

Agenda Item	Notes	Action
1.	<p>Welcome, apologies and Declarations of Interest.</p> <p>BB welcomed all members. The following declarations of interest were shared in line with the agenda:</p> <p>BB - 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>JM - employed by Sefton CVS.</p> <p>AM – volunteers at Southport & Ormskirk Hospital NHS Trust</p> <p>MB – item 6a</p> <p>MD – item 7b</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>Impact reports for equality issues raised with Southport & Ormskirk Hospital NHS Trust:</u> there have been no further updates. Action: equality officer Robert Davies to be contacted for an update.</p> <p><u>Letter to Clinical Commissioning Groups about governing body meetings:</u> There has been no formal response to date and BB was unaware if the letter had been circulated to all board members. It was disappointing, but it was also acknowledged that they are working through a period of transition.</p>	<p>DB</p> <p>BB</p>
4.	<p>Sefton Integrated Care Partnership (ICP).</p> <p>The bill is currently at committee stage and there have been a number of changes to the names of structures within the proposed new system:</p>	



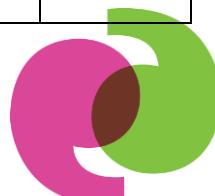
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	<ul style="list-style-type: none"> The NHS body which will pick up duties from clinical commissioning groups will be called the 'Integrated Care Board'. This board will be able to delegate commissioning back to borough level. The current Cheshire and Merseyside Health and Care partnership will be called the 'Integrated Care Partnership' What we have been calling the Sefton Integrated Care Partnership will now be called 'Sefton Place Based Partnership'. There will also be provider collaboratives. <p>Guidance is being issued all the time and an important one for us was issued on the 2nd September, 'working with people and communities'. This highlights the need to work with Healthwatch and local voluntary, community and faith organisations.</p> <p>Locally we continue to attend the local strategic meetings and the key message is "be more Sefton".</p> <p>Healthwatch Sefton supported the presentation of 'exploring systems for community engagement and future opportunities', alongside commissioning and local authority colleagues to the Health and Social Care forum.</p> <p>BB still felt that local influence would be diluted. MB updated that there would be a presentation on this area at the next Children's and safeguarding Overview & Scrutiny Committee meeting. DB also shared that the primary care networks will remain and a letter had been sent to the three leads to introduce Healthwatch and to discuss future relationships.</p> <p>Members noted the updates provided.</p>	
5.	Shaping Care Together Update	Page 3



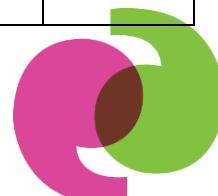
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	<p>There has been little engagement since the last meeting and an update on changes at the Trust is included under item 11.</p> <p>MD shared one of the issues which had been raised at the July meeting of the Southport and Formby Community Champion Network meeting. Members had discussed the various factors which negatively affect patients ability to attend appointments. Issues included, changes to postal addresses, numerous cancellations of appointments, distance of travel, and caring responsibilities. The format of letters sent out may also not be appropriate for individual specific needs.</p> <p>AM spoke about recent information that was circulating about services no longer being provided by the trust. There are a number of services which are being classified as fragile (Hematology, Dermatology and Ophthalmology) which need further review and support. Patients will continue to be able to access services. AM also confirmed that there have been a number of public apologies made as there were local messages being shared that the hospital would be closing. Messages have been retracted.</p>	
6.	<p>Work plan update: only exception updates reported on.</p> <p>a) <u>GP Access</u></p> <p>WA updated on the report provided within the pack and the issue that had been raised about a practice (Maghull) using the intercom and the issues this was causing. MB confirmed that this system is not in use now and patients are able to go into the practice and speak to reception staff.</p> <p>DB shared a request from the joint primary care commissioning committee to consider any further actions which could be undertaken to support the current issues. MB agreed that more could be done to educate the public on other clinician roles</p>	



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	<p>within practices and that for many appointments, they don't have to see the GP to gain support.</p> <p>BB highlighted the national shortage of GPs, the current shortage estimated at 6,000.</p> <p>Members discussed the survey which commissioners had shared for comment, its aim and what outcomes this would lead to for improved services as this had been unclear. WA agreed and felt that it had been unclear about what was going to happen with the results and communications back to patients.</p> <p>CJ explained how carers had been asking for upcoming IT training to focus on how they could access and use the online e-consult system to support them to access appointments. Communication with practices is difficult without this access. There is also an assumption that everyone has access to a smartphone.</p> <p>AM shared that when she had tried to access e-consult, the system had not been available, the practice had turned off the facility. DB updated that following the pilot, practices were now able to make decisions about when best to have their e-consult systems available or not.</p> <p>JE referred to the accessible information standard and how this was important to factor in to this, as it is so important that patients receive information in the format they require. MB agreed and felt that the local inconsistencies in access were something to note. BB also highlighted IT poverty and the link with deprived areas. They will be unsure on how to access services. ACTION: the issues discussed were noted and will be shared with commissioners.</p> <p>b) <u>Supported Living.</u></p> <p>DB explained how a further letter has been sent to Sefton MBC which asks for updates on the following areas:</p>	DB



