usually for the next year. We meet with people soon after their diagnosis and follow up with them throughout the year. The first appointment is really to help people understand and come to terms with their diagnosis, and for us to give information and advice which we write into a care plan. People can contact us whenever they need to throughout the year and we can arrange to meet them again if they want that.

How has your role changed or developed since the service has been redesigned?

Tiffeny: It used to be that we would only get in touch with people after they received a diagnosis – so those who were not diagnosed would receive no support from us at all. We would have the initial appointment after diagnosis and two follow-ups, usually over the telephone. Now we contact people as soon as they come into the service. We can arrange to meet them before their assessment if that's going to be beneficial for them. If, for example they can't hear well or struggle to speak on the phone, we can go and meet with them which also gives us a better understanding of their home environment.

Read the rest of Tiffeny, Lesley and Louisa's story at [here](https://www.alzheimersociety.org.uk/latest)
[hereweare.org.uk/latest](https://www.alzheimersociety.org.uk/latest)

Sussex MSK Partnership Central

Sussex MSK Partnership Central (SMSKP) puts people at the centre of their care and offers support with musculoskeletal (MSK) conditions relating to muscles, bones or joints, from diagnosis through to treatment.

Putting 'what matters to you?' at the centre of the service

The positive impact of shared decision making

One of the main purposes of SMSKP was to put patients in control, from undertaking shared decision making with people in clinics to working with our Patient Partners to understand and design services around true needs.

We believe that patients should make decisions about their care pathway based on their whole lives and with the knowledge of how it might impact upon them. Throughout 2017 we have continued to focus on ensuring that staff are trained and consistently applying shared decision making in their clinical practice.

As a result of this approach, during 2016/17, we demonstrated that despite an increase in referrals of

more than 7%, the number of patients being referred for hospital interventions such as surgery reduced by more than 5%. This could equate to a financial saving of circa. £2 million, which we can invest in other ways to support patients to be self-managing. It also means that patients are more likely to understand what having surgery would mean for them and ultimately improve outcomes.

Reducing waiting times

Our patient surveys tell us that waiting times are important to them, and throughout this year we have worked hard to reduce and maintain low waits in pathways such as foot and ankle - which saw waiting times reduce from 14 weeks to 4 weeks. All pathways are monitored closely to ensure that the service is able to offer fast access to the right clinicians, first time.

We are working with local hospitals to reduce their MSK waiting times and ensure we make pathways as swift and joined up as we can.

Service achievements

Award winning self referral to physiotherapy services

We commenced the roll out self referral for patients in our Physiotherapy service at Horsham and Crawley in June and within just a few months we now receive 70% of our referrals via this route. This saves a significant amount of time within primary care and is also increasing the quality of referrals as practitioners are hearing the story directly from patients.

This innovation also won our teams the Sussex Community NHS Foundation Trust (SCFT) Quality Improvement of the Year award for 2017.

We are using this experience to start our self-referral for our specialised MSK services starting with hand and wrist in February 2018.

New, multi-disciplinary clinics

We want to offer patients appointments in spaces where a range of different types of clinician are working, believing that through working together we create a learning environment and patients receive

Delivered in partnership with



more holistic quality of care. Over 2017 we have rolled out new clinics with specialist Orthopaedic Consultants working alongside other health professionals in the community. We aim to for these clinics to be, as far as possible, a one stop shop.

This year we have started these clinics at Crawley hospital in hip, shoulder and elbow, foot and ankle and hand and wrist. We have also for the first time offered chronic pain specialist clinics from Horsham hospital and this service will continue to expand over 2018.

“I was made to feel at ease. I was listened to and made to feel that my condition mattered. I wasn’t made to feel I was just another number. I was given good advice and answers to assist with making my life and mobility easier and as far as possible more pain free. My clinicians were kind, knowledgeable and very empowering”.

- Foot and ankle patient

“There is an exceptionally positive approach within the unit; members of the team took time to explain and ask if I had questions. The unit is really clean and efficient. I was kept informed of wait times for procedures to help plan surgery around my life and the unit was as accommodating as possible. My surgeon was brilliant and my foot is recovering nicely. A HUGE well done to everyone.”

- Podiatric surgery patient

“I have always been treated with empathy and understanding from all your staff, going extra mile for me. You helped so much and always called back when you said you would, which goes a long way for me as that doesn’t always happen. Please thank all your staff from a very grateful woman.”

- Knee patient

54,333

total referrals

96%

now being triaged within 48 hours

41,391

community service appointments

+86%

of community service patients now receiving treatment or being referred to secondary care within 8 weeks

97%

Referral to Treatment (RTT) 18 week compliance for the community service

The role of our Patient Partners

Norman Webster, Patient Partner, Sussex MSK Partnership Central

Patients are at the heart of Sussex MSK Partnership, which enables it to better meet the needs of those it serves.

