

## Annual General Meeting

12<sup>th</sup> October 2020 6pm-7pm  
Meeting held by Zoom

### MINUTES

#### Attendees:

John Rose  
Justine Keeble  
Marianne Pitman  
Alan Rice  
Pam Yabsley  
Geoffrey Richardson  
Denise Hunt  
Amel Moussaoui  
David Osborn

Laura Williamson  
Margaret Slucutt  
Aimee Wray  
Sarah Codling  
Hannah Gray  
Frances Hathorn  
Natalie Campbell  
Jade Innes  
Dr Karin Haverson

Jeremy Blatchford  
Darryl (no surname on Zoom)  
Suaad Walker  
Peninah Achieng-Kindberg  
Betty Cavey  
Dave Crofton  
Ruth Green  
Diana Elliot  
Monira Ahmed

**BSL:** Paul Marcini and Clare Trigg (Interpreters)

**Directors:** Georgie Bigg (GB) [Chair]  
Dick Whittington (DW) [Treasurer]  
Lance Allen (LA)  
Raquel Benzal (RB)  
Karen Whitaker (KW)

**Staff:** Vicky Marriott (VM) Area Manager  
Rachel Tomlinson (RJ) Volunteer Coordinator  
Julia Senior-Smith (JSS) Volunteer Coordinator  
Julie Bird (JB) Area Lead – Bristol  
Acom Oloya (AO) Area Lead – Bristol  
Maisy Griffiths (MG) Area Lead – South Glos

#### 1 Welcome and introduction by the Chair

Georgie Bigg welcomed everyone to our first 'virtual' AGM. Georgie explained how the 'chat box' worked and asked if anyone was unhappy to have the AGM recorded to let it be known in the 'chat'. She also mentioned that we had two British Sign Language (BSL) interpreters and that you pin them to your screen in order to see them.

#### 2. Apologies for absence

Apologies were received from Rebecca Jones, Tricia Godfrey, Benjamin Stokes, Caroline Duffy, Shaun Fitzpatrick, Jemma Ballinger, Geoff Matthews, Cllr Donald Davies and Tim Evans.

### **3. Minutes of 2019 AGM for approval**

The MINUTES were sent out last Friday via email and are on the website – Maisy put the link for the websites into the chat box. Minutes were then approved without any changes.

### **4. Receipt of the Healthwatch North Somerset Annual Report 2019/20 and moving forward plans for 2020/21**

Vicky reported that we provided information and signposting to 174 people and engaged either face to face during outreach activities, or through our digital platforms with 385 people. That was lower than the previous year and was partly the result of time spent preparing our bid for the new contract.

At our AGM last year, we had 4 part-time staff. Right now, in October 2020 we have 10 staff. 6 part time (one freelancing) and 4 full time.

Vicky gave an update on the three investigation reports. One we worked on with NHS England looking at the priority areas for improvement in their Long Term Plan. The three priorities we chose to ask people about were the services in North Somerset for people with autism, for people with Learning Disabilities and for people with Cancer. Our other two reports were on our Digital Inclusion work in GP practices and libraries helping people to access patient booking appointments. Thirdly we published a report about students in schools and colleges in North Somerset and their experience of Mental Health support. We are really pleased that one of our recommendations from our Mental Health report has influenced the recent mental health strategy and mental health support teams are now being funded from next year. We look forward to them being available for vulnerable students in North Somerset, Bristol and South Glos.

Late in 2019 we formed two new prioritisation panels who met and agreed on our work plans for 2020 with strategic relevance to each specific area. Even before Covid 19 the trend was towards digital engagement however, our Face to Face engagement did continue and we held over 50 outreach events to help people get to know us. Latterly we have worked on developing our digital engagement and we now have 10 social media channels. We have found that Twitter and Facebook in particular allow us to reach people across the whole patch and in 2020 that has begun to be a popular way for the public to feedback experiences and views on health and social care.

The annual report explains more about the whole year for Healthwatch Bristol, North Somerset and South Glos and we have hard copies in the office which we are happy to send out to people on request.

