

Meeting

Southport & Formby Community Champion Network Meeting
Thursday 15th July 2021

Theme: Shaping Care Together, Talking Matters Sefton

Chair

Brian Clark OBE (BC)

Ainsdale and Birkdale Locality Representative

Attendees

Tony Wright (TW)

Southport Centre for the Deaf

Anne Major (AM)

Locality Representative Southport Central

Jenny White (JW)

Galloways, Southport

Bob Wilkinson (BW)

Southport Samaritans

Jan Stirling (JS)

Locality Representative Formby

Andrea De Cort (AD)

PPG representative for Ainsdale Medical Centre

Ken Lowe (KL)

Ainsdale Lunch & Leisure

Clare Johnston (CJ)

Sefton Carers Centre

Justine Shenton (JS)

Sefton Advocacy

Joanne English (JE)

People First Merseyside

Lesley Curran (LC)

People First Merseyside

Simon Walker (SW)

People First Merseyside

Healthwatch staff member(s)

Marguerite Dawson (MD)

Healthwatch Sefton Engagement Officer

Amanda Williams (AW)

Healthwatch Signposting & Admin Officer

Guest Speakers

Chris Knights (CK)

Shaping Care Together

Amanda Comer (AC)

Talking Matters Sefton

Apologies

1. Introductions & Housekeeping

BC welcomed all members to the July 2021 Southport & Formby Community Champion Zoom Meeting. The last Southport & Formby Community Champion meeting was held on the zoom platform in May 2021. The theme for the May meeting was NHS Informatics Merseyside, Southport Samaritans and Social Prescribers. Introductions were made by all attendees.

2. Code of Conduct / Declarations of Interest (in line with agenda items or changes)

BC asked all members to abide by the Kindness and Respect guide and members were asked to keep mute on until it was their turn to speak. BC reminded members attending today's meeting to abide by the Healthwatch Sefton Code of Conduct policy. BC informed members they will have received the draft meeting minutes from the May meeting from MD for amendments and to be agreed later in the meeting. BC informed members that guest speakers from Shaping Care Together and Talking Matter Sefton are joining us this morning. There were no declarations of interest declared.

BC then handed over to Chris Knights

3. Shaping Care Together- Chris Knights

CK introduced himself and explained how Shaping Care Together is supporting communication and engagement to gather the views of the local population. A presentation was shared on the zoom platform screen for members to view. The Shaping Care Together website and survey are live. CK stated that Shaping Care Together is a continuous engagement exercise with a vision to improve the health and wellbeing of local communities and that wellbeing comes from everyone taking ownership of their own care. CK stated the question "why are we doing this?" and went on to explain that the need to change services due to significant challenges we are facing and as a result we need to redefine hospital services. CK said we need to make these changes to hospital services for a number of reasons which include, hospital attendance rising, delayed discharge for patients, demographic changes and

also staff recruitment and retention challenges, financial pressures and the need for planned care. CK also explained the aim to help avoid hospital admission that is unwanted.

CK stated that people are living longer lives and that more people in the future will require complex care. Buildings and hospital services that were designed decades ago to provide health care services are now old and are not always suitable for people that are older and frail.

CK informed network members that the Shaping Care Together Programme is interested in identifying areas to focus on. These include care for the elderly and frail, care for those who need urgent or emergency treatment, care for children, maternity care, gynaecology, sexual health care and planned care. CK explained that Shaping Care Together is interested in all areas of health and care as identified by the local population.

CK then shared a video on the zoom screen in the meeting by Trish Armstrong-Child, Chief Executive for Southport and Ormskirk Hospital Trust.

The video clip discussed the hospital being part of the community and that the Shaping Care Together Programme wants to reach out to people in the community who use local services to ask what is working well, what needs improving and what is important to them? To help shape the future of care.

After the video clip CK then paused and asked network members to share their thoughts and ask any questions.

