

Healthwatch Halton Advisory Board

17 December 2020 – 1.30pm – 3.00pm

Public Board Meeting Agenda

HW Advisory Public Board meetings include an opportunity for members of the public to feedback issues about local Health and Social Care issues at the end of the meeting.

			Enclosure	Outcome	
		Item	(Paper,	(Noting,	Presenter
			Verbal etc)	Decision etc)	
1.00pm		Private session to discuss confidential staffing/ operational issues.			
·		Closed Session- not open to the public.			
		Close private session and open Public HAB Meeting			
1.30pm	1	Welcome and Apologies	V		Chair
	2	Declaration of Interests	V		All
1.35pm	3	Minutes and Action log from Public Board Meeting update	V		Chair
1.40pm	4	Work Programme Project Updates	V		Staff
•		To update the Board and Public on the work undertaken to deliver the			Team
		Work Programme including the Enter and View Programme			
1.55pm	5	Meeting feedback reports by HAB members	Р	Noting	
		Meeting feedback reports and updates for the Board and Public including,			
		feedback from the Health and Well-being Boards, Health and Social Care			
		Overview and Scrutiny Committees, CCG/Acute Trust Board/Community			
		services trust board, Safeguarding Board, Primary Care Commissioning			
		Committee and other Strategic meetings and community feedback			
2.10pm	6	Intelligence/Feedback update – public issues	V & P		LHM
•		A report on the issues that are being reported to HW by the public, any			
		feedback from partners and meetings with them and any operational			
		meetings attended by the Manager of Healthwatch Halton			
2.25pm	7	Decisions to be made by the Advisory Board		•	
	7a	Escalation to HW England/ CQC	N/A		Chair
	7b	Publish a report/ agree a recommendation made in a report	N/A		Chair
	7c	Request information from commissioners/ providers			Chair
	7d	Which premises to Enter and View and when (Completion of the			Chair
		Enter and View visit checklist is required)			
	7e	Decision about subcontracting/ commissioned work			Chair
	7f	Whether to report a matter concerning your activities to another			Chair
		person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy			
		services			
	7g	Which health and social care services HW is looking at for priority	N/A		Chair
		project			
		(Completion of the Healthwatch Priority Project Decision Making Checklist			
		is required)			
	7h	Refer a matter to Overview and Scrutiny committee	N/A		Chair
	7i	Breach/s of the decision-making process	N/A		Chair
2.40pm	8	Health and Social Care Issues from the public			Chair
2.50pm	9	Any other business			Chair
3.00pm	10	Date and Time of Next Meeting			

Chair – Healthwatch Advisory Board Chair

LHM – Local Healthwatch Manager



Healthwatch Halton Advisory Board

15 October 2020 – 1.30pm – 3.00pm

Public Board Meeting Notes

In attendance: Kath Parker (KP, HAB Chair), HAB members: Paul Cooke (PC), Sue Ellison (SE), Maureen Isherwood (MI), Diane McCormick (DMc), Jane Pritchard (JP),

Dave Wilson (DW, Manager, Healthwatch Halton), Irene Bramwell (IB, Community Outreach Lead, Healthwatch Halton)

Apologies - Dave O'Connor (DO, HAB member)

	Public Meeting – 15 October 2020
1	Welcome, KP welcomed all to the meeting. – No public in attendance
2	Declaration of Interests - None
3	Minutes and Action log from Public Board Meeting update
	Notes from the August meeting were agreed as an accurate record
4	 Work Programme Project Updates Transition – slow work. Ongoing, but will look at a simplified survey to get a baseline based on NICE guidelines. Maternity – Due to start in early November. Enter & View – No visits at present. a. HAB members raised questions about how we can carry out some sort of 'light-touch' checks on care homes b. SE raised concerns over Care Homes not getting visits c. DMc mentioned good practice such as 'Fence Visits' using 'Whats App' and other communication with residents. d. JP asked what HWE's view on lack of Care Home visit at the moment - Action: DW to check and feed back to HAB e. Action: KP and DW to discuss contact HBC Director of Adult Social Care to discuss Half-yearly update – KP highlighted the update report and the really useful information from the staff team JP and DMc commented that HWH Facebook page is a great resource
5	 Meeting feedback reports by HAB members The meeting feedback reports were taken as read. Comments – PC asked about closer working with PCNs, not wanting to lose links with them. DMc said the PCNs were attending the next PPG+ meeting. PC has been invited to attend. JP asked if HAB can have a calendar of meetings and events for the year. Would be useful to get a holistic picture of what HWH is doing Action : Team to work on calendar of meetings/issues/ events/priorities etc KP thanked all reps for their work in attending meetings. Really useful notes – Good to see we're asking similar questions about certain issues such as the NHS 111 First and the PCNs Action : HAB would like to receive a regular bulletin from the team on what's going on. A regular report to allow reps to feedback on what HWH is doing in general, similar to the half-yearly report.
6	 Intelligence/Feedback update – public issues Less feedback from the BWAC survey in the past month. We have noticed a slight increase in calls. Nothing specific, just general calls looking for help and support. Breast Screening issue was raised with WHH. This has been resolved after contacting the Trust. PC raised query about changes to the blood service



	 Seems to be up to individual practices as to how / if they use e-consult. KP informed CCG meeting that people were still taking a long time to get through to GPs and then not all were given a time they'd be called back. PCNs engaging with public – KP pushed for better involvement with the public CCG are looking at how it will work
	going forward.
7	
7 a	 Escalation to HW England A discusson took place on the NHS 111 First pilot DW said 35 people referred to other services as at Thursday DMc gave an experience of someone ringing NHS11 and being triaged and allocated GP appointment, go through triage at GP before getting appointment or call from GP The HAB raised a number of concerns on how 111 First will work Ease of contact - Can't always get through – slow response on phones Being triaged by NHS 111 and then facing further set of triage with your GP. Capacity of other services to cope with referrals
7b	Action - DW to speak with HWW and discuss NHS111 First issues. Issues to be raised with Healthwatch England. Publish a report/ agree a recommendation made in a report
	Covid-19 Part 2 report tabled – Awaiting approval from HAB following the meeting
7c	Request information from commissioners/ providers N/A
7d	Which premises to Enter and View and when (Completion of the Enter and View visit checklist is required) Action - Update on E&V to be brought back to the December meeting of the HAB
7e	Decision about subcontracting/ commissioned work N/A
7f	Whether to report a matter concerning your activities to another person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services N/A
7g	Which health and social care services HW is looking at for priority project GP website accessibility audit – Details given on the proposal for a short project. Looking at accessibility of GP websites – HAB approved subject to available capacity in the team
1	
7h	Refer a matter to Overview and Scrutiny committee N/A
7h 7i	
	N/A Breach/s of the decision-making process
7i	N/A Breach/s of the decision-making process N/A

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Following on from the update presented at the October HAB meeting, we've drafted another update which I hope gives a bit of the flavour of the wide range of work carried out by the team since the last HAB meeting.

