

Minutes of the Healthwatch Sefton Operations Group meeting.
Held Thursday 7th September 2023. 10:30 – 12:30. Boardroom. Burlington
House/ <https://us06web.zoom.us/j/89891995078>

Steering Group members in attendance:

John Turner (JT)	Chairperson
Brian Clark (BC)	Locality representative – North Southport
Maurice Byrne (MB)	Locality representative – Maghull
Linda Wright (LW)	Locality representative – South Southport
Georgia Ribbens (GR)	Sefton Young Advisors
Yael Edmonds (YE)/ Cheyln Bass (CB)	Sefton Parent Carer Forum
Will Mullen (WM)	Transforming Care Co-production Board
Joanne English (JE)	Transforming Care Co-production Board
Ken Lowe (KL)	Sefton Partnership for Older Citizens (SPOC)

Staff team in attendance:

Diane Blair (DB)	Manager
Wendy Andersen (WA)	Engagement & Participation Manager
Marguerite Dawson (MD)	Engagement & Participation Officer
Amanda Williams (AW)	Signposting, Information & Admin Officer
Kate Grace (KG)	Independent Complaints Advocate

In attendance:

Rebecca McCullough (RM)	Associate Director for Finance. Sefton Place.
Helen Armitage (HA)	Consultant in Public Health. Sefton Council

Apologies:

Angela Keith (AK)	Equalities Director
Vicky Keeley (VK)	Sefton Carers Centre
Jan Sterling (JS)	Locality representative – Formby
Sharon Cotterall (SC)	Every Child Matters Forum
Anne Major (AM)	Locality representative – Central Southport



Karen Christie (KC)

Health & Social Care Forum

Clare Blasbery (CBI)

Digital Communications Officer. Healthwatch Sefton.

Agenda Item	Notes	Action
1.	<p>Introductions and apologies. JT welcomed everyone and introductions were made. JT highlighted the code of conduct, noting previous declarations.</p>	
Governance		
2.	<p>Minutes of the last meeting for approval. The minutes of the last meeting were approved as an accurate record with the amendment that Anne Major be removed from the list of attendees.</p>	
3.	<p>Action Tracker.</p> <p>Page 2</p> <p><u>Accessibility of Rowlands Pharmacy (Birkdale):</u> a response had been sent to the Chair of Southport Access for All (SAFE) expressing disappointment at the request to end Healthwatch involvement now that MP Damian Moore had become involved. The response had included evidence of the work which had been undertaken by Healthwatch.</p> <p><u>Patches:</u> CBI had been on annual leave but a news release will be published to encourage feedback. It will be shared on the website and social media channels. WA and MG will also gather feedback during outreach sessions. DB updated that Jan Leonard had mentioned that work is being undertaken to review access to online services which includes patches. YE shared how she uses the system and it is really good. JT thanked YE for this feedback. Action: news/media release to be drafted and shared to encourage feedback.</p>	CBI Page2



	<p><u>2-hour urgent community response service:</u> VK had provided apologies but had shared an update. An agreement had been made that referrals would be accepted from those caring for someone with a COPD diagnosis. This agreement had been made months ago with information being available to promote this. A leaflet had been shared with VK last week with no mention of this agreed pathway. The commissioner had been notified of VLs disappointment. Action: VK is attending a meeting tomorrow (9/9/23) and will feedback to the group.</p> <p>Page 3</p> <p><u>Ambassador report: Mersey Care NHS Foundation Trust – new structures:</u> DB updated that the leaflet had been circulated to members of the group, members asked to let DB know if an additional online session with key personnel would be helpful. Action: Members to update DB with their responses.</p> <p><u>Listening events (Liverpool University Hospital NHS Foundation Trust), Accident & Emergency departments:</u> DB updated that the report had required amendments. Action: report to be shared with members virtually for authorisation.</p> <p>Page 4</p> <p><u>Improving Information Group:</u> After the October meeting of the group, the report detailing the outcomes from the community services engagement (Mersey Care NHS Foundation Trust) will be shared with the improving information group for review. Action: once authorised, Mersey Care report on community services to be shared.</p> <p><u>North West Ambulance NHS Trust directory:</u> Action: AM to make enquiries to find out if the trusts directory would be available to support the Healthwatch signposting service.</p> <p><u>Liverpool Dental Hospital referrals:</u> CB updated that referrals can be made into the service via online/phone. They have been</p>	VK
		DB
		DB
		DB



undertaking outreach recently, working with Liverpool Football club. WM asked if the referral forms were available in an easy read format, CB agreeing to ask about formats. MB asked if they would treat those with an Autism diagnosis, CB confirming that they would. WM asked why the 111 service and dental practices did not promote the dental hospital and CB confirmed that there is no bridge between the separate institutions. MW asked if patients accessing the hospital would need to already be registered with an NHS dentist. A discussion was held about how access could be promoted, JE asked what promotion was in place and requested that information be included on the Healthwatch Sefton website/ feature in the newsletter. **Actions:** CB to feedback to her contact that an easy read referral form had been requested by Healthwatch and for the referral details/eligibility to be shared with the Healthwatch Sefton team for promotion.

