Healthwatch Halton Advisory Board Meeting

19 May 2022, 1.00pm

Foundry House, Widnes, or join via Teams

Click here to join the meeting

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.

		Item	Enclosure *(Paper, Verbal etc)*	Outcome *(Noting, Decision etc)*	Presenter
1.00pm		*Private session to discuss confidential staffing/ operational issues.* ***Closed Session- not open to the public.***	Verbal		
		Close private session and open Public HAB Meeting			
1.15pm	1	Welcome and Apologies	V		Chair
	2	Declaration of Interests	V		All
1.20pm	3 3a	Minutes and Action log from March HAB Meeting Actions arising not covered in the main agenda	V&P		Chair
1.30pm	4	**Work Programme / Project Updates / Outreach and Feedback update -** • **E&V and Outreach**	V&P		Staff Team
1.45pm	5	**Meeting feedback reports**	P		LHM
2.00pm	5a	**ICS and PCN – Update on progress** • **Meeting with One Halton and PCN** • **ICP Engagement Framework**	V&P		LHM/Chair
2.30pm	**6**	**Decisions to be made by the Advisory Board**			
	6a	Escalation to HW England/ CQC / HWBB / OSC/QC	V		Chair
	6b	Publish a report/ agree a recommendation made in a report	V		Chair
	6c	Request information from commissioners/ providers	V		Chair
	6d	Enter and View plans	V		LHM
	6e	Decision about subcontracting/ commissioned work	V		Chair
	6f	Whether to report a matter concerning your activities to another person	V		Chair
	6g	Which health and social care services HW is looking at for priority project update on future projects	V		LHM
	6h	Breach/s of the decision-making process	V		Chair
2.40pm	7	Health and Social Care Issues from the public	V		Chair
2.50pm	8	Any other business • Volunteers Week	V		Chair
3.00pm	9	Date and Time of Next Meeting – 21 July 2022 at Foundry House, 1.00pm start			

Chair – Healthwatch Advisory Board Chair

LHM – Local Healthwatch Manager

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Agenda item 2

Declarations of interest

Healthwatch Halton Advisory Board (HAB) Meeting – Register of interests

Name	Position	Declared interest	Financial	Non-financial professional	Non-financial personal interest	Date start	Action taken to mitigate risk
Dave Wilson	Healthwatch Halton Manager	1. Daughter is seconded to Cheshire & Merseyside Health Care Partnership as Deputy Director of Workforce			X	June 2020	Interest to be declared at relevant Committee meetings

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Agenda Item 3

Minutes and Action Log

Healthwatch Halton Advisory Board Meeting Notes

17 March 2022, 1.00pm

Foundry House, Widnes

In attendance:

Kath Parker (KP, HAB Chair)
Paul Cooke (PC)
Maureen Isherwood (MI),
Diane McCormick (DMc)
Dave O'Connor (DOC)
Smita Patil (SP)
Jane Pritchard (JP)
Dave Wilson (DW, Manager, Healthwatch Halton),
Jude Burrows (JB, Engagement & Involvement Lead, Healthwatch Halton)
Louise Delooze (LD, Community Outreach Lead, Healthwatch Halton)
Elizabeth Learoyd (ECS Executive Director) – via Teams

		Item
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
1.15pm	1	KP welcomed the board. Introductions were made and SP was welcomed onto the board as a new member. Thanks were given to PC for his excellent contribution to Healthwatch Halton's work over the years, as this would be his last HAB meeting as he was stepping down from the board at the end of March.
	2	**Declaration of Interests** - DOI form to be updated. DMc is currently a lay governor for Bridgewater. Her time in that role finishes in the Summer. DOC works for a social care provider in Liverpool. While not a direct conflict as the provider doesn't cover Halton, this was noted. IB is also a local Halton Councillor.
1.20pm	3 3a	**Minutes and Action log from previous HAB Meeting** – MI asked for her apologies to be noted in the minutes of the January meeting Action log updated
1.30pm	4	**Work Programme, Project Updates and Outreach/Intelligence/Feedback update** Paper presented by DW on the work carried out during Jan and Feb 2022. • The Dental Project had been completed and ready for HAB approval – To be discussed under item 7a MI and LD shared information about the Eat at the Heath community group. This takes place every Wednesday with over 50 people attending, making it a great venue for engagement sessions. DMc raised concerns about the MSK service. Two issues cannot be raised together to the service. A separate referral must be made for each issue even if the two are linked. This raises a possible issue with time being wasted dealing with two referrals to the same service. **Action - Issue to be raised with WHH NHS Trust who run the MSK service in Halton.**