Staff team update - December 2020

Due to a family bereavement, Irene has been off work for most of this period so I haven't included an update from her.

I'm glad to say we welcomed Irene back to work last week.

Jude Burrows – Engagement and Information Lead

Social media

We continue to share awareness days, health information, local updates and Covid-19 information on Twitter, Facebook and Instagram. We have helped raise awareness of the following campaigns in the past few weeks including:

- Safeguarding Adults Week
- World Antimicrobial Awareness Week

- Self Care Week
- Alcohol Awareness Week

- Advocacy Awareness Week
- NHS 'Just' the flu campaign

We have promoted both the project surveys currently running, Maternity and THRIVE. Our outreach and engagement Zoom sessions have been promoted across all our social media channels.

- Our twitter messages in November were viewed more than 23,700 times.
- November saw our Facebook messages reach more than 3200 people.
- Our Instagram use is steadily increasing though still low in numbers.

Reports / Projects

Maternity Project

The Maternity survey has been sent to WHH NHS, STHK NHS, Bridgewater, Halton & St Helens VCA, faith sector groups, local voluntary groups, support for young mums, libraries, Children's Centre's etc.

The survey will be promoted by VCA ebulletin and website, on Parents in Mind social media and at the VCSE forum.

As part of the maternity project we will be carrying out a number of case studies. I have started to contact ladies who have agreed to share more information on their maternity experiences to produce patient stories. <u>bit.ly/HaltonMat</u>



THRIVE

The Thrive survey has also be shared with the voluntary sector, children's service providers, Glow LGBT group, and the councils youth services. The HIT will feature it in their Healthy schools Christmas magazine, which goes out to all schools. It has also been added the Local Offer webpage. <u>bit.ly/hwhthrive</u>

#Becauseweallcare campaign

We continue to promote this Healthwatch England campaign with regular reminder posts on social media and website. In October the focus was getting older people to feedback. In January there will be a focus on gathering the experiences of carers. Can I encourage all HAB members to give feedback on any services you may use locally.

bit.ly/bwac2020 or https://healthwatchhalton.co.uk/services

Website / e bulletin

E bulletins have been produced for October and November. There are plans for another one to be completed this week. I am going to produce smaller more regular e bulletins as needed.

The website is updated regularly. I aim to add at least 3 stories to website each week, usually more. I send out any important local updates asap and link from our social media. We reported on the Tier 2 restrictions as soon as the Government announced it to ensure we are giving local people the most important updates.

From the date of the last HAB meeting, 15 October, until today 15 December, more than 8000 new users have visited our website, viewing 14900 pages.

Our website is currently being redeveloped and I am helping transfer information over to the new updated site.

Feedback /Signposting/ information

We do get some public feedback on services directly through our website. I deal with any feedback or enquiries and responded to them all. By directly contacting people who leave feedback we have gained some more in depth information and been able to signpost or advise further. I will continue to contact people in this way when permission is given.

I have responded to feedback and signposting requests to the enquiry inbox. I continue to refer to Advocacy support when needed.

Example of recent support given:

I collected feedback from a Housing Worker on behalf of a lady she is supporting. This lady had fallen and stayed at Whiston hospital overnight. On discharge she was taken home in an ambulance with another patient.

When the other patient was being dropped off at the care home, staff advised the ambulance crew that the she had been on a Covid ward and should have still been isolating.

The lady has since been contacted by Track and Trace to say she has to isolate for 14 days. She is already isolated and suffers with mental health issues and this has exacerbated her depression and anxiety. She explained she would like to make a formal complaint but has difficulty speaking on the phone due to a stammer and struggles with her literacy

Actions:

I referred the lady to NHS Complaints Advocacy to support her to record her story and make a formal complaint to the Trust.

Recorded on database and feedback to staff team.



As the lady feels isolated I also signposted her to Mind's Listening Ear service (she can call them), NHS Responders Check in and Chat calls (these will call her on a regular basis) and The Women's Centre (still running counselling and some supports groups), I have given all the contacts and referral info for these organisations.

Partnership working / Networks

I continue to attend the regular ECS Engagement and Information Lead meetings to share ideas and projects.

I also attended the HWEngland Engagement meetings, where overviews of HWE projects are given and good practice shared across the whole network.

I attend the quarterly Healthwatch meetings at Whiston Hospital. We have requested the lost property policy that is currently being updated by the Trust. We have suggested carrying out virtual E and V visits. I will be sharing more information on this with the trust from other Healthwatch who have successful completed these types of visit.

We have continued close working with other Healthwatch from around Cheshire & Merseyside, meet with HW Knowsley, HW St. Helens and HW Sefton to share intelligence and ideas.

Volunteers

Attended an ECS volunteer meeting chaired by Tracey Creswell, ECS Volunteer Lead. All ECS HW shared what their volunteers have been doing. I explained all the great work our volunteers and board members carry out. I've recently added Healthwatch Halton Champion and Advisory Board member roles to the Halton and St. Helens Voluntary and Community Action volunteer portal. I've also promoted these roles in the e-bulletin and on our website too.

Recruited a new HW Halton Champion.

I have collected volunteer hours and training completed.

Please do send me details of any training you have completed and a summary of your hours as this really helps us with our reports on the work we do.

If you feel you would like us to source any additional training, please let me know.

I would like to try and really promote volunteering with Healthwatch Halton in the new year, as this is good time to recruit volunteers. As a team we are currently reviewing how we recruit and support volunteers.

Louise Delooze – Community Outreach Lead

Virtual Outreach & Engagement

I have attended several of the fortnightly VCFSE meetings and many new contacts have been made there:

- Elephants and Empathy / Transform Lives
- The Play Council
- The British Red Cross
- Halton Council (new contacts to me)
- Venus Charity
- The Faith Group
- Persona Insight



I have also sourced new contacts, in addition to those provided from other team members:

- University of the Third Age
- Possabilities
- Sure Start to Later Life
- Cheshire Autism (CHAPS)
- Creative Health Initiative (50+ Mens Group)
- Halton Open
- Deafness Resource Centre
- Fortuna Female Society

We are rapidly growing our list of contacts/groups we can extend our invitations to attend Zoom Sessions – this is in addition to the residents of Halton:

- AGE UK
- Alzheimer's Society
- Cheshire Autism (CHAPS)
- Creative Health Initiative (50+ Mens Group)
- Deafness Resource Centre
- Elephants and Empathy / Transform Lives
- Halton Carers
- Halton Council (new contacts to me)
- Halton Disability Partnership
- Halton Haven
- Halton Open
- MIND Halton / Time to Change

- Nightstop
- Persona Insight
- Possabilities
- Sure Start to Later Life
- The British Red Cross
- The Faith Group
- The Play Council
- The Studio
- University of the Third Age
- Venus Charity
- Wellbeing Enterprises
- Widnes and Runcorn Cancer Support Centre

Whilst we have fair representation from these groups, more will always be better. My focus for the New Year is to connect more with these groups and forge better relationships with them. I have already attended a Halton Carers coffee morning. Nicola Donoghue from Widnes and Runcorn Cancer Support Centre has asked me to attend their meetings in the new year, in addition that Sam from Venus Charity has asked me to attend their new volunteers meetings.

