

Minutes of the Healthwatch Sefton Operations Group meeting.

Held Thursday 13th June 2024. 10:30 – 12:30.

Boardroom. Burlington House/Zoom.

Operations Group members in attendance:

John Turner (JT)	Chairperson
Brian Clark (BC)	Locality representative – North Southport
Linda Wright (LW)	Locality representative – South Southport
Barbara Rouse (BR)	Locality Representative – Bootle
Maurice Byrne (MB)	Locality representative – Maghull
Cheylne Bass (CB)	Sefton Parent Carer Forum
Ken Lowe (KL)	Sefton Partnership for Older Citizens (SPOC)
Karen Christie (KC)	Health & Social Care Forum
Georgia Ribbens (GR)	Sefton Young Advisors
Sharon Cotterall (SC)	Every Child Matters Forum
Vicky Keeley (VK)	Sefton Carers Centre

Staff team in attendance:

Diane Blair (DB)	Manager
Clare Blasberry (CBI)	Digital Communications Officer.
Amanda Williams (AW)	Signposting, Information & Administration Officer

Apologies:

Anne Major (AM)	Locality representative – Central Southport
Will Mullen (WM)	Transforming Care Co-production Board
Jan Comer (JC)	Transforming Care Co-production Board
Yael Edmonds (YE)	Sefton Parent Carer Forum
Angela Keith (AK)	Equalities Director
Wendy Andersen (WA)	Engagement & Participation Manager
Marguerite Dawson (MD)	Engagement & Participation Officer.
Val Elson (VE)	Sefton Council for Voluntary Service (CVS) trustee

Guest Presenters:

Janet Marshall (JM)	Inspector. Care Quality Commission (CQC)
Gillian Reid (GM)	Regulatory Coordinator. (CQC)



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. No new declarations were shared.</p>	
Governance		
2.	<p>Minutes of the last meeting for approval. The minutes of the last meeting were approved as an accurate record.</p>	
3.	<p>Action Tracker.</p> <p>Page 2</p> <p><u>2-hour urgent community response service:</u> The last update from commissioner Dave Marteau indicated that he had met with his colleagues from Knowsley and Liverpool and there had been an agreement from all three areas that they would include self-referral and informal Carer referrals into the specification. Further work is needed with Mersey Care NHS Foundation Trust to support them with this. VK explained that since this update nothing had progressed with the blockage being capacity, the service already struggling to take on current referrals. VK was unsure how they would take on additional referrals. JT confirmed that when the service had been set up, the commissioner had said that the service may become overwhelmed. Action: VK to keep members updated.</p> <p><u>Emergency plans for unpaid carers:</u> VK had previously provided information on an NHS England coding system, which uploads emergency plans for unpaid carers for both health and social care. VK updated on the slow take up of this. The Carers Trust has developed a toolkit which includes a template letter which can be sent to GP practices to highlight the legislation. VK is</p>	VK



just waiting for this to be finalised. Actions: VK to update at the earliest opportunity.	VK
<p><u>Ambassador report: Mersey Care NHS Foundation Trust – new structures:</u> DB updated that the meeting with Pat McGuiness had been cancelled. Healthwatch has received the leaflet from the trust and it was agreed that planning the session could be postponed until members felt it may be useful.</p>	DB
<p>Page 3</p>	
<p><u>Improving Information Group:</u> Community services report focusing on Mersey Care has been shared with Michelle Anglesea and group members. They are currently reviewing the report. Action: feedback to be shared with the group when available.</p>	AM
<p><u>North West Ambulance NHS Trust directory:</u> AM had agreed to progress this to find out if they would share their directory to support our Signposting and Information service. Action: AM to feedback at the next meeting.</p>	CB
<p><u>Liverpool Dental Hospital referrals:</u> CB will provide the email address for the dental school manager at the end of the meeting so that Healthwatch can get in touch. Action: update to be provided when available.</p>	
<p><u>Alder Hey NHS Children's Foundation Trust</u> – meeting took place, 30th April with the Assistant Director for Mental Health and Communities and the Head Pharmacist. Monica Wright from Sefton Parent Carer Forum had also attended. A report which outlines all of the updates from the meeting can be shared with members on request. One of the key updates was the recruitment of four additional qualified prescribers into the Pharmaceutical team who will support with assessments and support in the work to catch up with waiting lists. There had been an agreement for more joined up work between the trust,</p>	Page3