		Item
		Phlebotomy Service - The change to a booking system for local blood clinics was praised by DMc. Patients can see a choice of available appointments at different clinics on line and chose one suitable to them. JB feedback about the Phlebotomy Steering group as she had represented Healthwatch on the group that helped make these changes. **Priorities for 2022 -** The HAB discussed the priority issues for the coming year. It was agreed to have a flexible approach to issues coming up. **Work would be planned around:** • **Accessible Information Standard** - Tied in to the HWE campaign • **SEND Provision for Halton** – A review of what's available locally • **Return to Normal** - GP waiting times, backlogs for treatment, equalities Other issues to consider were the plans for the Cancer Hub and the development of the ICS/ICP/ICB/One Halton Place **DW gave update on the HWE Accessible Information Campaign**. Local Trusts completed FOI requests for HWE. Trusts say they are meeting needs, in some areas, but have not done audits to evidence this. This has already been raised as an issue with Merseycare Equality Lead and a meeting will be arranged. **Enter & View** We are hoping to restart visits by May. Staff questionnaires will continue as part of the E and V programme as these were successful and informative previously. Lateral flow requirements for care homes were discussed. Staff are being asked to do a LFT before entering care homes. As the legal requirements for testing change different venues will have their own policies moving forward. Government guidance does still state the LFT should be conducted before visiting care homes. With LFT incurring a cost from April, JB shared that HWE suggested requesting funding for this. **Quality Framework** We are working on completing the Quality Framework from HWE. This will be completed by the end of June. KP gave an update on the local Pharmacy Needs Assessment. A very detailed document has been produced to gain feedback. (MI left the meeting at the break.) DW shared the Dental Report; The Big Dental Check Up, copies will be sent to all HAB members. KP to take the dental report to the Health and Wellbeing Board to ensure dental issues are kept on the agenda. DMC asked if the SEN dentist in the HCRC has been spoken to during the dental work so far. DW said no as this is a specialised service and explained that no feedback has been given on SEN dentists. **Action:** Meeting to be planned with Sue Wallace-Bonner to discuss the SEND agenda. Healthwatch Virtual People's Panel – It has been slow getting this off the ground. DW highlighted that this panel if fully developed could be useful for One Halton.
1.40pm	5	**Meeting feedback reports by HAB members** • Paper presented by DW. • KP thanked everyone for their meeting reports which were quite in-depth. Actions arising were discussed. KP asked if meeting reports could be kept