I am also conscious that we need to increase the number of members the public who attend. I spoke with colleagues at Healthwatch Walsall who have run Zoom sessions that have had a good turnout of general public. I followed this up with a call to Tom Collins (Community Outreach Lead at HW Walsall). Tom explained it took quite a while to build up interest from the general public in these sessions. People attending had mostly longstanding relationships with HW Walsall which were formed prior to lockdown. Tom did however give us a number of hints and tips on promotion and advertising which we can try in the new year.

Zoom Sessions

We have held two successful Zoom sessions: eConsult and NHS 111 First, both with very positive feedback.

From the 111 first session we were able to connect Ruth Turner from the Deafness Resource Centre with Sara Garrett (NHS) to discuss the relevant adaptions / requirements for the hearing impaired and deaf community for the rollout of 111 First. Sara invited Deafness Resource Centre to get



involved in the programme board and feed in the views and experiences of the deaf community. A great outcome!

Sally Rose from North West Ambulance Service offered to present the overall role and purpose of the 111 service at a future HAB meeting – If this is of interest to the HAB please let Louise know.

We were also able to connect AGE UK Mid Mersey with Wellbeing Enterprises to assist both organisations with people they support.

We have three Zoom sessions already booked for the New Year:

- Tuesday 12th January 2021: MIND / Time to change promotion of their new Listening Ear Service
- **Tuesday 26th January 2021:** Cancer awareness presentation: This covers ways to reduce cancer risk, spotting cancer early and the NHS national cancer screening programmes. There will be two nurses presenting and monitoring the questions as they come in. It is an interactive presentation.
- **Tuesday 2nd February 2021:** Presentation from Nyki Benson (HBC) Halton Health Improvement Team, providing information of what the HIT team can offer all members of the Halton community area.

If HAB members could provide any suggestions on future topics for our Zoom sessions – these would be gratefully received.

GP Website Audit Project

This project is looking at the accessibility of local GP websites and the information available on these sites.

We have recruited 5 new volunteers (in addition to 3 existing Healthwatch Volunteers) to assist with the audit of all GP websites within the Halton area.

A Zoom session has taken place to ensure clarity of the project for volunteers and the requirement for this project.

Each volunteer will visit a GP website and give their feedback, via a SnapSurvey, on the accessibility and ease of finding general information. All data will be received by Friday 18th December. A short report will be produced based on the visits to the sites. This will be made available to NHS Halton CCG and to the individual practices. Details of the report and general feedback will also be given to the volunteers. This is to share with them the benefits of the work undertaken and in appreciation of the time they have given.

Following the results of this survey I am keen to begin forging good working relationships with the practice managers of all GP Surgeries in Halton. This piece of work may be the link to begin to build those future relationships.

Maternity Project

I am currently working alongside Jude in the process of contacting mum's who have completed the survey and agreed to give us further details of their maternity experience.



I also attended the Healthwatch England Virtual Conference, which was fantastic. I was particularly inspired by the presentation Engagement with young people and their mental health during the Covid-19 pandemic. There were many great interviews with young people, tips, hints and experiences which we could utilise when aiming to attract young people as volunteers. Maybe this is something to focus on in the new year for Youthwatch volunteers.

Some general work updates

Staff Training

The team have completed a number of training sessions recently including:

- Lone working online course
- Health Equity in England: The Marmot Review 10 Years On session
- COVID-19: Health inequalities
- Volunteering in 2020 with British Red Cross
- Social care reform: The role of Healthwatch
- Working together: The Care Quality Commission and Healthwatch
- HWE Quality Framework session
- Healthwatch Online Training
- Time Management
- Fire Awareness.
- Snap Surveys introduction

Hospital Discharge report – We contacted Andy Davies at NHS Halton CCG to highlight the Healthwatch / Red Cross report on post Covid hospital discharge.

We raised these issues –

- 82% of respondents did not receive a follow-up visit and assessment at home, one of the key recommendations of the new policy. Almost one in five (18%) of those also reported having unmet needs, such as equipment, medication or advice.
- Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital.
- Over a third (35%) of respondents and their carers did not get a contact for further advice, despite this being a recommendation within the policy.

As a result of the findings, recommendations from Healthwatch and the British Red Cross ahead of winter to help manage a second wave of COVID-19 hospital admissions include:

• Post-discharge check-ins: services should ensure these take place as per policy, whether by phone or in person.



- Discharge checklists: questions should include transport home, and equipment required.
- Communication: patients and carers should be assigned to a single point of contact for further support, in line with the national policy.
- Medication: linking patients to voluntary sector partners who can deliver medicine could avoid discharge delays. Pharmacists should also be considered as part of multi-disciplinary teams supporting in the community.

Response received from Andy Davies NHS Halton CCG - Thank you for this report. The timing is really helpful as we are currently looking at optimising discharges. The priorities highlighted in the body of your E-mail are spot on and have been areas of focus for the teams as they are known as good practice but may get patchy when the pressure is on.

The case studies will highlight the importance of these interventions to patients and families and not just feel like process for process sake.

I'll share with our incident management team and the hospital liaison and hopefully be able to loop back to you about how this information has been used to make a difference.

Much appreciated.

Monitoring Report - In October we sent our half-yearly report to our commissioner at HBC – A very busy 6 months!

On this subject, we're waiting to hear from HBC whether the contract to run Healthwatch Halton will be rolled over for another 2 years. Our current contract finishes at the end of March 2021 but there is an option for an extra two years if HBC are happy with our performance to date. I'll update more at the HAB meeting.

Quality Accounts - We've sent responses to the Quality Accounts reports from Warrington & Halton Hospitals NHS FT and St Helens & Knowsley Hospitals NHS Trust

Care Quality Commission – We've given the local CQC inspectors information on some local GP practices as part of the new style virtual inspections

Older Peoples Services - Met with Capacity Lab to discuss the 'current landscape for older adults across Halton'. Capacity have been engaged by HBC to help 'Reimagine Care for Older Adults across Halton'. They are currently speaking to many stakeholders to get a picture of Halton services.

Halton End of Life project – We've received an invite to take part in this steering group. As the first meeting is the day before our December meeting I may be able to give you an update on it at the HAB meeting.

Commissioned work – We are now carrying out a survey for Bridgewater NHS Community Services - Specialist Children's Services based at Woodview CDC. It launched last week and is focussing on feedback from appointments that took place earlier in the year, just pre-covid.

And finally ... just a couple of patient stories

Pharmacy issues



A gentleman contacted us over a local pharmacy and repeat prescriptions. This story was passed on the NHS Halton CCG and has now been passed to NHS England as commissioners of Community Pharmacies.

We're due to follow this up and find out what the outcome was.