I feel honoured to have been involved in the Patient Partner Group; we are people with a range of life experiences who help to build better services.

As critical friends we have been involved in some ground-breaking work: helping staff and patients to have a greater understanding of one another.

I am involved in the Clinical Quality Group, a key part of the governance structure, ensuring safe and effective services are consistently provided in line with best practice.

Different Patient Partners have worked on a range of projects including: service redesign, training Patient Care Advisors, deciding with staff how to best measure outcomes and gather data, attending multi-disciplinary clinical teams, worked on patient information letters and influenced appointment booking processes.

3.

Innovating within the current system

How do we respond when a person first puts up their hand and asks us for our help?

The diverse basket of services we describe in this section of our report share common design principles, and benefit from our 10 year experience of operational delivery expertise.

We always start by gaining an understanding of what it is that people are experiencing as the "problem(s)". For each of these presentations we create a pathway based on what good should look like. We ask:

- What are the range of outcome options?
- What are the skills needed to deliver these

outcomes?

- What facilities are required?

We relish challenging the status quo and the forensic unpicking of comfortable assumptions.

To this we bring a common and shared IT platform, and gather a range of partners from different professional backgrounds and different organisations.

Complex problems seldom fall within a simple "fix me" framework, and too often we have seen the wider system try and fail to force a simple fix when something more sophisticated is required.

This is not easy work. It requires purposeful resilience, courage and perseverance to bring people and organisations together and to walk towards the challenging. Sometimes we try things out, and they don't work. We are proud that we have tried, and treasure the learning that comes with it.

2017 saw the end of some of our services, and the start of the new. Practice Unbound, born out of our Workflow process for primary care, is the most bold and ambitious of any of these services so far. This is the very nature of innovation.



Diabetes Care For You

Diabetes Care For You is a service for people living with Type 1 and Type 2 diabetes in Brighton and Hove, and High Weald Lewes and Havens area of East Sussex.

Putting 'what matters to you?' at the centre of the service

Since July 2016 we have been working with Sussex Community Foundation Trust (SCFT), who are the contract holder, to deliver Diabetes Care For You.

It was set up with the purpose of trying a different way of delivering services than previously. We've learned through this process that there needs to be close working between the clinical and administrative teams. So from April 2018 we'll be handing over our administrative responsibilities in the service to SCFT. We will continue to hold the business intelligence function beyond April 2018. We will also continue to work with SCFT on how we can best support the diabetes education of primary care colleagues.

Service achievements

Over 2017, our team of Patient Care Advisors booked 33123 appointments.

Our work to develop the business intelligence function for this service over 2017 has seen key improvements in the way clinicians record their consultations and in the way service data is captured.

We have created a new suite of reporting tools, which includes the ability to forecast Referral To Treatment 18 week compliance three months in advance. We are also able to track patients through the system to offer them the best care.

CPAMS

The Community Pharmacy Anticoagulation Management Service (CPAMS) helps people across Brighton and Hove to manage their anticoagulation medication such as warfarin.

We help to deliver the Service for Boots UK in partnership with pharmacies across Brighton and Hove.

Putting 'what matters to you?' at the centre of the service

Our specially trained pharmacists offer blood testing and manage anticoagulation medicine doses through a network of local pharmacies.

Our service aims to triage all CPAMS referrals within 24 hours and to offer appointments within 5 days at our pharmacies.

In 2017 we were able to help more people, more quickly, with the things that matter to them.

Diabetes Care For You Delivered in partnership with

Community Health Services in High Weald Lewes Havens

We support our partner Sussex Community NHS Foundation Trust (SCFT) to provide Community Health Services in High Weald, Lewes and the Havens (HWLH). We work with the 20 GP Practices and the existing networks of people that support them to provide more integrated care closer to people's homes and in their local community.

Putting 'what matters to you?' at the centre of the service

Multi Agency Team working

Multi-Agency Team (MAT) meetings hosted by individual GP Practices bring together health and social care, and the third sector, to deliver individualised care for people based on what matters to them.

'What matters?' conversations

MATs host a 'what matters?' conversation with a person, to ensure we understand what matters to the individual. They use our "What Matters Wheel" to support this conversation. This is a blank template which allows people to record what matters across 20 different statements. People give a score for each

statement. Zero means they are not achieving a goal, and 10 means they are fully achieving it.

We are also continuing to capture 'what matters?' to Primary Care and Community Services staff working in HWLH. And we're helping SCFT to identify and implement improvements to remove the barriers that stop local staff from doing what matters.

Service achievements

There are now self-managing Multi-Agency Teams in six GP practices in the region. It's part of our work to understand what matters to participating organisations and tailoring our approach accordingly. We want to create stronger working relationships.