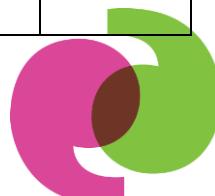
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	<ul style="list-style-type: none"> • Care brokerage scheme • Care, quality and health and safety • Access to information • Support with finances • Update on the consultation <p>We are also in the process of arranging a meeting with Craig Godding from the commissioning team who has been looking at quality. CG supported the update with information about the recommissioning process and the exercise which will commence. There are also issues with annual checks of supported living properties and the support provided. The management aspect needs to be reviewed. Members noted the update.</p> <p>c) <u>Review of Domiciliary Care</u></p> <p>DB explained that the only hurdle now is ensuring that the data management and retention policy we have in place (we use the Sefton CVS policy) is updated. Once we have this issue resolved we will be starting this work. Members noted the update.</p>	
7.	<p>Area of Interest Action Plan</p> <p>a) <u>Air Quality</u></p> <p>Members had received the response and was taken as read. DB provided a brief summary of some areas which could be considered:</p> <ul style="list-style-type: none"> • Requesting to attend the environmental liaison meetings • Gaining the details of Peel Ports environmental contact • Supporting the community work planned in relation to air quality • Involvement in the upcoming engagement regarding clean air zones 	



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	<p>WA agreed that it would be great for the community champion networks to be updated and involved in the plans.</p> <p>MB agreed but reminded members that this is a city region issue too and we need to find out more about the regional plans.</p> <p>JE explained how air quality is linked to the economy, with transportation (lorries and tankers) and also visitors the area.</p> <p>BB shared how difficult it must be for residents as the smells are often not pleasant.</p> <p>b) <u>Impact of local housing developments.</u></p> <p>The response had been received and members therefore discussed the response from Cllr Veidman.</p> <p>KH had reviewed the response and had shared that planners should have the foresight and vision when drafting the local plan to make it policy that developers enter into section 106 agreements at the start of the process.</p> <p>DB also shared how she had met with Martin McDowell from the clinical commissioning group. They are working on gaining better population projections and also an updated local projection of GPs working (whole time equivalent) across the borough.</p> <p>As there had been a number of apologies, it was agreed that further discussion would be required about next steps. It was agreed that more forward planning was required by all parties involved. Members discussed how it may be worth inviting interested members to a meeting to discuss this specific area in more detail. Action: meeting to be organised.</p> <p>c) <u>Changes to car parking systems on the Aintree Hospital site – issue affecting patients attending the Walton Centre.</u></p>	DB



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	<p>Wendy updated members that this ongoing issue had now been completed, with all of the pay machines being installed as planned. The last machine had been installed inside the Sid Watkins building. Action: this issue will now be removed from the action plan.</p>	DB
8.	<p>Issues for consideration.</p> <p>CJ had asked for an issue to be discussed and led on providing an overview.</p> <p>Firstly, following issues discussed at Sefton Carers Centre and in relation to the planned review of domiciliary care services, members were asked if they would agree to find out what the difference is in any pay that domiciliary care workers get across Cheshire and Merseyside to compare them to our rate in Sefton.</p> <p>CJ shared how the rate of pay is different for personal assistant's (PA) that are paid via direct payments dependent on if they are a PA for children or one for adults. This can cause issues during the transition period from child to adult services. The PA will still be doing the same job/role, however their pay changes and not for the better. CJ asked if members agreed that it would be possible to find out from our local Healthwatch colleagues to find out if they have information on this. This would support to compare rates which Sefton council currently pay.</p> <p>At the older carers project, CJ shared how it had been staggering hearing from some carers about how much they have to contribute. Some carers shared that this was over £1000 per week and families were struggling to keep the top up going to pay the difference from what Sefton council will pay up to per week. CJ asked if again, we could ask our local Healthwatch colleagues, what their local authority paid per placement.</p>	