Just giving you a bit of a background. I had an issue a few months ago when Wise started a blanket policy of delivering prescriptions free to everyone over 70 years old. My mother in law is 76 and has quite severe dementia. I went to collect her medicines as per normal and was told that they didn't know where they were and they may have been delivered but they weren't sure! They didn't have any information on where the medication was ie what can it may have been on or if it had been delivered or not. It turns out it had been delivered and my mother in law had taken 8 doses! Luckily she was not on any dangerous drugs at that time. I spoke to the pharmacy about this at the time and pointed out how lucky they had been not to have killed her and pointed out the risks of a blanket policy of sending medicines out to vulnerable people without any awareness of their conditions.

Regarding the issue last week. I called in to collect my mother in laws medicine and a member of staff was in a very small side office with the door open to the public area of the pharmacy. She was making blister packs up of medication. She was not wearing and gloves or mask whilst doing this. I did mention this to her whilst stood more than 2m away and masked up, she just said "it's OK I've used the hand sanitiser" with the current risks of covid I felt this was not appropriate. She would have been making the blister packs up for vulnerable people and with having the door open any member of public using the one way system would walk within 1m of her with the door open. I feel this pharmacy is putting the lives of their customers at risk with the lack of safe systems.

Blood Tests

Here's a little story from a gentleman in Widnes about his experiences trying to arrange a blood test for his wife. We have passed on this story to NHS Halton CCG and to STHK.

I should like to describe to you the difficulties I encountered in the recent past in relation to blood tests for my wife, Mrs. Elisabeth Campbell, for whom I am the registered carer. She is 86 years of age and suffers from incurable CKD (Chronic Kidney Disease), Stage 5, together with other comorbidities (dual-chamber pacemaker, sinus bradycardia, high blood pressure, atrial fibrillation and several other conditions). She also has reduced lower limb mobility. We are both in the highest Covid-19 shielding category.

A few weeks ago, a telephone consultation was scheduled with her renal/nephrology consultant at Aintree Hospital. The key prior information before this consultation was her blood test, specified by the consultant during the previous consultation, and for which Aintree Hospital had given her blood sample tube labels specifying the individual blood test parameters.

A week before the scheduled consultation, and with the consultant's agreement, and to avoid going in person to Aintree Hospital or Whiston Hospital for the blood test during the Covid-19 pandemic, we were recommended to attend a morning walk-in phlebotomy session at Highfield Road Hospital, Widnes, because her GP's surgery had no phlebotomy clinic before my wife's appointment with her consultant.

Unfortunately, the Highfield Road phlebotomist told us that they were unable to use the blood test instructions issued by Aintree Hospital due to the lack of a scanner to read the Aintree label barcode, and they could not take samples for the blood test.



We were then advised to visit our GP's surgery (Peelhouse Plaza, Peel House Lane, Widnes) to have the instructions on the Aintree labels translated into a form and onto paperwork that could be used by Highfield Road Hospital, who still use a totally manual form-filling procedure for phlebotomy. This we did, and the blood samples were duly taken and sent to Whiston Hospital for analysis.

However, we then discovered that Aintree Hospital has no access to the Whiston Hospital computer data base on which the results are recorded, so they cannot obtain them. The only way to solve this issue was for Peelhouse Plaza GP surgery, immediately on receiving the results from Whiston Hospital, to enter them into my wife's record on the surgery's EMIS patient record system, to which I have access in my role as my wife's registered carer. It was then necessary for me to access these results, print them out, and fax them to Aintree Hospital for the consultant's attention.

The telephone consultation then took place in a completely satisfactory way. This lack of interhospital connectivity and information transparency is quite unacceptable in the 21st Century, and could put lives at risk.

The entire system would collapse were it not for my ability to manage the various information flows, and to use online technology that should be used by the hospitals, not by a patient's non-medically-trained carer. The fact that NHS information systems are not properly "joined up" has been known for a long time, and urgently needs sorting out.

Response from STHK NHS Trust –

I have contacted the phlebotomy lead regarding your email below, in particular the blood clinic that STHK provide on behalf of Halton CCG at Highfield Road clinic/bar coded blood requests.

Unfortunately, these bar codes that Aintree use don't include details of what tests are required or who the referring consultant is as they are part of Aintree's internal processes, this has caused issues with Aintree patients attending blood clinics that STHK provide not only in Widnes but also in Southport as well. Our blood team managers have raised this with their counterparts on Aintree several times, but Aintree are unwilling to change this system, as 'this is the system they use', so patients referred for bloods from Aintree will encounter this problem whenever they go to a blood clinic which isn't run by Aintree Hospital.

The other issues raised regarding IT systems is due to nearly all Trusts and GP surgeries using different IT systems.

I have escalated the issues raised to Leigh Thompson, the chief commissioner at Halton CCG leigh.thompson@nhs.net who you may wish to contact to discuss the lack of inter hospital connectivity, to highlight the issues for this gentleman and his wife who may be able to give you some more insight into this lack of connectivity, and if there are any plans to address this in the future.

Meeting **Notes / Actions** Date **Rep name** 14/10/2020 CCG Governing Body Kath Parker Meeting felt a little disjointed today as there was much discussion around operational issues which were focused on by some members present. Agenda ran well over time so had to leave early. No. 1 The issue of 111 first and the communication to the public. I raised concerns that this seems to be occurring in a very low profile manner and it needed t be more focused with a greater profile if changes in the behaviour of the public were required. No. 2 In relation to intermediate care bed based services were not continuing at B1 Halton Hospital but had been moved to Oak Meadow this might need to be picked up as travel from Runcorn could be an issue. No.3 Concerns about the local rise in COVID cases still being monitored closely and any guidance or changes to regulations will be communicated. Action points from meeting: Healthwatch to Observe for feedback on the provision of Intermediate Care and the changes made. Continue to monitor NHS111 First progress and the communications plans. Do we need to escalate this to HWE? 22/10/2020 STHK – Healthwatch No. 1 British Red Cross pilot to support with discharge has gone very well. The scheme can escort Jude Burrows **Quarterly Meeting** people safely into their homes and help with practical things such as settling people at home, getting prescriptions, checking back on people etc. Ends in Nov. This sounds like a good way to address some of the discharge issues that HW have seen. Hope to extend it. Also sent on another discharge story we had received through #Becauseweallcare survey to Carole Slocombe. She will raise with the relevant departments. No. 2 Referred to lost property issues and it being raised at other HW and Trusts too. Requested lost property policy from Trust. They explained this is currently being reviewed and we will be sent a copy when it is done. No.3 Cheryl Farmer explained she is adding some demographic questions to their paper work including disability and sexual orientation. This has not always been welcomed by all patients who do not see the relevance. However it is important as health inequalities are even more apparent during