		Item
		shorter with focus on the actions required for HWH, possibly bullet-points for the main issues. KP will attend the retirement lunch for Michelle Creed, Halton Chief Nurse, and will pass on thanks from all at Healthwatch. PC suggested having a pre-meeting before Primary Care Network meetings (or the new meeting that will replace these). This would allow time to discuss the main points before the meeting.
1.50pm	5a	**ICS and PCN –** KP gave feedback about the local ICS. One Halton are very keen to involved Healthwatch in their work. There is still a lot of unknowns with the new ICS going forward. KP explained there was nothing to add on ICS or PCN at this time.
2.00pm	6	**Outreach/Intelligence/Feedback update – Covered under Item 4**
2.40pm	**7**	
	7a	**Escalation to HW England/ CQC / HWBB / QC / OSC** Recommendations from the dental report will be escalated up to the Health and wellbeing board.
	7b	**Publish a report/ agree a recommendation made in a report** – Dental Report has been approved for publishing by the HAB.
	7c	**Request information from commissioners/ providers** - None
	7d	**Enter and View plans** – Enter and View visits are to start up again. There will be a refresher training session for staff and volunteers at the beginning of May.
	7e	**Decision about subcontracting/ commissioned work** - None
	7f	**Whether to report a matter concerning your activities to another person** - None
	7g	**Which health and social care services HW is looking at for future projects –** • SEND provision • Accessible information Standard • 'Return to normal' – GP waiting times, back logs for treatment, equalities Note - Further scoping needs to be carried out on the above.
	7i	**Breach/s of the decision-making process** - None
2.50pm	8	**Health and Social Care Issues from the public -**
2.55pm	9	**Any other business**
3.00pm	10	**Date and Time of Next Meeting –** 19 May 2022 at Foundry House, 1.00pm start

Chair – Healthwatch Advisory Board Chair
LHM – Local Healthwatch Manager

Healthwatch Halton Advisory Board (HAB) Meeting - Action Log for May 2022 meeting

Task Number	Agenda Item	Task Description	Assigned to	Status	HAB Meeting Date	Notes

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Agenda item 4

Work programme updates

healthwatch Halton

March & April 2022 overview

The past couple of months have proved to be very challenging due to staff shortages and annual leave during April.

Communications

During March and April, 4 e-bulletins were sent to our mailing list of 500+ people and organisations.

24 articles were added to our website promoting:

- Awareness Months
    - Endometriosis Action
    - Ovarian Cancer
    - Bowel Cancer
    - Stress Awareness
    - Dementia
- Report
    - Lost for words
    - Big Dental Check-up
- Information articles:
    - Where to find support when someone has died
    - Where do I go for support as a new parent?
    - How to find an NHS dentist
    - Where can I get help out of hours?
    - Preventing Falls in hospital
- General health and care related items

We had 10,461 visitors to the website during March and April. This was a drop against the same period on 2021, but very much to be expected as we were promoting much more information around the pandemic and vaccination last year.

The total number of visitors to our website for the year from April 2021 -March 2022 was 78561, up 27% against the previous year.

To put this in context, prior to the start of the pandemic we had 5,346 people a year accessing our website.

With a return to 'normal life' we have noticed a gradual fall in the numbers of people accessing the website during the past 6 months. This was to be expected but we were pleased to note that the numbers accessing the site are still significantly higher than the pre-pandemic levels.

Website visitors:

1369% increase against pre pandemic levels

634% increase in pages viewed compared to pre pandemic levels

In this period, 178 messages were sent across our social media accounts reaching approximately 29,000 people.