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	<p>In looking at public facing information across Cheshire and Merseyside, Halton Borough Council appear to be one of the only ones to share this information.</p> <p>CJ also commented on the current issue of shortages of staff working in the domiciliary care field and the impact this was having on the provision of care packages and delays with hospital discharge. DB also explained how this theme had emerged at the last North West Healthwatch meeting.</p> <p>Members agreed that the three areas raised were important and authorised. Action: issues to be included onto the area of interest action plan and be progressed.</p>	DB
9.	<p>Response from Liverpool University Hospitals NHS Foundation Trust – case studies.</p> <p>A report detailing the case studies and responses from both the provider and the commissioner had been shared with members. WA gave a brief update.</p> <p>One of the case studies details the experience of the NHS 111 pathway into the accident and emergency (A & E) department. A call out across the Healthwatch network has supported that the pathway is not working. The provision of an allotted time to attend an A & E department is raising patient expectations and there appear to be communication issues.</p> <p>AM shared how she had heard about both positive and negative experiences of local people accessing the service. Some of the positive stories had been about people being given an appointment time and how this had worked. AM agreed that the case studies should be shared with North West Ambulance Service, as the provider of NHS 111. At present, there appears to be no difference between 111 and 999 responses.</p> <p>BB shared his experience of an 8 hour wait within the department at the Aintree hospital site. The tannoy system had</p>	Page 9



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	<p>not been used and no indication of how long the wait would be was provided. There were a number of older patients waiting and there had been no regular checks undertaken within the waiting room to make sure that they had been ok. The service is in crisis.</p> <p>AM commented on the waiting area at Southport & Formby District General hospital. The area is small and there is no confidentiality as you can hear what all patients share when booking in at reception.</p> <p>MB shared how the findings from the latest Care Quality Commission (CQC) inspection at Liverpool University Hospitals NHS Foundation trust, had not been great and it had been very critical. Members discussed and agreed that the issues faced within the departments are not just about lack of resources, management and leadership are also part of the problem.</p> <p>WA was thanked for the work on this. Action: members to be updated on follow up actions/ work.</p>	WA
10.	<p>Provider updates</p> <p>a) <u>Southport & Ormskirk Hospital NHS Trust</u></p> <p>As of 20th September, the trust entered into a partnership with St Helens & Knowsley Hospitals NHS Trust. This is a long-term partnership which has been approved by NHS England to;</p> <ul style="list-style-type: none"> • Sustained delivery of improved outcomes for patients • Ensure high quality and sustainable hospital services • Give staff greater opportunities to develop professional skills • Make the best use of available resources, including learning from a 'outstanding' Care Quality Commission provider 	Page 10



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	<p>As previously discussed, the trust has a number of fragile services which will be supported. There has also been an agreement that this decision will complement and support the 'Shaping Care Together' programme.</p> <p>There has also been a change in Chief Executive (Ann Marr), who will be the executive across both providers, with Anne-Marie Stretch being the new managing director at Southport & Ormskirk Hospital NHS Trust.</p> <p>b) <u>Liverpool Women's NHS Foundation Trust.</u></p> <p>WA provided an update from a meeting she had attended. The meeting was to update local Healthwatch on the 'future generations' strategy. The trust is moving forward with its plans to be co-located with another acute provider to ensure that they can provide safe services. There are no plans to undertake wider engagement at present but they will be talking to interested groups. Action: presentation from the meeting to be shared with members.</p> <p>c) <u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Chief Executive, Steve Warburton recently stood down from his position after 6.5 years. Sir David Dalton has been appointed as the interim executive for 6 months, whilst a substantive executive is recruited.</p> <p>Sir David Dalton has shared how he will be addressing the recent criticisms from the Care Quality Commission and the trust will be focusing on:</p> <ul style="list-style-type: none"> • Patient safety • Quality Improvement • Driving up standards • Leading on culture change <p>Members noted all of the updates.</p>	<p>DB</p>



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11.	<p>Any Other Business.</p> <p>AM asked if authorised representatives from the 'Enter and View' team could be updated on our current position. DB shared that the board of directors would be discussing this at their next meeting. Action: update to be provided to members following the board meeting.</p>	DB

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
7b	To review further the impact of local housing developments on health and care services	Meeting to be arranged with interested members	DB
8	To pursue issues relating to differences in payments by local authorities for domiciliary care workers, personal assistants supporting children and adults and also top up payments to care homes.	To follow up on the 3 issues.	DB

Attendance Tracker

Name / Representing	June 2021	July 2021	Sept 2021
Bill Bruce – Chair	✓	✓	✓



Locality representative: North Southport	x	x	Vacant
Anne Major. Locality representative: Central Southport	✓	x	✓
Brian Clark OBE. Locality representative: Ainsdale & Birkdale	✓	✓	x
Jan Sterling. Locality representative: Formby	Vacant	✓ (part)	x
Locality representative: Hightown & Ince Blundell	Vacant	Vacant	Vacant
Kevin Halewood: Locality representative: Crosby	✓	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	x
Yael Smith- Every Child Matters Forum/ Sefton Parent Carer Forum	✓	x	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)	✓	x	✓
Brian Causey: Sefton Carers Independent Action Group	x	✓	x
Clare Johnston – Carers Voice	x	✓	✓
Ellie Egerton- White - Sefton Young Advisors	x	x	x
Transforming Care Partnership Board Will Mullen and Joanne English	x	✓	✓



Sharon Cotterall – Every Child Matters Forum	X	X	X
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