Covid outbreak. Blood clinics are over subscribed as GP's sending everyone to the hospital's or HighField hospital for tests. No. 4 -Pandemic reflections are finished across all areas of the Trust. -Family contact during covid was an issue. A pilot is being trialed with Family Liaison Staff on the wards to support contact and communication with families. -Hospital switchboard system now has an automated voice recognition feature, to try and get people through to the right place quicker. - Trust have launched 'Every Experience Matters' survey for inpatients. -Covid wards open again with over 100 patients at this time. -St. Helens hospital will continue with elective care. Patients are swabbed on admission and before any procedures or screening. -Covid -19 helpline reopened. (already shaded on our social media platforms) PEC national inpatient survey was postponed to Nov but will go ahead. Text reminders will be sent this year to improve response numbers received. No. 5 The Trust have still not been able to get clear face masks, to support communication, that meet safety standards. This is a problem across the country. No. 6 Gave positive feedback about safe blood clinic at Whiston and advocacy update Raised hope to do virtual visits to wards in future as new E and V scheme. Said will share good practice from the other HW who have begun this. Action points from meeting: Share Every experience matters survey for Trust. Share discharge story with Carole. Share virtual E and V ideas. Concerns: A and E improvements ongoing. Patient Experience team visited A and E and signage for waits still not clear. BRC discharge project being rolled out? **23/10/2020** HBC Adult Safeguarding Dave Wilson Online meeting of the Adult Safeguarding Board -Board No. 1 Shelley Brown has been appointed as the acting CEO of Age UK. No. 2 Presentation- Homelessness in Halton - How are we engaging with the Homeless? Access to GP services etc. Big leap last year up to 966, why? 128 hotel placements 14 people in B&B There are some issues of ASB. No consequence to people's actions - People are aware of the fact they'll be moved on from 1 hotel to another regardless of behaviour. No.3 Info given on HBC - Self-Neglect & Hoarding Toolkitf or Health and Social Care

			No. 4 Mark Weights is the new chair of the partnership forum
			No. 5 HSAB Annual Report draft tabled. We provided an update on our role in Safeguarding to go in the report
			Action points from meeting:
			Send Covid-19 part 2 report to Mil Vasic when published.
			Update the SAB on the digital exclusion project at the next meeting
			Help promote Safeguarding Week in November
04/11/2020	STHK Patient Experience Committee	Jane Pritchard	No. 1 Patient Discharge - Clare Bright (Patient Discharge Manager) gave a presentation outlining the new process currently being developed to address the need for a centralised coordination of activities. A location to bring this team together has been identified next to the Discharge lounge and budget approved to recruit extra staff. The intention is to make the process 'postcode neutral' so the team will engage with the appropriate services engaged by the relevant CCG. (refer to slides sent in separate email).
			No. 2 External Place Inspections at the Trust hospitals have been cancelled for 2020 - per Sir Simon Stephens. Trust will continue to carry out its own audits.
			No.3 The Trust's expectation is to maintain as many medical and clinical services as possible over the coming months with Telephone Consultation being used where appropriate.
			No. 4 End of Life Manager (Bernie Thomas) has asked for the local HW support in promoting the next tranche of 'Dying Matters' or equivalent events which are currently being developed.
			No. 5 It was reported that the NHS111 First will go live for the Trust on 17/11/20. A progress update will be provided at the December meeting.
			No. 6 The switchboard facility went live on Monday 2/11/20 for External calls which allows for automatic routing to the appropriate service / department
17/11/2020	Local Engagement Meeting	Louise Delooze	Local Engagement Meeting - to share tips/ hints, signposting experiences during the lock down. Also sharing the difficulties (and frustrations) of reaching people remotely compared to out and about in the community.

			Main Issues:
			No. 1 Sharing recent local projects - Zoom and Chat (lesser online version of enter and view)
			No. 2 Sharing knowledge from Myself to St Helens Healthwatch (signposted to Parents in Mind) to assist with the maternity / hospital experiences during co-vid (attending appointments alone)
			No.3 Setting up zoom sessions regarding hospital feedback from older age groups (equivalent of Halton Open)
18/11/2020	CCG Primary Care Commissioning	Paul Cooke	The first joint Halton and Warrington CCG's Primary Care Committee. A New Chair in place Dilys Quinlan.
			Main Issues:
			No. 1 Actions arising from the last meeting. Noted that the Care Navigation action was closed.
			No. 2 COVID-19 How are we coping Enclosure Healthwatch Halton I presented the above report. I noted that a Digital Exclusion Project was in hand at a local and national level.
			No.3 Primary Care Commissioning Committee – Revised Terms of Reference I asked if a Healthwatch Representative from Warrington had been included. It was confirmed that there was a position on the committee, although no one was present.
			No. 4 Primary Care Risk Report This item was presented by Pam Broadhead, Chief Primary Care Officer. Risks had been re-categorised between strategic risk (that is a risk that will affect the legal requirements of the CCG) and operational risk (that as inherent in business as usual). Eight risks were closed and three added. One of which was a sudden closure of a GP Practice.
			No. 5 Primary Care Networks – a discussion to agree how the Committee will receive assurance with respect to delivery of the Network requirements. I raised the issue of lack of engagement by PCNs with Healthwatch. It was felt that this was a result of COVID-19.
			No. 6 Any Other Business Verbal A general update on the preparations for Vaccination programme was given. Six centres were proposed and together with care homes would carry out the first wave of high priority vaccination.
			Action points from meeting: We will need to progress the Digital Exclusion Project.

			Concerns: I am still concerned about the lack of engagement with PCNs, hopefully we will get some co-operation with the Digital Exclusion Project.
			Any other comments: The early preparations for the Covid-19 vaccination programme was good news.
19/11/2020	Health Protection Board Meeting	Dave Wilson	Fortnightly meetings taking place of the Health Protection Board. Lots of work is going on across all the partners who attend this meeting. Lots of logistical stuff happening in the background too.
			No. 1 Cheshire and Merseyside Situation Report. Members noted testing numbers are stable in Warrington. Over the last 7 and 14 day period the rate of infection in the over 60s population has decreased. Halton seemed to have peaked with cases in early October 2020 and has seen a steady decrease since then. Warrington's peak was late October/early November 2020 with a sharper rate of decrease in cases since then.
			No. 2 Briefing on MAST for Halton and Warrington. There are currently two major innovative developments for asymptomatic testing in Cheshire and Merseyside. Halton will participate in a second wave pilot for these:
			No.3 Contact Tracing - Halton tracing was going well with approximately 95% of cases contacted. There is recruitment for additional staff with administration and caller applications closing 20.11.2020.
			No. 4 WHHT and StHKHT update given Vaccinations Plans are in place to start the roll out of vaccinations from 01.12.2020, however, it was noted that vaccinations may not necessarily be available from this date.
20/11/2020	and increasing Knowledge	Louise Delooze	Promoted the Zoom Session 'changes to 111 First' - invitations extended for attendees of the meeting. Some new contacts made: British Red Cross
	of Refugees and Asylum Seekers in Halton Area		No. 2 This allows the opportunity for them to cascade the changes to the people they support.
			Action points from meeting: Publicise changes to 111 First which will affect any need for emergency care for Refugees and Asylum Seekers

