

**Minutes of the Healthwatch Sefton Steering Group meeting.
Held Tuesday 19th January 2021. 10:30.
Virtual meeting using the platform Zoom.**

ATTENDEES:

Chair:

Bill Bruce (BB)	Chair
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Locality Representatives:

Collette Bell (CB)	Locality representative - Netherton
Anne Major (AM) *	Locality representative - Central Southport
Maurice Byrne (MB)	Locality representative – Maghull
Helen Roberts (HR)	Locality representative – Seaforth & Litherland

Organisational Representatives:

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

Apologies:

Kevin Halewood (KH)	Locality representative – Crosby.
Jennie Meehan (JM)	Locality representative - Bootle
Joanne English (JE)	Transforming Care Partnership Board
Brian Clark (BC)	Locality representative - Ainsdale & Birkdale
Sharon Cotterall (SC)	Every Child Matters Forum

Staff Team:

Diane Blair (DB)	Manager
Wendy Andersen (WA)	Engagement & Participation Manager
Marguerite Partington (MP)	Engagement & Participation Officer
Louise Malone (LM)	Communications Officer

* has a dual role.

1. Welcome, introductions & apologies



BB welcomed all members. Apologies were made.

2. Declaration of Interests (in line with agenda items or changes), including Code of Conduct reminder.

BB shared that his daughter was a GP at a practice in the Formby locality and a member of the NHS Southport & Formby Clinical Commissioning Group Governing Board.

3. Minutes from the previous meeting for approval.

Minutes from the meeting which took place on the 20th November 2020 were agreed as an accurate record.

4. Matters Arising action plan

The following matters arising which were not already on the agenda were discussed.

Social Care Assessment interactive session to be arranged - this session will be led by Alisa Nile, Head of Service, Adult Social Care. A reminder email has been sent to Alisa. **Action:** update to be provided at the next meeting.

Lost Dentures in local hospitals – a draft letter has been shared with members for comment. **Action:** Members to feedback on content and any alterations.

Meeting with DMC Community Dermatology services – request for a meeting has been sent to the commissioner, Terry Hill. **Action:** response to be shared with members.

Southport and Ormskirk Hospital NHS Trust – review of recommendations from the listening event and review of Ophthalmology services – DB will work with AM and MP on drafting action plans. **Action:** updates will be shared in February.



5. Local update on Coronavirus (and outbreak management plan)

RH provided an update. All members of the board had been reminded at the last meeting about confidentiality. At the meeting held early in January, the rates discussed had been as follows: the 7-day rate up to the 17th December was 102.7 per 100,000, with the rate for the 60+ age group 7 day rate, 78.5 per 100,000. RH shared how the rates had spiked in the 14 days following the Christmas easements. RH had looked at the current rate (online) and for Sefton the current rate was 887 per 100,000. There had been a 4 day doubling rate. This new strain of the virus is very virulent. Members questioned the centralised approach and the strength of local resilience.

6. Local rollout of the COVID-19 Vaccination Programme (item includes feedback from Age Concern Crosby).

We had been advised that as a borough, Sefton had started the vaccination programme in December 2020, with delivery of the Pfizer vaccine.

WA had received a 'Tell us what you think' form, from Community Champion, Age Concern Crosby. 20 service users had contacted them with concerns about access to the vaccine and how housebound residents would receive their vaccine.

RH shared how Sefton had the second highest number of care homes in the country, Eastbourne having the highest and this will impact on the local rollout. There have been regular updates on social media.

MB explained how there is local confusion over the invitation letters. There is anxiety about being invited to St Helens and how people will be able to travel there. DB informed members that the Clinical Commissioning Group had recently shared a stakeholder briefing and this would be emailed to everyone.

AM highlighted the information which Ainsdale Medical Centre was updating on their website and locally this was being considered as good practice. RH had received a text message from his GP practice reinforcing the message not to contact the surgery about vaccines, as they were being inundated. CJ also explained how carers have been contacting GP practices as they were being asked to make decisions about capacity. Jan Leonard, commissioner had



shared a letter but the letter was care home specific. It was agreed that general information needs to be improved.

YS shared her experience of contacting her GP practice in Bootle. There is a recorded telephone message which tells patients how practice staff have been deployed to support the local vaccine rollout. YS also asked members to consider how invitations were being sent out. If being sent by post, many local people were dealing with delayed post due to the pandemic.

LM suggested that key messages could be included in the next Healthwatch quarterly newsletter which was being drafted. The issues could also be raised at the Sefton communications and information group, which was meeting later in the week.

Action(s): BB summarised the discussion and it was agreed that concerns relating to communication be shared with local clinical commissioning groups. LM was asked to include local key messages within the next Healthwatch newsletter. DB to share the groups concerns at the communication and information group meeting later this week.

