

## Healthwatch Bristol Open Meeting – meeting report

Date: Wednesday 22 March 2017, 10-12 noon

Venue: The Sue McMullen Room, Vassall Centre, Gill Avenue, Fishponds  
BS16 2QQ

This open meeting took the theme of ‘how can the public help shape the future of health and social care services’ as its focus. 29 attendees (members of the public, and staff and volunteers from a range of statutory and voluntary and community sector organisations) took part in discussion around the following topics:

- Engaging in health and social care strategy
- Helping you to help yourself/self-care
- Making a difference at an individual level (giving feedback, advocacy, volunteering)
- The future of the Healthwatch Bristol advisory group
- The Healthwatch Bristol work plan 2017/18

This meeting report summarises the key themes in the discussions.

### Shaping your health and social care services

#### Engaging with health and social care strategy

There are a variety of strategic boards that influence the delivery and development of health and social care services in Bristol. These boards include: Bristol Health and Wellbeing Board, Bristol People Scrutiny Board, the Quality Surveillance Board, Bristol Joint Strategic Needs Assessment Steering Group (and many more). Healthwatch Bristol has produced a series of information sheets, each only one side of A4, providing an overview of the function of each of these boards. The info sheets can be found [here](http://bit.ly/2na8oS1) : <http://bit.ly/2na8oS1>

The key themes in the discussion about ‘engaging with health and social care strategy’ were:

- There is a lack of public awareness and understanding of what the different Boards do and how they do it. If the Boards want public involvement, they need to provide information to members of the public about what they are aiming to do and how they aim to achieve it AND provide training for members of the public who want to be involved.
- Our main ‘want’ from health and social care services is that they provide ‘joined up care’. Each Board should tell the public how they work towards providing ‘joined up care’ in Bristol.
- We need Boards to provide us with examples of how what they do will impact on us, as a patient, in 5 years’ time in Bristol. This will help us to understand what they do and how we could be involved.

In the second half of the discussion, we thought specifically about the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG STP).

- For each work stream of the STP, BNSSG STP must evidence who they have spoken to, what those people said and how the STP is responding. This information must be publically available in one place.
- It is not good enough to just involve people in the individual projects that come under the umbrella of the STP. People must be given a meaningful opportunity to engage in discussion about the STP as a whole.
- BNSSG STP should provide clear information about what people can expect to see in Bristol in 5 years' time in health and social care eg. how will the STP actually make a difference to a member of the public's experience of using health and social care services.
- BNSSG STP must answer the question: what is the aim of the STP?
- "We want a joined up service" - how will the STP achieve this?
- There needs to be more media coverage about projects such as STP.

## Helping you to help yourself/ self-care

Policy and guidance including the Five Year Forward View places a growing emphasis on supporting people to self-care and thus reducing the demand on health and social care services. Support to self-care can include health education with the aim of preventing illness and also education around how to access the appropriate health service and the appropriate time.

Points from discussing during the open meeting included:

- Health services should focus on providing patients with a consolidated care plan so that the patient understands their treatment plan and which services to access and when.
- To enable people to self-care, there needs to access to information about services and sources of support (for example via website and phone numbers such as Well Aware). This information needs to be available to everyone, regardless of their postcode or their access to technology.
- Health and social care services need to look at people holistically, not using a medical model, to support them to find activities that help them as a whole person (rather than focusing on treating an illness or condition). This way the person will be able to carry out the activities and in doing so support themselves to self-care/ improve their own wellbeing.
- Resources/ signposting should be more available in pharmacies.
- People with long term conditions should be given tools/strategies/support to manage pain/ symptoms of their condition.

## Making a difference at an individual level (giving feedback, advocacy, volunteering)

Healthwatch Bristol posed to the group that by giving feedback on the health and

social care services we use, we can all play a part in developing the health and social care system in Bristol. Key points in the discussion that followed included:

- Do not assume that people know how to give feedback. The health and social care system is massive and constantly changing which is confusing for patients/public.
- It often feels that when services consult with patients/ the public, they've already decided what they are going to do. The questions are often the same and it's easy to lose interest.
- Patient Participation Groups (PPGs) are one way to give feedback, but there is a lack of consistency between different PPGs and they seem to lack a clear understanding of their role/remit which makes it hard to be involved in them.
- There is often a lack of feedback from health and social care services about what has changed as a result of patient/ public involvement or comments (or alternatively you just get a standard reply which does not actually show anything has changed). This makes you less keen to give your feedback again.
- It can be difficult to give constructive feedback without making a complaint. Services need to be more open to involving patients/ public in giving feedback without them having to make a complaint.
- The complaints process is very confusing. It would be better if you could make one complaint rather than lots of individual ones as often what is 'wrong' with a person's experience is that services were not joined up.
- People may be reluctant to give feedback/ make a complaint for fear of being labelled as a 'trouble maker'.
- People who speak English as a Second Language or have additional needs are at a disadvantage when giving feedback and their voices may not be heard.