	<p>the forum and Healthwatch so that we can provide up to date advice and information and signpost people to the right services.</p> <p><u>Additional roles in primary care</u> – WA has met with Jane Elliot from NHS Cheshire and Merseyside (Sefton) and there is a plan in place for the event with south and central community champions. The session will take place in September. MD is working on something similar for the north network. Action: members to be kept updated on progress.</p>	WA/ MD
	<p>Page 4</p> <p><u>Patient story</u> –WA had completed this action.</p> <p><u>Healthwatch England feedback surveys</u> – an update had been received. The aim of Healthwatch England has always been to share feedback received back to the relevant local Healthwatch. There has been an issue relating to data protection and sharing contact details with local Healthwatch and a pilot project is currently taking place with Healthwatch Cornwall, East Sussex and Kirklees to move this forward. Action: update to be provided when available.</p>	DB
	<p><u>Community Service Review (Mersey Care NHS Foundation Trust)</u> – Action: Anne Bennet and Judith Gent-Jones will attend the August meeting to provide an update on work which has taken place to improve community services following the work and report undertaken by Healthwatch Sefton.</p>	DB



accessibility. This service was discussed further with KL updating that the Patient Participation Group at Ainsdale Medical Centre was hosting an online session about the service. Pharmacies are already busy so it was unclear how they will deliver more services within the community. LW reminded members how at the last meeting, members had been told that Pharmacists have been freed up to deliver this service, with Pharmacy Technicians supporting prescription work. SC provided an example of someone who had been accessing the service with urinary tract infections, the pharmacy not making the linkage for the need for further diagnosis. The patient had been diagnosed with Ovarian Cancer later down their pathway. JT also felt that Pharmacists were not able to provide a thorough diagnosis, for example with ear pain, an ear drum needs to be examined and questioned if they have the training to undertake this?

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All actions on page 10 were noted as being completed or on the agenda.

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Diabetes management – DB updated that the patient experience team is reviewing the feedback shared and will provide a full response. **Action:** update to be provided when available.

DB

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Monitoring Panel – DB had located a copy of the flow chart which will help with work plan prioritisation moving forward.

Improving feedback on children's and young people's services – DB and MB had met with YE and there had been a good

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	discussion. MB had fed back to the Chair of the Overview and Scrutiny committee.	
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Spotlight on.....

4.

Care Quality Commission (CQC)

JM, Inspector and GR, Regional Coordinator were welcomed to the meeting and presented an overview of the CQC and its plans:

- JM has spent 22 years in monitoring roles and explained the changes to assessment, a single assessment framework (SAF) being introduced.
- CQC has been on a journey to change how it regulates, responding to changes around them. Key areas include; people and communities, smarter regulation, safety through learning and accelerating improvements.
- Regulation covers adult social care, primary care and hospitals. There are four geographical areas/networks; north, midlands, London east and London south. There are teams at local levels, each team having a mix of skills and expertise. Teams include an Operational Manager, Inspectors, Assessors, Regional Coordinators and Regional Officers. There are 9 – 12 people in each team who are supported by senior specialists in Learning Disability, Autism and Dementia for example.
- Other roles include national Operational Directors and there is a central hub.
- Assessors support inspections by gathering evidence, lead on enforcement action and develop relationships.
- Regional Coordinators undertake day to day engagement with providers and local groups and also support the collection of evidence and support in the planning of and completion of inspections.
- The SAF is used across all service types and there is a new structure to underpin the five key lines of enquiry. Quality



statements have been developed, providing a more flexible way of identifying trends and patterns. 'We' statements are used. Ratings have remained the same.