WA asked if she could raise another issue which had come through from Merseyside Society for Deaf People (MSDP). Janice Connolly, the Community Liaison Officer had requested that Healthwatch organisations across the Cheshire & Merseyside footprint and commissioners consider an issue relating to the vaccination process.

Not all MSDP members have access to technology to book their vaccine appointments online. For those who do have access they have found that there was no option within the booking facility to add in comments/ additional needs, for example, to ask for a British Sign Language interpreter to be booked.

Another issue faced is on arrival at the vaccine centre. A 4-page leaflet is given which outlines important information about the vaccine and with most of the community using British Sign Language as their first language, they will not be able to read the leaflet. With there being no transparent masks currently



being used, many will not be able to understand the questions being asked and may receive the vaccine without informed consent.

The request from Merseyside Society for Deaf People was to have a specific site/ hub in each borough that would have access to interpreters and information in an accessible format. This would ensure the process was Deaf friendly and would reduce stress, anxiety and uncertainty. WA asked members to note this specific issue. WA had made contact with the commissioner to make them aware that we had noted the issue and would welcome a response to the issues raised and the request. **Action:** update to be provided at the next meeting.

7. Work Plan update

The work plan had been reviewed by members prior to the meeting and updates/achievements over the previous month were noted alongside any issues for resolution or escalation. The following issues were raised:

7a. Update and discussion on supported living arrangements.

A written response on the issue had been received from Alisa Nile, Head of Services. The letter had been shared with members and it was taken as read. CJ provided an update from the meeting held with RH and Vicky Keeley (VK), Chief Executive, Sefton Carers Centre. In reviewing the response, there were still some areas that required further clarification.

Reductions in support packages were discussed and it was asked how reductions were monitored. For example, it would be useful to see the assessment documentation including criteria.

Supported living and placements is about supporting independence but the amount of support needed can vary greatly based on individual need. Lack of a personal budget can be an issue and despite the response indicating that an individual could opt to undertake an activity of their choosing, for example going to the cinema, an individual may still require support to undertake the activity. Another issue is support with food choices, often when there is no support, fast food/ takeaway options will be the choice.



More recently, due to the lack of covid testing available within supported living and the volume of staff in and out of houses, this has led to people moving back home with their families.

RH explained how supported living accommodation supported individuals with a range of disabilities and provided an opportunity for people to live in their own tenancy. There would be an assessment of the care and support needed. Supported living therefore is about living in your own home but still getting the care and support required. During the pandemic, the support provided to care homes has not been seen within supported living arrangements, for example, access to PPE and testing. A flexible approach should have been adopted. There are lots of questions that need to be answered.

In looking at supported living, a number of suggestions came from the meeting held and were discussed with members. A local supported housing forum could be set up to review and address some of the issues. RH shared how it's important to have real lived examples rather than rely on anecdotes. CJ explained that she was unsure when the last survey from social care had been sent out to gather local feedback and experiences, but it was felt that it had been at least three years. Feedback from carers was that the survey had been lengthy and therefore off putting. There was also feedback that the questions within the survey had been leading in the way they were worded.

Members discussed the response to the letter and the issues raised by CJ and RH and suggested that a survey at this point would be a useful exercise. The survey could be drafted and approved by the local authority, Healthwatch Sefton and Sefton Carers Centre within a partnership approach. RH felt that carers still worry about sharing feedback but this partnership approach may work.

BB as chair summarised the issues and key points from the discussion. It was agreed to draft a letter to share the further queries relating to the response and to suggest the ideas relating to a forum and a new survey. **Action:** DB to work with CJ to draft a letter. Draft letter to be shared with BB, CJ, RH and VK for approval.



b) Care home task and finish group.

WA as chair of the group updated on recent developments. The group had last met on the 12th January and had reviewed the outcomes from discussions with Healthwatch Lancashire and the Care Quality Commission which supported a discussion on how to proceed with this work.

It had been agreed that with current pressures placed on care homes, surveys would not be sent to managers, staff and residents at this time. It had been agreed that the focus would be to engage with family members and friends to gather feedback on the impact of the pandemic. This work could be undertaken with little support from care homes and would ensure that the group could report on the impact from this perspective whilst the information gathered providing some baselines for what could be reviewed moving forward. A meeting has been arranged with the Care Quality Commission (22nd January) to find out about their role and focus throughout the pandemic. Karen Burrow, the new lead inspector will be attending.

