

**Healthwatch North Somerset General Meeting**

**Tuesday 10th September 2013**

**at**

**The Winter Gardens, Weston-super-Mare**

**MINUTES**

**Present: Directors** Georgie Bigg (GB) [Chair]

Dick Whittington (DW)

Chris Phillips (CP)

Jenny Murphy (JM)

Michelle Burnett (MB)

Celia Henshall (CH)

Nikki Williams (NW)

Pat Holmes (PH)

**Staff** Chris Shepherd

Tamar Sutton

Kelly Herbert

Alun Davies (AD) (North Somerset Council, HW Liaison & HWE Board Member)

Ros Willis (NSC Councillor)

David Rogers (HWE)

Maria Reeve (NSC)

Kelly Seaman

**Members** Lucy Adams (SEAP)

Justin Parsons (British Lung Foundation)

David Greenwood

Linda Jones (Age UK Somerset)

Tim Evans

Linda Shaw (Springboard)

Graham Nix

Joy Nix

Lottie Enser

Viv Latham

Skye Reid-Smith

Peter Cottle

Nicola Amer

Neil Turner

Mike Bowles (VANS)

Mary Pollard

David Pearce

Dilys Morgan

Cath Williams (NSCP Bladder & Bowel Service)

Maureen Bezzant

Rhiannon Pryce-Owen

Roger Allen

Victoria Hatfield

**01-13 Apologies for Absence**

Apologies were received from:-

Cathy Heddon (Lay Chair NS CCG, Yatton PPG)

Joe Norman (HW Member)

Mr Fackrell (HW Member)

John Gowar (HW Member)

Paul Quest (HW Member)

Dr Mary Backhouse (Chair NS CCG)

Diana Kinsey (HW Member)

Margaret Dorrett (HW Member)

Linda Knott (Vice Chair HOSP)

Mary Adams (NS CCG)

Stephen Bridges (HW Member)

**02-13 Chair’s Report**

Attached

**03-13 Treasurer’s Report**

Attached

* 1. **Resolution Received**

There were no resolutions.

**05-13 Election of Directors**

Stephen Buswell stepped down, with thanks from the Board for all his hard work.

The following existing Directors were re-elected:-

Georgie Bigg (GB) [Chair]

Dick Whittington (DW)

Chris Phillips (CP)

Jenny Murphy (JM)

Michelle Burnett (MB)

Celia Henshall (CH)

Nikki Williams (NW)

Pat Holmes was elected as a new Director and welcomed to the Board.

Profiles of all the Directors were circulated with the GM papers.

The directors each stood up so that the members and others present could see who they are.

There are vacancies for 4 more members of the Board so Georgie Bigg asked that anyone interested should contact her to discuss what is involved.

**06-13 Response to Written Question Submitted by Members**

Attached

**07-13 Any Other Business**

See above (06.13)

**08-13 Close of General Meeting**

**09-13 Speaker Councillor David Rogers OBE, Healthwatch England**

David’s talk explained how Healthwatch England (HWE) were organised and their role, particularly in relation to local Heathwatch (HW).

HWE is different from LINK in that HWE is a national organisation with links to the highest levels of government including the Secretary of State for Health. HWE have a budget of £3 million although, David didn’t say where this is from or whether it is ring-fenced.

HWE have taken offices in London and in Leeds, and have 4 regional officers, Susan Robinson is the HWE Development Manager who covers the South of England i.e. Kent to Cornwall. Some of the other regional officer posts are yet to be filled.

HWE’s role in supporting local HW organisations involves understanding the different ways each has organised itself, many are Community Interest Companies, as HWNS is, but others have different set-ups. There is also considerable variation in how they are established and ready to function. HWNS is in the vanguard.

The fundamental functions of HWE are:-

**Representation**

-via their Annual Report due out on 5th October 2013, with a series of events nationally to publicise it and HW both locally and nationally.

-To be the consumer’s voice in health and promote good practice in healthcare based on patient engagement.

-Detailed work with vulnerable groups.

**Engagement**

-local Healthwatch meetings and networks.

-HUB weekly newsletter for the local HW organisations.

-responding to issues and concerns.

-escalation of any serious issues in terms of policy changes and wider implications.

-findings around complaints, and how the system works.

HWE has identified their priorities as:-

1. Health service users can voice their views.

2. Users can exercise their right to redress and everyone avoid the same. problem occurring again (hopefully). Ie listening earlier.

3. Support of the local Healthwatch organisations.

4. Changes in Health and Social Care following the Health and Social Care Act.

5. Creating networks regionally for local HW for similar areas and whether it’s best to do this geographically or by similarity or communities of interest e.g. city/rural HW.

6. Providing specialist training for local HW such as Enter and View.

7. Providing local HW organisations with support e.g. guidance on local landscape and how to influence it, such as influencing CCG’s.

David went on to explain more about HWE role in customer redress, an unusual word in relation to complaints. The fundamental attitude that HWE will champion for service users is that services must be shaped to fit the needs of the user; not the provider’s needs or systems.

HWE will overview consumer experience of concerns and navigation of complaints systems. They will advocate on behalf of individuals- ‘deep dive’ advocacy - where the complaint is from a vulnerable person and/or where the complaint is complex across health and social care, including interactions between services.

This is part of HWE role in gathering data on good and poor practice to clarify trends and raise the findings with the Secretary of State. HWE also intend to campaign on key improvements in the complaints systems as the response to feedback is essential to making improvements in services.

Any issues, suggestions etc. that people feel would be more appropriate to raise directly with HWE can be taken to the local development manager (Susan Robinson for North Somerset), David, Ollie Grice or any HWE committee member.

**Questions**

Q. Are there model of good practice?

There are, but it’s not so easy to access them. First HWE need to be aware of integration and pilot schemes.

Q. Should individuals contact HWE?

Ideally people should contact their local HW or the commissioners of the service they’ve received if they have a complaint. How to make a complaint, suggestion, give feedback is information that should be given to everyone using a service. There are several complaints systems for different services at present. HWE is working on awareness of current procedures to make sure complaints are heard.

Locally SEAP advocate for complaints in North Somerset, NSCCG will signpost to the right place to take a complaint and complaints re GPs should be made to NHS England. No-one at the meeting seemed to know what the appropriate route for complaints about social care is.

Q. How in practice do HWE intend to advocate for vulnerable groups?

Through advocacy services and through publicity.

Q. What is meant by Health and Social care? Is there a definition of the difference?

The King’s Fund have recently had a very interesting article of the history of this and how the definitions and boundaries between the two have changed over the centuries (it’s not clear yet, especially with all the recent organisational changes)

Q. Couldn’t the involvement of PPGs be developed?

Yes, it could but it’s not directly a HWE issue.

Q. How is information going to reach people as information in G.P.’s surgeries misses a lot of people and many do not use websites?

Ideally HW get information across but cost is a problem. HW need and efficient and cost effective way to ‘advertise’.

**10-13 Date of Next Meeting**

To be confirmed