

**Minutes of the Healthwatch Sefton Steering Group meeting.
Held Wednesday 27th October 2021. 13:00
Virtual meeting using the platform Zoom.**

Attendees:

Chair:

Brian Clark (BC)	Locality representative - Ainsdale & Birkdale/ Vice - Chair
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Locality Representatives:

Maurice Byrne (MB)	Locality representative – Maghull
Anne Major (AM) *	Locality representative - Central Southport
Jan Sterling (JS)	Locality representative – Formby

Organisational Representatives:

Will Mullen (WM)	Transforming Care Partnership Board
Joanne English (JE)	Transforming Care Partnership Board
Karen Christie (KC)	Health & Social Care Forum
Anne Major (AM)	Sefton Partnership for Older Citizens (SPOC)

Apologies:

Bill Bruce (BB)	Chair
Helen Roberts (HR)	Locality representative – Seaforth & Litherland
Kevin Halewood (KH)	Locality representative – Crosby
Sharon Cotterall (SC)	Every Child Matters Forum
Yael Smith (YS)	Sefton Parent Carer Forum
Clare Johnston (CJ)	Sefton Carers Voice

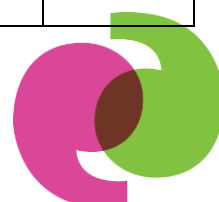
Staff Team:

Diane Blair (DB)	Manager
Wendy Andersen (WA)	Engagement & Participation Manager

* has a dual role.



Agenda Item	Notes	Action
1.	<p>Welcome, apologies and Declarations of Interest.</p> <p>BC welcomed all members. The following declarations of interest were shared in line with the agenda:</p> <p>AM – volunteers at Southport & Ormskirk Hospital NHS Trust.</p> <p>DB explained that R Hutchings had decided to resign from his volunteer role as co-opted member for adult social care due to external commitments. CJ had also confirmed that her colleague R Darvell, would be replacing her on the group as she was moving into a senior role within the Carers Centre. Members asked that DB pass on their thanks to both members for their support to Healthwatch and the steering group.</p> <p>DB further updated that BB would also be stepping down as Chair. BB had to provide apologies for the meeting due to work commitments. BB will be remaining in the position until a replacement is found.</p>	
2.	<p>Minutes of the last meeting for approval.</p> <p>The minutes from the previous meeting were agreed as an accurate record.</p>	
3.	<p>Action Tracker</p> <p><u>Southport & Ormskirk Hospital NHS Trust – equality issues:</u> Marguerite Dawson is arranging a meeting with Lynne Barnes (Director of Nursing). Action: update will be requested.</p> <p><u>CCG Governing body meetings</u> – BB had updated that a formal response had not been received. Action: update to be provided at the next meeting.</p> <p><u>Impact of local housing developments</u> – an invite has been sent to members. Action: meeting will be arranged.</p>	<p>MD</p> <p>BB</p> <p>DB</p>



Agenda Item	Notes	Action
	<p>BC updated on the pharmaceutical needs assessment which started this month and will look at the provision of pharmacies. Increases in housing may impact on this. There is no similar assessment for the provision of primary care. AM updated that GP practices were not being involved in discussions, this being picked up during a previous enter and view visit to a Southport practice. MB agreed and shared that there are no incentives. JS had previously been in touch with commissioners. In Formby, the plan was to increase housing by 15 – 20%. JS had been informed that provision could not be extended until need had been confirmed.</p> <p><u>Walton Centre NHS Foundation Trust (installation of an additional car park pay machine)</u> – WA updated that unfortunately although the machine is in place, it has yet to be switched on. The estates department are following up on this.</p> <p>Action: area to be added back onto the action plan and members to be updated.</p> <p>All other actions completed or on the agenda.</p>	DB/WA
4.	<p>Sefton Place Based Partnership/ Integrated Care Boards/ Integrated Care Partnerships.</p> <p>DB gave an update. The focus has been on provider collaboratives. Providers will be expected to work with each place but when working at scale, this will be done as part of a larger collaborative. There will be two collaboratives across Cheshire and Merseyside. One will bring together acute and specialist trusts and one will bring together mental health and community providers. It is still unclear how this will work and there were questions about how the voluntary sector would be included. Work on local governance structures has also been a focus.</p> <p>The next informal meeting of the 'Health and Well Being Board (1st November) will focus on its journey to become the</p>	