### **5 Receipt and adoption of the Annual Statement of Accounts 2019/20**

Dick Whittington, Treasurer, started off with the background explaining that Healthwatch North Somerset is currently the legal name, that the Board had agreed the accounts at their latest board meeting and that the accounts have now been submitted to the independent inspector. Dick said that it had been a complicated year for accounting as the first half of the year was funded by North Somerset Council, but from October 2019 funding was received from Bristol, North Somerset and South Glos Councils.

Income 2019/20. The total income was £178,124 made up of Direct Costs £153,897 and Support Costs £28,676. The support costs included expenditure on a new IT equipment. We found that up until mid-March there were travel costs to account for but afterwards this reduced and instead there was an increase in promotional/marketing costs. At the end of the year there was a small deficit of £4,429.

Balance Sheet as at 31/3/20. The total fund is just over £53,000 which Dick said is a reasonable amount. There is a loss of £4,000 which is less than expected. There were significant costs incurred with the transition to the new contract. HR costs were £8,000 and launch and set up costs were £12,000.

Overall, the funding going forward is less than in previous years however we have an advantage of being able to report on all health services that cover our area. We are well within budget so far and the pandemic has actually reduced our meeting/travel costs. However, this has increased our efforts to work digitally and consequently we need to spend some more money on digital engagement. Reserves are still healthy at approximately £50,000.

Dick mentioned that we have an independent examination of our accounts by Michael Bowles, who is very thorough and reasonably priced, and that we wish to retain his services unless anyone has reason to object. If we do not hear of any reservations, we will re-engage him to look at the accounts at the next financial year end.

## **6. Resolution for change of name to Healthwatch Bristol, North Somerset and South Gloucestershire**

Georgie explained that we have been operating for many years as Healthwatch North Somerset. We have asked you as members for permission to change the name to Healthwatch Bristol, North Somerset and South Gloucestershire by sending out a voting form in advance of the meeting and all votes we received back by email were in favour. Attendees at the meeting were given the opportunity to vote also and 9 comments received in the chat box were also in favour of the name change. Resolution was passed so our Articles of Association that allow us to operate under Charity Commission rules will be changed and our legal title will change to Healthwatch Bristol, North Somerset and South Gloucestershire. Georgie thanked everyone who participated in the vote.

## **7 Election of Director and re-elections**

Vicky introduced the new director, Peninah Achieng-Kindberg, who has applied to be a trustee with us. Her biography was sent out in advance of the meeting and Maisy also inserted it into the chat box. Members were asked to vote in the chat box and there was a resounding vote of 'in favour' for Peninah to join the board. Vicky officially welcomed Peninah to her new role.

Members were also asked to vote to re-elect Lance Allen, Dick Whittington and Georgie Bigg. They were all re-elected with a successful vote so will continue in their Director roles at Healthwatch.

## **8 Response to written questions submitted by members**

Members were invited to submit questions prior to the AGM. Georgie introduced the questions:

Questions 1 & 2 were answered by Dick Whittington in the meeting. See below.

Questions 3, 4, 5 & 6 will be answered outside the meeting.

Question 1 – I note that you have had to delve into reserves to cope with the past year's overspend. Hopefully the coming year will have lower costs and avoid dipping into reserves. Is there any prospect for a slightly increased income in our next financial year?

*Answer – Dick said that we expect to come in under budget for our next financial year. We have to be a bit careful if the bank balance gets too high, but we do need a reasonable reserve. Yes, there could be the prospect, but it is difficult to say. Healthwatch England has said additional money may be made available for Healthwatch but we may not see the increase for a while.*

Question 2 – You have appended a CV for Peninah Achieng-Kindberg and described her as a Trustee. Is this the same as being a Director? Are Trustees responsibilities the same as a Directors responsibilities, and in that case, are all our Directors Trustees?

*Answer – Dick said, yes, they are the same. Everyone on a Board is both a Director and a Trustee.*

## **9 Close of AGM**

Georgie thanked everyone and said that the formal part of the AGM is now complete. We can now go on to hear about the work of Ruth Green, BS3 Community Development Manager.

