

## Minutes of the Healthwatch Sefton Steering Group meeting.

Held Monday 25<sup>th</sup> July 2022. 13:00 – 15:00

Virtual meeting using the platform Zoom.

### Attendees:

#### Chair:

Diane Blair (DB) Manager (chaired this meeting)

#### Locality Representatives:

Brian Clark (BC)	Locality representative – North Southport
Anne Major (AM)	Locality representative – Central Southport
Jan Sterling (JS)	Locality representative – Formby

#### Organisational Representatives:

Will Mullen (WM)	Transforming Care Partnership Board
Jan Comer (JC)	Transforming Care Partnership Board
Vicky Keeley (VK)	Sefton Carers Centre.
Sharon Cotterall (SC)	Every Child Matters Forum
Georgia Ribbens (GR)	Sefton Young Advisors

#### Staff Team:

Wendy Andersen (WA)	Engagement & Participation manager
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#### Apologies:

Kevin Halewood (KH)	Locality representative – Crosby
Maurice Byrne (MB)	Locality representative – Maghull
Karen Christie (KC)	Health & Social Care Forum
Marguerite Dawson (MD)	Engagement & Participation Officer (Healthwatch Sefton)
Amanda Williams (AW)	Signposting and Information Officer (Healthwatch Sefton)



Agenda Item	Notes	Action
1.	<p><b>Welcome, apologies and Declarations of interest.</b></p> <p>DB welcomed everyone and introductions were made. DB briefed members on the code of conduct protocol for the meeting. The following declarations of interest were shared in line with the agenda:</p>	
	<p>AM – works as a volunteer at Southport and Ormskirk Hospital NHS Trust (Hospital Discharge project).</p>	
2.	<p><b>Minutes of the last meeting for approval.</b></p>	
	<p>The minutes of the last meeting were approved as an accurate record.</p>	
3.	<p><b>Action Tracker.</b></p>	
	<p><u>Walton Centre NHS Foundation Trust (installation of an additional car park pay machine):</u> the pay machine is yet to be turned on. This had been escalated. <b>Action:</b> further update to be provided when available.</p>	WA
	<p><u>Accessibility of Rowlands Pharmacy (Birkdale):</u> Cllr Kelly had escalated this to Rowlands Pharmacy Head Office. There has been no reply to date. VK shared that it may be useful to find out what is in their local contract. WA asked if Healthwatch should use the press to highlight the issue. AM asked if Suzanne Lynch Head of Medicines Management had been contacted, DB confirmed. NHS England and the local Pharmaceutical Committee had also previously been contacted. <b>Action:</b> Healthwatch to escalate this now with key stakeholders and the MP.</p>	DB



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	<p><u>Current market position (adult social care)</u>: online session is being organised for members to explore the current market position within adult social care. This has been delayed with the changes coming in (1<sup>st</sup> July). Recent care home closures were highlighted. <b>Action</b>: details of the session to be shared with members when confirmed.</p> <p><u>Building our relationships with Primary Care Networks (PCN)</u>: this work continues and DB and WA had attended a couple of meetings with colleagues from the South Sefton network. One of the projects we have up and running is alerts from the PCN to our signposting service. For example, if a practice experiences any issues which may impact patient care, we are alerted so we can update patients. We will also update the relevant locality representative who may also receive queries.</p> <p>In terms of our engagement with the network for Southport and Formby, we have met with the Clinical Director. When the manager is appointed, a meeting will be arranged.</p> <p><u>Memory Clinic (delays with assessments)</u>: Mersey Care NHS Foundation Trust had updated that additional funding was secured for advanced nurse practitioners to support with assessments. As a result, an additional four patient assessments were taking place per week. It was agreed that this action could be removed from the tracker.</p> <p><u>Disabled parking at local hospital trusts</u>: 'NHS parking guidance (2022) states that blue badge holders should have access to free parking. Liverpool University Hospitals NHS Foundation Trust (LUHFT) do not have trust owned parking facilities for 'The Royal Liverpool Hospital'. At the Aintree site, patients need to present</p>	DB



