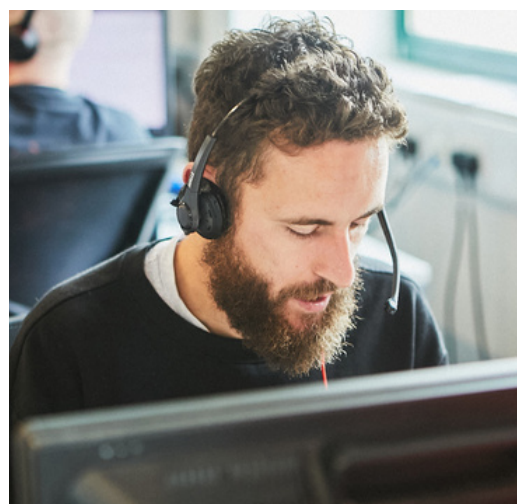


Here

Exceptional care, for everyone

Here Annual Report 2022 - 23





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The Year in Numbers

105,680

appointments
booked through our
Sussex MSK
Partnership Central
service

813

Completed
Diagnostic Episodes
by the Memory
Assessment Service

99%

people said they
were treated with
compassion, respect
and dignity at all
times by MAS staff

88,000

total COVID-19
vaccinations
delivered

10,400

people vaccinated
against COVID-19 by
our mobile vaccine
unit

32,000

additional primary
care appointments
delivered by
Extended Access

52%

of people would
have gone to A&E if
our Additional
Primary Care
appointments hadn't
been available

1,137

practitioners
trained by Practice
Unbound

88%

of staff working
across all Here
services would
recommend us as a
workplace

Introduction from Helen Curr

Every year our annual report is an opportunity to pause - to check and challenge ourselves on whether our impact matched our ambition and to celebrate what we have achieved.

The year 2022-23 marks another extraordinary period in health and care. As the country emerged from the immediacy of the national pandemic, the focus on waiting times and the devastating impact of the cost of living crisis has been a relentless source of challenge and opportunity.

At our AGM last year, we heard from across the organisation our long-standing dedication to personalised care – an approach which combines our passion for social justice and equity, to make sure we provide meaningful access and outcomes in all that we do.

In response we simplified our purpose, creating our guiding North Star in all our work:

"Exceptional care, for everyone".

Our annual report sets out how this came to life across 2022-23.

Within it you can find out how we are delivering services, discovering new ways to reach people and offering enabling support and services to improve lives across the country.



"Our work is fuelled by the diverse, vibrant, talented and passionate group of people who work here, and I have never been more proud and grateful to work alongside them."



Our report tells us about the health of our organisation. We have always worked differently, paying careful attention to the systems that allow people to flourish and deliver their best work. Once again our staff survey on page 42, tells us Here is place where people can thrive.

As we look ahead to the coming years, Here will continue to innovate. In a challenging environment, standard solutions and ways of working will not create the kind of change services aspire to and desperately need.

Organisations like ours represent a new way of working, delivering bold collaborations and innovations, the opportunity for community powered health and systematically personalised approaches.

This year has seen changes. We have stepped back from providing the much-needed resilience support during the pandemic and explored new ways to partner with primary care in particular. This year's AGM marked another watershed, as we disentangled our shareholding arrangements, enabling an independent Federation for Brighton & Hove and allowing our employees to become the majority shareholders for the first time.

Now more than ever our work is fuelled by the diverse, vibrant, talented and passionate group of people who work here. To our courageous and committed partners, our wonderful communities, and our brilliant staff, I want to say thank you. I have never been more proud and grateful to work alongside you all.

Helen



Our Purpose

We believe we can make a difference in the world. And that business can be a force for good.

Here was founded in 2008 with the aim of finding new ways to deliver healthcare. Today we bring this work to life through outstanding, innovative services with tangible benefits to individuals and communities. At our heart is a commitment to putting patients at the centre of everything we do.

We also acknowledge that our society is neither fair nor equitable. Too many people face impossible challenges and we want to help change that:

- We believe health care must be accessible for all.
- We believe good health care allows us to live better lives (and die better deaths).
- We believe exceptional health care addresses inequity in our communities

Our expertise lies in designing and delivering health care that works for all of us, flexing to meet individual needs and circumstances. We don't shy away from change and we are passionate about learning and doing things better.

We may not have all the answers but we think that many can be found in the collective leadership of patients and clinicians, health and care, public bodies, local communities and social enterprise collaborating to become more than the sum of their parts.

The Covid pandemic changed our world. It demonstrated that the inequity in our society, and in our public services, has been tolerated for too long. It also demonstrated the capacity for our communities to respond in a way that delivers inspiring results.

In the future we want to create greater possibilities. We see ourselves as part of a global movement exploring ways of living and working that deliver exceptional care today, and for future generations.

We are Here
Exceptional care, for everyone.

Making it Real

Working in collaboration with the NHS, clinicians, public bodies and people in our communities - we deliver outstanding services and continually explore new ways of delivering exceptional care for everyone.

We do this in three ways:



Delivery



Enabling



Discovery





Delivery

We are experts in service delivery. As a provider we are rated as outstanding for our registered services by the Care Quality Commission (CQC), the health and social care regulator. We only deliver care where we feel we are best placed to create impactful services for people and value for the system. Our culture is one of innovation and continual improvement.

Sussex MSK Partnership Central (SMSKPC)



“

"Friendly, informative, and the treatment worked better than I had hoped it would. Almost full movement now in the fingers of my right hand - brilliant! Plus I know where to come in the future which is reassuring" SMSKPC patient

Sussex MSK Partnership Central (SMSKPC) is delivered by Here, in partnership with Sussex Community NHS Foundation Trust.

Over the last 8 years, we have managed over 485,000 referrals, serving the population of 700,000 people across Central Sussex: Brighton and Hove, Crawley, Horsham and Mid-Sussex.

We hold the prime contract, which means we steward the entire budget for MSK care of approx £51 million annually of taxpayers' money. SMSKPC hold the responsibility of being a commissioner, bringing together and joining up all the required services to ensure comprehensive MSK care, ranging from counselling to wrist splints to knee surgery. We manage sub-contracts with 8 different secondary care providers across Sussex.



“

"SCFT is proud to partner with Here in the delivery of Sussex MSK Partnership. The complementary skills and capabilities of both organisations continues to benefit patients through innovative working. Staff have kept up a relentless focus on recovering waiting times and supporting patients through innovative ways whilst they do wait for treatment."

Mike Jennings, Deputy CEO at Sussex Community NHS Trust

Putting People in Control

Our aim has always been to ensure people make informed choices over their care, supporting them to grow their knowledge, skills and confidence to understand and manage their own health. Through our work in SMSKPC, we have seen this paradigm shift towards self and community management, that has created the capacity to ensure those people who do require interventions, like surgery, have better access and higher quality care. We have worked hard to ensure that our website offers high quality resources, to assisting people manage their symptoms or condition and also to improve their overall health.

“

"It was nice to feel listened to and supported. I really appreciate your website with the links to resources. After diagnosis, I felt thrown into the deep end and links on your site advised of things I wasn't aware of, and the GP toolkit will be really helpful for any medical professionals I see who might not have an understanding of the condition! Thank you again for going the extra mile." SMSKPC patient



SMSKPC Expertise in General Practice

1 in 4 appointments at GP practices are musculoskeletal in nature, so it's crucial that we provide the best possible support to individuals at the earliest stage of their care journey. Our First Contact Practitioners (FCPs) play a vital role in delivering musculoskeletal expertise in primary care.

We continue to grow this programme, developing clinical skills to meet and exceed national standards. The positive outcomes of our efforts are evident in the close relationship and understanding we have developed between primary care and the community service.



“

“As an FCP the blend of my physiotherapy and advanced practice expertise is finely balanced with holding a space where what truly matters to the person is heard. To have the opportunity to connect with people about what matters most to them at an early stage in their concerns results in shared satisfaction from all sides of the patient-clinician partnership. Building relationships with other practitioners within the surgery has created opportunities to elegantly join the dots for greater shared learning and more honest holistic care to evolve.”

