

**Healthwatch North Somerset Board Meeting
Held in Public**

10th January 2017

**At Nailsea Methodist Church, Silver Street, Nailsea BS48 2DS
2pm - 4pm**

MINUTES

Present: Celia Henshall [CH] [Acting Chair]
Dick Whittington [DW] [Treasurer]
Tim Evans [TE]
Joanna Pritchett [JP]
Lance Allen [LA]

In attendance: Eileen Jacques [EJ] [Chief Officer HWNS]
Vicky Marriott [Operations Coordinator HWNS] [Minutes]
Sophia Jones [Volunteer Coordinator HWNS]

Eight members of the public were in attendance.

02 Apologies for Absence

Apologies were received from:

Georgie Bigg (Chair)

03 Declarations of Interest

None stated.

04 Public Participation

No questions were received from members of the public.

05 Minutes of Meeting 16th July 2016 CH

The minutes of the meeting were checked:

i. For accuracy

The minutes were agreed as a correct record of proceedings.

ii. Matters arising not on the agenda

There were no matters arising that were not on the agenda

iii. For matters arising

There were no actions outstanding.

06 Finance Report

DW gave a financial overview. A grant for Central Ward Engagement Project was spent later than expected which required adjustment to figures for the year 2015/2016 as detailed in AGM overview in October 2016. DW indicated that based on current expenditure a small underspend is expected of about £1,500 in 2016/17. EJ advised that some additional expenditure will be necessary before the end of the financial year which is likely to mitigate the slight underspend. DW advised the full accounts are on the Charity Commission website. DW mentioned that the funding for 2017/2018 has not yet been confirmed but there is likely to be a reduction of £6000 - £7,000.

07 HWNS Reports

i. Access to GP Appointments Review

EJ presented a summary of the 'Access to GP Appointments Review' the first HWNS report compiled wholly by a HWNS volunteer. It relates to 12 months of HWNS data and EJ said it puts the data in perspective and provides validation of its local importance.

JP mentioned that it was an outstanding piece of work and wanted to publically thank Sue Stone for taking the time to compile the comprehensive overview of what people think about access to their GPs. She suggested Practice Managers will find it very useful. She also suggested this is done as a piece of work annually.

Public Question. How do you know if something like this has an outcome?

Providing information, undertaking research and writing reports are the products of the collection of feedback from the public are some of the outcomes of our work. Service providers and Commissioners have a duty to acknowledge they have received the report within 20 days and say what if anything they will do with the

information. The report was sent to the One Care Consortium via NHS England, Practice Managers, North Somerset CCG and NHS England and there has been no response to the report. We will follow it up and be looking at how they respond to the four recommendations in the report.

LA sits on the NHS England CCG Primary Care Working Group and will take the report and raise it with them next week.

Mary Adams (North Somerset CCG Patient Engagement Lead) will see if North Somerset CCG might be able to comment on the report. Mary Backhouse will also take it to a North Somerset CCG Joint Commissioning Group

Public statement; we (from CQC) are finding your reports offer good support for our work.

ii. Electronic Prescription Service Report

EJ presented a summary of the Electronic Prescription Service Report.

Public statement; this report shows EPS and anything to do with prescriptions are complicated. There might be scope for more work from the conclusions of the report.

iii. GP Practice Manager Engagement Report

EJ presented a short overview of GP Practice Manager Engagement Report which included a number of engagement activities that will be followed up including drop-ins and leaflets in waiting rooms. HWNS waiting room screen slides have been sent out to at least 7 practices now.

[DW] Booking appointments online is simple but even now people don't know they are available.

08

Prioritisation Panel

EJ explained the Panel meets quarterly to make recommendations for further action based on the intelligence received from the public. The Meetings are in public and details of them are on the HWNS website. The Panel consists of four lay members, two volunteers and two HWNS Directors. The wider issues such as systemic problems may mean we cannot always influence or resolve everything. Current priorities are rural communities, breastfeeding support in hospital, assessment services for specialist children's services, adult care assessments.

JP mentioned that the breastfeeding support item could be resolved with a conversation. If addressed this could make a significant improvement to a baby's life.

Public Question. Is the meeting advertised?

[EJ] The meeting dates and venues are on the HWNS website. Decisions are made in a public forum but it is not possible for members of the public who come along to participate.

09 Chief Officer Report

The Chief Officers report was circulated to attendees who were provided an opportunity to ask questions on the contents of the report.

EJ mentioned HWNS role in informing and involving the public in their local health and social care. HWNS held a public meeting in December on the Sustainability and Transformation Plan – speakers were invited and there was an opportunity for questions. Also, Colin Bradbury will attend today’s meeting to feedback progress with the North Somerset STP and offer an opportunity for the public to ask questions.

HWNS undertook Enter & View at Outpatient clinics at Weston Hospital in December - intelligence indicated communication as an issue. The E&V team spoke to 53 people including staff. The report is being compiled. An issue at the Eye Clinic is being taken forward by CH Vision NS and outcome expected quickly.

CH thanked EJ and the HWNS team for the hard work that underpins the work and is evident from the CO report.

TE mentioned problems with changes to Blue Badge renewal. This confusion also mentioned by others in the room. LA Blue Badge renewal is not done locally but through <https://www.gov.uk/apply-blue-badge>

10 AOB

Volunteer mentioned value of the Health Group and the future direction of this group was discussed. CH suggested that the group consider what the group want to do in the HG meeting including revisiting the terms of reference. CH stated the future of the group would be on the agenda of the next HWNS closed Board meeting.