CB

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Digital exclusion/request from SPOC: **Action:** request will be made to VOLA (a consortium of Third Sector organisations involved in learning, skills and employment across the Liverpool City Region) to find out about previous/current work undertaken, with feedback shared back directly to the SPOC representative.

DB

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Engagement stand at Alder Hey NHS Children's Foundation Trust – DB updated that this is being progressed with the trust. CBI will be drafting a news release to ask local residents for feedback about accessing the provider. This will also be shared with Sefton Parent Carer Forum and Every Child Matters Forum for promotion. **Action:** update to be provided at the next meeting.

CBI/
DB

	Page 9 <p><u>Ambassador request for the Improving Information Group:</u> YE had volunteered to take on this role and will be the Healthwatch Ambassador. Formal thanks were noted to YE for taking on this role.</p>	
Themes and issues.		
4.	<p>Emerging issues/themes from Steering Group members/Community Champion Network.</p> <p>WA updated on emerging themes from the May meeting of the champions network for South & Central Sefton. The Samaritans had raised the issue of suicide, JT explaining how suicides in males under the age of 35 could be prevented with intervention.</p> <p>Transport to support people to get to health and care appointments had been raised, Maghull particularly.</p> <p>A presentation at the last meeting on the redevelopment of Bootle Strand had been useful to members, with members sharing that there had been a lack of communication, more information being required. Helen Jago will be attending the November meeting of the network to update and continue the conversation.</p> <p>People First Merseyside had raised the lack of dentists who were available to support people with a learning disability and GP access issues were raised, with a particular focus on a lack of support for older citizens with long term conditions and the lack of face to face appointments being available. Another issue shared related to locums not reading patient notes. YE updated on issues that her daughter was facing with a lack of accessible information being available to support with transition (neuro development pathway).</p>	



	<p>MD updated that both positive and negative feedback had been received about GP access. KL shared that the patient experience group at Ainsdale Medical Centre had been asking for information on availability of face-to-face appointments. Patients have also been sharing that they do not want to have appointments with Physician Associates and would rather have appointments with a nurse. JT explained that this role is relatively new and people need to know more about the role to improve confidence, JE agreeing, roles not being clear to patients as there is little communication available. MB shared that the role is under the direct supervision of a GP. JT raised that the role may provide the added benefit of allowing for extended appointment times so more than one issue can be discussed. Action: Healthwatch to review information available about the additional roles and explore how the roles can be promoted.</p> <p>Issues relating to access to medication, and issues with the patient transport service had also been raised. MB explained that the Metro Mayor had transport and health as a priority and AM shared that the patient experience team at North West Ambulance were keen to hear about the experiences of patient transport. Action: experiences to be shared with the provider (North West Ambulance).</p>	CBI/WA /MD/ DB
5.	<p>NHS Cheshire and Merseyside /Sefton Place budgets</p> <p>RM was thanked for attending the meeting (virtually) and provided an update. NHS Cheshire and Merseyside was formed (1st July 2022). The previous two clinical commissioning groups for Sefton became one 'place' for Sefton. Sefton council is a separate organisation but work in partnership together to deliver services for the people of Sefton.</p> <p>For Sefton there is a partnership board in place that meets monthly, Healthwatch being one of the partners and finance updates are provided.</p>	Page 6



Funding allocations are made by the Department of Health/ NHS England based on levels of deprivation/ age profiles for example, with allocations made per head of population so that services can be bought for the people of Sefton.

How funding is spent on behalf of the Sefton population was explained, with just under half of funding (48%) being spent on acute/hospital provision. Acute spending is based on how many people attend hospital with every procedure having a price attached, predictions being made from looking at last years activities. There isn't much choice about how this allocation is spent and increasing costs including pay inflation and energy all need to be factored in.

Mental health (10%) and community care provision (12%) make up other spending categories with primary care spending being allocated 3%. Staffing costs were also discussed.

The broader NHS Cheshire and Merseyside Integrated Care Board finance plan is for all places to break even. Sefton currently has a deficit but this is allowed. KG asked how this works, RB explaining that some areas across Cheshire and Merseyside will be working with a surplus and this is hoped to balance overall finances.

RB explained that there needs to be a focus on the 'must do's' but then there is work needed on transformation. Throughout the year, monthly reporting shows variations and at the year-end (February/March) as long as there is a plan in place for spends (for example, staff recruitment), this can be allocated. It was noted that NHS England hold the budgets for Cancer programmes.