- Evidence ensures that peoples experience is included from staff, partners, observations and processes. The 'feel' of a site is now included.
- JT asked if more information could be shared about local inspections and current findings, JM explained how they are not in a position to do this at present as the process is new and it will be a few months before they would have any feedback to share.
- DB updated on a recent inspection of Southport hospital urgent and emergency care services and how the CQC had reached out to Healthwatch for evidence. This had been submitted.
- VK asked if JM and GR would be involved in the inspection of Sefton adult social care, JM shared that there would be a separate team who led on it. VK asked if this team could be invited to a future meeting as it would be useful to find out how this inspection regime works and what does a fail look like.
- VK asked how CQC integrated with OFSTED and if CQC covered transitional services. CQC confirmed they do, as some transitional services do provide care and they will look at the quality and safety of services.
- KL explained that he had previously been a Foundation Trust Governor and it was good to hear about the work to look at trends. JM further provided information on how teams used the trends to support the collection of intelligence. 100 – 1000 enquiries come into CQC on a daily basis.
- MB asked how Healthwatch could better inform CQC when Enter and View visits had been undertaken. Enter and view reports are sent directly to GR.
- LW echoed VKs interest in learning more about inspections of adult social care and asked about the balance between planned and unplanned inspections. JM



	<p>updated that each visit varies, with assessments being planned in the background. Planned visits help when during a visit they need to ensure there are specific people on site.</p> <ul style="list-style-type: none"> • JM updated that there would be verbal feedback to a provider throughout the course of the visit as they need to provide opportunities to make it right as soon as possible, with a formal feedback meeting also held. <p>JT thanked JM and GR for presenting the update as in conversations with Healthwatch England, closer working relationships were being encouraged. JM and GR left the meeting at this point. Actions: Presentation to be shared with members and an invitation be made for JM and GR to come back in six months' time to provide updates on work undertaken/ planned for Sefton.</p>	DB
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Themes and issues.

5.	<p>Emerging issues/themes from members/ outreach and Community Champion Networks.</p> <p>DB updated on issues picked up by WA from outreach activities, including the impact the closure of Seaforth Village surgery was having on residents. WA is currently drafting a report to share key trends and experiences. GP access continues to be a key theme with a particular emphasis on the lack of home visits for elderly patients, how the use of technology was excluding people (issue also being shared across Southport and Formby) and a lack of confidence in GP services. The safety of GP phone appointments is an emerging issue and how serious conditions can be undiagnosed and work to gather more feedback about services from Liverpool Women's Hospital will be progressed after listening to how an elderly patient was discharged and safety concerns.</p> <p>DB shared some of the issues coming through the Southport and Formby Community Champion network; not understanding</p>	Page 8
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the additional roles in primary care, long waiting times in the Accident and Emergency department, how informal and hidden carers are supported by their GP practices, poor public transport routes for health appointments and capacity issues for the 'pharmacy first' service.

BR spoke about the lack of capacity with the ear syringing service, there being a shortage in Audiologists, a lack of appointments, there being no appointments locally until the end of July. BR had taken the decision to pay privately for treatment but had asked before making this decision if there were other services available as she was willing to travel. SC updated that this service was available across Southport and Formby as a pathway in the 7-day service offer. DB updated that a lack of access to services from 'Treatment Rooms', a service run by Mersey Care NHS Foundation Trust was an emerging issue. Members spoke about the impact of lengthy waiting times and how patients were having to make decisions about private treatment. SC gave an example of someone waiting over one year for tests and how the patient was being told to just use their inhaler/ Asthma medication when struggling. DB mentioned how Clinical Commissioning Groups had made various decisions to decommission services.

LW and AM had attended a session with Southport Macmillan service and one of the emerging issues was the availability of a separate space within the Accident and Emergency Department at Southport Hospital for patients with a vulnerability. There was also feedback that complaints processes at GP practices did not work well.

