

Minutes of the Healthwatch Sefton Steering Group meeting.
Held Tuesday 20th April 2021. 10:30.
Virtual meeting using the platform Zoom.

Attendees:

Chair:

Bill Bruce (BB) Chair

Locality Representatives:

Anne Major (AM) *	Locality representative - Central Southport
Maurice Byrne (MB)	Locality representative – Maghull
Brian Clark (BC)	Locality representative - Ainsdale & Birkdale

Organisational Representatives:

Roger Hutchings (RH)	Co-opted (Social Care)
Anne Major (AM) *	Sefton Partnership for Older Citizens
Will Mullen (WM)	Transforming Care Partnership Board
Joanne English (JE)	Transforming Care Partnership Board
Karen Christie (KC)	Health & Social Care Forum
Clare Johnston (CJ)	Sefton Carers Voice

Apologies:

Helen Roberts (HR)	Locality representative – Seaforth & Litherland
Kevin Halewood (KH)	Locality representative – Crosby
Jennie Meehan (JM)	Locality representative - Bootle
Yael Smith (YS)	Sefton Parent Carer Forum
Sharon Cotterall (SC)	Every Child Matters Forum
Brian Causey (BCy)	Sefton Independent Carers Action Group

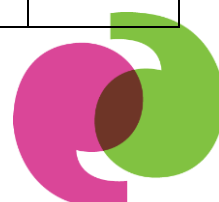
Staff Team:

Diane Blair (DB)	Manager
Wendy Andersen (WA)	Engagement & Participation Manager
Marguerite Dawson (MD)	Engagement & Participation Officer

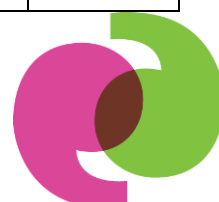
* has a dual role.



Agenda Item	Notes	Action
1.	<p>Welcome, introductions & apologies</p> <p>BB welcomed all members and apologies were made. BB informed members that he had recently had a close family bereavement and thanked Healthwatch for the card which had been sent to the family.</p>	
2.	<p>Declaration of Interests (in line with agenda items or changes), including Code of Conduct reminder.</p> <p>BB declared that his daughter is a GP, working in a practice in the Formby locality and is also a member of the NHS Southport & Formby Clinical Commissioning Group Governing Board.</p> <p>BC declared that his daughter is employed by Southport & Ormskirk Hospital NHS Trust.</p> <p>AM declared that she is a volunteer with the discharge team at Southport & Ormskirk Hospital NHS Trust.</p>	
3.	<p>Minutes of the last meeting for approval and meeting action tracker.</p> <p>The minutes from the meeting held 19.03.2021 were agreed as an accurate record.</p> <p><u>Lost dentures in hospital:</u> AM explained that this had been discussed at the last meeting of the Southport & Ormskirk Patient Experience group. Patient property is on their agenda and this will be included as a quarter one priority. Anne asked if a trust response had been received. As no formal response had been received, this to be picked up with the Director of Nursing.</p> <p>* Items under matters arising were not addressed at the meeting and will be picked up as part of the meeting agenda in May.</p>	
		DB



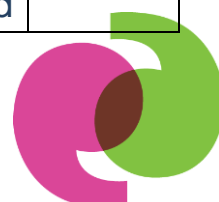
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4.	<p>Update from the COVID-19 Outbreak Management Board/ Covid-19 vaccination programme updates.</p> <p>RH, Healthwatch ambassador on this board, provided an update.</p> <p>Rates have been reducing; 21 per 100,000. The rate today was 17 per 100,000. Rates are matching those seen in August. There are some general concerns about opening up again and some concerns about potential new variants but if the rates stay as they are, this will be a positive step.</p> <p>The majority of our vulnerable patient population has received their first vaccine.</p> <p>There were 4 deaths recorded within 28 days of a positive covid test. In reviewing the deaths, WA asked if the individuals had been vaccinated. This was unknown. MB added that there are pressure points in the borough in relation to the vaccine.</p> <p>CJ updated on the process for carers. There had been a change in the national booking system and a local process had been put in place. Carers registered or registering with the centre would receive a letter to support them in accessing their vaccine. CJ commented that there had been a slight increase in registrations. There had been an issue in this process with a practice in the Bootle locality but this had been picked up.</p> <p>CJ also shared an update on the pilot work in the Seaforth and Litherland area, with approximately 240 patients being vaccinated within the week.</p> <p>KC asked if there were any local plans for a follow up of those housebound patients who had not received their vaccine. Two local examples were provided. They had not been well and therefore had not received the vaccine as planned but there had been no follow up. RH was unaware of a plan but agreed that this should be picked up and addressed as there were also</p>	



