

South & Central Community Champion Network Meeting**Thursday 25th March 2021****Zoom meeting themed:****NHS 111 First / Talking Matters Sefton / Sefton CVS Social Prescribers****Chair**

Barbara Rouse (BR)

Bootle YMCA / Bootle Action group

Attendees

Kevin Halewood (KH)

Crosby Locality Representative

Jennie Meehan (JM)

Bootle Locality Representative

Maurice Byrne (MB)

Maghull Locality Representative

Helen Roberts (HR)

Seaforth & Litherland Locality Representative (also covering Hightown & Ince)

Vikki Martlow (VM)

Sefton Opera

Chris Dale (CD)

Crosby Age Concern

Bob Wilkinson (BW)

The Samaritans

Joanne English (JE)

People First Merseyside

Simon Walker (SW)

People First Merseyside

Lesley Curran (LC)

People First Merseyside

Debbie Kelly (DK)

The May Logan Centre

Justine Shenton (JS)

Sefton Advocacy

Sandra Bell (SB)

The Reach Mens Centre

Peter Davies (PD)

Liverpool & Sefton Age Concern

Clare Johnston (CJ)

Sefton Carers

Helen Hagan (HH)

Sefton CVS Community Connector

Louise Harris (LH)

Healthwatch staff member(s)

Wendy Andersen (WA)

Engagement & Participation Manager

Guest Speaker(s)

David Marteau (DM)	Commissioning Lead for Urgent Care & Community Services NHS Southport and Formby CCG and NHS South Sefton CCG
Lyn Cook (LC)	Head of communications and engagement NHS South Sefton CCG and NHS Southport and Formby CCG
Kenneth Lamden (KL)	GP, PCN Seaforth & Litherland
Amanda Comer (AC)	Service Lead, Talking Matters Sefton
Heidi Clark (HC)	Sefton CVS Social Prescriber
Robert Goux (RG)	Sefton CVS Social Prescriber

Apologies

Nicky Hall (NH)	People First Merseyside
Rosemary Hart (RH)	Kindhearts Café
Mandy Lewtas (ML)	Kindfullness Cafe

1. Introductions & Housekeeping

BR welcomed all members and guest speakers to our Community Champion zoom meeting. BR informed members that we had additional guest speakers today from the CCG and the Primary Care Network for Seaforth & Litherland. This was authorised at short notice and both Lynn Cook and Dr Kenneth Lamden will provide an update on the vaccine programme for Seaforth & Litherland at the start of the agenda.

Guest speakers and topics planned for today's meeting are below:

- NHS 111 First – David Marteau, CCG
- Talking Matters Sefton – Amanda Comer
- Sefton CVS Social Prescribers – Heidi & Rob

The last south and central Community Champion network meeting was held February 2021 themed on:

- Merseyside Police
- Sefton CVS Community Connectors

House keeping was covered and members and speakers were asked to introduce themselves. BR introduced the guest speakers.

2. Code of Conduct / Declarations of Interest

BR asked all members to abide by the Kindness and Respect guide along with Code of Conduct.

BR asked if there were any declarations of interest.

No declarations of interest were declared.

Additional agenda item (not listed) PCN Seaforth & Litherland

Both LC & KL attended today to provide information on the Seaforth & Litherland pilot vaccination project.

KL introduced himself as a GP who previously worked in the Netherton locality and is currently co-ordinating a vaccine project for south Sefton. Seaforth & Litherland has been identified as having a lower uptake of the vaccine. KL stated that every vaccine administered can help save a life and keep people from being admitted to intensive care. KL stated that they needed the support of groups and individuals who can influence in the community to help increase the uptake of the vaccine.

The uptake of the vaccine is 10% lower than the average in Sefton which is between 93-94%. Reasons identified called the 3 C's: Confidence, Complacency, Convenience.

To improve access to the vaccine for Seaforth & Litherland residents the Seaforth Village surgery will be offering the vaccine. KL stated he needed the support of the groups to get this information out to residents.

LC stated this was a pilot project and would commence 6th April, therefore it would be early next week they will start to see the first patients. The focus is on residents who live in Seaforth & Litherland. LC stated they welcomed the support of the network to get the message out to residents. Next week LC will share supporting information and this will be circulated to network members via WA.