C) Dentistry Watch

The plan for this area of work had been to continue to redraft the survey which had been ready to send out to all dentists across Sefton prior to the pandemic. At the North West Regional Healthwatch meeting held the previous week, there had been a discussion on access to NHS dentists and the discussion which had been recently held in the House of Commons about the need to review and refresh the national dental contract. Healthwatch organisations were asked to share local intelligence with their MPs and report on the current issues faced per area. At the meeting, DB had shared the issues particularly faced within the Southport localities and asked the group for approval to pull together a brief report to support the national discussion. Data could be drawn from the Signposting and Information service with examples of the key themes and number of patients who have been in contact with us. This was agreed.

MB shared how this was a big issue and one which had further been brought to light with the pandemic. In Maghull, it appeared that different dentists were prepared to provide differing levels of examination and treatment. **Action:** update on this work area to be provided at the next meeting.



8. Update on 'Areas of Interest' action plan.

A) Air Quality

DB reminded members to share their questions and thoughts relating to information we should be asking from our local public health team and cabinet. An email had been sent to members to request this information.

B) NHS 111 First

There have been mixed reviews shared on this new initiative. A direct link to the service has been added to the online feedback centre and feedback will be requested. The Overview and Scrutiny Committee (OSC) for Adult Social Care & Health held a specific meeting to engage with the provider and are keen to hear from us about what the public are sharing. We also have commissioners on the agenda for future community champion meetings to provide updates on progress with the contract and evaluation to date.

C) Future of Clinical Commissioning Groups

There is a paper which may be useful to share with members, 'Integrating care, next steps for integrated care systems'. **Action:** DB to share the paper with members. Looking at this for Sefton, BB has been invited to join the Sefton Provider Alliance and we have been informed that this will be the integrated care partnership for Sefton. A meeting to find out more about the alliance is being arranged. **Action:** BB to keep members updated.

D) Shaping Care Together.

Members had received updates now on how to engage with this programme. The public facing listening event had opened on Monday 11th January. This programme of work is designed to improve hospital services at Southport & Ormskirk Hospital NHS Trust but also looking at the wider health and care system.



Views are being sought on what currently works at the trust as well as primary care and community services. In particular, people are being asked about what steps should be taken to improve the following:

- Frail and elderly care
- Urgent/ emergency care
- Services for children, including children with complex needs
- Services for women who are pregnant/ new born services.
- Gynecology services
- Sexual health services for all genders
- Planned care, including outpatients.

You can share your feedback via www.yoursayshapingcaretogether.co.uk

There is a survey to fill in or you can share your story. By registering on the site, you will also be invited to attend other events and updated about other opportunities to engage.

9. Impact of covid-19 on local services. Long term impacts to be monitored.

BB led on this agenda item after raising this issue at the previous meeting.

The majority of hospitals across the country currently have one third of their bed capacity taken up with patients requiring care for covid care. The new variant is more virulent but we now have a number of vaccines which are coming on board.

Over the coming months, there will be a new normal and it will not be what we were used to. The use of technology has expanded which was a previous longer term ambition for the NHS but access to services for some has been problematic and treatment has been paused for some.

There will be indirect impacts of covid, for example non urgent provision. This may include; dentists, podiatry, physiotherapy for example, where issues may be exacerbated when not delivered over a long time.



There are delays with elective treatment and surgery, including knee and hip surgery.

Detection of illness is also a major issue, the non diagnosis of Cancer and also delays or cancellations of treatment. There will also be other long term conditions and conditions related to neurological conditions that will have been affected.

There is also a mental health crisis, with the impact of covid and also the lack of support and access to services for those with previous mental health issues.

What is unknown is the scale of the issue for Sefton residents. What is the impact on local cancer services and waiting times? It will be important to look at data from previous years and where we are at present. The local recovery plans will need to be reviewed.

We also have an important role in sharing key messages.

YS shared that there are issues with GP referrals into elective care services and the volume of cancellations. This is a major issue as it provides preventative care. Is there was a different way of managing this?

RH cited a recent report detailing the impact of long covid. The follow-up studies on persistent symptoms relating to for example, lung function, physical, and psychological problems will be crucial. The norm has been lost and there will be immense pressure on health and social care.

AM shared information on a clinic which had been set up on the Aintree Hospital site to support patients with long covid. AM had been told that the clinic had been suspended in the New Year. AM didn't know if patients who may require support from the clinic knew about it and also if it actually had been closed. **Action:** DB to contact the 'Head of Patient and Family experience' at the trust to find out more about this clinic.

MB explained how locally there are different levels of access to primary care. Some patients want to see their GP but appointments are not always offered following triage. Some patients can't access digital appointments. GP



practices need to be covid secure and be able to offer more face to face appointments but also use technology for those who want to interact in this way. There needs to be a balance of both and until this is in place, experience will not improve.