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	<p>issues with family registrations. It was agreed that an email be sent to Margaret Jones, Director of Public Health to share the key issues.</p> <p>BB explained how similar issues had been raised at the Clinical Commissioning Group (CCG) Governing Body meeting.</p> <p>RH shared that at the last meeting of the board, there was an update on the outbreak management plan which is currently being revised.</p> <p>Members of the board had also heard about the 'local zero' pilot work which is the move from the national track and trace service to a local system. The local system will be more responsive.</p> <p>JE commented on outdoor socialising and the impact of this, particularly for those who had not received their vaccine. It would be interesting to see if there is any pushback on accepting the Oxford Astrazeneca vaccine.</p>	RH
5.	<p>Sefton Integrated Care Partnership (ICP).</p> <p>DB provided an update, this work now being included within the main work plan. Presentations from the March Health & Wellbeing board had been shared with steering group members for information.</p> <p>DB had attended the Sefton Integrated Care Partnership Strategic Steering group (8th April 2021). The main agenda items looked at how local strategic plans could be aligned (stress tested in this covid world) with one set of indicators and one dashboard. A working group will be established to look at this.</p> <p>Population Health Management was discussed as was a communications plan which will initially focus on internal staff communications as there will be many changes in</p>	



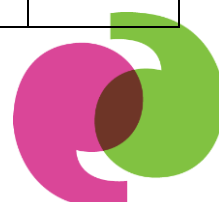
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	<p>organisational development.</p> <p>The current Sefton Provider Alliance in place will become the 'Programme Delivery Group' for the Sefton ICP.</p> <p>Steering group members had been invited to attend the Sefton CVS workshop (Wednesday 21st April).</p>	
6.	<p>Work plan update.</p> <p><u>Care homes: Your Story, Your Say!</u></p> <p>WA updated on progress. The project has been launched and it has now been promoted further with a press release in the local champion newspapers. Locality representatives have also shared some social media pages which have been used, so there has been increased social media coverage. MB shared that there are a number of organisations asking for similar feedback including Healthwatch England so the local request may be confusing. BB stated that it would be important for us to use more technology in the future.</p> <p><u>Enter and View/ Listening events.</u></p> <p>WA is attending a Healthwatch England session on how to plan and run virtual visits. Other local Healthwatch organisations have been undertaking them successfully. Feedback will be on the agenda for the next meeting.</p> <p>DB shared how this would be useful in us looking to engage in the plans outlined in the local care home strategy in supporting with thematic reviews.</p> <p>BC asked about the direction on future face to face meetings and visits. Healthwatch England are still advising no face to face contact at present but this would be something the board of Healthwatch Sefton also consider, alongside the plans agreed by Sefton CVS.</p> <p>MB commented on the PLACE visits which himself and BC had</p>	WA