Georgi Daluiso, FCP and
Personalised Care Lead at
SMSKPC

Throughout 2022-23 we provided:

16,000+

hours of care

49

GP practices equipped
with an FCP

30,000+

people assessed and
treated

1

majority of people get
what they need in one
appointment

5%

investigations rate

20%

onward referral rate

“

“Having an FCP working alongside us in the practice has been invaluable, not only for the patients but also the other clinicians, we have collaborated well to strive to achieve the best possible care. I have discovered the wide breadth of expertise and knowledge an FCP can provide, to not only help to assess and diagnose musculoskeletal conditions, but most importantly, to champion holistic self-care, providing a plethora of tools and resources.”

Ben Whitt, GP at Preston Park Surgery

Outstanding Community MSK Delivery

For people who need expert MSK input from our community service, over 2022-23 we have continued to deliver CQC outstanding rated care, whilst recovering clinical services post-pandemic.

Sussex MSK Partnership Central: A year in numbers 2022-23

66,823

referrals received

2.8 days

average triage time

103,680

appointments

30%

people seen within
3 weeks of referral

38,785

letters typed after
appointments

77%

managed within the
community

82%

secondary care referral
surgical conversion rate

0.0009%

Complaint rate

0.008%

Incident rate

Let's Assess Together

A space to assess and explore symptoms in partnership and understand how these are impacting you. Building the knowledge, skills, and confidence together to help you make decisions on the next steps that work for you.

“

"The whole team is really inclusive; everyone has gone out of their way and been so generous with their time and ask questions while also offering high quality teaching. Our time has been thoughtfully structured, each person works holistically, the attitude of the department is incredibly welcoming and accepting."

Physiotherapy student feedback from
SMSKPC placement

Covid Recovery: A chance to innovate

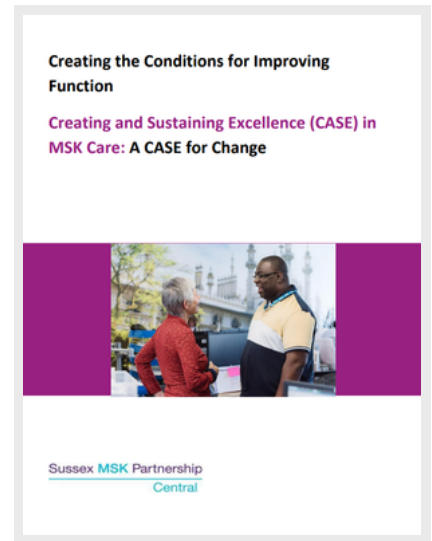
We know that the COVID-19 pandemic posed significant challenges to access for elective services in the NHS, resulting in longer waiting times for MSK care, as we had to redeploy many clinicians to support urgent care delivery. This context, alongside an ageing population and people living longer with complex healthcare needs, made it clear to us that a different approach was necessary to recover health services.

Inspired by the concept of community-powered health, this year we launched a vision for the future of MSK care, Creating and Sustaining Excellence in MSK, also known as the CASE for Change.

The CASE for Change ushered in many key services improvements over this year:

We launched self-booking for all new appointments, which means a slick and accessible experience for those who prefer a digital interface with us and increased capacity to support people who need further assistance.

With NHS Digital we built a pioneering and dynamic demand and capacity model, which has been shared and scaled nationally to support other services.



“

"We know that musculoskeletal health is critical to physical function and independence with social and work participation. Many MSK conditions share risk factors common to other non-communicable diseases (NCDs), for example, obesity, poor nutrition and physical inactivity. One of the greatest benefits of good MSK health is the prevention and control of other NCDs. Just treating the MSK condition in isolation of other factors or what matters most to an individual, is not enough if we want to Create and Sustain Excellence in MSK care.

"The CASE for Change talks to creating the right conditions to allow clinical services to support people with their MSK condition and beyond: leaning into local community services, embedding personalised care, focusing on prevention and health promotion and reaching people who really need support. To hold conversations rather than consultations and develop a therapeutic alliance with people seeking care to understand 'what matters to you?' Crucially, far as possible, to remove the constraints of timed appointments and roles, to just focus on the person in front of you and have the autonomy to make good decisions."

Laura Finucane, Clinical Director at SMSKPC



The Journey of 'What Matters to You?'

We ran a pilot for NHS England to explore the benefits of coaching-based, personalised conversations with those people waiting an extended time for surgical procedures. We sought particularly to understand the experiences of those from deprived areas and/or from ethnic minorities, as on average they often faced disproportionately longer waits.

What struck us most in this work was the significant correlations between a person's activation (their knowledge, skills and confidence in managing their health condition), with levels of deprivation, physical activity, ethnicity and digital poverty.

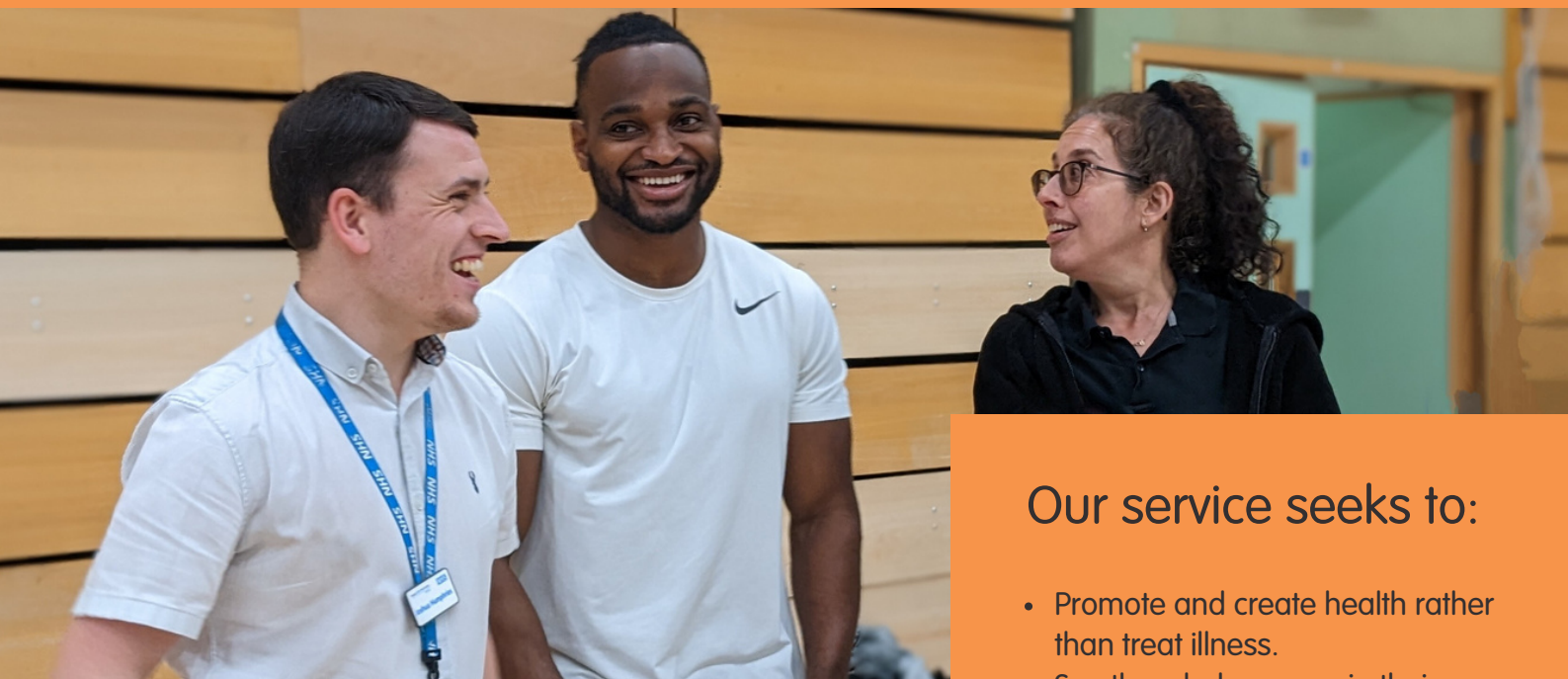
Using the insights and skillset from this pilot, alongside our own data on health inequalities, we implemented clinically led 'what matters to you?' calls on receipt of community MSK referrals. We found through these one-off conversations that we could support many people, over a third, to get all the help they needed in one asset-based conversation with one of our specially trained team and not spend weeks waiting for appointments they did not need. These 'what matters to you' calls have become the foundation of our Community Appointment Days, our new model of MSK delivery.

