

Minutes of the Healthwatch Sefton Steering Group meeting.
Held Tuesday 19th May 2021. 14:30.
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
Kevin Halewood (KH)	Locality representative – Crosby
Jennie Meehan (JM)	Locality representative – Bootle

Organisational Representatives:

Anne Major (AM) *	Sefton Partnership for Older Citizens
Clare Johnston (CJ)	Sefton Carers Voice
Yael Smith (YS)	Sefton Parent Carer Forum
Sharon Cotterall (SC)	Every Child Matters Forum

Apologies:

Helen Roberts (HR)	Locality representative – Seaforth & Litherland
Roger Hutchings (RH)	Co-opted (Social Care)
Will Mullen (WM)	Transforming Care Partnership Board
Joanne English (JE)	Transforming Care Partnership Board
Karen Christie (KC)	Health & Social Care Forum
Brian Causey (BCy)	Sefton Independent Carers Action Group

Staff Team:

Diane Blair (DB) Manager
Wendy Andersen (WA) Engagement & Participation Manager
Marquerite 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.</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>AM declared that she is a volunteer with the discharge team at Southport & Ormskirk Hospital NHS Trust.</p> <p>JM declared that she is employed by Sefton CVS.</p>	
3.	<p>Minutes of the last meeting for approval.</p> <p>The minutes from the meeting held 20.04.2021 were agreed as an accurate record.</p>	
4.	<p>Action Tracker</p> <p>Outstanding actions from meeting held 19th March 2021</p> <p><u>Covid vaccine programme:</u> WA fed back that the issue relating to access to interpreters which had been raised by Merseyside Society for Deaf People (MSDP) had been completed. There had been confirmation from commissioners that interpreters can be booked and there had been no issues raised. Jan Leonard asked to be updated if there were any further queries. WA shared that she would be meeting with the new Chief Executive Officer from MSDP in the near future.</p> <p><u>Impact reports for equality issues raised with Southport & Ormskirk Hospital NHS Trust:</u> AM fed back that updates will be discussed at the meeting scheduled with Lynne Barnes, the new Deputy Director of Nursing, Midwifery and Therapies.</p>	



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	<p>Update to be provided at the next meeting.</p> <p><u>GP practice ownership:</u> an update in relation to this issue had been emailed to members to help with a further discussion. The following points were made:</p> <p>MB: GP practices should be working together</p> <p>KH: patients should be consulted. KH gave an example of his local dental practice being taken over without any engagement or communication.</p> <p>BB: there is a national shortage of GPs. GPs decide to retire and therefore larger practices/ firms come in and take them over.</p> <p>There was a discussion about the need for engagement with patients when there is a change in ownership.</p> <p>BC: younger GPs are not interested in running the business. In terms of reviewing ownership, is it the job of Healthwatch to ensure that the service they provide, meets the need of patients? We should only get involved when issues are brought to our attention from local people.</p> <p>AM: in reviewing the original article in 'The Guardian', it was also about the business bringing new staff into the practices.</p> <p>BB brought the discussion to a close and shared that it was an interesting issue and something we should keep our eye on. DB explained that in supporting the work of GP access, commissioners had recently sent across a spreadsheet of who ran each of the practices in Sefton. This to be shared with members and any issues to be raised at the next meeting.</p>	MP/AM



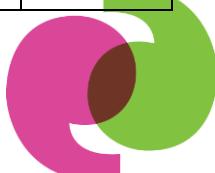
Agenda Item	Notes	Action
	<p>may have not been vaccinated and there was a plan in place. Any further issues raised with Healthwatch to be shared with Jan.</p> <p>MB shared an experience of a local resident who had been extremely anxious. They had not received their 2nd dose. It had been 17 weeks and it was affecting their mental health.</p> <p><u>Air pollution</u>: drafting of the letter was an outstanding issue. Letter to be drafted and shared with members for comment.</p> <p><u>Local housing developments & impact on health & care services</u>: drafting of the letter was an outstanding issue. Letter to be drafted and shared with members for comment.</p> <p><u>Follow up Covid-19 vaccine survey</u>: Healthwatch has been asked to join the local vaccine hesitancy group meetings. DB will attend. Healthwatch Blackburn with Darwin has shared its latest survey which is targeted at those aged 18 – 30, to find out their views. This has been shared with the hesitancy group and is on the agenda for discussion. Update to be provided at the next meeting.</p> <p><u>Working with Home Instead</u>: WA confirmed that it had been agreed that rather than be a member of the forum being established, Healthwatch would be a guest speaker at their first meeting on the 22nd June.</p> <p><u>Complaint Oversight Group</u>: DE had attended his first meeting on the 17th May. The group is in its early stages and members are working on getting an understanding of how it will work and getting to grips with complaints data. They are looking at how they can improve the recording of complaints relating to GP practices which are being dealt with by NHS England. A new standard operating procedure is being drafted to help with this.</p>	DB DB DB