24/11/2020	Health Policy Performance	Dave Wilson	Fairly normal meeting of the PPB			
	Board		Main Issues:			
			No. 1 Update given on the plans for a Health Hub at Runcorn Shopping City. Lucy Gardner, WHH, gave details on the upcoming pre-engagement and 8 week consultation.			
			No. 2 Update from Eileen O'Meara on the PH response to Covid-19. Figures are heading downwards. Presentation froze as Eileen had IT issues.			
			No.3 Winter planning update given - Leigh Thompson said that a lot of what was in the papers for the meeting had now been superseded due to national changes and updates.			
			No. 4 Damian Nolan gave short overview of the Performance Monitoring report. Short staffed due to many staff being redeployed to support other services during the pandemic. Chair (Joan Lowe) asked for a note to be added to the report mentioning the hard work of the staff.			
			Action points from meeting: Lucy Gardner (WHH) mentioned the engagement work for the Health Hub would start in November. I asked a question regarding the engagement saying that November was nearly over and we'd not seen any sign of the pre-engagement work. I said that HWH would be willing to help promote the information out to the public as soon as we received it. Also offered the chance for the Trust to join one of our upcoming public Zoom sessions to talk about the plans.			
			Any other comments: The meeting had a few technical issues. It was shorter than I expected it to be due to these.			
25/11/2020	CCG Quality Committee Meeting		Quite a full meeting! No. 1 Provider updates given - Bridgewater has received a letter regarding the service going forward. Bridgewater have asked for a review of options. Halton Haven Hospice were unable to deliver the Specialist Palliative Care Consultant led service. Since April it has been a nurse led service. Difficulties in getting it to a consultant led service. Halton Haven - committee wanted reassurance. CCG are keeping a close eye on the Haven. Leigh Thompson gave a response that EOL care is not being affected.			
			No. 2			

Area prescribing Committee - update given by Dr. Claire Forde GP Community Pharmacy Consultation Service (CPCS) being rolled out nationally now. C&M going to roll out PCN by PCN and will work with them to embed the process. Work needed with pharmacies regarding redirection back to the GP or onward referral in a timely fashion. Training will be available for practice staff. Eventually pharmacies will be able to put appointment slots onto the system to support referral. An assessment functionality will also exist, developed by GPs nationally, that can support a mini triage to ask key questions of patients. Will need to wait for these additional functions though.
No.3 ADHD update - Leigh Thompson preferred option was a joint Knowsley and Halton service. Knowsley pulled out. After discussions NWBH will still be providing the service. LT to update at the next meeting
No. 4 Head and Neck SALT Quality Overview - Clatterbridge update The Clatterbridge Cancer Centre (CCC) Speech and Language Therapy (SLT) service have delivered a clinical service to patients with Head and Neck cancer (H+N) in the Halton & St Helens boroughs since 1st August 2019. Fantastic to see the engagement and how well the work has been carried out. Quality Committee very positive in the praise of the service.
No. 5 QC work plan - Advocacy update half yearly and our reports as and when needed. Annual report to be presented at September meetings. Care Home update - Michelle Creed gave update More robust governance now on the homes. Some sustainability support and partnership has been absolutely key. Need to be looking at the long term plan for the sector. Cheshire & Mersey support offer to Care Homes Board. Gap analysis carried out. Looked at 3-4 things that could be done at scale and speed. Initial workplace - Workforce, Training & Development, Specialist Dementia Support, Digital Technology and one other. Michelle mentioned Health and Wellbeing Support Packs for Care Homes. (Maybe ask for more info on what is included in this) Helen Moir - Care Home update - 20 covid residents, 13.5% bed vacancy, 8% staff absent. Highest in the LCR region. 20% of homes with active outbreak 88.5% flu jabs, CQC inspecting focus on PPE Simonsfield and Halton View, outliers in size of outbreak. Morale is low in staff, constant request for info etc.
No. 6 E-discharge - update Mike Roscoe (STHK) - How the Trust has taken the national e-discharge policy and used it well locally. Engagement and involvement normal update on lots of work. SEND update given.

03/12/2020	Health Protection Board	Dave Wilson	Joint meeting of Warrington & Halton Health Protection Board –
			Cheshire and Merseyside Sitrep There is a decline in prevalence of cases across all age groups and are now in line with the North West and England averages. There has been a slight decline in residents accessing testing and the decrease in positivity is encouraging.
			Briefing on MAST Testing for Halton
			The Liverpool City Council pilot has been successful. Joint working with the council and military colleagues has helped to deliver targeted mass testing with more than 165,000 residents of the LCR tested with just over 1,000 positive test results for people without symptoms have been recorded.
			Halton is looking to start SMART testing as part of a bid to the Department for Health to optimise the Liverpool City Council pilot across LCR and to roll it out in a more targeted way. The team is also looking at on street testing (mobile units) as well as 2 static sites.
			Regardless of whether the LCR bid is successful Halton will run Asymptomatic Testing Centres for agreed cohorts.
			Halton has received 10,000 tests and a small number of IT packages to register and record people attending testing. Laptops/ipads/iphones etc.
			Contact Tracing – Halton Update for Halton. There have been 5 new recruits to the team which now gives 10 members of the Call Handlers team in total. The team is 95% successful in contacting cases. The team has worked to identify vulnerable people who may need assistance if they are isolating, e.g. around shopping, medications collections, etc. Where a resident tests positive through LFTs the team has been advised not to make calls to contacts rather to wait for the result of the PCR test.
			WHHT and StHKHT pathway for discharge - Update given
			Vaccinations – CCG and Hospitals - It was confirmed that 3 vaccination programmes have been approved with Programme 1 from Monday 7 December 2020.

			 Programme 2 roll out will be at acute and mass sites during the week commencing 7th December 2020. Concerns that anti – vaccination groups have been mobilising on social media. The Cheshire and Merseyside Communications Group has been looking at communications around actions to address concerns and allegations regarding the safety of the vaccine. Communications will be centred on a specific campaign to push against anti-vaccination posts on social media. Schools - a 40% decrease in cases on last week's figures We share attendance at this meeting with HW Warrington. I feel our attendance is more for an observance and assurance role. It's very useful to be getting the information from the meeting first hand but not any major input to the meeting.
9/12/2020	CCG Governing Body meeting	Kath Parker	The meeting was a standard format regular governing body meeting. Quoracy and Conflict of interests were checked. No. 1 The Chief commissioners report gave information about significant changes being made to Intermediate Care Services. On the basis that the current services were not giving value. Aim is to use the better care fund to consolidate the bed base service and create a new model of care. Including the purchase of more Domiciliary Care hours to support this. Questioned how the patient voice was being included and where plans in place to seek patient views about how the service met their needs once in place.
			No. 2 Chief Nurse report: Corona Virus outbreak in one GP Practice however no disruption to service delivery was experienced. Bridgewater are still experiencing high levels of staff sickness which is having an effect on care delivery. This situation will continue to be monitored closely. NW Boroughs are also experiencing some issues and again they are being closely monitored.
			No.3 CEO Report highlighted the upcoming development into ICS from April 2021 and there are ongoing discussions about how this will look. A consultation is open asking for feedback which is open untill 8th January. A very tight timescale.