Community Appointment Days: 52 weeks in 52 minutes

In 2022, post COVID-19 waiting lists meant that some people were waiting up to 52 weeks for the care they needed. We organised two Community Appointment Days (CAD) with a unique objective: to break away from traditional healthcare boundaries and experiment with a new model; no squeezed appointment slots, no closed doors. Instead, we provided a comprehensive range of MSK services, including assessments, advice, health promotion, rehabilitation and community and voluntary sector support, all in a non-medicalised environment. These services were conveniently located in local leisure centres, bringing together diverse resources tailored to the specific needs of the local population. Crucially, our approach centred around engaging in a meaningful 'what matters to you?' conversation as people walked in. 40% got everything they needed in under an hour.

The outcomes of these CADs have been nothing short of astonishing. Those seeking care and those providing it have described the experience as transformative. As a result, waiting times for our services have significantly decreased. CADs mark a significant milestone in our journey toward community-powered health and we're excited to share more on this next year.





Creating Community Powered Health

Creating community-powered health means understanding our communities and working with them to support health and wellness. Our work to understand our communities have two routes:

- Pioneering population and equity dashboards
- Community-based Big Conversations

Our service seeks to:

- Promote and create health rather than treat illness.
- See the whole person in their context and what matters to them.
- Enable people to be an active participant in our own journeys to better health.
- Be widely embedded in the community and powered by them.
- Be known by people when or before they need us.

Understanding Our Communities: Health equity data

We use high quality data to direct our community-based work. The Big Conversations and community work add nuance and tells us where we need to focus and direct our improvement work.

Since May 2022, we have been asking people to complete a pre-appointment questionnaire and share with us how they identify so we can build a picture of those who access our services but crucially, more about those who don't. Our equity dashboards show service access in relation to census data and correlations between protected characteristics and outcomes, experience, Did Not Attend (DNAs), diagnostics and cancellations. Around 70% of people completed the survey and the missing 30% may account for some of the gaps in the data.

We take pride in our commitment to being at the forefront of understanding health equities in our populations.

What Our Health Equalities Data Tells Us

1. If we look at levels of affluence, people are accessing the service as we would hope and expect, compared to 2021 census population data. In Brighton and Hove we receive a higher proportion of referrals for people in the most deprived areas compared to the census data. People who are more affluent are slightly more likely to be referred to secondary care (22% rather than 18%)
2. People from the global majority (Black, Asian or mixed ethnicity) are underrepresented compared to census data. Asian/Black patients are less likely to be referred for imaging or to secondary care. Some ethnic groups are up to four times more likely to not attend appointments.
3. Religion - people who identify as Christian are over-represented and people identifying as Muslim or Hindi are underrepresented compared to census data.
4. Sex – more women than men access the service (63/37%), the difference is greatest in the 70+ population. We acknowledge this presents a binary gender identity, we gather information on a range of gender identities and are hoping over the next year that we can present some of this data in a way which is statistically sound.
5. Disability - 38% of people using the service see themselves as disabled. Over half of people not attending appointments are people who identify themselves as disabled.
6. Carers – 33% of people using the service have caring responsibilities compared to 10% of the Crawley population, 8% of Brighton and Hove.
7. Sexuality is not a factor in Brighton and Hove but affects likelihood of not attending appointments in rural areas.

From Data to Action

Having data is great, but it's what we do with it that counts. We have actively taken this information into communities we serve as a foundation for developing and implementing service changes and improvements, ranging from small-scale experiments targeting specific groups to comprehensive system-wide transformations. Through this process, we see how this impacts those who are and crucially, those who currently are not accessing our service.

The Big Conversation

Community at the heart of

What does great care for people experiencing problems with their joints, bones, muscles, or tendons look like?

We're here to ensure services are shaped to meet real needs and health within the community.

Sussex MSK P
unique loca
partnership o
musculoskele



Understanding our Communities: The power of Big Conversations

The Big Conversation is our bi-monthly community event where we come together to listen to the voices and insights of people from different parts of the population we serve and what they want and need to develop individual and community MSK health. The purpose is to encourage open dialogue, delve into specific issues, collaboratively plan for service development and create a feedback and accountability loop. Held in areas our data tells us we most need to connect with and attended by a diverse group of people from the community, these events have resulted in key service improvements including; implementing self-booking systems, revisions to correspondence, enhancing information for citizens about what we offer.

For many years we have been talking to the work of our Patient Partners, our experts with lived experience who work alongside us to improve our offer. Through our work in the Big Conversation, we realised the inherent passivity that can emerge with the word 'patient', we instead chose to focus on people, and our patient partners are now Health Builders.

At the Big Conversation in January 2023 at St. Richard's Community Centre in Hangleton, held in collaboration with the West Area Health Forum, we trialled offering informal physio consultations and on-the-spot advice. This new model of care proved effective and well-loved by clinicians and people from the community, and became the cornerstone of our new model of care - Community Appointment Days.



"The partnership between SMSKPC and BWC offers important benefits to service users and has consistently shown to improve outcomes. The BWC linkworker scheme provides a safe, trauma informed space for self-identifying women to reflect on their priorities and self-care, enabling them to move forward with their lives and create meaningful support networks in the community. Often there are complex emotional and situational needs affecting a person's ability to manage their chronic health conditions, so having casework support can really help someone feel less overwhelmed and better able to cope. Women engaging in support through this partnership also have access to BWC's drop-in's, foodbank, low-cost therapies as well as a variety of activities and groups based in community settings.

The collaboration also means I am able to work with other community organisations, such as the social prescribing teams, to achieve better outcomes for our service users. And, as part of the personalised care champions group, I get to attend reflective practice meetings with MSK clinicians on patient-led care and engagement, which has informed and developed my practice."

Lisa Dando, Director at Brighton Women's Centre.

BWC

Brighton Women's Centre

We are furthering our community-powered work over the next year, partnering with key local community and voluntary sector organisations. We have longstanding contracts with Brighton Women's Centre and Possability People. Working alongside these organisations, and all of the expertise they bring, to enhance our asset-based approach to best support the whole person.



Moving Forwards: Human and unhurried MSK care

“



"Over the coming year, we will be furthering our work and experiences catalysed by the CASE for Change, building on the brilliant success we have seen so far this year at our two Community Appointment Days and benefits of these. A major step towards our realisation of human and unhurried MSK care. Just last week at an event, someone came up to me and said 'Sussex MSK, you are innovators at the cutting edge'. We will continue to strive for the benefit of the populations we serve. As partners of SMSKPC heading into a decade of delivery together, Here and Sussex Community NHS Trust are proud to be part of the emerging Sussex MSK Alliance, working to deliver excellent and equitable care across the whole of Sussex."

Natalie Blunt, Managing Director at SMSKPC



Brighton & Hove Memory Assessment Service (MAS)

Image: Jamie Tulley, MAS Patient Care Advisor

A fully integrated clinical and support service that provides assessment, diagnosis, treatment and lifelong support for people with dementia. We bring together clinicians from both secondary (nurses and consultants) and primary care (GPwER) who work alongside our support workers to offer a holistic and personalised service to people.

Our Memory Assessment Service helps people and their support network live their lives well.

We have also taken our learning and experience from MAS and worked with Yma, our cousin company in Wales, to bring a systems redesign approach to dementia care in Hywel Dda. This created a cross-sector Community of Practice to help improve integration and personalisation, to better meet the needs of the people they see

MAS impact in numbers

95%

of people who received a health condition diagnosis from MAS said this helped them understand their diagnosis

99%

of people said they felt that staff had treated them with compassion, respect and dignity at all times

97%

of people said they had felt listened to and understood by staff

Introducing Biomarker Testing

Over the past year, MAS has been able to increase its offer of assessment and support due to the additional funding from the ICB to support restoration work and enhancements in service. This includes lifelong support and annual care planning, MCI and Dementia Peer Support Programmes and care planning for patients diagnosed with MCI.


In addition to this work we are the first community memory assessment service in the UK to establish a truly innovative partnership with Roche Pharmaceuticals and University Hospital Sussex to enhance diagnostic testing to deliver earlier identification of dementia.

A biomarker (short for biological markers) can be measured to indicate disease accurately. However, these tests are highly specialised, and access is not equitable. Nationally, only a small percentage of people diagnosed with Alzheimer's Disease had Biomarker Cerebrospinal Fluid (CSF) testing. Being able to diagnose this offers the opportunity to start treatment earlier and plan for the future.

10-15% of people diagnosed with Mild Cognitive Impairment (MCI) go on to develop dementia per year, with the rate increasing over time. Testing biomarkers when diagnosed with MCI can show indicators of Alzheimer's disease. With our Biomarker Pathways we can, for example, start to prescribe medication that can improve quality of life for longer.