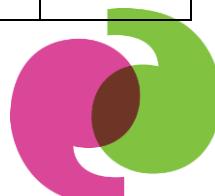
Agenda Item	Notes	Action
	<p>their blue badge to reception staff who will update the system so the car can leave the barrier car park free of charge. LUHFT are also updating their letter templates to include this information following a request from Healthwatch. Southport &amp; Ormskirk Hospital Trust provide free parking and keep a log of those patients who have provided evidence of being a blue badge holder on their system so that the barrier automatically lets them leave. VK asked if the reception at Aintree was open 24/7 <b>Action(s):</b> DB to share the process used at Southport with LUHFT to consider and to get evidence of the updated letter templates.</p> <p><u>Southport &amp; Ormskirk Hospital Trust: appointment letters:</u> we had been asked to raise again that letters need to include clear information about which site the appointment will be located at. AM confirmed that although previously raised, it had not been raised at the last meeting. <b>Action:</b> Issue to be raised at the next 'Patient Experience Group' meeting</p> <p><u>'South &amp; Central Community Champion' meeting: GP Access</u> WA updated that there had been various presentations about primary care, the various practitioner roles and upcoming plans. People First shared how access issues are impacting people with Learning Disabilities. Emerging issues from the meeting included how patients who may be lonely are not getting support (not being seen by their GP), difficulty getting Phlebotomy appointments had also been raised. AM asked about the role of reception staff as 'Care Navigators'. This is also the name for the NHS 111 role in Accident and Emergency departments and may be confusing. WA confirmed that this new name for GP practice reception staff was shared as part of the presentations, their role</p>	<p>DB</p> <p>AM/MD</p> <p>Page4</p>



<b>Agenda Item</b>	<b>Notes</b>	<b>Action</b>
	<p>to triage and navigate patient care to the most appropriate professional within the practice. BC confirmed that he had experience of this and was triaged, receiving a phone call from the professional who could best help, and this had worked well. DB thanked WA for the update.</p> <p>DB discussed an issue raised by VK about limited access to e-consult, with some practices having this service constantly switched off. Healthwatch had been alerted to the reasons why by commissioners (safety reasons). VK had suggested mapping this and this was being undertaken. <b>Action:</b> DB to feedback at the next meeting and share the findings with commissioners.</p> <p><u>Do-not-Attempt-Resuscitation (DNAR):</u> the concern about blanket DNAR being placed on residents in care homes, had been raised with commissioners and was being investigated.</p> <p><u>Updating our work plan:</u> A draft plan about how we involve our wider membership in the planning stage. DB had been considering how the plans for the Sefton Partnership could be considered into this work so we can ensure local voice is fed in. <b>Action:</b> DB to discuss this with Stephen Williams (Director for strategy and Performance).</p> <p><u>The Walton Centre NHS Foundation Trust. Online Engagement session. February 2022. Draft report:</u> suggestions to enhance the draft report had been shared with Healthwatch Liverpool. The second draft has just been shared. <b>Action:</b> WA and DB to review the amended draft and ensure the final report is on a future agenda.</p>	<p>DB</p> <p>DB</p> <p>DB/WA</p>



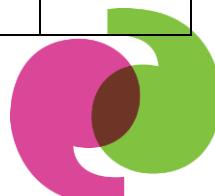
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	<p><u>Cheshire &amp; Merseyside Cancer Alliance Healthwatch meetings:</u>          No volunteers came forward to be the Healthwatch Ambassador.          DB will attend future meetings.</p> <p><u>Development of Youth Voice:</u> first meeting of the new strategic steering group had been held a few weeks ago. SC has been asked to speak at Headteacher network meetings (Sept). A small task and finish group has been set up to look at the Sefton participation toolkit. The first meeting had been held this morning and the toolkit will be updated. <b>Action:</b> SC to keep the group updated on any relevant developments.</p>	sc
4.	<p><b>Strategic updates:</b></p> <p>a) <u>NHS Cheshire &amp; Merseyside Integrated Care Board.</u>          DB updated that all commissioned NHS services for Sefton were currently under the remit of the above board. DB shared her screen to provide an overview of the Sefton Partnership structure and how Healthwatch was involved. There was also an update on the appointment of local directors.</p> <p>Healthwatch continues to have a seat on the Sefton Health and Well Being Board, and it will be the Chairperson who attends.</p> <p>Healthwatch has a seat on the main 'Partnership Board' and will be asked to sign the partnership agreement at a future date as a key partner. DB attends this meeting.</p> <p>Healthwatch has seats on the following committees which sit under the Partnership Board.</p> <ul style="list-style-type: none"> <li>• Programme Delivery Group (formally Sefton Provider Alliance).</li> </ul>	Page 6