RB updated that from July, Dentistry and Ophthalmology had been devolved to NHS Cheshire and Merseyside and they would hold the budgets until decisions were made about what allocations can be devolved.



	<p>JT felt that the 'use it, or lose it' principle often allocated to funding, particularly those allocated to support winter schemes have been criticised.</p> <p>MB asked what primary care includes as the allocation doesn't look substantive. RM responded that historically, primary care doesn't spend their allocated budgets, budgets being underutilised.</p> <p>KG asked if RM knew of any RAAC concrete issues which may impact local health and care premises. RM didn't know of any local operational issues but was sure this would be looked into.</p> <p>KL asked what funding Mersey Care NHS Foundation Trust was allocated, RB indicating that this would be the allocation for mental health and community.</p> <p>It was noted that the council budget was separate. RB was thanked for her presentation. RB welcomed any further questions and offered to attend future meetings if updates would be useful. RB left the meeting at this point.</p>	
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Operational updates

6.	<p>Work plan update (exception reporting).</p> <p>The report had previously been circulated. DB provided two updates. The first was on the listening event held 10th July. We had joined Healthwatch Liverpool to support an event at Liverpool Women's NHS Foundation Trust. DB and AM had attended from Sefton and had visited the NEST (non-English-speaking team) clinic, took part in a 15-step challenge and sampled their new lunch menu. Patients and their visitors were spoken to in ward areas, outpatients and the neo-natal unit. Healthwatch Liverpool are currently drafting the report.</p>	
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	<p>The area of supported living has not progressed in line with our original timescales as we have been waiting for feedback from Sefton MBC following the initial engagement exercise earlier in the year. DB updated that the commissioner of the service has been in touch and a meeting is scheduled later this week. YE updated on her personal experience and there had been no communication from the social worker and they had just been left not knowing what was happening. No further queries or questions were made.</p>	
7.	<p>Key Issues Log (exception reporting)</p> <p>The report had previously been circulated and DB provided key updates.</p> <p>The draft report detailing feedback from Sefton Parent Carer Forum about pharmacy issues at Alder Hey Children's NHS Foundation Trust, had been sent to the Director of Nursing. The response from the report had been received this week (Tuesday) so the report will come to the next meeting of the group for review and authorisation. Action: report to be an agenda item for the next meeting.</p> <p>CB updated the group on issues she is currently facing with the shortages of Diabetes medication. There has been no communication about this from the GP practice and there will now be a 6 week wait until this is reviewed. JT explained the general shortages which pharmacies are experiencing with certain medications and thanked CB for sharing this feedback.</p> <p>DB updated that a positive meeting had been held with Mike Ryan, the Deputy Director of Estates at Liverpool University Hospitals NHS Foundation Trust to discuss the issues we have previously raised about Aintree University Hospital. Assurances regarding improvements had been received across all areas within the plan:</p>	DB



	<ul style="list-style-type: none"> • A replacement pay machine had been ordered to replace the one on the ground floor of the multi storey car park. The machine had been ordered some time ago and following the meeting, the company had been contacted to expedite it. • A notice for this location had also been ordered and will be installed with the new machine (other locations already have bespoke notices indicating the nearest alternative machine). • A member from the patient experience team is meeting with personnel from the estates department to agree the layout and content of posters to go up in clinics and adjacent to pay machines which will advise blue badge holders of the right to free parking and how to obtain this. • Discounts for car park charges for patients delayed in clinics have been agreed for some time but communications will be sent out to clinics to remind them that they can apply the discounts from their desktops in clinic receptions and will include this information in posters. • A lead for reviewing signage across the site is being assigned so that a task and finish group can be set up to review what improvements are needed. <p>DB was thanked for the update. KL updated on the issue within the issues log about Mersey Care and the online Phlebotomy booking system. In discussing this further, Mersey Care has indicated that as they don't have access to printers, they are not able to provide patients with the forms required for the tests.</p>	
8.	<p>Ambassadors Report (exception reporting)</p> <p>The report had been circulated to members. The key issues for noting had been included within the report alongside updates which had been taken outside of the meeting to progress key</p>	Page 10



	<p>actions. Members noted the report and no questions were raised.</p>	
9.	<p>Chairperson's Report</p> <p>JT had attended a Chair and Board members Healthwatch meeting for the North West. Louise Ansari, Chief Executive had chaired the meeting and issues discussed included how nationally issues of NHS Dentistry and GP access remain priorities.</p> <p>Contact had been made with Healthwatch Cheshire West following the outcome of the Lucy Letby trial. We had shared our sympathies with them during this difficult time and expressed our support.</p> <p>JT had met with Margaret Jones, Director of Public Health for Sefton and members of the team which had been really useful. The issue of vaping had been discussed, leading to the agenda item for this meeting.</p> <p>Members thanked JT for his update.</p>	
10.	<p>Vaping and Health.</p> <p>HA joined the meeting in person to provide a presentation on vaping.</p> <p>The first e-cigarette was invented in China in 2003, arriving in Europe approx. 2005, growing in popularity. In reviewing statistics, there has been great successes reducing the numbers of people smoking and it was noted that the number of people using vapes aged 18 plus is increasing with vapes/e-cigarettes being used to help quit smoking.</p> <p>An overview of vapes was provided, vapes not being recommended for use by people who currently do not smoke.</p>	