Looking forward, we are aware many pharmaceutical companies are progressing their research towards disease modifying medications, and these partnerships will allow us to provide any new interventions to our patients as soon as they become available.

- Diagnosis can unlock treatment and support for people with memory loss.
- We delivered 813 Completed Diagnostic Episodes and made 594 diagnoses (127 MCI and 467 dementia diagnoses) this year, helping people access the services they need.
- Rapid contact and support are crucial for patients with memory loss. We connect with patients within 2 weeks of referral and offer specialist conversations with memory support workers to meet immediate support needs.
- Meeting both medical and support needs is essential for patients with memory loss. We provided 3241 support appointments and 4430 medical appointments, ensuring patients receive comprehensive and holistic care.
- Effective service delivery is possible even in challenging times. Our highly skilled Patient Care Advisors respond immediately to cancellations or changes, ensuring that 97% of appointments this year were utilized.



"I am glad that I get to have a Memory Support Worker, and I am impressed by the level of patience and understanding during the Annual Care Plan appointment."

MAS patient

"I feel happy and relieved after having the Annual Care Plan appointment and will be going back home with more positive thoughts."

MAS patient



Image: MAS patients

MAS and LGBT Switchboard

In 2022, MAS collaborated with the Brighton & Hove LGBT Switchboard to deliver a yearlong Patient Engagement programme. This work aims to enable an improved understanding of the specific needs of the LGBTQ+ community and their memory loss and dementia care, to enhance personalisation and service provision.

Not everyone has the same access or experience of health services as others; working with LGBT Switchboard has allowed MAS to listen to LGBTQ+ voices through a series of focus groups and conversations to explore the first-hand experiences of people with dementia and their loved ones.

MAS' partnership with local organisations aims to deepen their understanding of the diverse community of Brighton and Hove and connect to the needs of the people.



"There's a huge benefit to having early and affirmative access to services. It means that people will ultimately have an enhanced quality of life and be able to plan for the future, discuss openly their personal situations and their future hopes."

John Hammond, Operations &
Development Manager at
Brighton & Hove LGBT
Switchboard

More Than a Memory Assessment Service

One of our most significant developments in Brighton & Hove MAS this year was the move from yearlong support for people with memory issues to lifelong care. Previously, our service was commissioned to provide one year only of support post-diagnosis. While valued by our patients, clinicians and stakeholders, it did not align with the progressive nature of dementia. Learning from our System Thinking project of 2017 and our patients' voices, we identified the need for lifelong specialist support and have since been working with the system to create a solution.

In April 2022, the Brighton & Hove ICB commissioned the service to provide support for life to our patients and their families and carers, provided by their named Memory Support Worker (MSW).

“

“It’s a real comfort knowing that we have one person to contact and also to know that we will not be discharged from the service, and we will be supported both now and in the future. You don’t know how much that means to us.”

MAS patient

“

“I would like to praise the Memory Assessment Service and the communication you have with us. It really helps us to know that we are not alone. We also feel very reassured to know that we will receive lifelong support from you.”

MAS patient

90%

of the 102 responses received via the services patient satisfaction report positive experiences of the care in MAS.

21%


of unsolicited plaudits received this year spoke to the value of our lifelong support offer and provision of annual care planning.

“

“The support pathway and the clinical pathway are completely intertwined. We all share the same information, so it really is for the patient a very bespoke service for them as an individual.”

Dr Rachel Duncan, Clinical Lead at Brighton & Hove Memory Assessment Service





COVID-19 Vaccination Centre and Mobile Vaccine Unit

Image: VAX patients

Working in collaboration with Primary Care Networks (PCNs) across Brighton and Hove and the Havens, and in line with the government's strategy, our aim has been to ensure that every citizen has access to a COVID-19 vaccine. We wanted to do this in a way that met people in their communities and meant that Practices could focus on caring for people and coronavirus recovery.

Removing Barriers to Access

Through our work, we know there are many reasons why people can't or don't want to get vaccinated. This includes lack of transport, fixed address or access to information, as well as conflicting work or caring commitments. We also know there are complex reasons why some people or community groups may experience more barriers in accessing healthcare.

Because of this, we work closely with our public health, local authority and community partner organisations to offer varied ways to access the vaccine and remove as many barriers as possible. Alongside our Central Vaccine Hub we deliver through care homes and home visiting, Mobile Vaccination Units (MVU) and pop-up clinics in the community.

We have found working with community groups such as Trust for Developing Communities and the Hangleton and Knoll Project a crucial part of building connections and trusted relationships with the people we are trying to reach has improved uptake as a result.

VAX at a glance:

88,029

Total vaccines delivered

10,473

vaccinated through
MVUs (outreach)

65,000

boosters administered
at fixed sites

7,280

vaccines delivered for people in
Carehome and Housebound groups
(in reach)

4,691

Primary vaccine doses given
(1st and 2nd doses only)

2,269

Children aged 5-11
vaccinated

With a focus on addressing access barriers we have:

- Provided free taxi journeys to those without transport or funds available.
- Delivered vaccines in venues people trust.
- Implemented systems such as SignLive and Language Line for those who are hard of hearing/deaf and non-English speaking.
- Provided leaflets in a variety of languages.
- Provided vaccinations to patients with minimal information requested, to protect those who are homeless, are refugees, or who cannot disclose information for sensitive reasons.

The vaccination team continue to adapt patient care platforms and processes to match the need of our service users, as well as sharing learning into wider routine vaccination programmes.



Image: Mobile vaccination site in Brighton



“

"Recently, a family all with differing levels of vulnerability contacted us to be vaccinated at the Racecourse. One child was in a wheelchair, another was autistic, and another had no special adjustments. We quickly realised that this would require a practical view to vaccinate the whole family at the same time. The mother had already tried the National Booking Service and was being sent to Crawley. This would have been a big trauma for her family, bearing in mind the special adjustments and not driving. But working with our clinical lead, we were able to make sure that we limited all that frustration and worry and put them all into a clinic to suit their needs."

Deb Jennings, Vaccination Booking Assistant at Here

”

"I am so proud of our outreach and MVU work. Over the last 12 months, we took our MVU's to 18 strategic locations around the city per week, such as Wickes, the Roundabout Children's Centre, Universities during Fresher's Week and the High Risk Maternity Ward so that mothers could choose to receive their vaccine on their way out, as well as our regular pop up sites around the City. This enabled us to give 10,473 additional primary and booster doses in a way that met people in locations that were convenient to them and provided coverage across the City to ensure maximum uptake."

Helen Mendoza, Service Lead for COVID-19 Primary Care Vaccination Programme at Here



Extended Access (EA)

Increasing patient access to clinical care by providing more appointment choices and out-of-standard GP hours appointments.

In 2022, NHS Sussex commissioned us to deliver this critical service for six months before national contracting shifted to PCN delivery. Working with the Brighton & Hove Federation, we doubled the number of clinical appointments available to patients and improved access across the city.

Innovation Through Infrastructure

With a solid infrastructure and amazing workforce in place, we began to think about how EA could be a vehicle for delivering flexible access to specialist services. We piloted the delivery of menopause and women's health clinics to ensure people in Brighton and Hove received the care they needed in a way that worked for them.

As winter pressures arrived, the system was strained by increasing cases of Strep A and viral illness. The ICB asked us to use our infrastructure to deliver additional services to ease the burden on GP Practices and A&E. Within two weeks, we had set up an acute Respiratory Hub in Brighton's Walk-In Centre to provide additional capacity to the system throughout the winter months.

Thanks to the diligence and commitment of our Extended Access team and workforce, we delivered additional appointments for 32,061 people over the course of the year. We successfully transitioned the service to primary care in April 2023, creating a sustainable, integrated local service for many years to come.

EA at a glance in 2022-23:

80%

of minutes offered
were utilised

32,061

additional appointments
delivered

30,542

people seen

**Doubled delivery
minutes**

from 30 minutes per 1k patient
population to 60 minutes

"I had the best experience in ages. Not only was the appointment easy to book, but the doctor rang on time and then arranged a face-to-face to follow up. The location was closer to my home than my GP's surgery. I hope this option continues to be made available. Extremely easy and convenient system." EA Patient

Additional Primary Care (APC) for Brighton Urgent Treatment Centre (UTC)

We know that rising A&E wait times are reflective of pressures in the overall NHS and social care system. We also know that people come to UTC and A&E who could be better served in other pathways. Working in partnership with University Hospitals Sussex East Emergency Department, and integrated with IC24, we reduce the impact of primary care cases on the emergency department by providing APC clinical capacity at the Brighton UTC.