<b>Agenda Item</b>	<b>Notes</b>	<b>Action</b>
	<ul style="list-style-type: none"> <li>• Sefton Committee for Primary Care Commissioning.</li> <li>• Sefton Quality and Performance Group.</li> <li>• People &amp; Communities Group (formally Engagement &amp; Consultation Group). Providers may be included within the formal membership moving forward.</li> </ul> <p>BC noted that the diagram should be improved to show the connections between committees as he found it confusing. This was noted.</p> <p>b) <u>Shaping Care Together.</u></p> <p>DB provided an update. New guidance from central Government has been issued and the project team has to consider new key lines of enquiry. This includes capital, workforce, out of hospital delivery and working closer with local authorities. At the last meeting of the Communications and Engagement Steering Group, Healthwatch asked if there would be a holding statement in place to update local people about the current position and this was agreed.</p> <p>A draft report, 'You Said, We Did', will also be launched to share how feedback has been used/ will be used to improve service delivery.</p> <p>AM updated how many of the reports from the Southport &amp; Ormskirk Patient Experience Group are based on the 'You Said, we did' approach.</p>	



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5.	<p><b>Chairperson recruitment update.</b></p> <p>DB updated that Dr John Turner had been appointed as volunteer Chairperson following an informal interview. John is retired but has worked for over 40 years as an NHS Consultant Physician and has held senior leadership roles at Aintree Hospital. John was also involved as a senior case reviewer for the Mid Staffordshire NHS Trust enquiry work, contributing to the landmark Francis Inquiry (2013).</p> <p>John has lived in Crosby with his family for 45 years and he considers himself to be warm, empathetic, approachable with a good sense of humor.</p> <p>John will be starting his induction over the coming weeks, and we plan to hold a face-to-face meeting with John prior to the next steering group.</p> <p>Diane shared how one of the questions asked of John was how comfortable he would find having to be sometimes critical of how the NHS delivered services (given his extensive career) and John had updated directors on his work and paper 'Boardroom ethics and the syndrome of senior silence' and how important it is to speak up.</p> <p>BC who had attended the session to meet with John, described John as easy to get on with and was looking forward to everyone meeting him.</p>	



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6.	<p><b>Hospital Discharge and Community support guidance.</b></p> <p>VK provided an update. New guidance effective from 1<sup>st</sup> April 2022, had been welcomed by the Carers Centre. Carers Trust and Carers UK had been heavily involved.</p> <p>The guidance, as part of the Health &amp; Social Care Bill, places new duties on NHS England to improve the involvement of Carers more strategically in the discharge process. The guidance is set out in section 113, clause 80, which depicts all the acts they must maintain against, including the Children &amp; Families Act and the Care Act.</p> <p>Recent work by Carers UK showed how 56% of family members and unpaid Carers had not been involved in any conversations with hospitals about hospital discharge.</p> <p>Conversations about hospital discharge should start as early as possible. The guidance states that as part of that first conversation, family members/unpaid Carers should be advised about support, independent advocacy and there should be a personalized support plan, which maximises independence.</p> <p>Often the focus is centered on the patient and not the family member. This new guidance ensures that the needs of family member/unpaid Carer are also considered to ensure a safe discharge and after care. There should be a focus to look at alternative options, assessments of long-term need and the long-term impact on Carers and the family, for example considering the impact on children.</p> <p>VK updated on 'Transfer of care' hubs. The national plan is to ensure that there are no disparities with discharge. Locally there</p>	