Our induction sessions have helped set up new teams; recognising the importance of working together to help patients achieve what matters to them and by providing a person-centred approach to care.

Understanding the impact of our work

We have completed three in-depth evaluations of the existing MATs. This has demonstrated a positive

impact on local staff, with the development of closer working relationships between members of different organisations.

People re-scored their 'What matters?' wheel following the MAT's input. Seven people did this in 2017, re-scoring 20 statements between them. There were significant improvements across 19 of the 20 statements, with 18 statements re-scored as 10 out of 10.

We will continue to embed MATs in the remaining GP Practices throughout 2018, and hope to create a MAT Community of Practice.

"I am happy to be a part of the MAT process as much as possible as I can see the significant benefit patients who are complex will receive having a multidisciplinary approach, and relationships between professionals will also improve"

- Sara Stacey, Primary Care Mental Health Practitioner, Health in Mind

Delivered in partnership with



Sussex MSK Partnership East

Sussex MSK Partnership East

The Sussex MSK Partnership East service is a not for profit partnership offering people in East Sussex support with problems relating to muscles, bones or joints from diagnosis through to treatment. We help to deliver Sussex MSK Partnership East in with Horder Healthcare, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust.

Putting 'what matters to you?' at the centre of the service

Sussex MSK Partnership East completed its second year of delivering against the five-year prime contract for the provision of an integrated musculoskeletal (MSK) service for Eastbourne, Hailsham Seaford Clinical Commissioning Group (CCG) and High Weald Lewes Havens CCG. The service was commissioned in 2015 with a view to making MSK care more efficient, cost effective and accessible to patients. The aim was to put patients in control and provide a range of appropriate treatment options that reduce reliance on surgery.

The service covers a population of 353,269 people, and received 36,069 referrals during 2016/17 for a huge range of conditions.

Service support achievements

Our support includes provision of Information Management and Technology services to Sussex MSK Partnership East. This includes:

- Clinical IT systems such as our bespoke Vedas solution and SystemOne.
- Data warehouse and support for business intelligence.
- Support across a range of management functions including Information Governance and other consultancy services.
- Working with partners including Sussex Partnership Foundation Trust and Horder Healthcare to make the systems and networks that we use as seamless as possible.

Our achievements in 2016/17 included:

- Closer support for Business Intelligence function, including use of new reporting platform.
- Provide easier access to operational data, including data from hospitals so that the service has a 'Line of Sight' across the patient journey.
- Developing a solution for patient self-referral.
- Training and support to optimise the use of clinical systems.
- Closer liaison and sharing between Central and East around reporting (Finance, Operational Management, Contractual).
- Developing an integrated information governance structure with the service.
- Patient feedback mechanisms streamlined.

Delivered in partnership with



Practice Unbound



Practice Unbound is a **national** specialist service from Here focused on co-creating solutions to help Primary Care innovate and increase resilience whilst improving outcomes and levels of care for patients. To date our Workflow solution has improved the lives of over 12 million people across the UK.

Putting 'what matters to you?' at the centre of the service

Workflow

Workflow enables GP practices to transform the way they work so GPs have more time to focus on what's really important - spending time with their patients.

We use a blended learning approach including face to face workshops, e-learning, video conferencing, and technical and operational help desk support to enable administrators to read, code and action clinical letters that come into practice in a safe way.

This is not about delivering a training programme – it is about working with people collaboratively over a 2 year period to make real, positive, sustainable changes that benefit people who use services, practices, and the wider health care system. Our focus throughout the 2 year relationship is on implementation and impact – we want both practices and the people they serve to see and feel the difference workflow makes.

What is the impact for people?

The patient journey is much improved because patient records are up to date – it means they have better conversations with their GPs. They are also better stewarded on their healthcare journey as the administrator is able to efficiently action letters and book people into appointments.

40 mins of GP time saved every day

- Increased time GPs can spend with their patients.
- Administrators improve their skills, both increasing their job satisfaction and putting them on a pathway for career development.
- CCGs can save up to 100 GP sessions per week, on a population of 350000.

Service achievements

Increasing our reach and making an impact

We anticipate that by March 2018 the impact of Workflow will have reached 12 million people - that's 22% of the UK population. And we have built strong relationships across the country with Federations, CCGs, Sustainability and Transformation Plans, as well as other big players in the market.

Listening to what matters to our customers

We have changed the way we deliver workflow from an intensive four day face to face programme to a more flexible approach with the creation of learning communities at its heart. Our implementation programme is drawn from expert leaders in the educational field and enables administrators, GPs and practice managers to access support and information at the time they need it in a format that works for them.