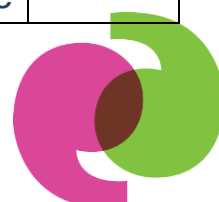
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	<p>previously supported for Mersey Care NHS Foundation Trust which are yet to take place.</p> <p>BB concluded the discussion by agreeing that local discussions were required in line with national guidance when available.</p> <p>DB asked to update on the work plan area of supported living. A response to the second letter sent to A Nile in partnership with Sefton Carers Centre had been received yesterday and would be reviewed. Update to be on the next meeting agenda.</p> <p>RH commented that massive cuts in care have been reported nationally. Social care cuts and increased charges are causing huge distress to disabled people. A survey of disabled people had revealed four in five have faced cuts in packages or increased charges during pandemic, as providers report council fee rate rises are inadequate.</p> <p>JE shared that she had heard about similar issues locally with services being cut without any engagement or consultation, with some services being completely cut or vastly reduced.</p>	DB
7.	<p>Area of Interest Action Plan</p> <p>a) <u>Air pollution</u></p> <p>The original plan had been to write a letter to the local authority to request updates on questions from the steering group. With limited responses, members of the South & Central Community Champion network had been invited to engage but again this had provided a limited response.</p> <p>DB asked if the group would authorise the drafting of a letter which requested air pollution results during successive lockdowns and how they compared/ contrasted with the period before the initial lockdown and between lockdown periods.</p> <p>It was suggested that we could also ask if the results lead to any initiatives to reduce the effect on residents who live in the</p>	



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	<p>areas around the main road transport links.</p> <p>This was agreed and MB suggested to include the Metro Mayor into the letter as air pollution is a city region issue and BC had observed that it had been included in mayoral election information.</p> <p>b) <u>Local housing developments and impact on GP and community health services.</u></p> <p>MB updated on the recent issues relating to Maghull following a further enquiry from a local resident in Lydiate. At present there are around 430+ new homes already in place with no increase in health provision. (300+ have been built in Poppy Fields, 50 in Parkhaven Trust, 26 in Lydiate, 25 Dementia home places, 40 homes in Damfield Lane, plus Damfield Care home 60+). This includes a substantial addition of elderly care facilities.</p> <p>800 of the 1800 new homes being built East of Maghull, are currently being built. The ground is being cleared and materials moved on site.</p> <p>The plan was referred to the government inspector for review. This has resulted in mandatory plans for access of site materials needing to avoid the town centre and also the developers 'Persimmon' has agreed to pay £432,000 from section 6, for additional health provision. The nature of this provision is yet to be determined.</p> <p>MB was also aware that the local M.P. has met with Matt Hancock and received assurances that additional support will be eventually provided.</p> <p>In addition to the above, a new site is in planning for provision of 329+ new homes near to Robin's Island in Lydiate. Lydiate has no GP practice or dentist and residents must travel to Maghull for services. This is likely to be agreed by planning as it is part of the local and neighbourhood plan.</p>	<p>DB</p>



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	<p>100 homes have been agreed for Turnbridge lane and Green Lane, with 44 flats for older people being refused planning permission but will return if amended. 153 homes in Deyes lane are also yet to be approved.</p> <p>In summary, MB shared that there was probably an increase of around 2500 homes in total. That could easily mean an addition of over 10,000 residents. GP provision is already under pressure both in terms of personnel and facilities/space. In recent years, GP practices have closed their lists on several occasions. All are situated in a small central area of Maghull in the health centre and nearby. As the area expands, the distance residents will need to travel will grow, causing problems, especially for older people.</p> <p>JE commented on the additional pressures this with have on other local services, including schools and leisure facilities for example and given the previous agenda item on air pollution, an increase in traffic.</p> <p>BB concluded by thanking MB for the comprehensive update and agreed that some advance planning must be necessary in line with developments. Members agreed a further letter be sent to commissioners/ Sefton MBC, to understand how the impact of planning would/ was being addressed.</p> <p>C) <u>Shaping Care Together</u></p> <p>DB updated on this item. With election campaigns taking place, there had been little public facing engagement or communications.</p> <p>At the last Communications & Engagement steering group, members had been updated on changes to the consultancy firm procured to support with engagement and communications and also the issues relating to data collection/ capturing during the initial stages of the listening phase. Many of the comments received had related to GP access and community service</p>	DB