Q. JS pointed that out that crucially the community are concerned about essential services not being near to them and we need to be mindful of the predominant population in Southport and Formby being older people. JS said that we must not presume people have their own transport and help to travel to venues that are beyond their reach. JS did acknowledge that technology has helped with video and telephone consultations. However face to face appointments are also essential and that it should be noted that consultants in outpatients departments are more mobile to travel to patients and health centres such as the Health and Well Being Centres. Otherwise it will force people to pay out for expensive travel costs using taxis.

A. CK acknowledged the pertinent points made by JS and explained that 72% of patients so far have agreed with telephone and video consultations and more are taking place. Also that many respondents agreed with the notion of health and care services should be “local where possible, specialist where necessary.” CK stressed to network members that Shaping Care Together is a running engagement process to give people a voice and asked patients, public, staff, stakeholders to get involved.

Q. KL raised the issue of travel transport networks not being very good for travel and that patients find it difficult to use public transport as the transport routes are not suitable.

A. CK acknowledged the issue of transport routes as important. CK recommended that network members go to the Shaping Care Together website and complete the live survey which KL said he has already done.

Q. JE stated essentially the issues are well known and have been discussed for a long time. JE said transport has always been an issue and people are not happy with just filling in a survey form online and also that some people may not have online access.

A. CK explained that the original engagement programme was put on hold due to the pandemic and that hopefully after all the engagement and potential consultation over the next two years that it will help redesign and improve health care services.

Q. AD asked CK about how Shaping Care Together are reaching out to people?

A. CK answered that they have done press releases and shared the information on social media and that numbers are really strong and that they are in contact with the right people engaging with a variety of focus groups in the Voluntary and Community Faith Sector. They are establishing advisory groups and would like members to join. CK stated the programme will be transparent and public-facing. **Action: CK invited network members who were interested to attend the advisory group, as did MD. Diane Blair is to attend as Healthwatch Representative as she attends the Shaping Care Together group.**

Q. JS suggested it would be helpful if pinnacle staff could consider the situation of the person, therefore taking a person centred approach and taking into consideration the needs of the individual.

A. CK agreed with a person centred approach however JS said this was not always the case in the local community.

Q. JW acknowledged the valid points already made in the meeting and agreed with previous comments made in the meeting regarding engagement fatigue. JW stated her biggest concern is accessibility and explained the problems facing people with visual impairments. JW explained the problems for the visually impaired and patient travel and the problems this causes. JW also talked about letters not being accessible and in the incorrect format for visually impaired people and asked the question, is the engagement accessible for Galloways members?

A. CK acknowledged these issues as very important and advised that a telephone number is available to ring. CK welcomed JW's views and input in the engagement work to ensure accessibility for visually impaired people.

Q. CJ explained from the perspective of carers and said that carers are frequently unable to attend appointments due to their caring role for example they are struggling with time and distance and they often find it impossible to attend especially due to location of the appointments and then they get recorded as DNA's. (Did not attend).

A. CK acknowledged this issue and said the information was very useful feedback.

Q. JS asked if it is a statutory duty to communicate in an accessible manner?

A. CK again acknowledged this point and that the programme would work with community representatives to ensure the engagement activity was as accessible as possible.

Q. BC asked about people who do not have access to IT/ WIFI? Is there a written questionnaire available? BC also confirmed the travel issue raised earlier in the meeting.

A. CK explained that they are trying to ensure accessibility for all and the information is useful from an engagement perspective and they are looking at ideas and proposals.

CK then shared one more presentation slide with network members showing NHS Hurdle Criteria for Options and Justification which addressed the issues of clinical sustainability, accessibility, strategic fit, financial affordability and implementation. CK explained the information on the slide and asked network members for their feedback and comments. The general consensus from members attending the meeting was that the information needs to be more patient led and address patient need and follow the patient's journey and essential needs. Members also suggested a need to be less bureaucratic and high level in order to ensure accessibility for all. CK explained that these points would be addressed in the follow up Evaluation Criteria that helps assess each option put forward, including those made by patients, public and stakeholders in the engagement responses.