BB shared that there is a disparity in access to GPs. Have GPs been vaccinated and if not in what priority group will they be in? It is important that we highlight that health and care services are open and this could be a message we include within the newsletter. Local people will have died due to lack of diagnosis or through lack of treatment. Again it will be important to look at the local data and make yearly comparisons.

AM raised the health and care of asylum seekers in Southport as it is important that they are accessing the services they need.

RH updated members on the work of the OSC Adult Social Care and Health in looking at the impact for mental health. RH sits on this group on behalf of Healthwatch and therefore this work will feed into this specific area of work
Action(s): RH to keep the group updated on progress with the working group. The impact of covid on local health and care services to be included into the main work plan.

10. Healthwatch Ambassador request

PC24 Out of Hours Contract Mobilisation Programme.External Board.

Members had received and reviewed the Terms of Reference for this board.

PC24 is a social enterprise based in Liverpool and it provides patient services around the clock, delivers daytime GP care, GP streaming in three acute hospitals, provides care to asylum seekers as well as GP out of hours services.

From the 1st April, PC24 will be providing the integrated urgent care service in Sefton (and they would like to include Healthwatch representation on their external board) to help develop local services.



DB asked members to note that the board is only in place until April 2021, it covers 7 separate clinical commissioning group areas. The board meets on a monthly basis and lasts approximately for one hour.

The request was discussed and it was agreed that rather than send a representative, it would be more useful to have access to the meeting papers so that members could get an overview. It was felt important that we were up to date on progress on this service development. **Action:** DB to share this decision with PC24 and update members on progress.

11. Emerging themes:

Discharges from Southport & Ormskirk Hospital NHS Trust.

AM had sent in a 'Tell us what you think' form for consideration on this issue. There had been local press coverage, which shared a case of an elderly and vulnerable patient being discharged at night time. There were comments on the trusts discharge policy being unsafe for patients. The patient who had been discharged had been sent home alone at 2am after a heavy fall.

AM shared that she was aware that discharge is a priority for the trust and that a volunteer discharge service was being set up with volunteer support workers in place. There are sometimes 40 patients who are ready for discharge with no where to be placed. The trust has set up a 'Discharge Task Force'.

DB highlighted the Healthwatch England and British Red Cross report on discharges during the pandemic, Healthwatch Sefton conducting eight semi structured interviews as part of this work. **Action:** DB to recirculate the report to members of the group.

12. Any Other Business

MP updated on progress on finding out more about the support being provided to asylum seekers based in Southport. Clare Touhey commissioner, will be attending the next meeting of the Southport & Formby Community Champion network to provide an update. **Action:** MP to share an update at the next meeting.



MB notified members of the upcoming meeting of the OSC for 'children's services and safeguarding'. The meeting is being held on the 26th January and one of the agenda items is covid management in schools.

At the last commissioner 'Engagement and Patient Experience' group meeting, there had been an update on the 'shaping care together' programme, BB had highlighted the need to engage with people who work. This cohort may not have the capacity to engage but with some targeted engagement, possibly using technology may be able to share different perspectives. Healthwatch also needs to think about how to engage with this group and with the increasing use of technology, this may be an option to consider.

13. Items for information.

BB noted the Community Champion notes which had been shared for information.

Attendance Tracker

Name / Representing	<u>Oct</u> <u>2020</u>	<u>Nov</u> <u>2020</u>	<u>Jan</u> <u>2021</u>
Bill Bruce – Chair	✓	✓	✓
Louise Doran. Locality representative: North Southport	x	✓	x
Anne Major. Locality representative: Central Southport	✓	✓	✓
Brian Clark OBE. Locality representative: Ainsdale & Birkdale	✓	✓	x
Locality representative: Formby	Vacant	Vacant	Vacant
Locality representative: Hightown & Ince Blundell	Vacant	Vacant	Vacant
Kevin Halewood: Locality representative: Crosby	x	x	x
Helen Roberts: Locality representative: Seaforth & Litherland	Vacant	Vacant	✓
Jennie Meehan: Locality representative: Bootle	✓	x	x
Collette Bell: Locality representative: Netherton	✓	✓	✓



Maurice Byrne: Locality representative: Maghull	✓	✓	✓
Karen Christie - Health and Social Care Forum	✓	X	✓
Yael Smith- Every Child Matters Forum/ Sefton Parent Carer Forum	✓	✓	✓
Sefton Equalities Network	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	✓	✓	✓
Ellie Egerton- White - Sefton Young Advisors	✓	✓	X
Transforming Care Partnership Board Will Mullen and Joanne English	✓	X	✓
Sharon Cotterall – Every Child Matters Forum	X	✓	X