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	<p>overseeing body of the newly emerging Place Based Partnership. The board will be responsible for ensuring that Sefton meets its obligations. The event will focus on principles of 'be more Sefton' and what the priorities for the board should be. Members noted the update. No questions were raised.</p>	
5.	<p>Shaping Care Together Update</p> <p>2,031 survey responses had been completed to date (including 1,790 responses to the new questionnaire).</p> <p>DB shared that this week's meeting of the Communications & Engagement Steering Group has been postponed due to IT difficulties, the ongoing development of plans to be presented to the group and emergency periods of annual leave. The main focus of the rearranged meeting will be planning the next round of engagement and its imminent delivery.</p> <p>BC explained that at the last Overview and Scrutiny Committee (OSC) meeting, there had been an update on the Trusts fragile services.</p> <p>AM asked what support would be given to those satellite clinics which the trust provides, including cardiology and vascular services.</p> <p>JS was concerned about the use of the survey, the questions asked and bias. BC felt that patients just want seamless treatment and a survey will not fix this. JE and WM shared how they had not been engaged to complete the survey, despite reviewing the draft easy read survey.</p>	
6.	<p>Work plan update: only exception updates reported on. .</p> <p>a) <u>GP Access / Case studies</u></p> <p>WA updated on commissioner's progress to send out their GP access survey. Community Champion networks had offered to</p>	



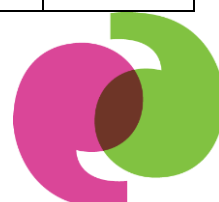
Agenda Item	Notes	Action
	<p>support in getting key messages out and encourage residents to complete the survey, but this hadn't progressed.</p> <p>MB asked how many surveys would be sent out and would this be to all patients? MB also asked if this would be by text message, letter, or a combination. An update at the recent big chat events held by commissioners had referenced the results from a national primary care survey and results had been positive. WA responded that Healthwatch was waiting for several clarifications about the process. JS offered to support people to complete the survey in her role with Sefton CVS and the community connectors team.</p> <p>JE felt that services should know what people want and already know what makes a good service. Services need to engage, but better use could be made of public funding.</p> <p>WA didn't understand what outcomes would come from the surveys unless there was an agreement across practices about minimum standards of service. This would help patients to understand what they could expect from their practice. BC shared how practice websites differed and again some patients were experiencing better access to information.</p> <p>AM updated on the closure of the Roe Lane practice in Southport and how services were being provided via the Christina Hartley site. Patients had not been aware of this and commissioners were launching the survey earlier to those patients to engage with them on this and find out about access.</p> <p>WA explained that during the online engagement sessions which Healthwatch has been holding with community champions, most of the feedback relates to primary care. Action: JE explained that she would get in touch with WA to organise an online session.</p> <p>From a recent session, WA had been able to record a case study which had been distributed. The resident had shared how they</p>	<p>JE</p>



Agenda Item	Notes	Action
	<p>had accessed four different services to gain treatment for one issue and had ended up accessing accident and emergency services. The case study had been shared with commissioners (including those in Liverpool) and would be included within the final report on GP access.</p> <p>AM gave examples of comments on social media, particularly from people of a working age who are unable to keep ringing the practice throughout the day to make an appointment.</p> <p>JE enquired about GP out of hours access and BC confirmed that commissioners provide updates in their reports to the OSC. Members shared how they believed that you would access the evening and weekend appointments either via the GP practice or by contacting 111. The general view was that the additional appointments are not often offered as alternatives. WM confirmed this and had asked her practice about getting one of these appointments but they hadn't known about it.</p> <p>MB enquired about access to the e-consult service and that this was often not available at weekends. MB had recently shared feedback about the impact of this. As a result, the resident had contacted 111 but had not received an appointment for four days and the issue had been serious. Action: Members agreed that the queries raised be shared with commissioners for comment.</p> <p>b) <u>Review of Domiciliary Care</u></p> <p>DB provided the update. Sefton CVS has updated its data management and data retention policy, and this has been shared with Sefton MBC. The next step is for a contract variation to be made as Healthwatch is named as a data processor and needs to be a data controller to handle information. In addition, the actions agreed at the last meeting from the issues raised by Sefton Carers Centre have been progressed.</p>	<p>DB</p>

