

B&NES Health and Wellbeing Network Meeting

15 June 2011



the care forum
voluntary sector service

Attended:

Norma Barrett; Susan Bowen, B&NES Council; Alison Bruce, B&NES Council; Paula Cannings, Develop; Brenda Clayton, B&NES Older Learners Forum; Audrey Cloet, UK Advisory Forum on Ageing; Rena Cottis, Alzheimers Society - B&NES; Martha Cox, NHS B&NES; Simon Douglass, NHS B&NES; Neil Drinkwater, B&NES Carers' Centre; Pat Foster, Bristol and South Glos LINK; Katharine Gonzales, The Care Forum; Sue Griffin, NHS B&NES; Wendy Harris, B&NES Social and Housing Services; Melanie Hodgson, B&NES Council; Mike Holroyd, Action for Blind People; Damaris Howard, Freeways Trust; John Isserlis, Julian House; Mary Ivey, Action For Pensioners; Anne Marie Jovcic-Sas, Radstock Town Council; Philip Kelley, NHS B&NES Healthcare Centre; Nick Lennard, Bridge Care Ltd; Craig MacFarlane, NHS B&NES; Helen Mason, Soundwell Music Therapy Trust; Mary Jane Middlehurst, Family Information Service; Dr Ian Orpen, NHS B&NES; Dawn Osborne-Tiller, St Mungos; Matt Owen, B&NES People First; Malcolm Patterson; Carole Pullen, B&NES LINK; Jane Pye, B&NES Equality; Ben Rogers, B&NES LINK; Paul Scott, NHS B&NES; Kate Segrave, Action on Hearing Loss; Julie Sheppard, Action on Hearing Loss; Derek Thorne, NHS B&NES; Jill Tompkins, B&NES LINK; Joan Travis, Action For Pensioners; Lynn Vaughan, Royal United Hospital Bath NHS Trust; Janice Vincent, ICAS; Mike Vousden, B&NES LINK; Patricia Webb, NHS B&NES; Jacqui Wellbelong, Hanover; John Whapshott, B&NES Council; Sharon White, Hanover Housing Association; Andrea Wolfenden, B&NES Council; Howard Wreford-Glanvill, B&NES LINK

Apologies:

Harriet Bosnell, Somer Community Housing Trust; Janet Elisabeth Cowland ; Jo Grobler, The Carers Centre; Diana Hall Hall, B&NES LINK; Steven Hargreaves, WRVS; Veronica Parker, B&NES LINK; Tina Passmore, Brandon Trust; Lorraine Rhodes, B&NES Council; Roger Stead, Dr Bevan and Partners; Pauline Swaby-Wallace, Bath Ethnic Minority & Senior Citizens Association; Karen Webb, Four Seasons Health Care; Sharon White, Hanover Housing Association; Lesley Mansell, Radstock Town Council; Tina Passmore, Brandon Trust; Ronnie Wright, The Care Forum.

Presentation:

Derek Thorne, Assistant Director Communications and Corporate Affairs, NHS B&NES

<http://careforum.pixillionserver.co.uk/assets/files/Volunatry%20Sector/Presentations/Banes/Derek%20Healthwatch%20presentation%20for%20stakeholder%20meeting%20June%2015th.pdf>

Q: The PPIF and LINK have made an extensive effort to involve the public, but the public does not respond to voluntary work. There is the issue of getting people involved in HealthWatch. What about, for example, advertising in the council's monthly paper? If there is to be involvement in the provision of social care, who is responsible for social care, there is no information about social services. There is no information in the NHS's Out Patient departments.

A: The challenge for all of us is about involving people. All the policy documents now out endorse the government's commitment to championing citizenship. I agree with you that we

have to find more innovative ways of communicating and HealthWatch needs to be well informed.

Q: What will be the connection with the Care Quality Commission, which appears to be unfit for purpose?

A: At the moment, the Care Quality Commission is the main regulator. HealthWatch England has been designed to be a committee within the Care Quality Commission. Rhetorically, this is very positive as HealthWatch England would be an independent, championing voice going into the Care Quality Commission.