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	<p>would be a coordinator who would ensure that all discharge processes/plans are the same no matter what hospital a Sefton resident is discharged from. There is an online IT platform, 'NHS Collaborative' to support with discharge planning. This work is also linked to cost savings (failed discharges). NHS England are keen that the hubs work. Locally meetings have been taking place, Sefton needs to ensure that local pathways are clear, productive and joined together.</p> <p>BC was delighted to hear about the guidance but was concerned about the lack of adult social care resources which would be required to support this in practice. VK agreed. VK has also been asking that conversations with Carers and family members do not take place in front of the patient. Ideally the patient just wants to get home and Carers need to be able to openly share some of the pressures/ issues which may not support a positive discharge.</p> <p>For patients being discharged who need additional care, 4 – 6 weeks of care is provided. Problems arise if care is required after this period, and additional assessment must take place. Carers and families are not aware of processes and what might not happen and what this means for them.</p> <p>AM volunteers with the hospital discharge project at Southport &amp; Ormskirk Hospital Trust. AM felt it may be beneficial to contact the hospital. Over the past 12 months, they had been collecting patient feedback about discharge from hospital.</p> <p>VK updated on how the remit of Disability Funding Grants have widened and need to be embedded into the discharge process. Sefton MBC is leading on the local meetings and hospital</p>	



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	<p>representatives will be invited, as will Sefton CVS. VK has asked that Healthwatch Sefton be invited to the meeting.</p> <p>AM was concerned about patients who are discharged but then find that they do need support and fall through the loop. VK keeps reminding everyone that patients just want to get out of hospital and there is a need to make sure that the discharge is safe.</p>	
7.	<p><b>2-hour urgent community response service.</b></p> <p>VK shared on screen, the leaflet which has been produced to promote the service.</p> <p>This is a national programme, (NHS England investment), the aim to support patients and prevent hospital admissions. The response team will respond to a referral within 2 hours and provide support for a further 48 hours. For example, someone who needs help to get up following a fall/ someone experiencing more delirium, could be supported in their own home/care home.</p> <p>From a Carer perspective, VK was concerned about who would continue to provide care after the initial 48-hour period, additional safeguards needing to be considered as part of the pathway.</p> <p>In terms of support for Carer breakdown, the team will remove the cared for into a bed-based facility, but VK is still trying to find out how this will work and what support the Carer will receive.</p> <p>VK has been involved in discussions about the service. Mersey Care NHS Foundation Trust run the borough wide service which is available 8am – 8pm. The latest referral would probably be</p>	



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	<p>6/7pm to support with the two-hour response. Northwest Ambulance Service are also involved as VK believed they were responsible for the response vehicles.</p> <p>There have been problems with recruitment. Guidance states that unpaid Carers can refer into the service, however locally only health care professionals can refer. Sefton Carers Centre had agreed that they would not actively promote the service until they get a full team in place. In one months', time they have informed the trust that they will promote the service in line with the national guidance. <b>Action:</b> VK to provide an update at the next meeting.</p> <p>BC asked if this service would support with adaptations (for example handrails) if this was identified as part of the overall issue. This service will not be part of the service, but the team would make a referral.</p> <p>WA shared that there would be a presentation on this service at tomorrow's South &amp; Central Sefton Community Champion network meeting and asked for several clarifications including the referral process. VK shared that there is NHS guidance and within this, there is a clear process about who can make referrals. The guidance includes a 'no wrong door' process and this is cited throughout the guidance. The public will not be able to make referrals. However locally, VK is making the argument that unpaid Carers have knowledge of their cared for and professionalism and how they should be able to refer into the service.</p>	VK



<b>Agenda Item</b>	<b>Notes</b>	<b>Action</b>
	DB thanked VK for both updates and explained how important it is for steering group members to hear about service developments.	
8.	<p><b>Issues/Themes from steering group membership/Community Champion networks for consideration.</b></p> <p><b>South &amp; Central Sefton Community Champion network</b></p> <p>WA asked that problems in accessing Phlebotomy services be noted. DB updated that she was aware from her attendance at the last meeting of the quality and performance committee, Mersey Care NHS Foundation trust had alerted commissioners about current risks with service provision but not for urgent GP referrals.</p> <p>GP Access continues to be raised at every meeting for varying reasons; telephony, e-consult, appointments. Patients do not know about the different practitioner roles within general practice. WA has invited the 'Community Connectors' along to a future meeting, to talk about the support they can provide to people who are lonely. JC spoke about GP access from a learning disability perspective. There had been several individual outcomes for those who had attended but support needs to be in place for everyone.</p> <p>SC asked if there would be more public facing messaging about primary care. DB advised that at the last meeting of the Sefton Committee for Primary Care, a communications plan had been discussed, it being agreed that a local plan was required. WA explained that PC24 had told us that they are removing the triage process, reverting to an appointment system, the reason</p>	