Case study: Penryn Surgery

Penryn Surgery was struggling to manage the volume of clinical correspondence coming into Practice each week. The team commissioned Practice Unbound's Workflow training in May 2017. Eight weeks after training, the Penryn Workflow team were confident in the new process and realising the benefits of Workflow which resulted in:

- 90% of clinical correspondence being processed through the Workflow clinical template saving 13.2 hours per week of GP time.
- The number of days taken for correspondence to be processed reduced from 5 days to 0.3 days, improving patients health journeys.
- Understanding and using our dashboard to help make decisions in practice.



Practice Unbound (cont.)

12 million Population reached

1000+ Practices trained in last year

8 hours GP time released per week

“I used to get 70 plus letters a day now I only see around four”

- GP

“The admin team now have time to code more accurately and lift better information from the letters; this has also increased staff morale within the administrative team”

- Practice staff

“£20,000 cost has been avoided as the practice no longer need to recruit an additional full-time healthcare assistant as previously planned”

- Practice staff

Better Care Pharmacists

Patients who may struggle with managing and taking their medications in Brighton and Hove were provided with access to a fully qualified pharmacist through their GP practice. The team of pharmacists employed by Here as part of the Brighton and Hove CCG Better Care program, worked across the city to deliver medication reviews to help patients to stay in control of their medicines.

The service was transferred to the CCG in July 2017.

Service achievements

Over 2000 medication reviews were undertaken by the team. Approximately £20k per month or £320k during the period to July 2017 has been saved in the local health economy.

The team increased their specialist skills to be able to deliver even more benefit to patients in a convenient and timely way. This included beginning their Independent Prescribers Courses, undertaking specific cardiac training and In-Check inhaler training.

Targeting patients on multiple medications or whose health circumstances may have recently changed, an in-depth medication review gives the patient an opportunity to ask questions. They can find out more about side effects they may be experiencing or the reasons for continuing or stopping each medication.

Some people often need assistance in taking medications correctly or experience difficulties in getting hold of their medicines in a timely way and the Better Care pharmacist supports them through this.

“You’ve made it better for me to understand my wife’s medication and increased my knowledge.”

- Service user

“I have a longer time than I get with my GP. It’s handier to have a home visit than going to Chemist.”

- Service user

Extended Hours Service

Our vision is to improve access to primary care for people registered across the city of Brighton and Hove. We're doing this by creating better access outside of GP core working hours through routine pre-bookable appointments or same day access via other services such as A&E, SECAmb or NHS 111.

Putting 'what matters to you?' at the centre of the service

The Extended Hours Service covers 48% percent of the patient population in Brighton and Hove, offering routine appointments for 150,205 patients registered to one of the 12 practices offering extended hours.

During the last six months we have been planning towards 100% coverage offering appointments to an additional 30 practices by November 2018. This means the current service model will change from four host site locations to six, offering maximum and improved access to our patients. The remaining practices will be phased into the service throughout 2018.

We are working with GP Networks, the local Sessional GP booking site, to help them develop their offer to support extended hours modules. This will also allow us access to their wider pool of Sessional GPs as we move to full city coverage.

The new NHS information system GP Connect will be revolutionary - aligning practice systems like EMIS and SystemOne. GP practices and clinical staff will be able to share and view authorised information and data between IT systems and book directly into your patient record.

We are moving towards converting Sunday clinics to an Urgent Service only, working with SECAmb, A&E and NHS 111. Services will be able to access GP appointments for patients when urgent care services are inappropriate.

Service achievements

95% of those surveyed said they were likely or extremely likely to recommend the service to family and friends.

When asked what they would have done if the extended hours appointment had not been available:

74% said they would have waited to see their own GP in hours

11.5% of those surveyed said they would have gone to A&E

9% said they would have done nothing if an extended Hours appointment was unavailable.

Case study: how we're helping

One person gave feedback about their experience with the service at a time when they were struggling to get an appointment with their own practice.

They called NHS 111 and were told they would receive a call back within 6 hours.

The case referral arrived with us and our manager on duty called them back and offered an appointment with one of our Extended Hours GPs.

Less than two hours later they were seeing an EHS doctor at their own GP practice.

"I had no idea such a service existed."

- Service user

"it's a long way from my home to the County Hospital just to see a GP when you're unwell."

- Service user



Brighton and Hove Proactive Care Service

The Brighton and Hove Proactive Care Service connected GP surgeries and other organisations across the city to empower people to manage their own care. We provided the development support on behalf of GP practices and other organisations in Brighton and Hove.

Putting 'what matters to you?' at the centre of the service

It was an approach that at its heart moved the system away from asking 'what's the matter with you?' to 'what matters to you?' In collaboration with colleagues across the system, Here led the process of bringing clusters of GPs together to realise the vision that people who are at risk of losing their independence are helped in ways that really matter to them before this happens.

Key to achieving this was the 'guided conversation' – a conversation carried out by an Age UK (Brighton and Hove) care coach.