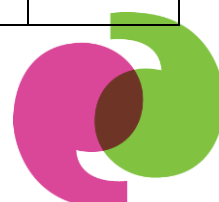
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	<p>provision. The scope of the programme had been discussed at length by the group. BB shared how he had reinforced this by sharing feedback from Healthwatch at the recent CCG governing body meeting.</p> <p>AM explained how at the trust's last patient experience meeting, there had been a discussion on patient journey's and the feedback had been more positive.</p> <p>BB stated that the trust had an historic issue in attracting staff to work at the trust.</p> <p>D) <u>Community services – Southport and Formby</u></p> <p>MD updated on the presentation by Mersey Care NHS Foundation Trust at the March meeting of the community champion network.</p> <p>Community staff from Lancashire & Cumbria Care NHS Foundation Trust who worked in the locality, will TUPE over to the new provider. IT issues were being looked at but from a patient perspective, contact numbers would remain the same. Staff had been positive about the move across to the new provider. They shared how keen they were to continue to engage with Healthwatch and asked if they could return in 3 – 6 months to provide an update.</p> <p>MD updated on a subsequent meeting with Kath Jones (service manager for the locality). Leaflets and letter heads would change and team leaders would remain in place.</p>	
8.	<p>Report for authorisation: covid-19 vaccination programme. What did Sefton residents tell us?</p> <p>DB led on this item and took the report as read as it had been previously shared with members. The report detailed the responses from the 323 people who had completed the online survey, who shared their attitudes towards the vaccine and</p>	



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	<p>their views on communication.</p> <p>WA shared that locality representative HR had supported the Seaforth & Litherland vaccine pilot. Themes had emerged in relation to people who worked away from home and also those who would not be paid. There was also the emerging issue of the adverse reactions to the Oxford Astrazeneca vaccine with people not returning for their second dose.</p> <p>RH supported this, sharing that the issues relating to pay and sickness were national issues. The independent SAGE committee had also looked at this. Many people can not afford to self isolate if instructed to do so. There is now support available but this had previously been missing.</p> <p>It was agreed that the focus of the vaccine is about 'protecting others'. BB shared that the programme was on track to vaccinate all adults by July but there was work to do to pick up those who may have missed their dose.</p> <p>JE agreed and explained how priorities were often about wages, being able to pay the household bills and looking after family. If you can't work from home and are told to isolate, decisions have to be made.</p> <p>AM updated on the lateral flow tests which households can now access and it looked like many people were taking advantage of the offer. Members updated that they can be ordered online and people are advised to test at least twice a week. MB added that they can provide assurances to family members where people have to go out to work. JE shared an example of how they worked for People First in supporting vital visits to members.</p> <p>The report was authorised and it was agreed that it would be useful to share the points from the discussion with commissioners.</p>	



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	<p>DB explained how commissioners had asked if the survey would be re opened to capture views at a different viewpoint. This was briefly discussed and it was felt to be a useful exercise but for there to be a pause for a month.</p>	<p>DB</p>
<p>9.</p>	<p>NHS Informatics Digital Optimisation programme.</p> <p>MD updated members on this programme which Healthwatch would be engaging with. NHS Informatics is keen to review GP practice websites from a lay perspective.</p> <p>They have been working on a survey tool which can be used to review the websites and both community champion networks will be engaged on the draft survey and also in the overall project.</p> <p>The project will take place over 6 months. MB stated that this work was urgently needed as different practices have different levels of access and there were great variations.</p> <p>Members welcomed Healthwatch involvement in this work, given the increased use of digital mechanisms moving forward.</p>	
<p>10.</p>	<p>GP Access: gathering feedback – update.</p> <p>WA provided an update on previous engagement with practices and those which were being contacted to come on board with the pilot (AM engaging with St Marks Medical Centre and KL engaging with 40 – 42 Kingsway Surgery in Crosby).</p> <p>For those who had previously engaged and have the feedback centre widget on their website, no further progress has been made. The current pressures on primary care were noted.</p> <p>DB fed back that Healthwatch had been approached by Southport & Ormskirk Hospital NHS Trust about any intelligence relating to current pressures on GP services and feedback from the public. They had seen an increase in the</p>	