Q: We talk worthy talk, but the public is impressed when something actually happens. The council should be doing more positive things to promote wellbeing, not patching up ill health. That would get more ordinary people interested.

A: Every day patients are seeing clinicians. The idea is to keep striving for the patient voice to be effective.

Q: A watchdog has no teeth.

A: People have complained about the word “watchdog”, but it does have teeth. “Due regard” is key; HealthWatch’s issues will be an important part of the infrastructure.

Q: Being listened to is not the same thing as being acted on.

A: Actions are happening all the time.

Q: I am here on behalf of Radstock Town Council; more volunteers could be recruited from there.

A: I agree that we could have done more with town and parish councils. We do try and have invited parish councils to come to this meeting.

Workshops

The workshop sessions focused on the delivery of the three functions of a local HealthWatch: Influencing; Information; Watchdog

Information (Facilitated by The Care Forum)

Key points

- Locating the front door(s)
- Seldom reached/heard
- Accessibility of information

- Accessibility and language
- The name: HealthWatch, with a strapline underneath, for example: “social care, health and housing”
- Raising the profile to get in the front door (working with other voluntary and community sector groups)

- National branding
- Accessibility
- Roles, responsibilities and training for HealthWatch and PPG (Patient Participation Group)

Other comments

- As a resident of B&NES, I don’t know about this. It’s a secret world.

- A good idea has been lost: the phone line connecting with every service
- The one stop shop will be taking place – ground floor, Lewis House, for local authority services
- Ground floor of Lewis House would be a good place for HealthWatch to have a presence
- Information about services is critical, health workers struggle with that, vital for vulnerable
- People need to be guided carefully and well after the front door
- There are a variety of front doors: physical and others
- Funding is an issue
- Volunteers: enthusiasts may not be representative of our community
- PALS service in hospital to be key part of information structure. Need centralised approach.
- People in sheltered housing don't call themselves "patients". Avoid reference to patients.
- Voluntary sector need to see HealthWatch as a place to go to with concerns
- A small amount of well targeted information is needed
- Seldom heard: use people living in those communities to help them engage
- Have a simple leaflet in GP surgeries
- Include the leaflet with care plans, tenancy agreements, appointment letters
- HealthWatch England could be promoting through radio and TV
- Accessibility from outset; information 16 point or larger reaches 70% of blind/partially sighted.
- Accessibility includes videos, pictorial information
- It's critical to promote the independence and impartiality of the service.
- Feedback questionnaire in a sealed box should be in surgeries.
- No uniformity across the country with PPG groups. If part of HealthWatch, consistency needed.
- Election, selection, training, guidance and support for PPGs. National and local standard.
- Coordinated, national approach
- South West Rep could request a national brand
- A way for practitioners to feedback needed
- Do professionals have an A to Z of services?
- Put leaflets through people's doors, but don't overwhelm with information
- It can be difficult to access disabled people, need encouragement from groups they belong to
- AWP has innovative approach to reaching young people; they've been to pop concerts
- The Prince's Trust works with young people and is always looking for new projects
- GP commissioner's comment: How local people influence and shape what we commission is crucial. Each practice has a group and we are working on this at the moment. We are looking at practices working in clusters. This is for different reasons, one of which is working with HealthWatch. There will probably be five clusters across B&NES, three of which will be in Bath. We are getting guidance and suggestions from Jane Pye (B&NES Equality) to inform our commissioning.

Influencing (Facilitated by B&NES LINK)

How:

- Visibility, high profile (get more people involved). People need to know what it's there to do. Accountability (understand what their role is) and understand the broader issues.
- Wellbeing is critical. Public also has a role to play – keep health and wellbeing sustainable
- Wants versus needs (how to cope with that issue) rights and responsibilities
- Open consultation
- Coping with the "flack" (stand together)

Who:

- Third sector
- Voluntary organisations
- Relationship with Foundation Governors
- Work with other local HealthWatch, and housing, etc
- Role with providers as well as commissioners
- Consortia, social enterprise, government, interact with regions

How:

- Mandate from the public – credibility from talking to public
- All inclusive – representation from all groups (particularly minority groups)
- Marketing and publicity – perfect opportunity to provide information about services – campaign with every household
- Work closely with PPG

Who:

- Work together: GP consortia; social enterprise; RUH; RNHRD; council; AWP; GWAS; Health and Wellbeing Board; voluntary organisations “sing from same song sheet”
- Design questionnaire – identify, make accessible
- Training plan for volunteers – quality assurance

How:

- Publicity – clear information, explain what HealthWatch is and involved in
- What the publicity will say – what budget will be available
- Good mechanisms in place to check information received
- All groups are represented
- Communication providers and commissioners
- Needs to be branded correctly
- Involve ordinary people – those at ground level
- Support those to have a voice
- How will the structures work?

Who:

- Voluntary organisations
- Decision makers within local authority (whoever they may be)
- GP consortia
- Need a way to present all the views

Watchdog (Facilitated by NHS B&NES)

- Skill set of people doing inspections must have appropriate training to ensure they meet standard.
- Training should be controlled nationally to ensure uniformity.
- Need independent advocacy. How can Healthwatch be independent if it is commissioning by the Council?
- When commissioners contract they need to ensure that they know what they are contracting for.
- Problem with Healthwatch is that it doesn't say it includes social care; Branding issues.
- Need to be clear about Healthwatches role in CQC.
- Is advocacy in Healthwatch for groups or individuals? Very different between these two in terms of needs, capacity and resources.

- Experience tells us we cannot rely on national bodies to do local scrutiny.
- Healthwatch needs clear outcomes to prove/evidence to the public that it is working and delivering.
- Quantitative and qualitative data: how is this to be collected and where is the resource for analysis
- Make an effort to draw on and celebrate good practice and highlight it.

Summary

Derek Thorne asked the facilitators to feedback the key points from the discussions, which were as follows:

Influencing

- Profile
- How well known
- How HealthWatch represents to strategic partners, public needs versus public wants
- Good publicity

Watchdog

- Clear outcomes to prove it is working
- Independence of advocacy; people might not see HealthWatch as independent
- Skill sets and training with national standards and consistency between areas

Information

- HealthWatch house: how do you find the front door?
- Terminology/language
- Accessibility

Derek said that this had confirmed and added the detail to initial thoughts. He reminded participants of the next steps, which includes a B&NES LINK/HealthWatch meeting on 5 July.

Evaluation

What was the most significant outcome of the event for you?

- Keeping up with evolving care provision
- Finding out a little more how HealthWatch might operate locally
- Some understanding of what is proposed
- Gaining an insight into what is going on in our area and listening to opinions of more experienced
- An insight into potential changes
- Good overview of role and focus of HealthWatch
- Find out what H&W network was
- Improved understanding of the HealthWatch role and how it may relate to healthcare providers
- Hearing other people talk
- Understanding more about what HealthWatch will do
- The challenge that was presented, or rather, my response to that challenge

Do you have any suggestions regarding topics/speakers for future meetings?

- Web site and its promotion
- The role of social housing providers especially sheltered housing

- How all this work is communicated to and involves the wider public and harder to reach groups in B&NES

Are there any other comments you would like to make?

- First meeting attended
- Concerned that there was not independent facilitators for all sessions and assumption that LINKs would become the new HealthWatch
- Very Bathcentric organisation - I did not know what BRLSI was and found it only by the house number
- Didn't appear to be good access for disabled attendees and information that I received did not give full name and address of venue
- Good session
- With reference to the point made in the Q&A session, and that made in the summary record of points raised at 23 May event under the heading "gaps to be addressed for future model" - the "need to reach well people - preventative work", this is a topic that should be covered. There must be recognition of the importance of preventing well people becoming patients. A pro-active attitude is required

Content	Average mark (out of 5)
Understanding of subject at start	2.6
Understanding of subject at end	4.0
Sessions	
Speakers	4.2
Other elements	3.9
Organisation	
Pre-event information	3.2
Facilitation	3.9
Organisation on day	4.2
Venue	
Access	3.7
Refreshments	4.2
Standard of room	4.1