

## **Healthwatch Bristol Open Advisory Group Meeting**

**Monday 13 June 2016**

**The Vassall Centre**

### **Welcome and Healthwatch Bristol update:**

Pat Foster, General Manager, The Care Forum (TCF), welcomed everyone to the meeting and gave an update of the work Healthwatch (Hw) Bristol has been doing and is aiming to do.

From January to March 2016 (quarter 4, year 3) Hw Bristol looked at health and social care services. The resulting report, Feedback Feed Forward, shows that there were 382 comments during that period. Commentators reported positive experiences of GP practices, dental services, the staff, communications and the care (both domiciliary and care home) services provided. Negative comments included the difficulties experienced in booking GP appointments and obtaining the correct prescriptions for their needs.

Pat went on to explain that reports are with service providers, the Care Quality Commission (CQC), Commissioners, the Local Authority and Hw England. The reports contain recommendations and Hw Bristol has a statutory right to a response from commissioners within 20 days (30 days where there is joint commissioning). If no response is forthcoming Hw Bristol has the option to take it to the Overview and Scrutiny Committee for discussion.

Hw Bristol has also been working with the Hive, an organisation for young people with learning difficulties, and those young people have been giving advice to GP practices about the best way to help them during their appointments.

There is a statutory Hw representative on the Bristol Health and Wellbeing Board and the recent Medical Services Review received over 1,000 worries from patients concerned about the financial impact on their GP practices.

There is a very active Enter and View (E&V) volunteer team who have visited and reported on e.g. the UHB BRI discharge lounge and care homes. An Hw Bristol E&V visit to Southmead Hospital provided feedback to the CQC to inform its own inspection.

Hw Bristol also contributes to the work of Hw England and recently fed in work done by the He Bristol Children and Young People (C&YP) on the Health and Wellbeing Transformation plan.

There will be a Freedom of Mind Festival in October.

Hw Bristol also has a radio show once a month on a local station.

From April to June 2016 (quarter 1, year 4) the topic for Hw Bristol is gender and health and this event will contribute to that work.

### **Bristol Men and Boys Forum, Clive Gray**

Clive talked through his power point presentation: Do men suffer inequalities in health? This included statistics which show e.g.

- Suicide: Over 77% are by males
- Homeless: 90% are men  
The average age of death for rough sleepers is 47
- Prisoners: 95% are male  
The smoking rate among them is 88%  
They are 15 times more likely to die by suicide

#### **Questions and Answers (Q & A)**

Q: Is there work being done in schools?

A: We are trying to bring health equality to the forefront.

A: Gender equality is tackled in schools.

A: The majority of young Hw Bristol volunteers are girls and there needs to be a push with young men in schools to encourage them to engage.

### **Diversity Trust, Berkeley Wilde**

Berkeley talked through his power point presentation: Improving Access and Engagement with Local LGBT+ and Communities.

He began by saying that he was working on men's health in 2002 and after working abroad, returned to find that in 2016 he is still having to say the same things. There is a need to teach love and tolerance in schools. People need training to better meet the needs of the LGBT+ community and everyone should be treated with dignity and respect.

Diversity Trust has been gathering statistics across Bristol, Bath and North East Somerset, Somerset and South Gloucestershire since 2012 and reports have been/will be published. The Trust has also been training providers.

### **Women's Health, Amy Campbell, Bristol Public Health**

Amy talked through her power point presentation: A Gendered Approach to Health Improvement which showed that women still face inequalities due to their position in society. Barriers include e.g. time availability due to their carers role.

#### **Table discussions: outcomes, priorities**

Kervon Grant, TCF, explained that on each table there was a list of five questions for the participants to consider and comment on.