Service achievements

We worked with nearly 3000 people in Brighton and Hove and contributed to the system's understanding of the barriers patients and our partners face. The everyday issues that lead to duplication of effort; multiple hand-offs; and the risk of making people more, not less dependent.

The role the care coaches played in co-ordinating care highlighted a systemic need for those clients with particularly complex needs to have one person to link in with to help alleviate their stress. We saw the importance of this in terms of whole family support, paying attention to the smallest changes in people's lives and also making a difference for people where historically we may not have thought we could, including people in nursing homes.

We facilitated the development of highly effective multi-disciplinary teams including making connections with third sector colleagues, enabling solutions to people's problems that would never have been possible before.

Our work with Solis on risk stratification gained international recognition, particularly our use of the data to map against multiple indices of deprivation, rather than solely using admission to hospital data as an indicator of frailty.

An independent evaluation of Proactive Care showed that for every aspect the programme was judged against – outpatient demand, A&E attendances, and non-elective admissions – there was a reduction in activity for the cohort of patients who went through the programme.

The service was decommissioned in June 2017. The learning from this programme is being applied in the citywide Caring Together Programme (CaTo).

"I have been helped to navigate ways through The NHS and find appropriate sources of benefit to my overall wellbeing."

- Service user

"I'm an artist from Finland and it was so wonderful when V came to see me and really listened to who I am and what I want to do in life. I may be in a wheelchair but my life is far from over, so to get the chance to work towards a goal, a dream - which in my case is a trip to Finland next summer, has given me an enormous boost. Thanks so much for really listening. I'll send you a photo by the lake!"

- Service user



4.

Designing and delivering a new wellbeing system

Based on our experiences, our partnerships and our ongoing learning, we are beginning to test out how we might best contribute to the creation of a new wellbeing system. We are creating new design rules around the principle of understanding and delivering what matters most to people, only doing those things that add value, and stopping activities that add no value.

This is emerging through the work we are leading in Benfield Valley Healthcare Hub where we are seeking to provide the most effective response, first time, person by person. We are exploring if we can develop new models of care outside of the current system. As we explore, we also honour our need

to deliver on what the current systems require of us. Each time we look with true curiosity at how the system currently functions, we find evidence of waste, duplication, inefficiency, frustration, over-complication, and needs left unmet.

The rewards are great. Each change we make improves the lives of the people we serve, and improves our experience of the giving of help. We are clear, in creating a new system designed around understanding and delivering what matters to people, that we need to be able to demonstrate many levels of impact - for the people we care for, for the many people working hard to provide health and social care and for those that represent the

payers.

We do not do this alone. We work with and learn from others - as we have always done over the last 10 years.

This work is a vision for the future - one into which we are gently breathing life. Benfield is a starting point on this journey - where we are learning with our community to design a new way of caring for each other and ourselves, and to reconnect with the many elements of our lives that promote and nurture wellbeing. Our ambition is to take this work beyond Benfield and to see that which is 'outside the system', overtime, become the new system itself.



Help me or fix me? The power of generative listening in the GP consultation

Peter Devlin, GP and CEO at Here, reflects on generative listening and the real world experience of doctor / patient consultations.

Fix me, or help me?

I have noticed that I and other clinicians often only hear requests to “fix me”. Fix me is usually relatively easy – the clinical pathways for a broken bone, or peritonitis, or chickenpox are straight forward, time limited, and the options are to do nothing or do treatment X.

But for most patients with chronic conditions, fix me, is not an option. It is not even what is being asked of us. Most people know when fix me is a fantasy, and what they are really asking is “help me”.

What is it about ‘help me’ that is so difficult? Why is it that clinicians so often don’t even hear the ‘help me’, and seek out only the ‘fix me’ questions?

Listening on another level

I have become increasingly interested in the work of American academic Otto Scharmer, and his analysis of the four levels of listening we do. His description of

generative listening - moving beyond the empathetic to a space of co-creation and possibility - has much to offer those of us who need to listen well to do our best for people. With generative listening, both listener and speaker are able to step out of their inner thoughts and move into the space between themselves.

Everyone can think of occasions when this has happened, in our work or in our personal relationships, and can remember the pure energy, joy and optimism of these moments. In clinical practice, a generative conversation gets to the heart of what matters to the patient, and enables them to choose the options that are most likely to work, to take back control, and to create solutions that neither of you had previously imagined as possible.

It is increasingly clear to me that the combining of generative listening with systems thinking really opens the door to new ways of working, that through this it is possible to do the right thing, first time, every time; and spend far less time doing things that add no value to a person’s wellbeing.