Question: VM asked if someone had already had the first vaccine much further away can they have their second vaccine at this surgery.

Answer: This is a pilot for residents to receive their 1st vaccine only and at present unsure how long this will be open. It is recommended you go to where you are booked for your 2nd dose.

MB asked for all marketing materials to be Facebook friendly. HR asked if they would be interested in promoting on Radio Merseyside, and if so to contact her.

Action: LC to share information materials with WA to be circulated. WA to share contact details HR & LC

3. NHS 111 First - David Marteau

DM attended and provided an update on the NHS 111 First service.

DM shared a presentation and talked members through:

- Think NHS 111 First – phase 2
 - What's changed – including NHS 111 users being able to book a time slot at A&E and other urgent care services
 - Outcomes – including a 29% increase in calls to NHS 111 since go-live
 - Phase 2 - to continue to monitor and build the service

*The full presentation is attached to the notes

BR stated she felt the NHS 111 service is fantastic and that she is really appreciative of all the staff.

Question: AC asked do you know how many of the calls relate to mental health. Is there a pathway to Primary Care Psychological therapies?

Answer: DM stated he did not have the figures but that there was a crisis line that triaged calls to get patients to the support that they need.

DM went on to say NHS 111 phase 2 – although not finalised yet looking at a pilot when a patient calls NHS 111 there could be the option of an automated message to say 'press 2 if calling for mental health'. This is not too far in the future.

MB stated the crisis line is an excellent idea but that measures are needed very urgently for mental health during Covid.

Question: VM asked have you had any obvious problems that you can share?

Answer: DM stated that they used to hold daily meetings to talk about any issues arising. On occasions an issue would be re: a call handler not knowing the geography of services but there have been no issues of late.

Question: MB stated he had received 2 contacts over the past 2 weeks re: mental health. The main issue is concerning where someone can go for help. It is currently A&E which is not appropriate especially at the moment.

Answer: DM stated that Mersey Care is currently developing a safe place away from A&E. For those callers to NHS 111 they can be directed to the safe place. If a person walks into A&E they can be transported to the safe place. A lot of work has been going into this. There are no timescales at present. WA stated that Mersey Care are attending the May 21 network meeting.

BR thanked DM for attending and providing the overview on NHS 111 First – 2nd phase. BR asked members if they have any further questions to send them to WA who will forward the questions to DM for a response.

4. Talking Matters Sefton – Amanda Comer

AC introduced herself as the Service Lead for Talking Matters Sefton. The service was previously known as Access Sefton. Talking Matters Sefton took over the service from 1st January 2021 and are now looking to embed, learn and progress the service. AC stated as a service they want to offer:

- A clear focus on their client
- See people as individuals

AC stated that IAPT (Improving Access to Psychological Therapies) is quite rigid but that they have to be able to offer flexibility to clients within this.

AC said she welcomed being able to work in partnership with the 3rd sector and stated that the knowledge and experience of the groups is invaluable to their service. Talking Matters Sefton would like to explore how to work together and embed the community into their services.

AC updated members that they have kept the base at the back of the Strand in Stella Nova and will also have a base in Southport. Currently the service is not offering face-to-face at this point but are working towards providing this to clients

who need it. AC stated that they would also like to offer services from other locations that clients are comfortable in including local community settings.

How to refer into the service? AC stated clients can ring direct; they do not need to go via their GP. At this point basic details would be taken from the client. There is also an on-line referral form on the website. A GP can also refer a client and anyone else can make a referral on someone's behalf.

Action: AC to share all contact details with WA to be shared out with members.

Delivery of CBT (Cognitive Behavioural Therapy) based therapy – this service is currently being offered by phone but will move to face-to-face. Computerised CBT is also available; this includes modules to work through. This is a flexible option for clients.

CBT therapies – this is more intensive work with approx 12 sessions.

From 26th April an on-line group / class will start. This will deliver coping strategies for people struggling with low mood. We will be promoting this so people can access directly.

EMDR (Eye Movement Desensitization and Reprocessing) – this is an effective treatment for trauma.