Agenda Item	Notes	Action
	<p>being, they have concluded that triage leads to double appointment time.</p> <p>JC supported WM to share an experience. WM had a review appointment and despite letting reception staff know she had arrived, they had not told her to use the iPad to check in. Patients who were turning up after WM were being seen and WM waited for over an hour, missing her appointment. The practice did manage to re-arrange the appointment.</p> <p>DB shared patient transport as an issue raised by the Southport &amp; Formby Community Champion network. There has been reported delays for patients requiring transport on discharge and after attending outpatient appointments. The network had asked the steering group to note this. In addition, there had been feedback about an inappropriate hospital discharge for a wheelchair user who had been discharged in the early hours of the morning from Aintree Hospital and how their Carer has struggled to get them into the taxi.</p> <p>VK has heard that Mersey Care NHS Foundation Trust sends medication review appointments to Dementia patients without checking their personal circumstances (including the needs of their unpaid Carer/ family member). With the expectation that a visit to the hospital is required, it is likely an ambulance would need to be booked, this putting more pressure on the system, home visits not being considered. AM shared that appointments are sent out for memory clinic assessments, are often hospital based and not based on needs of the patient/Carer. <b>Action:</b></p>	DB



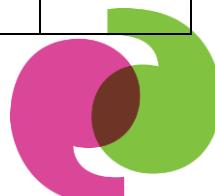
Agenda Item	Notes	Action
	issues to be formally raised at the Trusts next patient experience group meeting.	
9.	<p><b>Healthwatch engagement plan update.</b></p> <p>WA provided a brief update as the plan had been shared with members.</p> <p>WA and MD have commenced face to face engagement starting with community champion organisations to gather individual feedback.</p> <p>WA updated on the Healthwatch patient story relating to the Podiatry service. On receiving the feedback, Mersey Care NHS Foundation Trust had met with the patient and People First. WA will be sharing the written response with the patient and People First Merseyside to ensure it is accurate. <b>Action:</b> update to be provided at the next meeting.</p> <p>WA has agreed an engagement approach with Community Services across South Sefton, with Healthwatch promotional material being displayed in community clinics.</p> <p>The Patient Participation Group (PPG) meeting is taking place this week and there will be a session on the different practitioner roles. This will be recorded so it can be shared with a wider audience. SC asked if the PPGs engage with young people. Sefton Young Advisors could possibly support with this. <b>Action:</b> WA to raise this at the network meeting and feed this back.</p>	WA WA



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	<p>AM and MD had presented at the Southport &amp; Ormskirk Hospital Trust Patient Experience Conference. This had been held in person and they had made some useful contacts. AM updated that the 'Patient Led Assessments of the Care Environment' (Place assessments) were being stepped up again.</p> <p>DB updated that Healthwatch was back to a planned approach to face to face engagement. A risk assessment is in place and volunteers have been asked to sign a supplementary agreement. Any face-to-face meetings should be planned in partnership with the staff team.</p>	
10.	<p><b>Work plan updates. Key progress.</b></p> <p><u>Review of Mersey Care NHS Foundation Trust Long Covid community clinics.</u></p> <p>WA updated that Healthwatch Liverpool are leading on this, working with Healthwatch Knowsley, Sefton and St Helens. There is an online survey for people attending the clinics, however only 37 people have taken part. Mersey Care NHS Foundation trust who provides the service will continue to encourage people to complete the survey and responses can be shared over the phone/ zoom session.</p> <p>The project was extended to those who may not have been referred into the service but felt they had long Covid symptoms. There have been 4 responses to date. Both surveys will continue to be promoted.</p>	