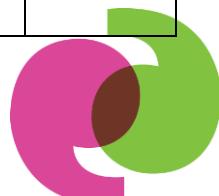
Agenda Item	Notes	Action
	<p>The 2021 complaints reports will be presented at the next meeting.</p>	
5.	<p>Update from the COVID-19 Outbreak Management Board/ Covid-19 vaccination programme updates.</p> <p>RH, Healthwatch ambassador on this board, had provided apologies but had shared an update. DB updated on the main points.</p> <p>The board had met on the 14th May. Sefton has been designated as level 3 (as per the national picture).</p> <p>Between 4th – 10th May, the rate was 57 per 100,000, with 157 cases in the past week, an increase of 85.</p> <p>Mortality rates in general are lower than the 5 year average.</p> <p>Vaccination rates are good, with positive responses across the borough and more vaccines can be accessed if required.</p> <p>There have been no cases in care homes.</p> <p>The main focus of the meeting had been the outbreak of the B117.2 variant of concern, this centering on Formby baths and other detected cases (not all linked to travel). Surge testing has commenced and separate sites for symptomatic and non-symptomatic residents were being used. Testing also includes pop up sites and this has included the local train stations.</p> <p>Given the new variant, the meetings had reverted back to bi-weekly.</p> <p>The clear message was that people need to continue to focus on 'hands, space, face' and not be complacent.</p> <p>SC: at a recent cell meeting, the local authority had shared that due to the sequencing work from the surge testing, local data would be delayed.</p>	



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	<p>BB: with restrictions being lifted, there will be anticipated spikes.</p> <p>KH: there are mixed messages, more local messaging needs to be shared so local residents know what they must do. Example was provided of confused parents contacting a local school due to the relaxation of mask wearing nationally but then noting the issue with the local variant.</p>	
6.	<p>Sefton Integrated Care Partnership (ICP).</p> <p>DB provided an update, this work now being included within the main work plan.</p> <p>Locally, the main focus of work is reviewing governance arrangements and the changes required as outlined in the white paper. The paper will receive its second reading in June but this may be slightly delayed.</p> <p>The role of the Health and Well Being Board is part of this review as it will have a critical role in overseeing the partnership.</p> <p>Once the Clinical Commissioning Groups (CCGs) have been dissolved, it will be the Integrated Care System (at the Cheshire & Merseyside level) which will have the statutory accountability for NHS commissioning and all of its associated functions. Its aim however, will be to discharge many of the functions back down to each place.</p> <p>The recent communication from the Cheshire & Merseyside Health & Care Partnership was noted. The current Chief Executive (Jackie Bene) and Chairperson (Alan Yates) would not be putting themselves forward for the roles under the new structure.</p> <p>DB, MB and BC had attended the session held by the Health & Social Care Forum/ Every Child Matters Forum. MB shared that he had found the session interesting but also confusing as</p>	



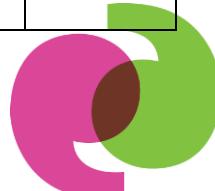
Agenda Item	Notes	Action
	<p>it is very complicated in terms of changes and the speed of the changes.</p> <p>AM: what do the changes mean for patients?</p> <p>BB: the Integrated Care Organisation will be a large new establishment and it will be important to work with neighbouring Healthwatch to ensure we work together.</p> <p>MB: shared his concerns from a patient perspective.</p> <p>In bringing the item to a close, it was agreed that it would be beneficial for a session to be held for Healthwatch volunteers.</p>	DB
7.	<p>Shaping Care Together</p> <p>The last communications and engagement steering group had been held on the 4th May.</p> <p>New consultants had been appointed to support with engagement and communications (Freshwater).</p> <p>All public engagement had halted whilst purdah was in place.</p> <p>The focus of the next phase of listening and engagement will be to focus specifically of the seven patient pathways and an engagement plan will be produced by Freshwater. They will be using a different website and the survey will be reviewed.</p> <p>WSP is a company which has been brought in to undertake transport/ travel analysis.</p> <p>The next meeting is scheduled for the 25th May and an update will be provided at the next meeting.</p> <p>SC: Sefton Young Advisors had been engaged by the previous commissioners and asked to produce a video to engage younger people in the process but this had not been progressed.</p>	