No. 4 Finance was updated and although still in deficit the Corona virus funding has helped to stabilise things and so the overall position is slightly improved.
Action points from meeting: To keep questioning the level of engagement in service delivery changes. Monitor the ICS development and ensure that we are able to respond to public questions.
Concerns: None that are not already noted
Any other comments: I have booked onto Webinar about ICS proposals in order to get better understanding and be able to provide feedback.

Meeting Attendance List						
Strategic Meetings	Organisation Hosting	Main attendee	Deputy	Frequency	Main contact for meeting/PA email address	
Health and Wellbeing Board	Halton BC	Kath Parker	Paul Cooke	Quarterly		
Overview and Scrutiny (Health PPB)	Halton BC	Dave Wilson	Kath Parker	Quarterly		
CCG Governing Body	NHS Halton CCG	Kath Parker		Monthly		
CCG Primary Care Commissioning	NHS Halton CCG	Paul Cooke		Monthly		
CCG in Common Board	NHS Halton CCG	N/A				
CCG Quality Committee	NHS Halton CCG	Dave Wilson		Monthly		
Quality Surveillance Groups	NHS England	Dave Wilson		Bi-Monthly		
Safeguarding Adult Board	Halton BC	Dave Wilson		Quarterly		
Safeguarding Partnership Forum	Halton BC	Irene Bramwell		Quarterly		
Safeguarding Children Board		N/A				
Combined Safeguarding		N/A				
CYP Emotional Health & Wellbeing Board	Halton CCG/Halton BC	Dave Wilson		Quarterly		
Acute Hospital Trust Board		N/A				
Mental Health Trust Board		N/A				
Learning Disability Partnership/Group		N/A				
Carers Partnership Board/Group		N/A	Kath Davis	D' an an the		
NHS C&M QSG	NHS England	Dave Wilson	Kath Parker	Bi-monthly		
Warrington & Halton Hospitals Patient Experience Committee	WHH	Dave Wilson	Jude Burrows	Monthly		
St Helens & Knowsley Hospitals Patient Experience Committee	STHK NWBH	Jane Pritchard	Jude Burrows	Monthly		
North West Boroughs Equality Delivery System Warrington & Halton Health Protection Board	Halton BC / Warrington BC	Dave Wilson Dave Wilson	Lydia Thompson	Quarterly Fortnightly Shared with HW Warr	ngton	
warrington & Halton Health Protection Board	Halton BC / Warrington BC	Dave wilson	Lydia inompson	Forthightly Shared with Hw Warr	ngton	
Keep in touch meetings						
St Helens & Knowsley Hospital Trust - Qtrly HW meeting	STHK	Jude Burrows		Quarterly		
CCG - Deputy Chief Nurse	NHS Halton CCG	Dave Wilson		Bi-Monthly		
Cheshire & Merseyside HW Catch-up	Healthwatch	Dave Wilson		Ad-hoc		
Director of Adult Social Care		Chair / LHM		Ad-hoc		
Director of Public Health		TBC		Ad-hoc		
LA Chief Executive		TBC		Ad-hoc		
Chair - Health and Wellbeing Board		TBC		Ad-hoc		
Chair - Overview and Scrutiny		TBC		Ad-hoc		
Chair - CCG		TBC		Ad-hoc		
Chair - Acute Hosp Trust		TBC		Ad-hoc		
Chair - Mental Health Trust		TBC		Ad-hoc		
CEO/AO - CCG		TBC		Ad-hoc		
CEO - Mental Health Trust		TBC		Ad-hoc		
LA Cabinet Lead for Social Care		TBC		Ad-hoc		
LA Cabinet Lead for Health		TBC		Ad-hoc		
		ТВС				

2021 Healthwatch Network Campaigns Calendar

This document aims to provide local Healthwatch communicators with an overview of:

	(1) key network co dates		(2) key campaigns that we encourage you to support		(3) campaigns that provide an opportunity for you to communicate your work				(5) Election purdah dates		(6) Healthwatch Halton	
Date	January	February	March	April	Мау	June	July	August	September	October	November	December
	Because We All Care -	Dignity Action Day	BecauseWeAllCare	Local Healthwatch 8th	Stroke Awareness	Volunteers week 1 - 7		World breastfeeding	Alzheimer's Awareness		Movember (all Nov)	World AIDS Awarene
2	<u>Carers TBC</u>	LGBT History Month (all Feb). ZOOM SESSION HIT	Learning disability & Eating Disorder Awareness Week	Birthday World Autism Awareness Day	Month	June		week 1-6 Aug	Month	Older Persons		Day
3		Children's Mental	1 - 7 March									Day of Persons with
4		Health Week 1-7 Feb Time to Talk Day World Cancer Day			Deaf Awareness Week					Back Care Awareness Week		Disabilities
5					4 - 9 May					4 - 8 Oct		Interntational Volunte Day
6					Maternal Mental Health Awareness				Migraine awareness week 6-11 Sept		National Stress Awareness Day	
7		Chudaat Valuata ariaa		World Health Day	4 - 9 May	Caracter With a lt 0 14			Organ Donation Week 7-13 Sept			
8		Student Volunteering Week	International Women's Day			Carers Week 8 - 14 June			Know Your Numbers week 7-13			
9		8 - 14 Feb			Dying Matters Week 10	Diabetes Week 8-14 June			World Suicide	World Mental Health		
10	Obesity awareness		No smoking day		- 16 May				Prevention Day	Day		
12	week 11- 17 Jan ZOOM SESSION -		Young Carers Action							World Hospice &		
13	WIND / Time to change		Day							Palliative Care Day		
14						World Blood Donor Day					World Diabetes Day	
15			Brain Awareness Week			Men's Health Week 14- 20 June						
16			15-21 March			HWE Committee Meeting					Alcohol Awareness Week 16-22 Nov	
17					Dementia Action Week 17 - 23 May							
18	Cervical Cancer prevention week				Mental Health Awareness Week					World Menopause Day	Self Care Week TBC	
	18 - 24 Jan				18 - 23 May						Transgender Day of	
20			World Oral Health day								Rememberance World COPD	
21 22		HWE Committtee	BecauseWeAllCare			Breathe Easy week 22-			World Alzheimer's Day National Eye Health		Awareness Day HWE Committee	
22		Meeting	Black men TBC			27 June			Week 21 - 27 Sept		Meeting 21/11	
23							Samaritans - The Big		2. 27 Sept			
25							Listen		HWE Committee Meeting			
26	ZOOM SESSION - Cancer Awareness								meeting			
27												
28		Rare Disease awareness day					World Hepatitis Day					
29					World Digestive Heath Day							
30				Maternal Mental Health Awareness Week		Local Healthwatch Annual Report						
31					World No Tobacco Day							

Campaign information

Find out more about the campaigns, where to download resources, and how to get involved on social media. Please note that this information is subject to change.