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	<p>number of people presenting with mental health related issues. In discussions it related back to lengthy waits to speak to a GP practice by telephone or a general lack of access.</p> <p>RH explained how this was something the Overview and Scrutiny Committee working group had been looking at and the impact of long term mental health support.</p> <p>BB agreed that services were struggling prior to covid. At the NHS Southport & Formby CCG Governing Body, there were discussions about how GPs had to do their own job and take on the role of secondary care in some instances as there were pressures on secondary care.</p> <p>WA was thanked for the update and it was agreed that this work be added to the work plan as a main area of work.</p>	<p>WA/ MD</p>
11.	<p>Any other business</p> <p><u>Home Instead</u></p> <p>WA shared an update about her recent contact with Home Instead, a care provider which supports people to stay independent in their homes. They will be engaging in the feedback pilot and have also been in touch about a new forum they are looking to set up. Healthwatch Sefton had been invited to be a member of the group.</p> <p>RH shared how it sounded like a provider forum. If Healthwatch attends one, we have to do it for others and it then leads to a discussion about capacity.</p> <p>MB asked if they could join us and possibly become a community champion. WA updated that they are now a member but as a provider would not be able to join as a community champion.</p>	



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	<p>Other members suggested that WA ask if Healthwatch could attend the forum as a guest and present an update on the organisation. This was agreed as the best solution. Update to be provided</p> <p><u>Representation.</u></p> <p>DB asked for a decision to be made for the representation request from the CCG Complaints Oversight Group. In reviewing the terms of reference, there had been agreement that it would be a useful meeting to attend but there had been no decision on who would act as the ambassador. A number of locality representatives had expressed an interest and there was also the suggestion that David Evans (DE), the Independent Complaints Advocate could be the rep as this was their area of expertise. The CCG had shared that the rep could be a lay person or employee of Healthwatch.</p> <p>It was agreed that DE be the appointed ambassador and to feedback on relevance after attending a few of the meetings. Steering group members were keen to receive feedback following the meetings, particularly on the key trends and themes discussed.</p>	<p>WA</p> <p>DE</p>
12.	<p>Items for information.</p> <p>Notes from the networks were received:</p> <p>Notes from the South & Central Community Champion network – February 2011.</p> <p>Notes from the Southport & Formby Community Champion network – January 2021.</p>	

Attendance Tracker

Name / Representing	<u>Feb</u> <u>2021</u>	<u>March</u> <u>2021</u>	<u>April</u> <u>2021</u>
Bill Bruce – Chair	✓	✓	✓
Louise Doran. Locality representative: North Southport	x	x	x
Anne Major. Locality representative: Central Southport	✓	✓	✓
Brian Clark OBE. Locality representative: Ainsdale & Birkdale	✓	✓	✓
Locality representative: Formby	Vacant	Vacant	Vacant
Locality representative: Hightown & Ince Blundell			
Kevin Halewood: Locality representative: Crosby	✓	✓	x
Helen Roberts: Locality representative: Seaforth & Litherland	✓	x	x
Jennie Meehan: Locality representative: Bootle	✓	✓	x
Locality representative: Netherton	✓	Vacant	Vacant
Maurice Byrne: Locality representative: Maghull	✓	✓	✓
Karen Christie - Health and Social Care Forum	x	x	<u>✓</u>
Yael Smith- Every Child Matters Forum/ Sefton Parent Carer Forum	✓	✓	x
Sefton Equalities Network	Vacant	Vacant	Vacant
Roger Hutchings - Co-opted. Adult Social Care.	✓	✓	✓
Anne Major - Sefton Partnership for Older Citizens (Jan 2021 onwards)	✓	✓	✓
Brian Causey: Sefton Carers Independent Action Group	x	✓	x
Clare Johnston – Carers Voice	✓	x	✓



Ellie Egerton- White - Sefton Young Advisors	x	x	x
Transforming Care Partnership Board Will Mullen and Joanne English	x	✓	✓
Sharon Cotterall – Every Child Matters Forum	x	x	✓

DRAFT