CK welcomed all the important and helpful feedback shared at the meeting. He thanked members and reiterated the value of this to the Shaping Care Together Programme.

BC thanked Chris Knights

BC handed over to Amanda Comer

4. Talking Matters Sefton- Mental Health Matters- Amanda Comer

AC introduced herself to members as the Service Lead for IAPT (Improving Access to Psychology Therapies). AC shared a slide show presentation on the zoom screen with members. The Sefton tender for Talking Matters Sefton- Mental Health Matters was awarded and commenced delivery on 4th January 2021. It was previously known as Access Sefton. AC explained an integral part of Talking Matters Sefton provision is to listen to communities and deliver a service in a way that is accessible. AC explained that Talking Matters Sefton aims are to be approachable, friendly, and easily accessible for individuals and other agencies and organisations and they want to earn the respect of service users. AC told network members that it was a difficult start to the new service as they had expected a stillness and instead found a storm. There was a long waiting list of patients that the service was not expecting and although some staff had moved over to the new service, some hadn't. There were also problems with a lack of venues available in the Southport area.

AC explained those who can access the service must be age 16 years or older. Be registered with a Sefton GP and experiencing common mental health problems such as anxiety, depression and obsessive-compulsive disorder. AC stated that people need to be available to attend appointments. AC said that people with drug and alcohol problems are not an automatic bar but that as a service they have to have manageable risks. Talking Matters Sefton is not an emergency or crisis service. People are assessed on an individual basis and therefore some people with drug and alcohol problems may be directed to specific support service more appropriate to their needs. Talking Matters Sefton does not offer specific anger management support although this is not a common issue and can be part of a person's mental health issues.

AC said that referrals can be made by individuals by telephone, online and email. GP's and other secondary care and other health providers as well as other health providers can all make referrals.

AC explained that after a referral is made an administrator will call to book an available appointment. Assessments appointments are usually completed over the telephone. The assessment itself will identify the issues and collect information on the individual accessing the service support. The assessment also identifies the difficulties they are having and how it has an impact on their lives. There are a degree of options and choices in order to support clients with decision making. Therapy appointments are offered.

AW asked AC a question regarding how long people wait for an assessment appointment? AC answered that the target is six weeks and that they are trialling a new waiting list pilot scheme.

AC explained that various interventions are offered to clients which include, CBT based interventions, computerised based CBT, virtual online workshops, counselling for depression, cognitive behaviour therapy, eye movement desensitisation re processing (EMDR), couples therapy. Therapy session appointments can be delivered by telephone or video/ virtual appointments and more face to face appointments are starting up again with a mixture now being offered. Session appointment times vary depending on which therapy is accessed.

AC went on to talk about the challenges the service is facing with a waiting list longer than anticipated. They are trying to contact all clients to say they are not forgotten and advise self-support options whilst waiting. An increasing number of people are accessing the service and there is an improvement of technical recovery to help people access the service. Lack of Southport & Formby premises venues. Psychological wellbeing practitioners are being recruited. AC then told network members about the further progress they have made so far which includes waiting times improving, referrals funding support, recruitment of a number of new qualified staff, trainee places and new rooms in Southport that have been found, and the use of social media.

A short question and answer session took place.

Q. LC asked where the Talking Matter Sefton premises are now?

A. AC answered there are now a range of venues and options for accessing the service.

Q. JW expressed that she thought it was an amazing service and it was good that there is an acceptance of depression and anxiety. JW went on to say other specialist counselling is available for example sight loss specialised counselling and can they be referred on? JW was happy to share contact information.

A. AC thanked JW for her comments and information on specialised counselling.

BC, MD and members thanked AC for the presentation.