VK updated on an enquiry Sefton Carers Centre were making about 'Court of Protection' and the assessment of capacity. It appears that GPs don't want to complete them as they don't know their patients enough and the Dementia team working from the memory clinic at Mersey Care NHS Foundation Trust have been advising that they need to apply by using a solicitor



	<p>who will charge for the assessment. Healthwatch Sefton have asked nationally if this is an issue and senior managers at the trust are reviewing the issue and will feedback to VK.</p> <p>VK highlighted how patients who may be discharged directly from an Accident and Emergency Department after being cared for within the department (no beds on wards) will not receive a care plan. VK is currently chasing up this enquiry and the process in place for discharge planning when a patient had been cared for outside of a ward environment. There appears to be inequalities and patients need to be kept safe and have access to appropriate support. JT updated that he had recently had an informal visit/ look around the department at Aintree University hospital and more and more people are treated within the department.</p> <p>DB thanked members for sharing their feedback and how this would be recorded.</p>	
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Operational Updates

6.	<p>Report – Gastroenterology meeting – Aintree University Hospital.</p> <p>DB took the report as read, the meeting being a way for Healthwatch to have gained assurances that previous issues relating to referral pathways and waiting times had been addressed or were being actioned and the service was adequately staffed. CB shared positive feedback about the service. From sharing the struggles which patients had in getting in touch with the service, one of the main outcomes from the meeting had been the agreement for the department to share the details of secretaries with Healthwatch so the 'Signposting and Information service' could better support patients. JT thanked DB and MW for their work and for the report as it had been a useful and helpful exercise.</p>	
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7.	<p>Key Issues log (exception reporting).</p> <p>The key issues log report had been tabled and was taken as read. DB provided the following updates for members;</p> <p><u>Blister packs</u> – patients have been sharing feedback that pharmacies are reducing their availability with no reason, no assessment of need taking place and in some cases are charging to put packs together. DB has a meeting with the Head of Pharmacy from NHS Cheshire and Merseyside, 19th June to discuss feedback and gain an update. MB explained that often tablet colours and size can change which can be confusing, so having the option of a blister pack for some patients is important for safety.</p> <p><u>Seaforth Village Surgery</u> – the practice continues to be closed to patients and an update from Primary Care 24 (PC24) is awaited. WA is finalising the report which shares the impact the closure is having. CB updated that since the changes made by PC24, moving practices into a hub model, this has impacted patients as online services/NHS apps have not been working. Practices were having to provide codes to patients. It was also noted that information which was being provided to patients on the changes were confusing and causing delays to accessing services.</p> <p><u>Diabetic meal options</u> – this issue has been added to the log and the issue has been raised with Liverpool University Hospitals NHS Foundation Trust who had provided the contact details for their 'Nutrition and Hydration' Manager. LW explained that its important that knowledge about this is put into practice. The pathway which Dr Unwin had developed has led to the lowest prescription spends for Diabetes. JT also felt that training in this area is needed.</p> <p><u>Treatment rooms</u> – access to appointments and services from this service are limited across the borough. Action: DB asked</p>
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	members to get in touch if they heard any feedback or updates about this service.	All
8.	<p>Draft Terms of Reference for Monitoring Panel.</p> <p>Members discussed the draft document, which proposes the purpose, functions and membership of the panel. The panel will provide assurances to the operations group that providers and commissioners of services who agree to recommendations from Healthwatch reports progress them within agreed timescales. The panel will also ensure that information and actions from ambassadors are reviewed and taken forward. KL agreed that this panel would ensure Healthwatch was able to monitor impact and outcomes. Members authorised the terms of reference. Action: Membership to be promoted and next steps taken.</p>	DB
Authorisation		
9.	<p>Work plan</p> <p>The draft work plan had been shared with members previously and members were asked for comments. The work plan had been updated and is in a new format and includes some of the following areas:</p> <ul style="list-style-type: none"> • Enter and View visits • Listening events at hospitals • Review of Litherland Urgent Treatment centre • A number of projects relating to primary care • NHS dental access • Sefton accessible information partnership • Transition from children to adult social care • Involvement in local engagement/ consultation exercises including Women's services and Shaping Care Together. <p>When discussing access to digital services, CB updated on free courses provided by Hugh Baird College and how Healthwatch could promote them.</p>	