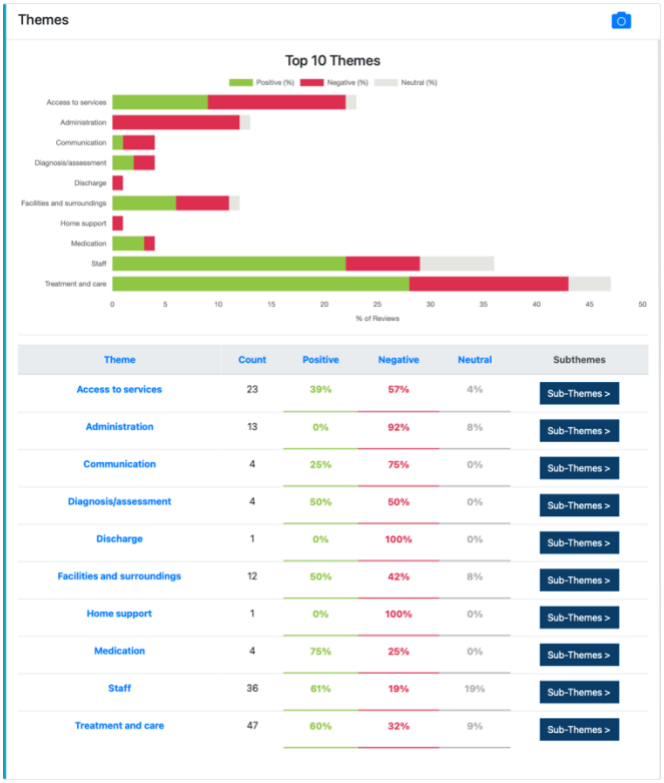
Engagement and outreach

Three outreach sessions took place, all in March. We've been limited in our ability to run sessions due to staff shortages and annual leave.

Number of outreach sessions held – 3

People engaged with – 42

Enquiries and Feedback update



Theme	Count	Positive	Negative	Neutral	Subthemes
Access to services	23	39%	57%	4%	Sub-Themes >
Administration	13	0%	92%	8%	Sub-Themes >
Communication	4	25%	75%	0%	Sub-Themes >
Diagnosis/assessment	4	50%	50%	0%	Sub-Themes >
Discharge	1	0%	100%	0%	Sub-Themes >
Facilities and surroundings	12	50%	42%	8%	Sub-Themes >
Home support	1	0%	100%	0%	Sub-Themes >
Medication	4	75%	25%	0%	Sub-Themes >
Staff	36	61%	19%	19%	Sub-Themes >
Treatment and care	47	60%	32%	9%	Sub-Themes >

48 people have given us feedback through our website, covering 26 services.

15 of the comments came via face to face outreach sessions.

Access to services and lack of communication continue to be the main negative themes raised by the public across all services

(Unfortunately, we're continuing to have issues with the website feedback centre analysis, which has been raised with the provider, so we are unable to provide more of a breakdown of the data)

The majority of general enquiries we receive, via phone/email/social media continue to be about access to dental services.

Priority projects

The Big Dental Check-up report was completed, approved, and published in March. This report was presented to the Health and Wellbeing Board.

Quality Framework

Progressing slowly. No update to give.

One Halton

We have been quite busy during March and April with involvement in various meetings around the development of One Halton. We've also joined with our colleagues across Cheshire & Merseyside looking at the development of the Integrated Care Partnership, all with a view to see where Healthwatch will be most effective in ensuring the views of the public are included.

We sit on the One Halton Place Based Board and on sub-committees looking at Communication & Engagement and Quality.

Key issues we'd like you to tell us about

Issue	Description	Min equalities focus	Healthwatch England action
Accessible information	People's experiences of receiving health and care information in a format they can understand or being provided with support to understand information.	All	Review of existing evidence published. Gathering more information from the public March- May
Social care assessments	Are people getting social care assessments and are their needs being met?	Low income/ ethnicity	Gathering more information from the public in March - April
Access to GP services	People's experience of trying to access GP services	Digital exclusion	Continue to monitor and report to stakeholders
Dentistry	Experiences of people accessing dental services and whether extra NHS funding is improving peoples experiences.	Low income	Reported in December and continuing to monitor
Waiting times	People reporting delays in treatment and care, their experience of support while waiting and whether the Elective Care Recovery Plan is having an impact.	Low income/ transport	Reported November findings continue to monitor
Hospital discharge	New guidance produced for people leaving hospital.	Age	Monitor new guidance implementation
Long COVID	Concerns that people who are experiencing ongoing issues from COVID-19 do not have their support needs met.	Age /gender	Reported insight to stakeholders, continue to monitor
Cost of living	People experiencing health or access issues as a result of rising cost of living	Low income	Monitor to see if emerging issues

	Issue	Description	Min equalities focus	Healthwatch England action
	Health support for recent arrivals	Are recent arrivals to the UK having issues accessing health and care support?	Ethnicity	Monitor to see if emerging issues
	Waiting times for NHS 111 ambulances and A&E	Are ambulance, NHS 111 and A&E waiting times getting better or worse?	Ethnicity/age	Monitor to see if situation is changing
	Vaccine access, attitudes & passports	People's experiences of accessing booster vaccines, and vaccine hesitancy	Gender/ ethnicity/age	Continue to monitor and report to stakeholders.
	End of life care and DNARs	Issues relating to end of life care and do not attempt resuscitation notices.	Age/disability	Monitor to see if emerging issues

