

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

9th January 2018

**At Room 1, Nailsea Methodist Church, Silver Street, Nailsea BS48 2DS
2pm – 4pm**

MINUTES

Present:

Georgie Bigg [Chair]
Celia Henshall [CH] Trustee and Director
Dick Whittington [DW] [Treasurer]
Gerry Wadham [GW]

In attendance:

Eileen Jacques [EJ] [Chief Officer HWNS]
Vicky Marriott [Operations Coordinator HWNS] [Minutes]
Martin Smith [NSCP Associate Director of Transformation]
Sue Stone [HWNS Volunteer E&V coordinator]
Mike Lyall [HWNS Volunteer]
Shaun Fitzpatrick [SF] [HWNS Volunteer]
John Rose [HWNS Volunteer]
Alun Davies [NSC Policy and Strategy officer]
Cathie Fisher [NSC]
John Rixon [Member of public]

02 Apologies for Absence

Apologies were received from:
Lance Allen [LA] Trustee and Director

GB explained that Tim Evans stepped down from his role as a Healthwatch North Somerset (HWNS) Director in December 2017. GB thanked Tim on behalf of the Board and Staff for his valuable contribution to HWNS over the years.

GB congratulated VM on becoming registered in November as a UK Public Health Practitioner. GB said the experience would be valuable to HWNS.

03 Declarations of Interest

None stated.

04 Public Participation

Mike Lyall HWNS representative on the University Hospitals Bristol Patient Experience Group has raised an issue regarding discharge for North Somerset patients from Bristol Royal Infirmary (BRI) A&E at night. A suggestion had been made regarding the potential provision of a room until buses start running to avoid the cost of a taxi to get home. This does not appear to have been progressed. EJ will make enquiries to ascertain progress.

SF said there are discharge lounges at the BRI where they could be signposted to.

05 Minutes of Meeting 11th July 2017

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.

Action Log

CH checked Action Log item 05 was included in the agenda. DW confirmed it would be.

GB confirmed items 11 and 12 on the log are completed and there are no items outstanding.

06 Finance Report

DW provided a financial overview. DW said the 2017/2018 grant has been resolved with North Somerset Council which confirmed an £8,000 grant reduction for 2017/18 and a £12,000 grant reduction in 2018/19. This will present some challenges.

EJ said she had planned for the worst case scenario and took appropriate cost cutting measures in September.

DW informed that the reserve policy had been adjusted to £45,000.

SF asked if the council could guarantee any help with reserves if they get too low that HWNS couldn't fold without going into deficit. DW said he was not sure but HWNS is clearer on its way forward as regards their grant.

GW said thank you to EJ for being so proactive in the budget redress action.

HWNS 2016/2017 accounts are now available on the Charity Commission website.

HMRC had contacted HWNS re VAT registration. EJ forwarded relevant paperwork and has been advised by HMRC that it does not currently fit the criteria for registration as it is grant funded. .

The Reserves Policy was proposed by CH and seconded by GW. Board accepted the Finance report.

07

Healthwatch North Somerset Chief Officers Report

Attendees were provided with a comprehensive report of the activities of the HWNS team and volunteers. EJ focused on some key pieces of work.

A. EJ advised that HWNS has begun observational Enter and Views (E&V) of GP surgeries. Volunteer Sue Stone {SS} is coordinating these visits and reports are being compiled.

SS informed that the E&V would cover the 28 surgeries in North Somerset, including branch surgeries. The work began with a pilot in November. It is anticipated that two practices will be visited each week by E&V trained and authorised representatives which include volunteers and staff members. The work so far has been well received by Practice Managers. Reports will be compiled after each visit. SS said the volunteers are being very proactive but there is a need for more volunteers to get involved due to the workload.

GB said the E&V programme would add a great deal of value to understanding of how GPs are functioning in these difficult times.

B. EJ provided an update on the Healthy Weston engagement programme which HWNS have been monitoring. The first phase of meetings which occurred before Christmas, had all been attended and observed by HWNS. All events had been poorly attended by the public and staff with many of the attendees representing the wider health system. Events intended to have facilitated table discussions but due to low numbers these did not happen and questions were taken though out the presentation but answers were vague and lacked detail. Some of the questions asked by the public were similar to those asked in the Weston Hospital Spring 2017 Engagement.

The next phase Jan-March which has just begun appears to have more attendees signed up in advance. Co-design/deliberative panels will occur in February and March and Mary Adams is gathering interest for these.