## The future of Healthwatch Bristol

### The Healthwatch Bristol Advisory Group

Healthwatch Bristol currently has an advisory group made up of:

- partner organisations - SEAP and The Carers Support Centre
- volunteer leads for Equalities, Quality, Enter and View, CYP
- opportunities to become a co-opted member were also publicised and Bristol's Older People's Forum took this up.

The role of the group is to look at the feedback gathered by Healthwatch Bristol and use this combined with strategic knowledge and information to develop the work plan and key priorities. This has been working well but we want to build on this and widen our reach and accountability to all the communities in Bristol.

Our proposal is to change this so that we have a business section at the start of

these open meetings where we can discuss the work plan in more depth and get your feedback and input into what is on the work plan and what are our priorities going forwards:

**Key themes in feedback from open meeting attendees:**

- It is about attendance and how representative those that come to the open meetings are, as you would not want a single few voices dominating. There needs to be more public attendance - not just people working for health and social care related organisations. Make the meetings fun to draw members of the public in!
- Healthwatch Bristol could begin the business section by feeding back from the advisory group the key themes which came from the discussion. At the moment it feels like the advisory group is quite closed.
- Whatever model is chosen there needs to be a clear remit and role for the group as if not the lines can blur and that would damage what HWB already has.
- Merging Healthwatch together could be more cost effective. Running joint events across areas.
- Combining open meeting and business section could bring in more members from different areas.
- Definitely a good idea to have an open forum especially if it is themed around the up and coming quarter's theme - this way, Healthwatch could target promotion to relevant organisations and public groups and they could all work together to help shape Healthwatch Bristol's future work on that topic.
- More print based promotion of the open meetings eg via posters in libraries and community centres.
- Promote Healthwatch and the open meetings via GP TV screens (this could potentially be organised via Community Resource Leads or One Care Consortium; Wellspring Healthy Living Centre are trailing putting local information in a variety of community languages on the TV screens in their waiting rooms).

**The Healthwatch Bristol work plan**

The following topics are currently on the Draft work plan for Healthwatch Bristol 2017/18.

- Primary Care
- Social Care/ care in the community
- Cancer
- Mental Health
- Health and Social Care Strategy

**Feedback from open meeting attendees:**

- Expand cancer on the work plan to Long Term Conditions and then look at whether GPs are signposting people with Long Term Conditions to appropriate sources of support.
- Healthwatch Bristol should be about holding health and social care organisations to account and at the moment it doesn't feel like they do that as they are forever being pulled and reacting to what is happening. Need to be proactive.
- Children and Young People are a voice which Healthwatch Bristol could focus more on. Getting the themes which are coming from the Children's and Families Partnership Board and Participation Challenge Group (which Healthwatch is a part of) would be useful.
- More use of enter and view.
- We want the VCSE in Bristol to view Healthwatch Bristol as a resource they can use, it is not there yet.
- Healthwatch Bristol need to try to influence timelines for consultation as sometimes the time frame is too short to get a meaningful discussion, particularly if you have to go out into your community and need additional resource such as interpreters/translators.
- More funding for volunteers and use their skills

### Next steps:

Healthwatch Bristol will use the feedback and comments shared during the meeting to develop our work plan for 2017/18. Where comments are specific to a service/ organisation/ Board or work stream, those comments will be shared with the relevant body.

## Appendix 1:

### Full notes from Healthwatch Bristol Open Meeting

#### Engaging with health and social care strategy

In the first discussion, we thought in general about strategic decision making boards (including the Bristol Health and Wellbeing Board, Bristol Joint Strategic Needs Assessment Steering Group, Bristol People Scrutiny Board, Quality Surveillance Group) and how the public are or could be involved in these Boards.

#### Discussion points:

- Most people do not know about these different strategic boards let alone know about what they do, so how can people be expected to be meaningfully involved?!
- How do patient voice groups feed into decision making Boards? Healthwatch has an involvement in lots of the meetings so could act as a funnel for

other patient voice groups to share their feedback with. The voluntary sector also has Reps on Board including the Health and Wellbeing Board.

- We need to empower ordinary people to participate in decisions about health and social care services. To do this, we need to provide training for people so they can meaningfully participate.
- Boards such as these should involve the media is promoting what they do and encouraging the public to engage with them. For example, inviting press to meetings.
- Unclear on how to feed into Health and Social Care Strategy – require real effort from people
- Young People and their access to strategy meetings
- Health and wellbeing board is very formal and no public invites, would be good to have them
- There is a real lack of knowledge on when and where these Strategic meetings happen and what comes out of them
- There is a feeling of more third sector and volunteers to be involved perhaps through Voscur?