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8.	<p>Virtual visits.</p> <p>Presentation slides from the Healthwatch England webinar had been shared with members as part of the meeting pack. WA provided a summary using a care home visit as an example:</p> <ul style="list-style-type: none"> - You can't call a virtual visit 'enter and view' as you don't enter the premises. -In planning the visit you are heavily reliant on involving the care home. You would require a good relationship with the home and involve them in all planning stages. You would need to find out what outcomes they wanted and need a plan of the home in order to plan the visit virtually. -Care home staff would have to hold the filming device and Healthwatch would direct them in where they needed to go next in order to record observations. -There were many practicalities to consider including how independent the visit would be with staff directing the device. -There would be issues in how you talked independently to residents with staff involvement <p>BC: What would be gained from using this process, nothing! You can't find out everything through a screen. Healthwatch needs to wait until face to face engagement can restart.</p> <p>AM: agreed with BC and felt that this approach would put huge pressure on staff.</p> <p>BB: there would be a deterioration of care in the home if you had to take staff away from their caring responsibilities and with so much planning time needed prior to the visit and the visit itself, it doesn't appear to be a practical approach.</p> <p>YS: agreed and shared that it would not achieve anything.</p> <p>It was agreed that this approach not be adopted by</p>	



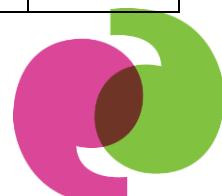
Agenda Item	Notes	Action
	Healthwatch Sefton.	
9.	<p>Work plan update.</p> <p>a) <u>Supported Living.</u></p> <p>The letter received from A Nile had been previously shared with members. The response had detailed an overview in how placements are monitored, an update on the new complex care broker roles and an update on plans to progress the strategic commissioning plans.</p> <p>From reviewing the response, it was put forward that the leads for this work meet with the complex care brokers to find out more about the work and that the leads agree a timescale for requesting an update on progress with the strategic plan.</p> <p>Members agreed with the proposals for taking this work forward.</p> <p>b) <u>Review of Domiciliary Care</u></p> <p>DB had met with the new commissioner, Pippa McHaffie (PH). Again strategic commissioning plans are moving forward for this service line and we can now commence the original plans to engage with users. PH is taking the original plan to a meeting with lead commissioners and will then get back to discuss next steps.</p> <p>c) <u>GP Access</u></p> <p>MD provided an update. MD and WA are currently reviewing the feedback received for local GP practices across all localities.</p> <p>The plans for this work now involve working in partnership with both CCGs to ensure there is no duplication.</p> <p>Work with the Care Quality Commission (CQC) has also been agreed, with plans for Healthwatch to gather feedback to</p>	



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	<p>support with future inspections/reviews.</p> <p>BB: at the last meeting of NHS Southport & Formby CCG's governing body, the Chair had shared what was happening in primary care with GPs working from 8am – midnight in some cases, with pressures also coming from secondary care.</p> <p>BB: there had been a 16 letter posted by a GP practice in Derbyshire which had been shared at the Healthwatch North West meeting which had made interesting reading. There was also a discussion about the over use of e-consult by the 'worried well'.</p> <p>YS: gave a local example of making 57 calls to her practice.</p> <p>SC: it's a mixed picture. There are local examples of practices which have no problems and then an example where a resident lived on their own, had a fall and couldn't even engage in a conversation with anyone at their practice.</p> <p>AM: when you go into the practice, they are empty and this is what the patient sees, so it is difficult for them to understand what is happening behind practice doors.</p> <p>MB: patients also don't know what other avenues to use and often their GP is their first point of contact.</p> <p>It was agreed that this is an area of concern. It has been added onto the main work plan and updates will be shared on this, with any areas to be addressed by the group being added to the agenda.</p> <p>d) <u>Dentistry Watch</u></p> <p>As part of the latest mapping exercise, there are no dentists in the borough who can register new patients wanting NHS treatment. This will remain the same for the coming months.</p> <p>Due to the number of calls coming through the Signposting & Information service, information was now available on the</p>	



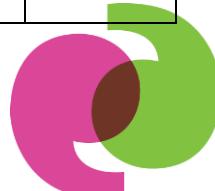
Agenda Item	Notes	Action
	<p>home page of the website and the voicemail message for the service was being changed to divert those people who had access to the internet to the information.</p> <p>The issue is nationwide and locally the issue has been escalated to the Overview & Scrutiny Committee and also the CCG Quality Committee who have also raised this with NHS England.</p>	
10.	<p>Area of Interest Action Plan</p> <p>a) <u>Lost Dentures – response from Southport & Ormskirk Hospital trust.</u></p> <p>The letter had been taken as read, being shared in the meeting pack. The issue has been raised with all ward managers, matrons and information has been included in staff communications.</p> <p>The response shared corrective action for vulnerable patients with the use of pots.</p> <p>There would be further updates on this area of work, as patient property is high on the trusts agenda. Updates will be provided at the patient experience group which AM attends as ambassador.</p> <p>BB: it is an extremely important issue and can be debilitating for the patient.</p> <p>WA: feedback has shared how debilitating this can be. If a patient loses their hearing aid, the hospital Audiology department can be contacted but dentists will not provide domiciliary visits.</p> <p>This work will now be included in the outcomes report work and removed from the action plan.</p>	DB