Read the rest of Peter’s story at hereweare.org.uk/latest

Benfield Valley Healthcare Hub

Benfield Valley Healthcare Hub serves 7,000 people in the Portslade area of Brighton and Hove. The clinical team of 13 - doctors, nurse practitioners, nurses and healthcare assistants - work alongside a dedicated practice team of 14. They are supported by five partners - which includes our three founders - and a large group of community health practitioners.

Putting 'what matters to you?' at the centre of the service

Like general practices across the UK, Benfield is experiencing high levels of service demand. Starting with understanding our patients and our community and what matters to them, the practice has begun experimenting with different ways of responding to the demands that people make.



Case study: prescribing contraception

For example, we've begun to challenge the rules implicit within primary care by looking at how we prescribe medication. We have started by looking at one of the most frequently prescribed medications: contraception. Before rushing into making changes we wanted to find out what mattered to our patients and how those working in the practice were experiencing the current processes.

The results showed that there was no stand-out problem with how our contraceptive prescribing processes worked. However, by listening to people we gained an understanding of how to make prescription reviews simultaneously more convenient for patients and more time-efficient for staff. By offering more choice around how we review contraception and more responsibility in monitoring their own health in relation to this (as long as it is safe to do so), patients will have easier and faster access to a service tailored to their preferences. Furthermore, it should significantly reduce the time and cost associated.

The difference between the old process and the new one

	Old process	New process
GP time	101 hours	7 hours
Nurse time	140 hours	87 hours
Admin time	200 hours	69 hours
Total cost	£14,040	£2,992

All Numbers Quoted Are Per Annum



Learning from what matters to people

We have learned similar lessons in how we prescribe PPIs (proton pump inhibitors) and HRT (hormone replacement therapy). We are seeing similar patterns in the work we are doing in pathology too. We believe this will lead to insights across many of the medications we prescribe, the other work we do in practice; and how well we understand people, their context and what matters to them. By working with those in our community to explore alternatives to the norms and implicit rules that often offer no benefit, we believe we can begin to create new principles for working. Principles that could underpin an entirely new culture of prescribing and in time a new culture of general practice that is more sustainable and agile in meeting the needs of its community.

Faced with the need to transform and innovate, the challenges facing our health and care system can be intimidating, even overwhelming. We think that our story illustrates, however, that making meaningful change doesn't have to be complicated or 'at scale'. Building on the tribal knowledge of people who are doing the daily work of helping patients can reveal simple focus and straightforward improvements; ones that can be quickly identified, tested and brought into normal practice, without great fuss but with real and lasting impact.

“At Benfield same day service is the norm. The staff - from those staff members who man the desk and who are always cheerful and helpful, to the nursing staff and the doctors - are always most helpful and aware of you as a person and not just a number to be dealt with as quickly as possible. ... Thank you for the care that you gave my husband the last few years of his life and from myself a great big ‘thank you’ for the care that you take of me. ”

- Service user

“I am very happy with the telephone call back system, it allows the doctors to provide emergency appointments to those who need them and assist remotely those who don't meaning everyone is assessed the same day.”

- Service user

“The reception staff work on a first name basis which is much appreciated and always do everything they can to help you. The doctor call back system is well managed and very efficient. Equally the nurses are friendly and extremely attentive to their patients. We have found all the doctors to be totally dedicated to the patient and totally prepared to go that extra mile which in our previous experience is most unusual. Out of hours calls are just one example of this dedication to their patient. The doctors also make a point in knowing and understanding your family background and dynamic which often has impact on your own treatment.”

- Service user

“I felt listened to, had good advice and the fact that the prescription was sent to my local pharmacy was very efficient.”

- Service user



5. Financial report 2016/2017

This summary provides an overview of Here's financial performance for 2015/16/17.

Here is a not for profit organisation and shareholders receive no dividend. The operating surplus is used to develop the organisation. In the event of winding up of the company, any surplus will pass to Brighton and Hove Clinical Commissioning Group.

	2017 £	2016 £	2015 £
Fixed assets			
Tangible assets	362,288	361,008	253,928
Current assets			
Debtors	17,168,364	7,980,698	27,253,290
Cash at bank and in hand	1,906,413	4,424,808	10,712,579
	19,074,777	12,405,506	37,965,869
Creditors			
Amounts falling due within one year	- 17,913,397	- 11,354,499	- 36,928,297
Net current assets	1,161,380	1,051,007	1,037,572
Total asset less current liabilities	1,523,668	1,412,015	1,291,500
Provisions for liabilities	- 67,557	- 70,562	- 50,786
Net assets	1,456,111	1,341,453	1,240,714
Capital and reserves			
Called up share capital	243	243	228
Capital redemption reserve	22	22	22
Retained earnings	1,455,846	1,341,188	1,240,464
Shareholders' funds	1,456,111	1,341,453	1,240,714





6. Board and membership

Our Board

The Board acts as the overarching steward of the whole organisation and all its members, enabling us to live our purpose in every aspect of our work in service to our communities.