Q. JS asked if the presentations could be shared with network members from today's meeting?

A. AC said she was happy to share the Talking Matter Sefton slide show. **Action: MD requested both presentations following the meeting and shared the Talking Matters Sefton presentation received by email with members.**

MD then shared the zoom chat box discussion about NHS Integrated care systems and Integrated Care Partnership and how would this impact on The Shaping Care Together Programme.

BC asked community champions if they had any updates they wanted to share.

5. Community Champion updates

No further updates were shared at the meeting.

BC handed over to MD.

6. Healthwatch Sefton Updates

After a busy meeting MD shared some updates.

- MD shared Equality issues at Southport Hospital- issues were highlighted regarding Vegan diets. Lynn Barnes patient experience lead at Southport & Ormskirk Hospital Trust has responded that the issue is now resolved. A vegan poster menu has been created and promoted to order vegan food. Further issues regarding equality and diversity for disabled people attending the Hospital Trust including a request by Healthwatch for more diversity training for staff and volunteers and the issue of high reception desks. **Action: following MD sending emails to enquire on the above issues. They are being chased up by Bob Davies- equality & diversity officer.**
- Patient Participation Groups- Healthwatch Sefton's work with the CCG's continues and setting up of PPG steering group and networking group in July 2021 which locality representatives are invited amongst others who have previously registered their interest. MD asked members to inform her if they would like to attend the network meeting.
- Healthwatch continue to work in partnership with the CCG's regarding GP access and share Healthwatch feedback from the feedback centre anonymously on the subject on GP access. A survey is to be produced by the CCG's for engagement with primary care.
- MD also welcomed new Healthwatch Locality Representative for Formby to the meeting as well as other new members and Amanda Williams- HWS signposting and information officer.

- MD asked for network members help with the Broadening our engagement work if they know of any groups/ organisations or individuals who would like to sign up as Healthwatch members or community champions.
- MD explained that we have an issue with the dates set for the September and November meeting due to the patient experience meeting for SOHT being held at the same time. Therefore, MD asked members for agreements on other days and suggestions. Members said they would like meetings to continue on a Thursday morning. **Action: Prior to the meeting MD had liaised with SOHT patient experience lead to ask for future dates for patient experience meetings. Following the meeting MD changed the dates to Thursday 23rd September at 10am and Thursday 11th November at 10am after consultation with network members. MD will continue to liaise regarding future dates with SOHT patient experience group so they do not fall on the same date/ time.**
- Healthwatch are still encouraging new Healthwatch members to join from diverse communities and to share individual feedback on the Healthwatch Sefton website. The Healthwatch Sefton Freephone number is 0800 206 1304 and email info@healthwatchsefton.co.uk.

7. Emerging Health or Social Care themes

DNA (Did not attend) to look at the issues and reasons why people do not attend such as, being a carer, accessibility of appointment letters, venue.

8. Community Champion network notes for approval

The notes from the meeting held on Thursday 20th May 2021 were previously circulated to all members for comments or amendments and were today agreed as accurate at the meeting.

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

The dermatology pathway was raised by AM at the previous meeting. Action: **MD has invited community dermatology to a future meeting.**

AM would like the issue of DNA's (Did not attend) raised at the steering group, this formed part of the Shaping Care Together discussion earlier in the meeting. To look

at how they are recorded and which issues have an impact on patients being unable to attend appointments. **Action: DNA issue to be raised at steering group.**

10. **Information exchange/ any other business**

JW asked members to refer people to the North of the borough/ Southport and Formby Clinic if they have sight loss. There is a temporary contract with Sefton Council to reduce the waiting list.

MD reminded members she will email them with some suggested dates for the September and November community champions meetings as discussed earlier in the meeting and will then go with the majority who are able to attend. **Action: MD updated members with confirmed dates.**

All Community Champion members were thanked for attending.

Date and Time of Next Meeting:

Thursday 23rd September 2021 at 10am

Venue: ZOOM