Date	Campaign/Awareness day	Get involved on social media
1 Jan TBC	Because We All Care - Carers	
11- 17 Jan	Obesity Awareness Week	#NationalObesityAwarenessWeek
18-24 Jan	Cervical Cancer Prevention Week	#SmearForSmear
01-Feb	LGBT History Month	#LGBTHM21
01-Feb	Dignity Action Day	#DAD2021
3-9 Feb	Children's Mental Health Week	#childrensmentalhealthweek
04-Feb	World Cancer Day	#WorldCancerDay
04-Feb	Time to Talk Day	#TimetoTalk
8-14 Feb	Student Volunteering Week	#SVW2021
28-Feb	Rare Disease Awareness Day	#RareDiseaseDay
1 Mar TBC	Because We All Care - learning disabilities and	Autism
1-7 mar	Eating Disorders Awareness Week	#EDAW
08-Mar	International Women's Day	#IWD2021
15-21 Mar	Brain Awareness Week	#BrainAwarenessWeek
16-Mar	Young Carers Action Day	#YoungCarersAwarenessDay
20-Mar	World Oral Health Day	#WOHD2021
22 Mar TBC	Because We All Care - men from a Black British	background
02-Apr	World Autism Awareness Day	#WorldAutismDay
07-Apr	World Health Day	#WorldHealthDay
May	Stroke Awareness Month	#MakeMayPurple
4-9 May	Maternal Mental Health Awareness Week	#EveryonesBusiness
4-9 May	Deaf Awareness Week	#DeafAwarenessWeek
10-16 May	Dying Matters Week	#DyingMatters
17-23 May	Dementia Action Week	#DAW2020
18-23 May	Mental Health Awareness Week	#MHAW20 #MentalHealthAwarenessWeek
29-May	World digestive health day	#WDHD2021
31-May	World no tobacco day	#SaNoToTobacco
June	Pride month	Look out for local pride events
1-7 June	Volunteers' Week	#VolunteersWeek
8-14 June	Carers Week	#CarersWeek

8-14 June **Diabetes Week** 14-Jun World Blood Donor Day 14-20 June Men's Health Week 22-27 June Breathe Easy week Samaratians Big Listen 24-Jul 28-Jul World Hepatitis Day 1-6 Aug World Breast Feeding Week September World Alzheimer's Month Migraine Awareness Week 6-11 Sept 7-13 Sept **Organ Donation Week** World Suicide Prevention Day 10-Sep World Alzheimer's Day 21-Sep National Eye Health Week 21-27 Sept Black History Month October 01-Oct International Day of Older Persons World Mental Health Day 10-Oct World Hospice and Pallative Care Day 12-0ct World Menopause Day 18-Oct November Movember 06-Nov National Stress Awareness Day 14-Nov World Diabetes day 16-22 Nov Alcohol Awareness Week 16-21 Nov TBC Self care week 17-Nov **COPD** Awareness Day Transgender Day of Rememberance 20-Nov 21-Nov TBC **Carers Rights Day** World AIDS awareness day 01-Dec Day of Person's With Disability 03-Dec International Volunteer Day 05-Dec

#WorldDiabetesDay #WorldBloodDonorDay #MHW2020 #LoveYourLungs #BigListen #WorldHepatitisDay #Breastfeedingweek #LetsTalkAboutDementia #MigraineNation #OrganDonationWeek #WSPD2020 #WorldAlzheimersDay #EyeWeek #BlackHistoryMonth #OlderPersonsDay #WorldMentalHealthDay #WHPCD21 #MakeMenopauseMatter #Movember #NationalStressAwarenessDay #WorldDiabetesDay #AlcoholAwarenessWeek #Selfcareweek #worldcopdawarenessday #tdor #CarersRightsDay #WorldAIDSDay #DisabilitiesDay #InternationalVolunteerDay

Download resources

Healthwatch England campaign - more details to follow https://www.betterhealthcare.co.uk/national-obesity-awareness-week-everything-you-need-to-know-about-obesity https://www.jostrust.org.uk/get-involved/campaign/cervical-cancer-prevention-week http://lgbthistorymonth.org.uk https://www.dignityincare.org.uk/Dignity-in-Care-events/Dignity Action Day/ https://www.childrensmentalhealthweek.org.uk/ http://www.worldcancerday.org/ https://www.time-to-change.org.uk/get-involved/time-talk-day https://www.studentvolunteeringweek.org https://www.rarediseaseday.org/article/what-is-rare-disease-day Healthwatch England campaign - more details to follow https://www.beateatingdisorders.org.uk/edaw https://www.internationalwomensday.com/ https://www.brainawareness.org/about/ https://carers.org/young-carers-awareness-day-2020 https://www.worldoralhealthday.org/ Healthwatch England campaign - more details to follow https://www.un.org/en/events/autismday/ https://www.who.int/campaigns/world-health-day/ https://www.stroke.org.uk/fundraising/make-may-purple https://maternalmentalhealthalliance.org/ https://www.deafcouncil.org.uk/deaf-awareness-week/ https://www.dyingmatters.org/AwarenessWeek https://www.alzheimers.org.uk/get-involved/dementia-action-week https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week https://www.worldgastroenterology.org/wgo-foundation/wdhd https://www.who.int/campaigns/world-no-tobacco-day https://www.stonewall.org.uk/our-work/campaigns/pride http://volunteersweek.org/ https://www.carersuk.org/news-and-campaigns/campaigns/carers-week

https://www.diabetes.org.uk/get_involved/diabetes-week https://www.who.int/campaigns/world-blood-donor-day https://www.menshealthforum.org.uk/mhw https://www.blf.org.uk/ https://www.samaritans.org/branches/ https://www.worldhepatitisalliance.org https://worldbreastfeedingweek.org/ https://www.worldalzmonth.org/ https://www.migrainetrust.org/get-involved/raise-awareness/migraine-awareness-week/ https://www.organdonation.nhs.uk/ http://www.iasp.info/wspd/index.php https://www.alzheimers.org.uk/get-involved/world-alzheimers-day http://www.visionmatters.org.uk/ https://www.blackhistorymonth.org.uk/ http://www.un.org/en/events/olderpersonsday/ http://www.who.int/mental_health/world-mental-health-day/en/ http://www.thewhpca.org/about https://nationaltoday.com/world-menopause-month/ https://uk.movember.com/ https://www.mind.org.uk/workplace/national-stress-awareness-day/ http://worlddiabetesday.org/about/ https://alcoholchange.org.uk/get-involved/campaigns/alcohol-awareness-week-1/about-alcohol-awareness-week#: http://www.selfcareforum.org/events/self-care-week-resources/ https://goldcopd.org/world-copd-day/ https://trans.fvi/events/transgender-day-of-rememberance https://www.carersuk.org/news-and-campaigns/campaigns/carers-rights-day https://www.unaids.org/en/World_AIDS_Day http://www.un.org/en/events/disabilitiesday/ http://www.volunteernow.co.uk/supporting-organisations/campaigns/international-volunteer-day

Our events and sessions

Date	Events / Sessions / Projects
12-Jan	ZOOM Session MIND / Time to change Cancer Awareness
26-Jan	ZOOM SESSION Cancer awareness presentation
02-Feb	ZOOM SESSION Health Improvement Team