Waiting times – AC stated waiting times for clients has been inherited from the previous provider and currently as a service they are working with the CCG to reduce this. Regular calls are being made to clients who are on the waiting list. There are at present work shops that clients can access along with computerised CBT. The service is recruiting additional therapists to support bringing down waiting times.

Question: HC asked how are people selected for EMDR and other treatments that are not CBT?

Answer: AC stated that they are guided by NICE guidelines and an assessment takes place with the client. The practitioner carrying out the assessment will set out what treatments are available. There is a degree of choice for the client.

Question: KH asked about the increase in demand on mental health services and the impact of Covid on people's mental health. How does the service think they will cope with what is likely to be a substantial need for the service?

Answer: AC stated that NHS England are aware and are trying to anticipate demand. OCD is an area where we will see an increase in demand. We will also see increases in bereavement and trauma. Additional training is being provided to support with the above areas.

Question: MB asked what age ranges do you work with? Are older teens able to use the service?

Answer: AC Stated we work with all people over the age of 16 years and there is no upper age limit. If someone came to us who was near to their 16th birthday we would take a sensible approach.

Question: JS asked about the disruption with changes to providers of the service and is this being avoided where possible?

Answer: AC stated they are avoiding disruption where possible and that all clients currently in the system are being written to and we are continuing treatment.

Question: JS asked can you guarantee you will improve waiting times?

Answer: AC stated yes, we do believe we can guarantee this. Clients had been waiting a long time for treatment and we are working to get the waiting times within the parameters of the contract.

BR thanked AC for coming along to day and for the update she had provided. If any members had further questions to direct them via email to WA to will forward them on.

5. Sefton CVS Social Prescribers – Heidi & Rob

RG introduced himself to the group and said that both himself and HC worked for Sefton CVS as Social Prescriber Link Workers.

What is a Social Prescriber – the service started January 2020 and RG stated he commenced October 2020. The service is to support people in all aspects of their health and wellbeing and loneliness. Referrals come direct from the GP and can be relating to many issues including:

- Mental health
- Housing
- Benefits

As a Social Prescriber we call the client direct to introduce ourselves and find out what they want from the service. Often other issues are raised at this point. For example one client was referred for mental health but on talking with the client other issues were raised including a housing issue which was impacting on them.

Some of the clients referred to us are experiencing issues such as being declined PIP or are struggling with debt. We can refer clients to the Citizens Advice Bureau.

Some clients who are experiencing mental health issues may not have spoken to anyone before. We can discuss counselling with them and make referrals to services.

The Social Prescriber looks at the whole picture and what other services can support them. We offer approx 12 sessions and at present this is mainly over the phone due to Covid.

Question: CD stated that some of the service users at Age Concern are suffering from depression having been in lockdown for a year and asked if the service could provide additional support for them.

Answer: RG stated yes, they could offer the initial call.

Question: VM asked what happens if they still need support after the 12 sessions, do you provide additional support?

Answer: RG stated that it was not a long term service but that they would look at each case individually. The service is to empower people to make their own decisions over their lives.

HC introduced herself and said she would like to share some examples of how they work:

HC stated an example is a GP may refer someone for:

- Social isolation
- Substance misuse

When we speak with the client they may not want to work on those particular issues. Our service aims to match people up with services that can support them with wider issues. We listen to the client; what is their passion and interests and we then match to this. One gentleman had an addiction to alcohol but we matched him with an art project because that was his passion. He wanted to paint. We linked him

with his passion and not direct alcohol support. Whilst engaging in his passion his wellbeing was improving. We don't hand hold clients; we match them based on what they tell us.

HC provided more examples and shared with members.

BR thanked both HC & RG for attending today and providing information on their role as Social Prescribers. Any further questions to be emailed to WA and they will be shared for a response

6. Community Champion updates

BR asked for each member to provide an update on the work they / their organisation had been involved in during COVID-19:

Bootle YMCA – BR reported that the centre had remained closed for safety.

Maghull Locality Rep – MB updated members that there had been approval for approx. 800 / 900 new dwellings in Maghull. The caveat is that the developers have to provide funding for an extension to primary school services and additional provision to deliver health services in Maghull. This will be discussed at the Healthwatch Steering Group.

Crosby Age Concern – CD reported that the lunch clubs are still closed. They are keeping in touch with service users on a regular basis by phone. CD stated that he had shared information on the vaccines on the Facebook page so if members could go on and share wider.