Questions from the group:

- What is the difference between surveillance and scrutiny?
- How do Boards such as People Scrutiny, Bristol Health and Wellbeing Board, Quality Surveillance Group (etc) all link? How do they avoid duplication?
- How do patient voice groups feed into decision making Boards?
- Who are they accountable to?
- “We want a joined up service” – how do each of the strategic boards in Bristol achieve/ work towards this goal?

In the second half of the discussion, we thought specifically about the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG STP).

Discussion points:

- For each work stream of the STP, BNSSG STP must evidence who they have spoken to, what those people said and how the STP is responding. This information must be publically available in one place.
- It is not good enough to just involve people in the individual projects that come under the umbrella of the STP. People must be given a meaningful opportunity to engage in discussion about the STP as a whole.
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- “We want a joined up service” – how will the STP achieve this?

- There needs to be more media coverage about projects such as STP.

### Table 3: making a difference at an individual level

The whole health and social care system is massive and there always feels like there is too much talking and not enough doing. There is also so much change it is confusing for people.

When decisions come out to the public for consultation the feeling is that it is already decided. It would be good if the public could be brought in sooner right at the start of the thinking. There may be numerous consultations but they often feel the same and like you are asked the same questions so people lose interest and do not see the benefit of being involved.

Patient Participation Groups have been around for years although as of last April GP Practices now have a mandate to have one. But still not everyone knows about them. One of the group members talked about how they had contacted their PPG and it took them a year to get back to her and invite her to attend the meetings. But she felt as a group they were still unsure what their remit was and the group had been going for 15 years. CL talked about the role The Care Forum has in supporting PPGs so if anyone wanted someone to come along to their group and help them develop an action plan to get in contact.

There seems to be an assumption that people know stuff. And then shock when services find out they do not. There is a lack of feedback and communication when you do make a suggestion or feed in to a process. The dots do not join up so people cannot get a clear picture.

Using the complaints process and advocacy systems can make a difference but there is little confidence in the complaints process and the responses you get back. People often feel they do not want to make a complaint due to the potential repercussions, or they go through the process and get a standard reply back which does not address the concern. There needs to be simplified information and access to services to make it easy for people.

Healthwatch could be for pushing individuals to have more consolidated care/treatment plans and for consistency of information and access

The public can only do self-care successfully if they have the right tools and information to access services.

Having a complaints board for the city would be really useful to simplify the complaints process and for the public to know who's responsible. Particularly when complaints cover multiple services and there is no one place it can go or organisation to take a lead responsibility. One example of this was a client with learning difficulties was trying to make a complaint but it resulted in five different

## organisation

Attitude to complaints and feedback was discussed as an issue as the group felt people are often scared of being labelled as a trouble maker and leaves them vulnerable. It was felt professionals often resent hearing negative feedback. There needs to be something in between being satisfied and making a complaint as often people do not want to make a complaint but they want to share their view and this should be welcomed as part of an ongoing dialogue, suggestion boxes were good for this. An example of this was a case for SEAP where a patient had voiced a concern to their GP practice, who escalated it to a complaint even though this was not what the patient had wanted and SEAP's role was to deescalate the situation.

One group member talked about how a number of patients came together as they were having similar problems but when they went to the consultants they were seen as a threat so instead of having an open dialogue the conversation was stopped.

Healthwatch Enter and View function is a good way lay people can gather people's views and once the report is shared wider themes can be picked out from other visits. Using technology and internet forums is a good way of sharing information. So you can see the bigger picture.

We need to move away from the medical model of looking at people and use social prescribing model. Using holistic approaches to care, looking at the person's story not just the symptom.

Should we be focusing more resources in pharmacies? They are not just about profit and should be able to offer signposting. More people are being encouraged to use their pharmacies and with the development of community pharmacies more services will be provided this way.

Self-care depends on information and greater awareness of Well Aware would be helpful for people as it is a really useful resource. The promotion of community resource leads in GP's and working together with Well Aware and the PPG's could be a real asset.

A key issue is how you demonstrate the benefit of things like Well Aware, Healthwatch, and 'getting involved'. The wellbeing star used in advocacy is a really useful tool to measure impact. Having robust evaluation and monitoring systems in place is also good.

Macmillan have funding that can supports activities that 'make a difference' and it does not solely have to be for those living with cancer.