Find out more about our board and our publications at hereweare.org.uk/who-we-are/our-team/our-board/

Board and membership meetings

We meet formally once each quarter, and we host two monthly meetings with our membership. We also come together informally as needed.

We believe in utmost transparency so all our formal and membership meetings are recorded and on our website. You can find these at the bottom of this page.

How are Executive and Non Executive Directors appointed?

Our Non Executive Directors are elected from our membership on an annual basis. They are drawn broadly from our membership - GPs, practice managers and staff of Here.

Our Executive Directors are appointed by the Non Executive Directors.

Our Enabling Team

The Enabling Team's role is to create and support the conditions for our beliefs, purpose and commitments to be lived in everything that we do in the communities that we serve – and beyond them.

There are eleven of us on the Enabling Team, including our Chief Executive, Clinical Directors and all other Directors or Leads. We fulfil a broad range of roles within the organisation and within the health and social care systems locally and nationally.

Read more about the enabling team's work at hereweare.org.uk/who-we-are/our-team/enabling-team/

The team

Peter Devlin, Chief Executive and Director of Clinical Leadership

"I bring my clinical experience, teaching skills and restless creativeness to Here. I care about helping people to find the wellbeing that enables them to live more fulfilling lives."

Michelle Eades, Deputy CEO and Director of Business Development

"I lead on business development and tenders, partnership working and commercial deals. I'm passionate about connecting care across the whole system and understanding what really matters to people."

Zoe Nicholson, Chief Energiser - Practice Unbound

"My role is to tether the organisation to its purpose, working in our health and social care communities to understand what matters to citizens. I care deeply about helping people live better lives."

Jonathan Serjeant, Director for Creative Partnerships

"My role is to connect our journey to the wider world, and to support partners and people to be successful leaders to make a difference to others."

Lindsay Coleman, Non Executive Director and practice collaboration lead

"My role is to support and encourage collaboration within Primary Care across the city and beyond for the benefit of the people we serve."

Matthew Riley, Head of Informatics and Non Executive Director

"My team manages the information systems we use across our services. I'm passionate about using IT to connect the NHS across traditional boundaries - something patients tell us they want us to do!"



Jon Ota, Managing Director for Sussex MSK Partnership

"I lead the team at Sussex MSK Partnership. What most interests me is the role health and social care services can take in supporting people to live life to the full."

Helen Curr, Director of Clinical Services

"I support our teams as they work to make a difference in people's lives. As a Psychologist by background I'm passionate about bringing together physical and mental health services to respond to people's needs."

Mark Cannon, Director of Primary Care Development

"I support the development of primary care in the City. I want to contribute to making primary care a great place to work."

Sarah Bartholomew, Director of Primary Care Development

"I support the development of primary care nationally through our Practice Unbound service. I am passionate about helping to transform primary care so it really focuses on what matters to people."

Chris Sutton, Director of Finance

"I provide financial and commercial leadership, helping us to use our resources wisely to maximise the impact we have for those we serve today, and looking at new and different ways of having impact in the future."

Jan Austera, Non Executive Director

"I am a local GP with experience in urban and student medical services. I like innovative and progressive management methods. I emphasise the importance of learning, personal and collective development."

Craig Milne, Non Executive Director

"I am a GP. I also work with the Wellbeing Service and Eating Disorder Service. As a Non- Executive Director I try to bring pragmatism, idealism, humour and a GP perspective."

Natalie Blunt, Deputy Managing Director for Sussex MSK Partnership

"I oversee our musculoskeletal service across the whole patient pathway, including those which we deliver directly and to manage our subcontracts. My role is to make sure we deliver on our promises and that patients are able to make the best choices for themselves."

Sam Horwill, Managing Director - Wales

My role is to shape and enable our work in Wales and the border regions, building on the opportunities we have through delivering Workflow.

We are a membership organisation owned by GPs, practice managers, nurses and our staff.

Since our beginnings in 2008 we have been operating as a not-for-profit social enterprise owned by members of the primary care community in Brighton and Hove and our staff.

Our members are Here shareholders who:

- Have ownership of the organisation
- Shape our direction
- Help us do the best that we can for our community
- Ensure that we use our resources wisely
- Attend the Annual General Meeting and vote on resolutions
- Can access the Here Start-up Fund to help develop new ideas.

If you work in primary care in Brighton and Hove you can find out more about becoming a member from Lindsay Coleman: lindsay.coleman@nhs.net

If you work for Here you can find out more about becoming a member by contacting Matthew Riley: matthew.riley@nhs.net

Find out more about Here membership at hereweare.org.uk/who-we-are/our-members



An award-winning 2017 at Here

In 2017 our work was recognised in two major national awards: "Social Enterprise of the Year" at the UK Social Enterprise Awards and "Employee Owned Innovation of the Year" at the UK Employee Ownership Awards.