## **10 Speaker Ruth Green, BS3 Community Development Manager, Our journey through Covid-19**

Ruth started by saying that the charity is nearly 30 years old and that the Southville Centre and Chessel Centre temporarily closed at the end of March because of Covid-19. The main source of revenue comes from their nursery and families continue to pay a 'retainer' fee to keep the nursery open, but centres remain closed currently.

Covid has thrown up a lot of challenges but also a lot of opportunities for them. They have improved relationships with other organisations, like Healthwatch and other partners. They are pleased to be making good working connections.

During the pandemic they have been busy delivering food boxes, with 730 families supported in a variety of ways. Also, they have dealt with 173 requests for prescriptions to be delivered working alongside an organisation called 'This Mum Runs'. 104 people have had meals delivered via Meals on Wheels and there have been 172 social prescribing referrals. Finally, 232 people who felt isolated have been supported so far by 'Befrienders'.

They very much adopt a 'person centred approach' working closely with their 1152 (at peak of pandemic) volunteers who are all DBS checked. Six months on they are still working closely with around 300 volunteers.

Georgie thanked Ruth for all of their work and said we hope to continue to work closely with them going forward.

## **11 Healthwatch Bristol**

Georgie introduced Julie Bird and Acoma Oloya – Joint Healthwatch Leads.

Julie reported about how one of the most important tasks this year has been the formation of strong reciprocal relationships within the community. Prior to the Covid-19 lockdown Julie and Acoma visited many local and diverse organisations which included: Borderlands, The Carers Support Centre, Rethink in St Pauls, The Avon Foodbank, RBL, Barton Hill, Brunel Care,

Headway, Womankind, Beloved, The Red Cross at Warmley, Ambition Lawrence Weston, BDAA, Helping Bristol's Homeless project, Walking with the Wounded and the Carers Café at the South Bristol Community Hospital.

We have continued to initiate and develop these partnerships digitally to enable us to represent citizens and inform them of important local health messages. We are excited about working with the community and sharing opportunities for project partnerships in the future.

Acomo mentioned the projects that the Bristol leads have worked on, such as Enter & View at Elgar House - Southmead Hospital, a Care at Home pulse survey during Covid 19, a look at Dentistry provision during Covid 19 and recently doing some scoping work on the Mental Health support for dementia carers from vulnerable groups. Julie and Acomo have worked together to represent Healthwatch at local and regional meetings and forums, giving patients a voice.

Julie and Acomo have also worked on various engagement initiatives such as: telephone surveys, using online surveys and QR codes. 'Share Your Views' animated links are now on the websites of 8 Bristol GP surgeries, and they have carried out digital engagement via Twitter and Facebook. They have also built relationships with Social Care Providers and Funders and Bristol Health Partners: Dementia HIT, Stroke HIT and BABCON HIT. They worked with Bristol University as part of their dental steering group and signposted the public to many voluntary sector groups during Covid lockdown.

They will continue to build on their networks and ability to influence, presenting their work at Health and Wellbeing Boards & Scrutiny Committees, championing citizens' views, supporting those in need and helping to improve services.

## **12 Healthwatch South Glos**

Georgie introduced Maisy Griffiths, South Glos Area Lead. Maisy updated us with her project work to do with people with learning disabilities accessing their annual health checks. She has been working closely with the Clinical Commissioning Group (CCG), South Glos Council and Sirona to create a set of pre-check questions that can be sent out to people with learning disabilities. She is also creating some information around healthy eating and a reminder to keep fluid levels up to remain hydrated. She is hoping that this project will help to improve the uptake of annual health checks and improve individuals overall health and wellbeing. There are approximately 750 people on the LD register in South Glos, nationally a quarter of people with learning disabilities and an annual health check and there are high levels of co-morbidity. So far Maisy has found that there is inconsistent communication across South Glos about the availability of health checks.

Maisy is holding focus groups for people with learning difficulties and running a steering group. She is looking to speak to more people. So far, she has spoken to 3 people with learning disabilities and other parents/carers. She is very excited as this project as it has gained a lot of interest.

## **13 Healthwatch North Somerset**

Georgie introduced Cirlei, North Somerset Area Lead. Cirlei updated us with the news that during Lockdown she put a lot of effort into supporting 130 shielding or self-isolating residents who needed support with shopping, collecting prescriptions and getting transport to hospitals.