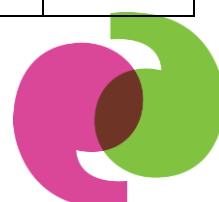


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	<p>c) <u>Strengthening and Supporting Patient Participation Groups (PPGs)</u></p> <p>WA provided some background to this work. The steering group for this work area, had met in July and since then, commissioners had not shared the draft minutes, any updates on the two support packs or next steps despite Healthwatch requesting updates. Only recently had assurance been gained that this work would be prioritised. The steering group will be meeting (1st December) and a series of planning meetings have been arranged. BC updated that he attends his practice meetings and has been invited in his role as locality representative to attend a future meeting at Ainsdale Medical Centre. MB gave an example of a proactive group which meets in Maghull. AM is a member of her practice group and they had been looking for a 'terms of reference' to use, so AM agreed that the support packs for practices would be a good resource.</p> <p>d) <u>Sefton continence service review</u></p> <p>DB shared progress made. DB and WA had met with the new lead nurse for Sefton community services, Anne Bennett and Anne was keen for this work to move forward. The survey has been sent to Anne for review.</p> <p>AM in her volunteer role with Southport & Ormskirk Hospital NHS Trust, gave an overview of some of the issue's patients have shared. On discharge there appear to be problems in accessing continence products (only receiving a small amount on discharge), issues with catheters and are not provided with contact information on discharge. This often leads to re-admissions into the trust. Some patients have shared that they have to purchase their own products. JE asked if this was a communication issue between the trust and the continence team. Does the trust have a clear procedure in place so patients</p>	



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Agenda Item	Notes	Action
	<p>agenda item for the OSC (Children's services and safeguarding) and Healthwatch could keep up to date/ input via this route.</p> <p>The other meeting for members consideration was held by Liverpool University Hospitals Foundation Trust. The trust holds two patient experience meetings, an operational meeting and a functional meeting, the latter feeding into higher governance structures. Agenda items are often identical, and members were asked for approval to attend the functional meeting only. Members agreed this to avoid duplication. Action: decisions to be shared with the chairpersons of the three meetings.</p>	DB
8.	<p>Emerging issues</p> <p><u>Patient transport – Southport & Ormskirk Hospital NHS Trust</u></p> <p>AM raised the issue of access to patient transport and its impact on hospital discharge. Anecdotal feedback suggests that there is one person within the Trust who takes responsibility for organising transport and if they are not in work, issues arise. Nursing staff have reported this too. It is apparent that neither the trust nor North West Ambulance Service (NWAS) are taking responsibility for this.</p> <p>MB explained that this may be linked to the current pressures on NHS services and staff and advised that it may be worth contacting NWAS for an update. AM asked if the trust would have their own policy.</p> <p>KC gave a local example. Ambulances must be booked one week in advance and there is a three-hour window to be picked up. For example, for an appointment at 11am, the patient may have to wait until 2pm to be picked up to return home. For patients who have a learning disability, this can make them anxious as they wait, and their behavior can impact on other patients and staff.</p>	



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	<p>When undertaking outreach in the main reception area of Aintree Hospital, WA shared that patients were often left, waiting in wheelchairs while the trust organised for taxis to pick them up.</p> <p>DB explained how at a recent meeting with Liverpool University Hospitals NHS Foundation Trust, outpatient staff had shared that they were having to support patients who were waiting for patient transport services. With discharge lounges not yet open, patient transport staff often were unable to locate the patient who required their support. In addition, BC felt that not being able to have a carer/ family member attend with them, would also have an impact. JS reinforced this as she is a primary carer and must fight to get an agreement to attend appointments. Not everyone has the courage to do this. Action: Issue to be raised with NWAS and feedback requested.</p>	DB
9.	<p>Small work projects</p> <p>a) <u>Mystery shopping exercise of Sefton and Liverpool CAMHS (child and adolescent mental health services) platform</u></p> <p>DB provided the update. Commissioners have received feedback from children, young people and their families that accessing CAMHS information and support can sometimes be difficult. To understand the key issues, Sefton's Emotional Health and Wellbeing Board recommended that commissioners undertake a focused 'mystery shopping' exercise to gain insight into the challenges that children, young people and their families face, so that any identified key issues can be addressed and the insight used to inform future service developments. This is a small-scale exercise to involve approximately 10 parent/carers and 15 young people, aged 14+ (due to Gillick competency principles, young people under the age of 14 are not able to make a self-referral for support). Participants should ideally have no prior experience of using the platform.</p>	