UK Social Enterprise of the Year 2017

The Social Enterprise of the Year award recognised us for our innovative, person-centred healthcare services. The judges at Social Enterprise UK described the reasons for giving us the award: "Working with partners to design healthcare and wellbeing solutions around the real needs of people, Here is transforming the focus of care from 'what's the matter?' to 'what matters to you?' – helping individuals and their families in living the best lives they can and feeling in charge and control of their healthcare decisions."



Employee Owned Innovation of the Year 2017

Our award at the EOA awards was given to us in recognition of the social benefit we deliver through the redesign of Brighton and Hove Memory Assessment Service (MAS) which we run in partnership with Sussex Partnership Foundation Trust, Alzheimer's Society and the Carers' Centre. The judges said: "By redesigning their service so people with memory problems and their families get support from the point of referral ahead of waiting for a diagnosis, this innovation tackles a real social need and is making a big difference. What is impressive is that this innovation has come from an idea from employees, in collaboration with carers, family members and other interested parties, that intrinsically linked to Here being employee owned, which is what made this the Judges winner."



A huge thank you to our partners

Both awards are a credit to our partners, without whom the work we do would not be possible. Our partners include citizens, GPs and local healthcare practitioners, commissioners, NHS Trusts and healthcare companies, third sector providers, social enterprises, and community groups. They're all dedicated to doing what matters for the people we serve. This award is as much a reflection of their achievements as of Here's.



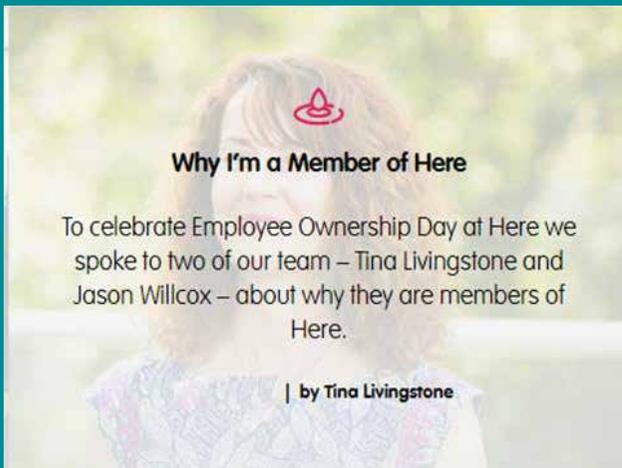
Get the latest from Here

Did you know that we regularly publish stories about our work, the work of our partners and the wider caring and social enterprise community?

The Latest section of our website at [herecare.org.uk/latest](https://www.herecare.org.uk/latest) has a wide range of stories created by the people who work at Here, our members, and people in our community who care about our purpose: care unbound.

Reflective stories about care unbound

The latest section is also a space where people at Here make space for reflection about what it means to be working in health and care at a time of huge change and challenge for the system.



Updates from our service teams

We regularly hear from people working in our service teams about the latest innovations and efforts to put what matters to people at the centre of their care.

Stories from beyond Here

We also have stories from contributors in other innovative and caring organisations. We want to share what they are seeing and learning so that we can all work in a more meaningful way in service of our purpose.

Podcasts and videos

Our stories come in all shapes and sizes: words, pictures, videos and podcasts.

Connect with us on social media

To stay up to speed on the latest from Here and connect with us online, why not take a look at our social media channels.

 [@Care_Unbound](https://twitter.com/Care_Unbound)

 [here_careunbound](https://www.linkedin.com/company/here_careunbound)



Our beliefs



True care is a way of living that creates meaning between us all.



We have a right to take control of our lives.



It takes courage to step forward and effect change. The capacity to lead is within us all.



Every interaction can be powerful if we choose to engage consciously. We know the ripples from these moments can go on to create profoundly positive change.



Care is something we can choose to show for ourselves and each other at any time. Care is not exclusive to an appointment or a medical intervention.



Our purpose

Care unbound. To create more possibilities for care in every moment.



Our commitments



We bring together

We bring together the right people, organisations and ways of working to create true partnerships.



We encourage

We encourage ourselves to be guided by our values in the work we do everyday.



We develop

We develop the capacity for leadership in ourselves and with all those we engage with.



We recognise

We recognise each opportunity to help people make meaningful choices.



We make improvements

We make improvements quickly where we recognise the opportunity, rather than waiting for perfect solutions.



We strengthen

We strengthen our capacity to care for ourselves and each other.

“Everyone knows that we live in a moment of profound disruption. An old order is about to end. And something new is about to be born.”

- Otto Scharmer, academic and author

Here