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Description automatically generated**Prioritisation Panel Bristol**

**Wednesday 2nd February 2022**

Digital Zoom Meeting

**10.00am - 11.30pm**

**Public Minutes**

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| **Abbreviations**  AWP- Avon and Wiltshire Mental Health Partnership  BNSSG- Bristol, North Somerset, and South Gloucestershire  F2F- Face to face  HW- Healthwatch  HWBNSSG- Healthwatch Bristol, North Somerset, and South Gloucestershire  HWE- Healthwatch England  ICP- Integrated Care Partnership  ICS- Integrated Care System  MH- Mental health  SEND- Special Educational Needs and Disabilities | |
| **1.** | **Welcome and Apologies**  **Declarations of interest**  None. |
| **2.** | **Minutes of previous meeting**  Approved. |
| **3.** | **Update on progress on last meetings agreed actions and previous priorities – Action Log**  Waiting Lists for MH treatments- Ongoing  Reports of long waiting lists for MH treatments- factfinding is ongoing to understand how the numbers are broken down and what stage they were at in their assessment/treatment.  Communication with Patients- Ongoing  Patients and families at Elgar house were not receiving proper communication. HW has the patient engagement group meeting in March so this can be revisited. |
| **4.** | **Patient Feedback report Q3 2021 briefing and discussion from panel members choice**  Three areas for discussion are decided based on feedback received that quarter.   1. **Adult Social Care and Housing**   Highest score- lack of support from Bristol Adult Social Care.  Discussion around if social care and housing work together adequately. Secure housing is important and links to mental health, but unfortunately Bristol has a problem with affordable housing.  The ICP plans to pull together all relevant areas (e.g. housing, citizens advice, mental health, etc) to make a holistic service. This is an area to be further explored to ensure joined up thinking for example how areas with new housing developments will handle the increase in health and care demands.   1. **Mental health services- AWP**   Main issue- poor quality of care and waiting times in AWP.  **Staff mental health-** discussion around the difficult nature of phone calls received by HW staff. Staff have safeguarding level 2 and there is some HWE training available about taking calls. The team also supports each other well.  It is important to note that HW staff aren’t trained as counsellors- their role is to take phone calls, pass on the information, and signpost if appropriate.  **Community Mental Health Framework**- starting in the next few months- the aim is to link secondary care down to the community, working from the primary care level. Hubs will be created to work in an integrated way to support people.  **Potential action**-suggestion of questionnaires or interviews with people who are suffering from poor quality of care and are suffering from long waiting times.  JB- VitaMinds are in the middle of an audit on whether they are going back to people about outcomes and views of care. It could be worth HW doing this independently. SG agrees this is a fantastic idea to get more granular evidence.  **Complaint systems-** it is unclear if proper complaint systems are in place with published reporting on results. Complaint handling seems to be reactive rather than proactive. Improving this could feed into the city council’s targets for equality and this is something addressed in the upcoming community health framework starting in July.   1. **Access and booking appointments with GPs**   A workplan project will focus on improving the respect and understanding between patients and receptionists.  Bridgeview complaints  There are many ongoing issues such as staff attitudes, access to GPs, and medication and prescription outcomes.  They are moving to a cloud-based system- meaning remote phone calls can be taken from external places and timely messages can be taken. |
| **5.** | **Workplan focus and matrix scoring for 2022/23**  Five topics were chosen and scored based on feedback from the previous year, what is current, and various documents and long-term plans/ strategies.  The community mental health framework and dental care are going through significant changes, so it is not the best time to be looking at projects on these topics.  Digital access including NHS apps  It is unclear how future appointments will be carried out, and whether the same amount of f2f will occur as in pre-covid. Concerns for people unable or unhappy to access video consultations.  HWBNSSG has started a new project funded by Ageing Well. The project will involve sessions helping older age group categories to use health apps. Deprived and disadvantaged groups will be focused on to address equality concerns.  This area will therefore not be put forward for a new project as there is already a project going ahead.  Adolescent MH support for transition  Concerns have been raised around the gap between young people services transitioning into adult services in all areas including mental health services.  There is minimal information on what is being done in Bristol, so this is an area to investigate further before scoring and deciding plans of action.  Inequalities outreach from NHS services  ICS will have a strong emphasis on inequalities, but it is unclear how thorough their outreach work has been so far.  HW will aim to audit some of the ways in which outreach is done and ask questions of the ICS to ensure issues are being appropriately addressed. Other than this, there is minimal impact that HW can enact until the new systems are in place.  Core20plus5 – a national NHS approach to reduce health inequalities. Accelerated improvement will focus on the most deprived 20% of the national population in 5 clinical areas: maternity, mental illness, respiratory disease, early cancer diagnosis, and hypertension case finding.  Young child MH support for parents  Feedback received from people whose children (under 11) do not receive MH support, especially if the SEND officer in the school does not recognise their need.  A report was put out by the Health and Wellbeing board addressing their very poor SEND review. They were positive about recent improvements including the development of FLORA (Family Local Offer Resources Advice) which is specifically about engagement with parents.  Inequalities in treatment and support for women  Received many pieces of feedback from women not being taken seriously. Points towards inequality for women, but it is difficult to judge as most feedback comes from women.  There is a national women’s health strategy out in spring. HW now has a seat on the Bristol women’s commission and hopes to become more involved.  Includes specific areas such as the impact of menopause on long term health. |
| **6.** | **Strategic Updates**  New staff:  **Charlie**- Bristol Community Engagement- has lived in Bristol for 6 years. She was a young person’s mentor, has worked in schools, and was previously a support worker in mental health.  **Luke**- Project Officer for the digital inclusion project for at least one year, possibly extending to two years.  **Jacqui**- Volunteer Coordinator. She has a lot of experience in this area and also works as a community learning tutor.  **Stephen**- new Area Lead for North Somerset.  Projects:  **A&E Southmead-** The results from the survey have been collated and will be published and shared with the CCG and Sirona soon.  **Bladder and Bowl Confidence HIT**- The report went into the nursing research portfolio for 2021 and is going to be published in the next few weeks.  **Discharge to assess**- Still in progress. So far, the survey has received 122 respondents and seven interviews have been set up. The networker for the Chinese community is still circulating this.  **Stroke**- The 3.5-million-pound investment in BNSSG stoke services includes plans for:   * Southmead to be the centre of excellence for stroke treatment. * A clinical model care pathway to provide seamless integrated care between different settings. * A single acute stroke unit (SASU) in Southmead will be co-adjacent to the hospital. * Two subacute units in Weston General and one in Bristol South Community Hospital. |
| **7.** | **Agreed items for discussion in public meeting**  **AOB?** |
| **8.** | **Future meetings:**  **Date:** Weds 4th May  **Time**: 10-12.30 |