There need to be more tools and strategies for living with pain. If you have chronic pain once you've seen the specialist in hospital and been to the pain clinic there is nowhere else to go. You are sent home in pain and left to it. Macmillan held and networking event for services users and various community groups which included but was not exclusive to those living with cancer. The event gave people the chance to find out about other groups that could support them and meet other people with

different conditions but similar symptoms and see what they do to manage their pain.

**Do you know how to feedback directly to service providers?**

- Use complaints procedures
- Patients groups
- Contact practice manager
- RAD advocacy officer to overcome barriers for deaf people
- PALS (hospital)
- Community Access support service (CASS)
- WECIL Advocacy
- TCF Advocacy

**Have you ever been part of a patient and public involvement group?**

- 2 were members of the patient groups
- Rheumatology patient participation group
- [Rehred] senior professional volunteers
- Mutual and support group facilitation
- Setting up 'over 60's' group for the deaf

**What barriers are there to giving feedback about health and social care services you use?**

- Translation issues, lack of resources such as translators – for deaf community and those with English as a second language
- Not knowing about services such as Healthwatch/advocacy etc
- Lack of access to information and communication (for the deaf in general)
- Lack of time in appointments with health professional
- Irregular doctors, having to get to know a different professional at each appointment.

**Are you aware of advocacy services in your area?**

- Yes through RAD and WECIL
- They help support patients with their complaints

**Are you part of a community group – advocacy roles and peer support**

- RSVP – check on peoples well being in nursing homes and those in receipt of home care for Bristol City Council
- Mutual aid and support groups

- Helping people organised DP which audits buildings for access and Bristol Physical Access Chain (BPAC)

### **Do you have any ideas/suggestions about how you or your community could support people to improve their wellbeing?**

Social prescribing – volunteering bases

With GP referrals RSVP

1:1 support

Support people reducing loneliness and isolation

Signposting to provide information

Leaflet for Healthwatch, advocacy CASS

Service users spreading HW information and advocacy

Patient participation groups making themselves more known.

Better communication and easy access so people can be more aware and be able to access.

### **The future of Healthwatch Bristol**

The tables discussed the proposal of changing the advisory group for HWB and other ways to increase the reach and co-design HWB's work plan.

- It is about attendance and how representative those that come to the open meetings are, as you would not want a single few voices dominating.
- HWB should be about holding the health and social care organisations to account and at the moment it doesn't feel like they do that as they are forever being pulled and reacting to what is happening. Need to be proactive.
- HWB could begin the business section by feeding back from the advisory group the key themes which came from the discussion. At the moment it feels like the advisory group is quite closed.
- Whatever model is chosen there needs to be a clear remit and role for the group as if not the lines can blur and that would damage what HWB already has.
- Children and Young people are a voice which HWB could focus more on. Getting the themes which are coming from the Children's and families board and participation network would be useful.
- More use of enter and view.
- We want the VCSE in Bristol to view HWB as a resource they can use, it is not there yet.
- HWB need to try to influence timelines for consultation as sometimes the time frame is too short to get a meaningful discussion, particularly if you have to go out into your community and need additional resource such as interpreters/translators.
- Merging Healthwatch together could be more cost effective. Running joint events across areas.

- More funding for volunteers and use their skills
- Combine group and business section, more members from different areas
- Definitely a good idea to have an open forum especially if it is themed around the up and coming quarter's theme – this way, Healthwatch could target promotion to relevant organisations and public groups and they could all work together to help shape Healthwatch Bristol's future work on that topic.
- There needs to be more public attendance – not just people working for health and social care related organisations. Make the meetings fun to draw members of the public in!
- Expand cancer on the work plan to Long Term Conditions and then look at whether GPs are signposting people with Long Term Conditions to appropriate sources of support.
- More print based promotion of the open meetings eg via posters in libraries and community centres.
- Promote Healthwatch and the open meetings via GP TV screens (this could potentially be organised via Community Resource Leads or One Care Consortium; Wellspring Healthy Living Centre are trailing putting local information in a variety of community languages on the TV screens in their waiting rooms).
- Opportunity for more expertise in planned themes
- Feel there is a role for both meetings – Business and Open Meeting
- Complex issues make a business meeting very difficult, appropriate information – agenda and briefing really important to send out with as much notice as possible for future meetings
- A theme for a meeting solely on communication and how services, including Healthwatch communicate with the various sectors and public
- Perhaps the open meeting should have more of an input into what theme the quarters Healthwatch Bristol undertake
- Microphones and headphones for the hearing impaired at future meetings
- Due course for items and agendas so professionals and the public have time to talk to their communities about what the meeting will be on
- Accessibility is a huge area and supporting the sectors to signpost better e.g GPs and Health Professionals
- A presentation at an open meeting on how service complaints work and what improvements happen!
- More presentations about how things work