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	<p>b) <u>Lost dentures – response from Liverpool University Hospital NHS Foundation Trust –</u></p> <p>The letter had been taken as read, being shared in the meeting pack. The letter from Healthwatch had been shared with both the executive and senior manager teams.</p> <p>There is currently a review taking place focused on patient property which will include lost dentures. Feedback from Healthwatch has been incorporated into the review.</p> <p>Lost dentures have been included into the patient property policy as a designated section with clear guidance on what procedures staff have to follow. This includes how to manage dentures and actions to minimise their loss.</p> <p>This issue has also been incorporated into the work on nutrition and hydration and included into the manual.</p> <p>This work will now be included in the outcomes report work and removed from the action plan.</p> <p>c) <u>DMC Community Dermatology Service</u></p> <p>A meeting with DMC and the commissioner had taken place last week. Healthwatch had previously raised issues in relation to patient pathways, phone lines and signage at Triangle House.</p> <p>The meeting went well and we now have contacts with the local service manager and the national communications lead.</p> <p>There had been a positive discussion about GP referrals and pathways. There are plans to look at 'EMIS' templates, which will help to support referrals.</p> <p>There is now a new call centre system in place and in general waiting times have been significantly reduced.</p> <p>Triangle House is not a building owned by DMC but in terms of</p>	



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	<p>improving patient information about its location, there was an agreement to include more information in patient letters to help in locating the building.</p> <p>DMC agreed to take part in the feedback centre pilot and will look at how they can incorporate the feedback centre into their own survey and website.</p> <p>AM: there was also a discussion that Healthwatch could support in reviewing some of the paperwork used by DMC.</p> <p>This work will now be included in the outcomes report work and removed from the action plan.</p> <p>d) <u>Review of local provider transgender policies & practice.</u></p> <p>This area is on the action plan and members were asked for a steer on next steps. The last update had shared the pan Mersey work on a policy which could be used by all local trusts.</p> <p>Members discussed this and it was agreed that an update be requested to help decide on any other actions needed.</p> <p><u>Relocation of services from the Southport & Formby hospital site to the Ormskirk hospital site.</u></p> <p>This area is on the action plan and members were asked for a steer on next steps. Since the session held with the trusts Chief Executive, there had been no updates about the transfer of the medical day unit and physiotherapy services. The reductions in opening hours of the paediatric A & E department had also formed part of this work.</p> <p>Members discussed this and it was agreed that an update be requested from Lynne Barnes at the meeting which had been scheduled.</p>	<p>DB</p> <p>DB</p> <p>MD/AM</p>
11.	<p>Report for authorisation: Liverpool University Hospitals NHS Foundation Trust Feedback report: January 2021.</p>	



Agenda Item	Notes	Action
	<p>WA led on this item and with the report being within the meeting pack, the report was taken as read.</p> <p>The sample size of the online engagement session had been small but further feedback had been left on the feedback centre and phone calls had been taken.</p> <p>The feedback had highlighted various departments on the Aintree hospital site, feedback which shared how services were working well and feedback in which suggestions for service improvements had been made.</p> <p>As a follow on from this work, WA was working with 2 members to draft case studies relating to experiences of the Accident & Emergency department on the Aintree Hospital site. One also shared how the NHS 111 First pathway into the department had not worked as it should have.</p> <p>Members discussed the report and thanked WA for her work on this. It was agreed to authorise the report. The report to be added to the website, shared with members and local stakeholders and to be included within the outcomes report.</p>	DB/LM
12.	<p>Any Other Business.</p> <p>DB updated on the Annual Report which needed to be sent to the Secretary State for Health by the 30th June. Louise Malone (LM) was currently working on this. Members were asked to think about work areas which should be included and send them to DB.</p> <p>DB also updated members on the recent Care Quality Commission inspection report which had been published for Southport & Ormskirk Hospital NHS Trust. The report would be uploaded onto the news section of the website.</p> <p>AM: the report mentions the use of DNAR (do not attempt to resuscite) and this was an issue previously raised with the chief</p>	All



Agenda Item	Notes	Action
	executive of the trust.	
12. Items for information.	Notes from the South & Central Community Champion network – March 2021	

Attendance Tracker

Name / Representing	March 2021	April 2021	May 2021
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	x
Jennie Meehan: Locality representative: Bootle	✓	x	✓
Locality representative: Netherton	Vacant	Vacant	Vacant
Maurice Byrne: Locality representative: Maghull	✓	✓	✓
Karen Christie - Health and Social Care Forum	x	✓	x
Yael Smith- Every Child Matters Forum/ Sefton Parent Carer Forum	✓	x	✓



Sefton Equalities Network	Vacant	Vacant	Vacant
Roger Hutchings - Co-opted. Adult Social Care.	✓	✓	X
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	✓	✓