With the innovation of bringing on Nurse Practitioners (ANPs) alongside our GPs, we take a personalised, trauma informed and proactive approach which ensures that we limit the activity that is redirected back to Practices as well as streaming patients out of the Emergency Department. This is supported by our SystmOne GP Hub Unit which ensures information is connected and onward referrals can be made within APC.

As part of our service, we are developing and supporting a core group of clinicians to work within the UTC, who are excited to put shared decision making and personalised care at the heart of their intervention. This has led to excellent rota fill - improving from 79% in 2022 to 100% rota fill in 2023. These GPs have worked alongside Emergency Department colleagues to support patients to get to the right place. We now know that having a GP as part of decision-making can result in 14% more cases being streamed away from the Emergency Department, getting more appropriate care in the urgent treatment centre, or in primary care. We are excited to see how our work evolves through 2023.

APC at a glance:

86%

utilisation of the service in 2022

52%

in 2022 would have gone to A&E if an APC appointment hadn't been available

91%

of people felt they were treated with dignity and respect during their appointment

Appointment and Patient Survey Data



"The doctor was very attentive and walked us through the options available in a clear manner. He spent time establishing that our larger-than-average 3-year-old could have a higher dose and also checked with the paediatric team and called us back. We were so grateful and would highly recommend him and this service as our son improved within the hour, and had we gone to the hospital, I'm sure it would have been upsetting for him."

APC Patient



"Very efficient & quick, no waiting weeks to see a doctor."

APC Patient



Enabling

We provide award-winning e-learning and analytical services that enable people to deliver exceptional care

Analytics Dashboards: Providing insight through data



We know, in line with the NHS Data Saves Lives Strategy, that all parts of the NHS need to be making data driven decisions.

Over the last 12 months, we have worked alongside Preston Park Community and Deans and Central Primary Care Networks (PCNs), the Diabetes Care 4 You Service, the Brighton and Hove Wellbeing Service and Sussex MSK Partnership East to answer the questions that matter to them, through their own data.

Our approach has been to support the people working within the service to understand the questions that, if answered, would help them deliver more effective, personalised care for the people in their communities.

“

"The team is innovative and has created fantastic dashboards that have really helped us to deliver our services."

Sam Lade, PCN Operational Manager at Here

"This model provides the potential to cross-share success between PCNs as a learning community. Our ambition would be to develop this at ICB level."

Matthew Riley, Head of Informatics at Here

Dashboard data showing the impact of pharmacists on Preston Park Community PCN in 2022-23:

15,280

medication interventions delivered to 8,085 patients

2930

SMRs undertaken

722

hospital discharge medication reconciliations

509

repeat medications synchronised

436

pill checks undertaken

Joined-up Data With PCN Analytics

In 2023, we won the Health Tech News Excellence in Healthcare Data Transformation award for our PCN Analytics work in partnership with the Preston Park Community PCN (PPC PCN).

PPC PCN recognised a need to increase its workforce capacity. There were some challenges, like working across multiple practices, different clinical systems and different ways of recording data – which provided the opportunity to understand variation and how best to focus resources.



We focused on developing distinct online dashboards – Care Home, First Contact Practitioners (FCPs), Pharmacists, and Investment and Impact Fund Indicators. The online dashboards extract data from the GP practice systems: EMIS (using Emis X Analytics) and SystmOne. The data includes appointment utilisation, service provision and referral sources for additional roles. We also mapped patient data to care homes in the PCN to support work around frailty; identifying vulnerable people within the system.



What Impact is it Having?

In the case of additional roles, what makes FCPs valuable is that they can see people with musculoskeletal (MSK) concerns before or instead of being seen by a GP. With 1 in 4 GP appointments relating to MSK and GP time being overstretched, this is an important step to getting patients the care they need and freeing up GP time.

Our Data Dashboards made it possible to provide a line of sight to the value that FCPs were delivering and how this reduced the workload for GPs. It also gave the PCN the opportunity to understand referral sources, how effectively receptionists were referring in, and whether additional training was required. Sharing the dashboards across all practices in the PCN gives a collective view of insights and variation.

Our next steps are to be 'technology agnostic', so we can spread our learning with PCNs nationally. However, the principles will remain the same: To put the PCN in the driving seat, understand the data and build quickly using whatever tools are available.

"Working with Here, the PCN has created dashboards that allow us to understand the data generated by our staff. Now we can evaluate progress against KPIs, understand work volume, and dynamic changes so templates reflect all the work they do. It has allowed us to compare work across practices and practitioners and to use the data as a tool for reflection and initiating change and development."

Craig Milne, Clinical Director at
Preston Park Community PCN

Practice Unbound (PU)

Image: Dr Rangan Chatterjee at PLM Live

Our Practice Unbound Platform provides e-learning programmes, software and implementation data dashboards that deliver transformational change, improve Practice efficiency and save GP time while embedding digital-driven best practice.

Practice Unbound continues their quest to enable primary care to deliver exceptional care.



Holistic Approaches to a Healthy Lifestyle

Prescribing Lifestyle Medicine (PLM), an e-learning course created with our partner Clinical Education and two practicing

GP's, Dr Rangan Chatterjee and Dr Ayan Panja, is one of the ways we do this. PLM's purpose is to help healthcare practitioners to deliver Lifestyle Medicine in a practical way to improve patient outcomes.



In 2022-23:

1,137

practitioners
trained

250

250 health care
organisations
trained in England
and Wales

Overall:

12,000+

practitioners
trained

3,000+

practices trained

1 million +

hours of GP time
released

“

“Lifestyle medicine is the future of medicine and we need everyone to engage and adopt this in their lives. Whether you’re a clinician or not, this is truly the essence of healing patients.”

Amy Donaldson-Perrott, Physician Associate and Course Director at St George's, University of London

The course gives clinicians and specialist non-clinicians a unique framework to deliver targeted lifestyle medicine interventions using the principles of personalised care. Imagine applying a scientific approach which helps people in a way that is targeted, personalised and based on their lifestyle.

The Personal Framework can be used to create a lifestyle prescription which helps to overcome a variety of presenting conditions and symptoms, including intractable reflux symptoms, low mood, type 2 diabetes and perimenopausal symptoms as well as complex presenting conditions and symptoms, including cognitive impairment and long COVID.