At the end of the Lockdown period, Cirlei contacted 70 residents who had previously been in contact with us to gain feedback about the effect lockdown had had on their wellbeing and how satisfied they were with the support they had received. 45 residents agreed to take part in the telephone survey. We found from this survey that:

25% of respondents do not have access to the internet  
30% experienced changes in the delivery of their healthcare  
63% said they felt isolated or lonely  
90% said they received support they needed from volunteers in the community

Based on these findings we made some recommendations, to publish easy step by step guides about how to access the internet and health 'apps' and to publicise physical activity information so that people can exercise at home.

Cirlei also worked on co-ordinating an Enter and View visit at Graham Road Surgery and Horizon Health Centre, has worked on Mental Health support for those with dual diagnosis – coproduction with 'We Are With You' & a face to face survey with vulnerable groups. She is currently working on an 'Experiences of Community Mental Health' online survey. She continues to provide patient information and signposting and has logged 119 pieces of feedback about local and national services.

Here is an example of some feedback she received in September:

A mother's response after being given information and signposting when she called about her adult disabled son

*Your organisation has been a real lifeline to me since I discovered your existence when my son was in hospital some years ago. You have answers that other agencies cannot or will not provide. (In September) I really felt totally un-listened to! I honestly do not know what I would have done without you. Thank you. Thank you. Thank you!*

**Finally.....**

Georgie thanked everyone for taking the time to join us, thanked our 36 Volunteers, the Staff who do not speak at the AGM – volunteer co-ordinators who job share Julia Senior-Smith and Rachel Tomlinson, Communications Lead Rebecca Jones, Heidi Andrews who is working with the Stroke HIT and Jill Reakes who is working on a BABCON HIT piece of work with us, and fellow Directors.

**MEETING CLOSED**

## **QUESTIONS FOR THE AGM – ANSWERED OUTSIDE THE MEETING**

Question 3 - Does Healthwatch support a greater role for local government in the testing and tracing system, in fact does it support more devolvement throughout our health system? The reason I am asking is that I have followed the fast and effective response in Germany, with a much more localised health system.

*Answer - For members of the public, the most important elements of testing and tracing are that people are able to access tests when they need them in a timely manner and get the results*

*quickly. This is increasingly drawing on the expertise of local government where this is possible. The level of involvement will best be negotiated between local and central government.*

*With regard to the devolution of health services, many services are already planned at a local or sub-regional level where they are able to respond to local circumstances. Some specialised services will need to be planned over wider areas in order to be delivered at an effective scale. At whatever level decisions are being made, Healthwatch will put the case for local voices to be heard.*

Question 4 - Does Healthwatch support greater use of the antigen test in certain situations? I know that many virologists and epidemiologists support this. I feel that in situations such as airports or surveillance of health workers, its low costs and speed could be used to supplement the PCR tests, not of course replace them.

*Answer - We do not have the technical expertise to make an assessment of antigen testing so are unable to comment on the issue.*

Question 5 - How is Healthwatch working to ensure that communications between medical staff, patients and families is improved? In my experience it is poor, it's not effective and often inconsistent. How will you work with families to improve their experience?

*Answer - We hope our response will give you some confidence that we are working hard to enable public voices to be heard and acted on at all levels.*

*Healthwatch is driven by the feedback from service users, their families and carers. This feedback (whether positive, negative or comment) is sent to health and care providers on a regular basis to enable them to respond and advise of any changes they will make as a result.*

*Our Prioritisation Panels examine all the information we collect on patient experience, service changes and broader strategic health and care plans (both locally and nationally) to decide what areas we will target for more in-depth examination and reporting to improve service quality.*

*We carry out our Healthwatch functions under the Health and Social Care Act where providers and commissioners of services are required to take notice of our recommendations and respond.*

*We also welcome active involvement from service users, their families and carers should they wish to volunteer with us.*

Question 6 – BNSSG Citizens Panel do surveys very similar to Healthwatch. Do you have the opportunity to compare results?

*Answer:*

*We work closely with the BNSSG Insights and Engagement Team and see the results on a regular basis.*