The Samaritans – BW stated that Samaritans cards were now at all Mersey Rail and Network rail stations. This covers the whole of the Mersey Rail network.

May Logan Health Centre – DK stated that she works as a Living Well Mentor. The May Logan is still closed but continues to offer phone support to people who are struggling with their mental health, weight etc.

Bootle Locality Rep – JM reported that she attended the zoom meeting for the Older Person's forum and found it really interesting. JM said she would recommend members to attend.

People First Merseyside – JE reported that members were joining in on zoom meetings and that they now had access to lots of different meetings. Planning is on-going for face-to-face meetings including the BSL training.

LC & SW unfortunately could not provide an update due to problems with IT and sound.

Liverpool & Sefton Age Concern – PD stated they had now been operating via phone for 12 months. Due to phone support being offered this has attracted more volunteers. PD stated that volunteers are ready to get back out to face-to-face and they had all made a wonderful difference.

Sefton Carers – CJ reported that the Young Carers Transition pathway was launched last week for carers aged between 16 – 24 years. If anyone is in contact with a carer to let them know that unpaid carers can access free PPE (Personal Protective Equipment) up until 21st June.

Sefton Advocacy / Sefton Older Person's forum – JS updated the group on a project by Age UK in London which brought together a young befriendee and older person during weekly calls. It was highlighted how this had made a tremendous difference to the lives of both the befriendee and the person receiving the calls. JS reported that JM had attended a Sefton Older Person's forum and provided information on her role as the Healthwatch Locality Rep.

JS reported that zoom meetings had continued but that members were wanting to get back to face-to-face. JS asked members if they were thinking of holding a mix of both face-to-face and remote meetings. JE stated that her members are also mixed about their preferences and this is something that needs to be explored moving forward.

7. Healthwatch Sefton updates

- Healthwatch Sefton vacancy – The role of Signposting & Information Officer has been circulated and further details can be found on the Healthwatch Sefton website.
- The Healthwatch Sefton Steering group meeting was held on 19th March 2021. The work plan has been reviewed and revised in-line with COVID. To access

Steering Group minutes visit: <https://healthwatchsefton.co.uk/about-us/steering-group-minutes/>

- Engagement with GP surgeries – We are asking GP surgeries to add a link to Healthwatch Sefton on their websites for patients to be able to leave feedback on their services. So far 3 GP's have been approached and agreed. We will continue to roll this out wider and extend to Community Champions.
- Care Home work – Your story, your say has been launched and shared with members. Please share the link with members.
<https://healthwatchsefton.co.uk/news/tell-healthwatch-your-care-home-story/>
- NHS 111 First – Please complete the survey if you have any feedback on the service. Visit the Healthwatch Sefton website: www.healthwatchsefton.co.uk
- The April meeting – guest speakers from NHS Informatics. WA explained the project re: GP websites. Also Mersey Care will be attending to provide an update on Community Services.

8. Emerging Health or Social Care themes

Identified during this meeting:

None identified during this meeting.

9. Community Champion network notes for approval

The notes from the meeting held on Wednesday 24th February 2021 were previously circulated to all members for comments or amendments and were today agreed as accurate at the meeting.

There were no outstanding actions following the February 2021 meeting.

10. Previous emerging issues / questions taken forward to Healthwatch Steering group.

All emerging themes from the February 2021 meeting were noted at the Steering Group.

Note: If members would like any emerging issues discussed on the Steering Group agenda then please complete the 'Tell us what we should focus on' form.

11. Feedback to be taken forward to Steering Group

Identified emerging health and social care themes as below:

Please note: the emerging themes below will only be noted at Steering group. The form 'Tell us what we should focus on' needs to be completed for themes to be discussed at the meeting.

- Maghull – building of new housing estates and the impact on health services.
To be discussed at Steering Group

12. Information exchange/ Any Other Business

- JM reported an increase in dog fowling and asked who can should be reported to. WA to find a contact in Sefton Council regarding this.
- People First Merseyside – JE stated that they had been nominate and won funding from Merseyside Police Federation a sum of £4,000

Date and Time of Next Meeting:

Tuesday 27th April at 10.00am

Venue: ZOOM