PLM Live 2023

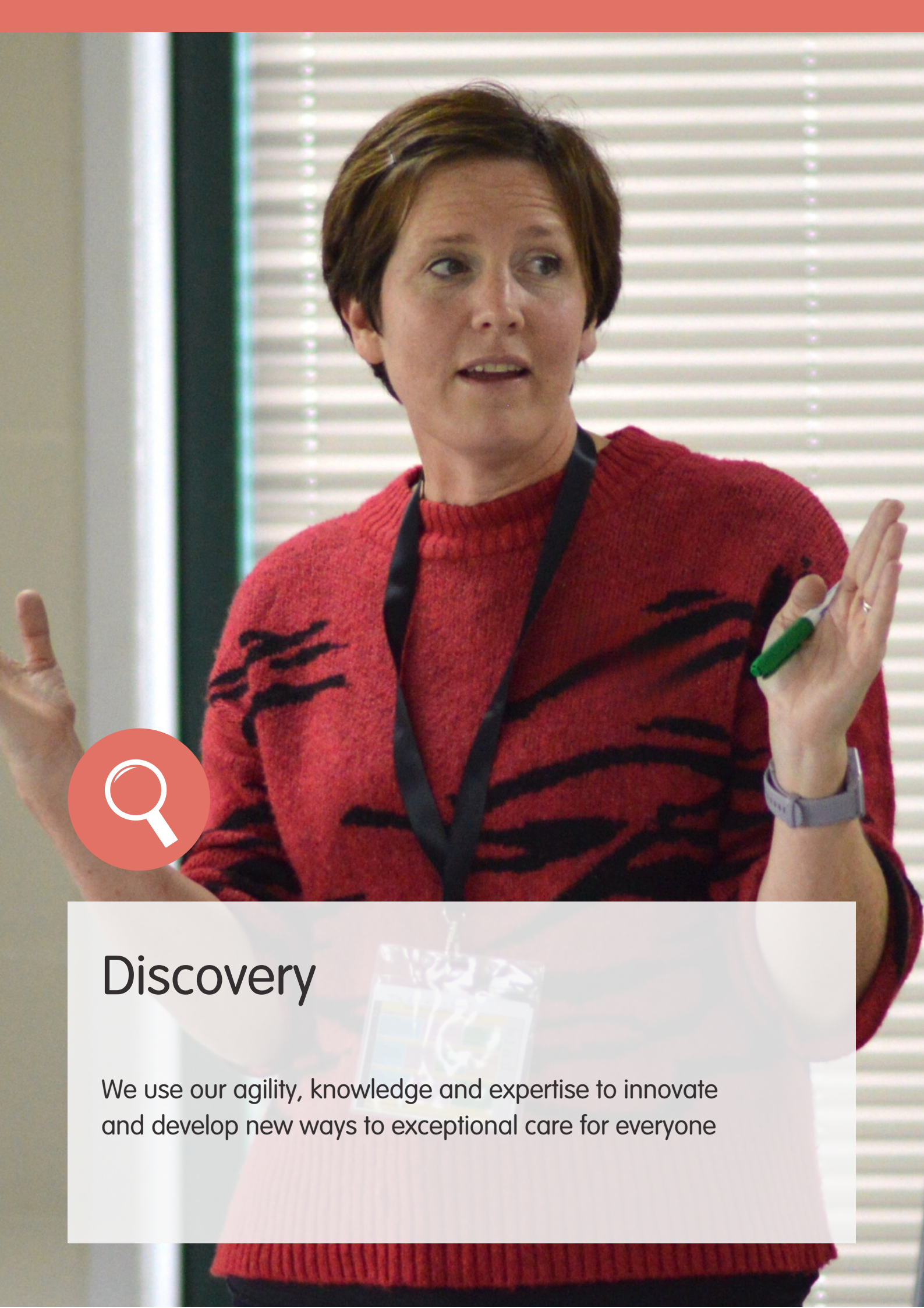
This year we ran our first PLM Live event with partners Clinical Education in London. Our theme for the event was Sleep and Circadian Rhythms and we wanted to bring like-minded people together to show how PLM can improve patient outcomes as well as showing health professionals a different approach to Lifestyle Medicine.

During the event, over 250 attendees also heard from two practicing clinicians, Dr Melanie Thomson, a GP in a deprived area in Shropshire, and Hannah Short, Public Health Officer in Doncaster. To hear first-hand from Melanie and Hannah about how using the personal framework and the symptom web has helped to improve the lives of their patients and users was truly inspirational for everyone attending.

Our next PLM Live Event is already booked for 9 March 2024 in London and will focus on Stress and Anxiety.

"A brilliant and inspiring day of learning, connecting with other like-minded professionals"
Dr Susan Taheri, GP at NHS

Image: PLM Live, London, 2023



Discovery

We use our agility, knowledge and expertise to innovate and develop new ways to exceptional care for everyone

Stroke Recovery Redesign



Here has a solid track record of delivering personalised care for long-term conditions (LTC) and experience in pathway redesign with MAS and MSK continuing to streamline and improve equality for all. In addition, as a social enterprise, we have the agility to innovate and test new ways to deliver exceptional care.

When Rachel Harrington, Director of Long Term Conditions Programme (NHS Sussex), wanted to apply for catalyst funding to transform community rehabilitation and life after stroke services and needed an innovative partner to help get it off the ground, she called us.

In collaboration with NHS Sussex and the Sussex Integrated Stroke Delivery Network, we worked up a model that put stroke patients at the heart of their own recovery with what matters to stroke survivors built into the DNA of the project - and we won the bid.

We began the redesign work with a series of workshops, listening to and learning from stroke survivors and the staff currently supporting them.

“

"It has been fantastic partnering and collaborating with Here for this project. Here are able to bring all their experience to the stroke project and their approach is both refreshing and innovative."

Rachel Harrington – Director of the Long Term Conditions Programme and SRO for the Stroke Network

A Different Approach to Funding With Menopause@Work

Winning a bid with Public Health Brighton was a valuable learning experience for Here. We have a long and successful history of working within the system and with commissioners but less experience exploring grants to fund our work. All that changed with this project.

As a social enterprise, we have the flexibility to look at a wide range of funding opportunities and partners. We explored alternative grant funding, specifically for the Voluntary Community and Social Enterprise (VCSE) sector, and decided to apply for the Health and Wellbeing Fund 2022 to 2025: women's reproductive wellbeing in the workplace.

Multiple academic and government reports highlight people's struggles during the menopause transition. For example, almost two-thirds of menopausal people feel they can't be effective at work because of the impact of symptoms and the stigma still attached to this phase of life.

More needs to be done with awareness and training in the workplace, and this funding presented an excellent opportunity to make a real difference.



With so many women leaving the workforce as result of menopause I knew something had to be done.

I'm passionate about women's health and want to provide a service that is so obviously needed to support and educate people about menopause. Here helped me do just that by sourcing funding and developing the Menopause at Work project.

Dr Zoe Schaedel, GP, leading national expert on menopause health, accredited British Menopause Society Menopause Specialist and Clinical Lead for Menopause@Work

1 in 10

women who worked during the menopause have left a job due to their symptoms

8/10

women say their employer hasn't shared information, trained staff, or put in place a menopause absence policy

Almost half

of women haven't approached their GPs and three in ten have seen delays in diagnosis

Menopause@Work Aims To:

- Educate and raise awareness about menopause, breaking the stigma.
- Empower people to access appropriate support, including workplace adjustments and medical options.
- Support small businesses in creating menopause-friendly environments through training and resources.

We are delivering this through a series of workshops and an online learning platform.

Strategic Partnering

To apply for the funding meant thinking strategically about partners who could help. It required match funding and thinking about what we offered in terms of resources, skill, experience and expertise.

With Dr Schaedel, a leading national expert on menopause health, taking the reins, we partnered with Public Health Brighton and Hove, who support workplaces in the city with free health and wellbeing advice and have extensive business and community links.

Together we developed Menopuase@Work, the only service offering advice, education and training for SMEs (small & medium enterprises) in Brighton and Hove – where 82% of businesses are SMEs.



"Menopause has been a hot topic for a while now amongst our workplace health champions. I have not been able to support them in the way we will be able to now with this new project. Working together with Here has enabled us to access more funding options, utilise the expertise the team has on the menopause topic and be supported by Here's contacts and set up in the NHS and the City. It is great to be working with such enthusiastic people that will really help to make this project work and I'm excited to see where it goes!"

Laura Wood, Health Improvement Specialist in the Public Health Team at Brighton and Hove City Council

Everyone Culture

We are a place where work is done differently. Ours is an 'everyone culture', where all colleagues are welcomed and have the support, stretch and inspiration they need to flourish and do their best work. We want everyone to feel able to belong and thrive. We are at the forefront of workplace development and committed to our own growth and learning as teams and as an organisation.



Here's Do Sweat It team at the Brighton Half Marathon 2023

I want to be learning
I want to be well
I want to make a difference



Samaritan's Brew Monday at the 177 office, 2023

Staff Survey Highlights

92%

say their manager takes a positive interest in their health and wellbeing

88%

would recommend us as a workplace

91%

say they are learning every day from colleagues

90%

are satisfied with opportunities for flexible working.

91%

say they are able to make suggestions to improve the work of their team or service.

94%

say they are trusted to do their job.

Learning

Everyone at Here has support for their learning and development through our annual learning review, (called Pirate Dave by the team who created it). Colleagues are invited to train in our leadership approach through our in-house 'Here is Learning' sessions or join our mentoring or coaching schemes as either a coach, mentor or mentee.

Our practice of bringing our 'whole self' to work provide the foundation of psychological safety for a strong learning culture where 88% say they would feel safe to raise a concern. In the NHS as a whole the average is 61%.



Wellness

It has never been more vital for us to look after each other as well as the people who need our services and for us as an organisation to be understanding, supportive and kind. Our wellness approach is designed and led by colleagues, supported by a leadership team committed to creating a better working culture. Our daily work practices encourage people to bring their 'whole' selves – checking in with each other on our current realities, stressors, and distractions, to connect with each other's needs, acknowledging the impact of the challenges we face and approaching decision making with improved focus and purpose.