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	<p><u>Domiciliary (home) Care review.</u></p> <p>DB updated that we now have the contact details for the sample (100 people) and a project plan is in place. We will be contacting all those within the sample in the coming weeks to find out if they would like to take part in this work and share their feedback. JS had previously asked to be involved in this work as she had experience of a family member receiving home care. <b>Action:</b> DB to contact JS about future involvement.</p>	DB
11.	<p><b>New area of work in line with Healthwatch England priorities.</b></p> <p><u>Accessible Information Standard – GP practices.</u></p> <p>Healthwatch England launched a campaign to find out if patients receive information in a way that supports them to understand their care/ treatment and helps them to make informed choices. This work was focussed on hospital care and there will be a national press release.</p> <p>Locally we have picked up that patients struggle to get information they need in the correct format and similar stories have been picked up by the Health &amp; Social Care Forum and Sefton Council's Accessible Information Group. The issue was discussed with commissioners, and we were tasked to get together to discuss it further. We have now met and have agreed that the focus for Sefton will be primary care. A further meeting is taking place tomorrow. <b>Action:</b> Update to be provided when available.</p>	DB



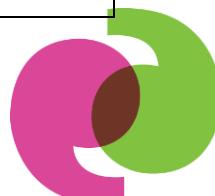
<b>Agenda Item</b>	<b>Notes</b>	<b>Action</b>
12.	<p><b>Healthwatch Ambassador updates</b></p> <p><u>Safety Champions meeting – Southport &amp; Ormskirk Hospital NHS Trust.</u></p> <p>AM updated that this invite had come after attending the patient experience conference. For maternity and neo-natal services, it is normally executives/senior leaders who undertake a walkabout, but they want to involve patients. They have asked Healthwatch and the Chair of the Maternity Voices Partnership to get involved. There will be a MS Teams meeting on the 10.08.2022. <b>Action:</b> AM to update DB on next steps.</p> <p>BC updated on his ambassador role with the Adult Social Care and Health Overview and Scrutiny Committee. Meetings have not been held recently but will reconvene from September.</p> <p>AM updated on work which North West Ambulance Service are planning, a project which will use taxis to get patients to hospital. BC added that they also use a number of electric cars, and it would be useful to find out how they work.</p> <p>DB updated on the work to improve the governance processes to ensure that Ambassador reports are shared at Steering Group. A new reporting process will be looked at with regular reports shared.</p>	AM
13.	<p><b>Any Other Business.</b></p> <p>BC asked if the next meeting would be in person. The next meeting will be held in September, and it was agreed that we would hold this meeting face to face.</p>	



<b>Agenda Item</b>	<b>Notes</b>	<b>Action</b>
	DB updated on the work undertaken on a promotion campaign to encourage local residents to volunteer as Healthwatch locality representatives. We have several vacancies and need to get them filled. <b>Action:</b> update to be provided at the next meeting.	DB

### Attendance Tracker

<b>Name / Representing</b>	<b>April 2022</b>	<b>May 2022</b>	<b>July 2022</b>
Chairperson	✓	Vacant	Vacant
Brian Clark OBE. Locality representative: North Southport	✓	✓	✓
Anne Major. Locality representative: Central Southport	x	✓	✓
Locality representative: Ainsdale & Birkdale	Vacant	Vacant	Vacant
Jan Sterling. Locality representative: Formby	x	x	✓
Locality representative: Hightown & Ince Blundell	Vacant	Vacant	Vacant
Kevin Halewood: Locality representative: Crosby	x	x	x
Helen Roberts: Locality representative: Seaforth & Litherland	x	x	x
Locality representative: Bootle	Vacant	Vacant	Vacant
Locality representative: Netherton	Vacant	Vacant	Vacant
Maurice Byrne: Locality representative: Maghull	✓	✓	x
Karen Christie - Health and Social Care Forum	x	✓	x
Helen Scanlan- Sefton Parent Carer Forum	x	x	x
Sefton Partnership for Older Citizens (Jan 2021 onwards)	x	Vacant	Vacant



Name / Representing	<u>April 2022</u>	<u>May 2022</u>	<u>July 2022</u>
Brian Causey: Sefton Carers Independent Action Group	x	x	x
Vicky Keeley/ Racheal Darvill - Sefton Carers Centre - Carers Voice	x	x	✓
Ellie Egerton-White/Georgia Ribbens - Sefton Young Advisors	x	✓	✓
Transforming Care Partnership Board Will Mullen and Jan Comer	✓	✓	✓
Sharon Cotterall – Every Child Matters Forum	✓	✓	✓