Regulation was discussed, trading standards not having the powers to halt illicit cigarettes and vapes entering the country at our borders. Sefton Trading Standard Officers have seized thousands of illicit vapes this year. JT asked how many fines had been issued. HA updated that the team work with police cadets to visit shops (one per week) and have issued many warnings. CB felt that one visit per week was not enough.

HA provided information on a recent local survey, 800 14 – 15-year olds responding. There had been some interesting insights into how local shops were operating. CB raised that she was aware that young people were buying vapes directly from shops in residential areas, from their own peers and online. They are not asked for ID.

In reviewing health research, vaping carries a small fraction of the health risks of smoking (at least over the short and medium term). This didn't mean that vaping is risk free, particularly for people who have never smoked. It was also noted that it is plausible that vaping in childhood interferes with normal lung and brain development, although this hasn't been proven.

MB updated that a decision has been made in France to ban vapes as they are addictive leading to longer term health issues. JE felt that for our government, tax gains were important and therefore they are slow to react. HA agreed, sharing that there was no appetite from the government to curtail vaping. The environmental issues linked were also discussed, with vapes containing lithium being discarded onto streets.

WM shared some feedback on the NHS stop smoking service, with nicotine replacement patches not working, people deciding that vapes are the next best thing.

HM updated on health advice, fresh air being the best, and for people smoking to move to vaping. If you smoke and vape, then vape, don't smoke. If you don't smoke, don't vape.



	<p>The Local Government Association, Royal College of Paediatrics and Child Health, Directors of Public Health in Cheshire and Merseyside and some European Countries are asking for a ban on vapes due to concerns over the one year doubling in youth vaping and environmental pollution.</p> <p>HA was thanked for both her presentation and attending the meeting in person and HA shared that she looked forward to coming back and would be keen to understand how Healthwatch could support this in Sefton. Action: members to think about this issue and bring their ideas to the next meeting.</p>	All
Strategic updates		
11.	<p><u>Mersey & West Lancashire Teaching Hospitals NHS Trust/ Shaping Care Together.</u></p> <p>DB had recently met with Tracy Jeffes and gained an update on next steps with the 'Shaping Care Together' programme. Rob Cooper, Managing Director at the trust, will lead this work and the programme board will meet to re-commence this work.</p> <p>Action: regular agenda item to be included to ensure progress and updates are recorded.</p> <p>AM updated that the newly formed 'Patient Experience Council' for the trust was working well and Healthwatch Sefton involvement had been welcomed.</p>	DB
Any Other Business		
12.	<p>Any Other Business.</p> <p>No items were noted.</p>	
For information.		
13.	<p>a) South & Central Sefton Community Champion minutes (May 2023)</p>	



	b) Southport & Formby Community Champion minutes (May 2023)	
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Attendance Tracker

Name / Representing	May 2023	June 2023	Sept 2023
John Turner. Chairperson	✓	✓	✓
Brian Clark OBE. Locality representative: North Southport	✓	✓	✓
Anne Major. Locality representative: Central Southport	✓	✗	✗
Linda Wright. Locality representative: Ainsdale & Birkdale	✓	✓	✓
Jan Sterling. Locality representative: Formby	✗	✗	✗
Locality representative: Hightown & Ince Blundell	Vacant	Vacant	Vacant
Kevin Halewood: Locality representative: Crosby	✗	✗	✗
Locality representative: Seaforth & Litherland	Vacant	Vacant	✗
Locality representative: Bootle	✗	✗	Vacant
Locality representative: Netherton	Vacant	Vacant	Vacant
Maurice Byrne: Locality representative: Maghull	✗	✓	✓
Karen Christie - Health and Social Care Forum	✗	✗	✗
Yael Edmonds- Sefton Parent Carer Forum	✓	✓	✓
Ken Lowe - Sefton Partnership for Older Citizens	Vacant	✓	✓
Vicky Keeley/ Racheal Darvill - Sefton Carers Centre - Carers Voice	✓	✓	✗
Georgia Ribbens - Sefton Young Advisors	✓	✓	✓



Name / Representing	<u>May</u> <u>2023</u>	<u>June</u> <u>2023</u>	<u>Sept</u> <u>2023</u>
Transforming Care Co-production Board Will Mullen and Jan Comer	x	✓	✓
Sharon Cotterall – Every Child Matters Forum	x	✓	x
Angela Keith – Equalities Director	x	x	x

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