Feedback:

**1: Do you attend any male or female only service groups? What do you think about them and how they support you?**

- What group services are there? Pat commented that the Well Aware website has a lot of information on this
- Health Champions
- Parent workshops in the inner city
- For parents to be healthy role models for children
- Mums and Dads
- Female groups: being able to disclose women's problems more without the presence of men

**2: Do you think that the public are aware of the signs and symptoms of cancer?**

- Logan Road Practice gave a quality service with a 40 consultation for my son
- Cancer can be a taboo subject: more information on different cancers in different languages/audio/easy read
- Easy read and plain English advertising
- More awareness when there are campaigns in the media
- Co-operate
- More awareness of prostate cancer screening
- Awareness of men's breast cancer
- Some cancers are more spoken about than others e.g. breast cancer, less about cervical cancer, testicular cancer
- Men aware that they can get breast cancer too
- There has been a lot of work on health education on male cancers e.g. in men's toilets. Perhaps gaps in women's health

**3: From what you have heard from Diversity Trust what issues do you feel Healthwatch should take forward?**

- Greater awareness for LGBT+ people – engagement opportunities?
- A trans person will need specific support around the impact of gendered health issues i.e. trans identifying as male having cervical screening cancelled
- Collaboration with other organisations to identify mental Health Services
- Gender identity and sexual orientation need to be separate and not lumped together
- Need to talk and gather information from those outside of the gender binary. Without this we are missing those who can give insight to those most affected needs
- Raise awareness of public issues which affect them and their health – support them to ask the right questions to the right health professionals
- Need to make it less exhausting and frustrating for gender fluid individuals to be able to have a voice
- Ensure that services are doing all they can to provide an inclusive environment for LGBT+ people – training, policies etc.

- Facilitated focus groups for LGBT+. Groups to promote and support in partnerships with Health providers?
- Health conditions that are seen as part of being a man/woman being under estimated or ignored
- Championing the work on the Joint Strategic Needs Assessment (JSNA) that will provide data on equalities across all chapters
- Information easy/simple as possible, pictures

**4: From what you have heard from the Bristol Men and Boys Forum what issues do you feel that Healthwatch should take forward?**

- Men's health: Think local community level to have impact – who has influence within the community e.g. sports groups and teams etc. involve in conversations
- Working with boys and young men in schools
- Mental health – suicide, more research/services identifying why? Men?
- More awareness and workshops on 'private parts' for men especially! And women
- Focus on GP Practices: ask gender specific gender questions
- Target 'vulnerable' health groups
- Raise public awareness of JSNA and what it means for them
- Many homeless services are now 'corporate' e.g. the Salvation Army and you cannot get people into them without the Council/EDT
- Working with boys and young men – overcoming barriers that stop boys engaging about their mental health and wellbeing
- Requesting data on service uptake at a local level

**5: From what you have heard today about Women's Health what issues do you feel Healthwatch should take forward?**

- Post natal depression
- Parenting (children need role models)
- More relaxed culture
- Support groups for parents
- Health workshops for parents are needed
- Menopause
- Post natal depression
- Mental health
- Raise Health Professionals' awareness of specific gender issues in GP Practices for the GPs, nurses and pharmacists

**Better Cared, Simon Bailey, The Care Forum**

Simon talked through his power point presentation which explained that the **Better Care Research Directory** is a website containing data in order to share it as widely as possible. It was piloted with data on falls prevention in Bristol (The over 65's usually have high needs.)

More data on other issues is being added and it is hoped to extend the coverage to data from South Gloucestershire and possibly North Somerset in order to identify the gaps. He asked people to submit information for inclusion particularly 'soft' information. The site is under constant development and people can post their own information.

#### Q & A

Q: Is there a consent issue with anecdotal evidence?

A: Give a brief snapshot of the details you are collecting but it is always best to get consent if you can. People usually want their stories heard.

Q: People could put inappropriate things on there.

A: It is all scrutinised.

Pat thanked everyone for attending and contributing and the speakers for their presentations. She concluded by saying that Hw Bristol may be able to help with taking forward some of the things from this event.