	<p>The work plan was approved. Operational Group members will be asked to support the work areas within the work plan.</p> <p>Action: members to review the work plan and nominate themselves for workstreams.</p>	All
Strategic Updates		
10.	<p>Chairpersons Report</p> <p>JT provided an update from meetings he had attended. JT had attended the Health and Well Being Board at which there had been an update on respiratory health of children. 1 in 11 school age children have a diagnosis of Asthma. There is however some over diagnosis taking place. Chest infections and wheezing are common conditions and some children struggle to use inhalers. There is however an improving picture for the use of inhalers and funding to support with education.</p> <p>JT also updated on the explosion of childhood vaping. Despite being illegal, there is little enforcement. The effects are unknown, this being a real problem for the future. The United States of America is starting to see results. Public health spoke about this issue and how they will be looking at how this can be tackled via education. MB updated members that Healthwatch had previously asked for regular updates on air pollution and asked who was picking this up. JT responded that public health has this responsibility. In their annual report they will be looking at prevention.</p> <p>JT had attended the Healthwatch England Chair and Board session, BC had also attended. The session had been devoted to future funding options for Healthwatch.</p> <p>JT had also attended the Liverpool City Region professionals and business network meeting. 80 people had attended. This had provided a good opportunity to represent Healthwatch and increase its profile.</p>	



	Public Health England has updated on the rise in whooping cough, January – April had seen a significant rise. The rise is linked to the fall in vaccination rates. Sefton has fallen under the 80% target for vaccinations. SC updated on work to promote this across Sefton. Some young parents don't understand what measles and whooping cough are and how they can affect children as they haven't been prevalent.	
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Any Other Business

11.	<p>Any other Business.</p> <p>DB updated that work is taking place to draft the annual report and the publication of the report will be slightly delayed due to pre-election guidance and the General Election.</p> <p>DB advised that 4 commentaries from Healthwatch Sefton had been submitted for inclusion within the following NHS provider 'Quality Accounts: Alder Hey Children's NHS Foundation Trust, Liverpool University Hospitals NHS Foundation Trust, Mersey and West Lancashire Teaching Hospitals NHS Trust and Mersey Care NHS Foundation Trust. They will be uploaded to the Healthwatch website.</p> <p>Healthwatch Sefton has also submitted an assurance statement into the Sefton Council adult social care portfolio for the upcoming CQC assessment.</p>	
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Attendance Tracker

Name / Representing	<u>Feb</u> <u>2024</u>	<u>April</u> <u>2024</u>	<u>June</u> <u>2024</u>
John Turner. Chairperson	x	x	✓
Brian Clark OBE. Locality representative: North Southport	✓	✓	✓
Anne Major. Locality representative: Central Southport	x	✓	x
Linda Wright. Locality representative: Ainsdale & Birkdale	x	✓	✓



Name / Representing	<u>Feb 2024</u>	<u>April 2024</u>	<u>June 2024</u>
Locality representative: Formby	x	Vacant	Vacant
Locality representative: Hightown & Ince Blundell	Vacant	Vacant	x
Locality representative: Crosby	x	x	Vacant
Locality representative: Seaforth & Litherland	Vacant	Vacant	Vacant
Barbara Rouse: Locality representative: Bootle	✓	✓	✓
Locality representative: Netherton	Vacant	Vacant	Vacant
Maurice Byrne: Locality representative: Maghull	✓	x	✓
Karen Christie - Health and Social Care Forum	x	x	✓
Yael Edmonds/ Cheylne Bass - Sefton Parent Carer Forum	x	✓	✓
Ken Lowe - Sefton Partnership for Older Citizens	x	✓	✓
Vicky Keeley/ Racheal Darvill - Sefton Carers Centre - Carers Voice	✓	x	✓
Georgia Ribbens - Sefton Young Advisors	✓	x	✓
Transforming Care Co-production Board Will Mullen and Jan Comer	✓	✓	x
Sharon Cotterall – Every Child Matters Forum	✓	✓	✓
Angela Keith – Equalities Director	x	x	x