Meeting closed at 3pm

Next meeting: Tuesday 11th April 2017 The For All Healthy Living Centre, Green Room. 68 Lonsdale Avenue, Weston-super-Mare BS23 3SJ

Approved	yes
Date	11.04.17

North Somerset Sustainability and Transformation Plans

Speaker: Colin Bradbury Programme Director, North Somerset Sustainability Board

Colin was welcomed to the meeting and thanked for attending.

Summary: Colin mentioned it was unfortunate that plans were not made public before end of last year, and may have been counter-productive. There are challenges in the local area both with WAHT and other organisations. Colin emphasised that this is the start of the conversation. The Sustainability Board has been connecting with HWNS already. Colin asked the meeting attendees to ask questions about the aspects of the Plan that they wanted to know more about as this would be more interesting for them rather than a presentation.

Questions:

Q. What are the immediate priorities?

CB. Emergency and urgent care – both at A&E and discharging. This is known as the acute care collaboration. Two other strands: Prevention, self-care and early intervention, integrated primary and community care.

Q. I have read the document. There is not much representation from the public in it. Is enough being done to engage? The language is difficult and it is unclear how outcomes will be achieved. Just a series of Vision statements.

CB. This is where we begin the plan. Nothing is finalised. We are at point A here and there is no detail of how we might get to point B. It will be a collection of programmes and pieces of work, some of which are cross cutting. We see all the regions in the BNSSG as equal partners and the consultation on plans will go out equally in the regions. We would not want to go ahead with changes without consultation with the public. The STP document went out via NHS England so it was not meant to be public facing.

Q. Will we be consulted with when a roadmap becomes clearer?

CB. we will bring our plans to the Health Overview and Scrutiny committee and there will be no changes to services without consultation with the public. But we can't make people respond to our consultations. We will offer all groups the opportunity to do so. The series of consultations will occur as the project is broken into manageable chunks.

Q. It concerns me who is responsible in the Council for overseeing and designing the delivery of the services?

CB. The North Somerset Clinical Commissioning Group are accountable for any service change within North Somerset.

Q. But you are not responsible for Primary Care?

CB. No that's NHS England. We are responsible for Ambulance Service and Mental Health Services.

Q. I share the concern about who is accountable. If you are not accountable for GPs or the care system run by North Somerset Council, then you are trying to control a system you have no control over. How integrated are they?

CB. The metro mayor is not responsible for Health and Social Care. The local authority is engaged and quite central to looking at how to make the system workable. We can't be complacent as it won't be easy but we have a collective system to work with.

Q. How might you get at the organisational issue of bed-blocking in Southmead Hospital that prevents people being discharged back home due to lack of capacity in social care?

CB. It is not just about local authorities, it is about other services. One idea is a shared control budget where different services involved in an aspect of care share the budget.

Q. I'm in the voluntary sector. What plans do you have for involving us in co-production in the early stages of planning?

CB. we need the voluntary sector to tell us how we can work better and to co-produce the plans.

Q. But lines of communication are needed.

CB. Help us get the lines of communication set up and clear.

Q. Stated that NSC hold budgets and can say no to services changes.

CB. It is a collaboration.

Q. If the whole system is working on a big deficit of funds now, how can your plans for change happen? This is only a wish list that can never happen.

CB. The STP document says there can be many cost savings from efficiencies and improvements. We won't stop treating people. Why do we need 7 labs doing the same thing in hospitals all over the patch? Can we centralise things? Do things to scale such as IT and consumables.

Q. If things are centralised, getting to appointments may be a problem?

CB. The vast majority of appointments will continue. Specialised treatments may only be done in selected places or centres.

Q. How will you direct funds to where they're needed?

CB. The money follows the patient. Weston Hospital for instance is not earning part of the budget that the CCG has to fund it. We need to encourage more people to go for their care at Weston. It will be payment by results

Q. Statement from a Care Home manager that they are creating a part of their home for rehabilitation for people who come out of hospital but who want to go home after they've recovered. A bit like old convalescence home. A lot more of that sort of thing has to be done. Patients need to go from bed to chair. There need to be changes, things need to be done differently. We provide services for the council currently. We might have to go to the CCG for permission for the rehab care. We are a private company and we offer this at £500 a week compared to the cost of £800 a day in hospital.

CH. There has to be a solution to bed blocking. Commercial or public sector.

Q. We must crack the politics. The £800 cost per day to keep someone in hospital is a huge cost to NHS. NHS would be excited to hear this.

CB. We'd have to make sure the CQC is involved and due diligence is one aspect.

Q. There is an absolute need for proper consultation. You've done a very poor job of advertising consultation so far. The programmes and timescales are rubbish. How did you get away with that?

CB. We don't want to go out half cocked.

Q. But must be honest too. Other parts of the region have more pathways worked out. It needs to be advertised, set out a series of meetings and we'll come along.

CB. I can give you assurances that we will set out a clear timescale. We have one opportunity to do this, to get this right. There will be 8 weeks of engagement, 12 weeks of full consultation as set out in national guidance. Some may be done simultaneously.

CH thanked everyone for attending and participating. She said the voluntary and community sector will be looking at how they can support the plans and lend their voice to enable co-production as it moves forward.

Meeting ended at 4.08pm