Our wellness offers this year have included twice weekly free healthy hot lunches and free breakfast every day, two residential wellness retreats, in-office massage, £50 Personal Wellness Budgets for everyone and in-depth wellness coaching.



Justice, Equity, Diversity and Inclusion

We know that our society is not fair and equitable.

Systemic and institutionalised disadvantage affects every aspect of our lives, including in our offices and services, so we are making changes.

Inequity thrives in the dark, where we're not aware. We bring our awareness, intelligence, love and drive for justice and equity to be part of wider changes that will improve life for everyone.

What are we working on?

- Services that create exceptional care for everyone
- Building relationships with networks with diversity experience like BrightonChamber, Diverse Brighton and becoming a Pride City Angel and Disability Confident Committed.
- Training for all colleagues on 'Changing the Dynamics of Racism'
- Better recruitment practices

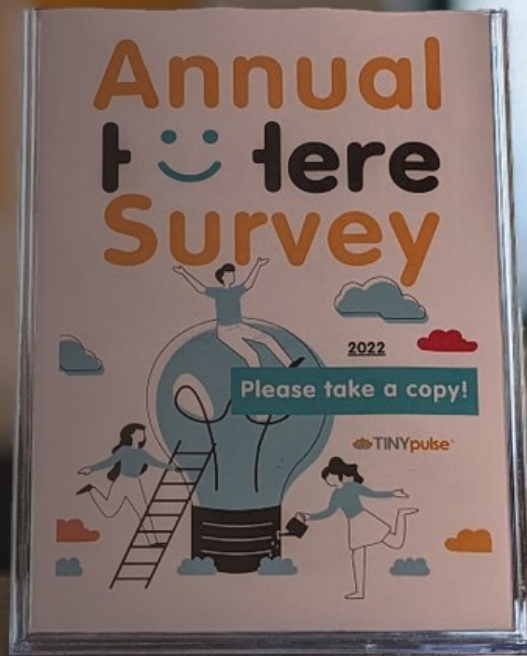
“



"We wanted to try and create a network for our staff of ethnic minorities that could be accessed anytime when colleagues might be facing difficulties or struggles at work. Getting to know one another ensures you can trust each other and make sure people feel comfortable talking about race, culture and discrimination. It's about making sure that people have access to the resources they need, listening and being a sounding board, and having regular check-ins to see how people are getting on to help them feel supported and valued."

Zahra Raffique, Operational Team Lead Physiotherapist, BAME Lead at Crawley and Horsham Musculoskeletal Assessment and Rehabilitation Service (MARS)

Living Wage Plus



Here is a Real Living Wage employer. 'The Real Living Wage' is the only UK wage rate based on the cost of living. ([What is it? | Living Wage Foundation](#)). The Real Living Wage goes beyond what the government sets as the national Living Wage.

In September 2022 the Real Living Wage rates were updated. With the cost of living rising rapidly, we not only increased our base pay rates to reflect this update, but we made these changes within 30 days.

In addition, we:

- Gave a further pay increase in January 2023 to all staff to support with the cost-of-living crisis.
- Ran a 0% interest, easy-to-access loan called the Orange Fund, turning around payments in a matter of days. So far, we have helped 22 people.
- We increased holiday allowance by 3 days and brought forward our loyalty reward to 3 years instead of 5.
- We offered funding towards home office equipment up to £100 per employee.
- Our hybrid working model enables people to balance their commitments, save money on travel and reduce their carbon footprint.
- Our Financial Director provides money-saving tips in our weekly staff communications.

The cost of living crisis is affecting both people and businesses. As a social enterprise we continue to be committed to putting people first and doing what we can to support the people who work at Here.



Sustainability

We aim to use our resources efficiently, effectively and responsibly to deliver tangible, long-term environmental, economic and social value.



Our Commitment

As a social enterprise, Here has always been conscious of its impact on the environment, with a voluntary group of employees established in 2017 working consistently to help us be environmentally friendly in managing resources.

Recently, the NHS has committed to a 57% reduction in its carbon footprint by 2025. As we deliver NHS services we are planning to align ourselves with this objective. Along with our partners and suppliers, we are increasingly looking at how we sustainably deliver our purpose whilst reducing our greenhouse gas (GHG) emissions.

As a large organisation, we have formalised our efforts and developed a programme to measure and further reduce our carbon footprint.

- Year 1. Establish team, governance and baseline data readings.
- Year 2. Set targets in line with NHS goals, work through UN Sustainable Development Goals and formalise the education of our staff.



What We're Doing

Starting to Collate Data

As a social enterprise we have been environmentally conscious for years but never collated the data, we are now starting to systematically pull this together.

Calculating GHG Emissions

We have defined the initial scope for our Greenhouse Gas (GHG) emissions calculation and have commenced gathering data.

Training our Sustainability Team

We have undertaken sustainability training courses, including the ICAEW (Institute of Chartered Accountants in England and Wales) Sustainability Certificate and Clean Growth's Net Zero 360: Become a sustainability pioneer.

Establishing Connections

We have built links with our commissioners and key partners to ensure our plan will lead us to synchronise with their sustainability goals and those of the NHS.

Changing the Way we Work

Reviewing company policies to ensure that they reflect a sustainability lens, starting with our Expenses Policy, so we are more conscious of the environmental impact of business travel and suppliers that we use.

Reducing Energy Consumption

Encouraging staff to "find their balance" in hybrid working. This will reduce the emissions caused by staff commuting and the energy consumption at our office, included in our GHG emissions calculation.

We have started a programme of replacing our old florescent lighting with LED luminaires across our office and our building utilises solar panels to support the whole building's energy usage".

Supply Chain Review

We have started reviewing and evaluating our suppliers to see how environmentally conscious they are in how they operate and how easy it is for us to extract carbon metrics from them on our usage of their products and services.

Sustainable Employee Benefits



We have provided approximately 3,660 vegan lunches in 2022-23 and will increase to twice a week in 2023-24.



Piloting electronic notebooks for staff with multiple portfolios of work to reduce notepaper usage. So far, we have 11 in use.



A salary sacrifice electric car scheme - 4 cars on the road, saving an estimated 4.32 tonnes of carbon emissions since July 2022 - as much 2,161 trees can absorb.



Cycle to Work scheme - 41 people have used the scheme since we started it, including 4 in 2022-23.