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	<p>Members were asked for feedback and if they would authorise this small project. The project was agreed. Action: Project to be progressed.</p> <p>b) <u>Adult Safeguarding project</u></p> <p>Healthwatch is a member of the newly formed board for Sefton and has been asked to undertake a very informal temperature check to see what residents know about safeguarding/ their understanding and if they would know how to report a concern? The plan would be to include a couple of questions during our online engagement sessions/ Signposting service.</p> <p>JE suggested that taxi drivers would be a useful source of intelligence as they notice what is going on and have regular contact with the public. MB asked if the drivers would have accessed safeguarding training. JE explained that the company Delta, had run their training department in their office building and were known to be very responsive to issues raised. Action: query re training for taxi drivers to be raised with Sefton MBC. This project was agreed by members.</p>	<p>DB</p> <p>DB</p>
10.	<p>Review of Community Champion Networks</p> <p>WA shared how working with the networks was one of the best parts of her role and that the team wanted to ensure that they are working well for everyone. Areas being reviewed include the reach of the network, how we can promote the work of our champions and encourage more organisations to join the network.</p> <p>BC asked if WA was linking into Sefton CVS. MB supported this as CVS has a comprehensive database. AM asked if Healthwatch had links into the national childbirth trust who often had links into local groups. Action: WA to investigate this connection. BC agreed that the review was important as this is often the route Healthwatch became aware of emerging issues.</p>	<p>WA</p>



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11.	<p>Update on Healthwatch branding</p> <p>DB provided the update. A new brand messaging guide, which includes a strap line, tone of voice and marketing messages for different audiences has been launched.</p> <p>The new strapline is 'Your health and social care champion'. JE commented that the strapline is good as it incorporates social care which has often been missed.</p> <p>The brand is aligned to impact. Demonstrating action across our work will help ensure everyone trusts us to get the job done and that we do have the sway to drive change.</p> <p>BC asked if our posters and leaflets would need to be updated and Diane shared the plans for this. Members noted the update.</p>	
12	<p>Any Other Business</p> <p>BC asked if a new ambassador would be recruited to attend the overview and scrutiny committees with him. Action: DB to recruit a new ambassador and arrange a catch-up session.</p> <p>As the last meeting for the year will be November, DB explained that the group would need to agree dates/times for 2022 meetings. Action: DB to contact members and finalise the schedule.</p>	<p>DB</p> <p>DB</p>
	<p>Items for information</p> <p>Notes from the South & Central Community Champion network – July 2021</p> <p>Notes from the Southport and Formby Community Champion network – July 2021</p>	



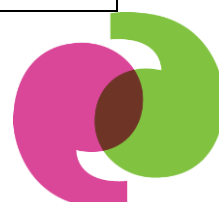
Key decisions log

[key decisions will be included in the action tracker of the next meeting held]

Agenda item	Decision agreed	Agreed action(s)	To be actioned by
6	Points from discussion relating to GP access to be shared with commissioners.	Share members queries regarding GP access with commissioners and request a response.	DB
8	Request response from NWAS about current position of patient transport.	Email to be sent to NWAS to share query regarding patient transport, responsibilities for booking transport and request a response.	DB
9a	Mystery shopping exercise of Sefton and Liverpool CAMHS (child and adolescent mental health services) platform agreed	Project to commence	DB
9b	Adult Safeguarding Project agreed	Project to commence	DB

Attendance Tracker

Name / Representing	<u>July</u> <u>2021</u>	<u>Sept</u> <u>2021</u>	<u>Oct</u> <u>2021</u>
Bill Bruce – Chair	✓	✓	x
Locality representative: North Southport	x	Vacant	Vacant
Anne Major. Locality representative: Central Southport	x	✓	✓
Brian Clark OBE. Locality representative: Ainsdale & Birkdale	✓	x	✓



Jan Sterling. Locality representative: Formby	✓ (part)	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
Jennie Meehan: Locality representative: Bootle	x	✓	x
Locality representative: Netherton	Vacant	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	x	x
Sefton Equalities Network	Vacant	Vacant	Vacant
Anne Major - Sefton Partnership for Older Citizens (Jan 2021 onwards)	x	✓	✓
Brian Causey: Sefton Carers Independent Action Group	✓	x	x
Clare Johnston – Carers Voice	✓	✓	x
Ellie Egerton- White - Sefton Young Advisors	x	x	
Transforming Care Partnership Board Will Mullen and Joanne English	✓	✓	
Sharon Cotterall – Every Child Matters Forum	x	x	x