JR asked why it was not involving the North part of North Somerset.

GB said it was aiming to engage with the people who mostly used Weston General Hospital as the North and East tended to Bristol hospitals services.

DW said it looks like it has only engaged with 100 people in North Somerset so far, a small percentage of the population.

EJ stated that HWNS had offered to provide facilitation and engagement but North Somerset CCG did not take up the offer.

GB said the programme was a mammoth task being undertaken over a short period of time with little preparation time.

ML said it is hoped that the Healthy Weston engagement which is proposing an integrated Health Hub will redress the needs of people in deprivation in Central ward and beyond who have seen closure and cuts.

C. EJ informed that HWNS had organised a day in November when students aged 14 -16 from Nailsea Secondary School took part in a 'Takeover Challenge'. VM explained that 8 students took over office functions. HWNS and Tyntesfield Medical Practice partnered activities with HWNS on the day. The students engagement with the public in Nailsea centre and at Tower House Medical Practice. They engaged with HWNS social media to design relevant messages to create awareness of their chosen health issues. Feedback from the school was very positive and HWNS gained a perspective on the health priorities of young people.

GB said it sounded like something we should do again this year.

D. EJ mentioned that HWNS had sent three 20 day requests for information to North Somerset CCG in the past six months compared to none the previous year. EJ said that this indicated a changing relationship and less opportunities to link up easily or effectively with the CCG or the wider BNSSG. EJ mentioned however that HWNS has been invited onto a number of groups and boards

GB thanked the team for being resilient during changing times at the BNSSG, and that she is aware it is difficult to keep old relationships and there is a need to build new ones, sometimes with people further away.

8

AOB

There was no AOB.

3pm - 4pm

Speaker Martin Smith, Associate Director Transformation, North Somerset Community Partnership

Martin Smith presented slides on Innovate 2020 the North Somerset Community Partnership's (NSCP) Transformation Plan to save £3million over 3 years. He mentioned that NSCP provide 28 different services and were doing this during a time of increased demand, particularly from Older People and Children Services.

MS explained the care pathways and that there are number of strands to Innovate 2020 such as estates and venues, mobile working and accessing or updating records on the move, etc. but that the redesign of access is one of the key focuses. The End of Life Care, Community nursing and Rapid Response will be a single point of access of all nursing services in the future.

NSCP will be looking in January at why some people Do Not Attend appointments and seek find a way of making it easier for patients to cancel appointments if they are not needed.

NSCP will be working with partners such as Age UK and Housing Associations to promote self-care and to provide discharge support, or additional parts of the care, especially for older people.

SF asked about the length of the NSCP contract. MS said until 2021 but that the Innovation will be aimed at being done by 2019 and funding for Innovate will come from reserves which will be paid back.

SF asked about the NSCP services offered after discharge from hospitals in NS and Bristol. MS said they offer 'Discharge to Assess' and will be asking for more funding for this service. This is another one of their major focusses in innovate 2020. It is part of Healthy Weston and we are pushing for more investment in this.

SF suggested Hospital Discharge summary letters could go to the lead practice nurse at a GP instead of the GP who is so busy. This could reduce delays. MS said using EMIS NSCP can see what the GP sees.

CH said who is responsible for involving partners offering services such as housing, social care etc.? MH said NSCP are looking at how that will work on the ground. Lots of things need to align. The work has to be with people at the frontline so that they can feed into multidisciplinary teams that occur.

JR asked is someone at NSCP is contacted when hospital discharge to NS occurs? MS said our plan is to roll that out as a service but currently there is no single point of access (SPA). NSCP have people at BRI, NBT and Weston but it's a funding issue and commissioners will need to set up contracts

SF said a SPA would be an effective trigger for service provision. MS said yes but we need authority of a Dr to go around to people's houses to provide a service, or data from somewhere. A hospital discharge summary which is agreed by multiple people is the idea way. If there are discharge frustration the NSCP need to know about them as this would be helpful in their innovation planning.

DW said we highlighted inequity for discharge Patient to NS from Bristol but the CCG won't do anything.

JR said halfway homes such as rehabilitation hospitals are needed in NS.

The meeting closed at 4.15pm

GB said thank you to everyone for attending and not to forget to put experiences of health and social care onto the HWNS website 'review a service' area or tell us in another way.

Approved	
Date	2018