Total Recycling Financial Year 2022-23

5,570kg

up by 16.4% on the previous 12 months

17% up

on CO2 savings

44 trees saved

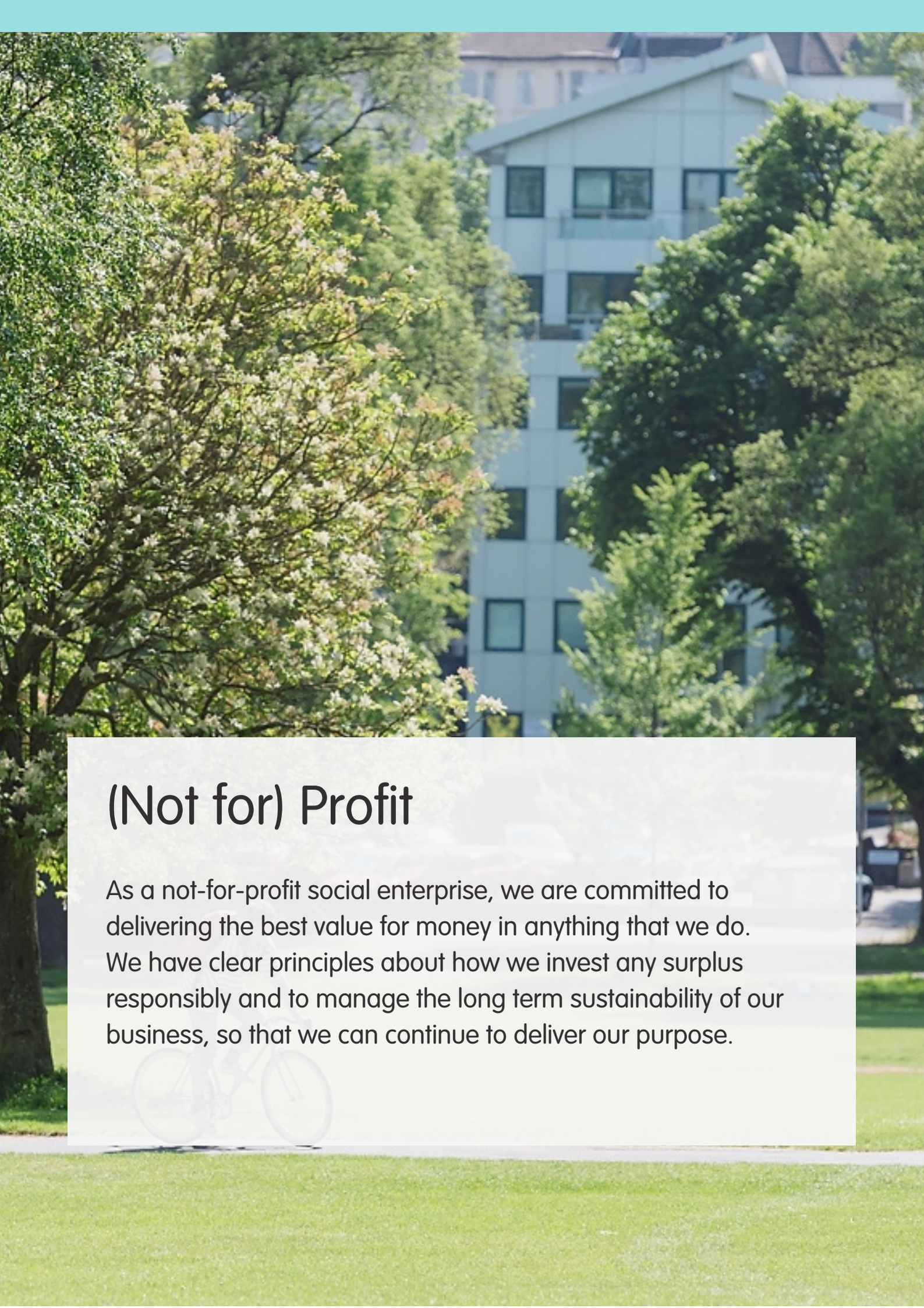
up by 8 trees

An Executive Summary of the report is available at:
<https://wrap.org.uk/resources/report/environmental-benefits-recycling-2010-update>

What We'll Focus on in 2023-24

- Initially, we will work to reduce our carbon footprint as much as possible.
- Develop a 5 to 10 year plan including SMART goals to align with the NHS and ICS sustainability goals,
- We intend to work through the UN Sustainable Development Goals as an initial way of identifying and organising climate-related risks and opportunities.
- We'll embed sustainability into our advice-seeking process and decision-making across Here.
- We will roll out sustainability training for Here employees.
- Introducing a free Brighton and Hove bus pass scheme which entitles all new employees of Here to four weeks of free bus travel when they start work.
- Reviewing our top suppliers to examine their green credentials.
- Once we have reduced our carbon footprint as much as possible we will be exploring carbon offsetting options that remove carbon from the atmosphere.



The background of the slide is a photograph of a modern, multi-story building with a light-colored facade and dark window frames. The building is partially obscured by lush green trees in the foreground. On the left, a tree with white blossoms is in focus. On the right, a darker green tree is visible. The scene is set in a bright, sunny environment with a clear sky. A white semi-transparent box is overlaid on the lower half of the image, containing the title and text.

(Not for) Profit

As a not-for-profit social enterprise, we are committed to delivering the best value for money in anything that we do. We have clear principles about how we invest any surplus responsibly and to manage the long term sustainability of our business, so that we can continue to deliver our purpose.

Financial Review for Shareholders

The objective of this report is to provide shareholders with an overview of the financial performance of Here to date.

The audited financial statements for the year ended 31 March 2022 were published to Companies House in November 2022 and should be read in conjunction with this document.



Review of Results for the Year Ended 31 March 2022 (Financial Year 2021-22)

As detailed in the directors' report of the 31 March 2022 financial statements, this year was the second year of living with the pandemic and meant that we continued to adjust the delivery model of our services to support the wider system. Here remained agile and efficient in how we operated, with our workforce continuing to show outstanding commitment to delivering its services in a purposeful way.

Key Highlights:

	2022	2022 (re-stated for prior year adjustments)	Change 2022 vs 2021
Turnover	£60.9m	£50.0m	+21.61%
Gross profit	£3.5m	£3.7m	-4.9%
Gross profit margin %	5.77%	7.38%	-21.82%
Average number of employees	296	189	+56.61%
Admin expenses	£3.2m	£3.3m	-4.84%
Admin expenses as a proportion of turnover	5.21%	6.65%	-21.65

Turnover was higher than in the prior year largely due to the flow through of additional SMSKPC income in 2022 and COVID19 vaccination income, which was partly offset by the loss of income from discontinuing delivery of the Wellbeing service and Benfield Valley Health Hub.

Gross profit margins were lower but felt most significantly in Practice Unbound, despite keeping costs as low as possible, as the selling environment to primary care was difficult in the second year of the pandemic. Tight control of administrative costs allowed us to keep them lower than last year, with the previous year also including settlement costs for the departing directors.

A narrative on how our services performed during the year is available in the Report of the Directors in the financial statements.

Here has continued to financially support three companies with Start Up Loans: a Brighton GP Practice; a Brighton health food retailer; and our cousin company, Yma, in which we have a 50% corporate shareholding.

We extended further funding to Yma to support its role in the development of the Welsh health system which is beginning to show signs of gathering pace.



Early Assessment of Performance in the Financial Year: 1 April 2022 to 31 March 2023

The accounts are not yet finalised, but we forecast that we expect to show a small surplus for the year that we will add into our reserves. Once again, due to lower patient volumes than expected in some of our services and rising costs, we are planning to defer income into next year from contracts which span both years to meet anticipated patient demand and higher direct costs in 2023-24.

In 2022-23, we have continued to focus on growth and established a Strategy and Innovation Team to help us foster new relationships within the health system, win new business and improve external communication. We plan to continue this investment into 2023-24 and build on the progress made.

As the CCGs transitioned into ICSs (Integrated Care Systems) and ICBs (Integrated Care Boards), we have been maintaining the close relationship which we fostered during COVID and working with the new senior team there to establish how we can work with and help the NHS system. One of our primary financial concerns was how inflation has seen our cost base increasing significantly this year. This has meant that we have had to discuss with commissioners the need for inflationary income uplifts in our contracts to maintain the high standards of service that we are proud of.

Following the work that we did last year on our purpose, we decided that we needed to focus our resources on work that clearly aligned with this. Having held the Improving Access Service for primary care for several years, and with the Brighton and Hove Federation re-establishing itself, we agreed to hand back this service to primary care via the Federation.

Financial Outlook for 2023-24

Although Here is still maintaining its period of growth, we are conscious that the impact of inflation and the deferral of commissioning long-term contracts means that we need to budget prudently and with an awareness that commissioning into 2024-25 and beyond is still uncertain.

Contracting horizons within the areas of the NHS that we engage in has continued to be short-term. Our SMSKPC contract has recently been extended to September 2024, and our Memory Assessment Service (MAS) will continue for a further year, with discussions underway on contract detail.

Practice Unbound has added a new product, GP Billing, to the suite of efficiency products that we offer to GP Practices with the engagement of a new partner Total Billing Solutions. We hope to see further business synergies with this partner soon with other products and services.

In the year ahead, we will explore new opportunities and partnerships within stroke, health checks, menopause, health population data and analytics. We aim to bring Here's purpose to how patients experience the delivery of these services.



Our Enabling Team



Dr Helen Curr
Chief Executive



Sarah Bartholomew
Director of Strategy &
Innovation, Deputy CEO



Lesley Jay
Finance Director



Natalie Blunt
Managing Director of
SMSKPC



Matthew Riley
Head of Informatics



Kristin Francis
Director of Primary
Care

Our Non Executive Directors



Rich Taunt
Lead Non Executive
Director



Mo Kanjilal
Non Executive
Director



Annika Small
Non Executive
Director

We are always interested in connecting
with people doing meaningful work
in areas that matter to us

Our 2023-24 priorities include:

- Innovating in long term condition pathways by bringing our expertise around personalisation.
- Enabling others to make good decisions and be more efficient through data and analytics, and meeting people who are using data and technology for good.
- Delivering exceptional care for everyone by being laser focussed on health equity.
- Connecting with Social Enterprises nationally who have a similar value set to us or a culture we can learn from.

If any of the above areas connect with you, you have learning to share, or if you're interested in hearing more about our projects or partnership opportunities, please do get in touch.

Contact Us



info@hereweare.org.uk



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



0300 303 0500



[/here careunbound](https://www.linkedin.com/company/hereweare)