Priority key	High	Emerging issue being actively researched	Medium	Issues reported on and/or continue to monitor	Low	Issues being monitored to identify new issues

About

We monitor a range of health and care related issues so that we can alert decision makers to emerging problems. This document provides a regular status update for local Healthwatch services so that you can prioritise the insight you share with Healthwatch England. We use the evidence you share to inform our national stakeholder updates and external reports.

How to share your public feedback

Please share any insight on these issues via the CiviCRM or Research@healthwatch.co.uk

ICS Engagement Framework

May 2022

healthwatch Halton

ICS draft engagement framework

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	7. Use community development approaches that empower people and communities, making connections to social action.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	8. Use co-production, insight and engagement to achieve accountable health and care services.
4. Build relationships with excluded groups, especially those affected by inequalities.	9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.

Turning the principles into action:

1. Ensure people and communities have an active role in decision-making and governance

- Build the voices of people and communities into governance structures so that people are part of decision-making processes.
- Recognise the collective responsibility at board level for upholding legal duties, bringing in lay perspectives but avoiding creating isolated, independent voices.
- Make sure that boards and communities are assured that appropriate involvement with relevant groups has taken place (including those facing the worst health inequalities); and that this has an impact on decisions.
- Ensure that effective involvement is taking place at the appropriate level, including system, place and neighbourhood, and that there is a consistency and coordination of approaches.
- Support people with the skills, knowledge and confidence to contribute effectively to decision-making and governance
- Make sure that senior leaders role model inclusive and collaborative ways of working.

Turning the principles into action:

2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions

- Take time to plan and budget for participation and start involving people as early as possible so that it informs options for change and subsequent decision-making.
- Involve people and communities on a continual basis, as part of meaningful partnerships, rather than taking a stop-start approach when decisions are required. As a result, there will be much greater, ongoing awareness of the issues, barriers, assets and opportunities.
- Be clear about the opportunity to influence decisions; what taking part can achieve; and what is out of scope.
- Record and celebrate people's contributions and give feedback on the results of involvement, including changes, decisions made and what has not changed and why.
- Keep people informed of changes that take place sometime after their involvement and maintain two-way dialogue so people are kept updated and can continue to contribute.
- Take time to understand what works and what could be improved.

Turning the principles into action:

3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working

- Use data about the experiences and aspirations of people who use (and do not use) health services, care and support and have clear approaches to using this information and insight to inform decision-making and quality governance
- Work with what is already known by partner organisations, from national and local data sources, and from previous engagement activities including those related to the wider determinants of health
- Share data with communities and seek their insight about what lies behind the trends and findings. Their narrative can help inform about the solutions to the problems that the data identifies
- Understand what other engagement might be taking place on a related topic and take partnership approaches where possible, benefiting from your combined assets and avoiding 'consultation fatigue' amongst communities by working together in an ongoing dialogue that is not limited by organisation boundaries
- Build on existing networks, forums and community activities to reach out to people rather than expecting them to come to us. Be curious and eager to listen; don't assume we know what people will say or what matters to them.

Turning the principles into action:

4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities

- Proactively seek participation from people who experience health inequalities and poor health outcomes, connecting with trusted community leaders, organisations and networks to support this.
- Consider how to include people who do not use services, whether because they do not meet their needs or are inaccessible, and reach out to build trust and conversations about what really matters to them.
- Work with people and communities from the outset, taking time to build trust, listen and understand what their priorities are being realistic about what is in scope and where they can set the agenda for change.
- Tailor our approach to engagement to include people in accessible and inclusive ways so we include those who have not taken part before. This includes recognising that some communities will not feel comfortable discussing their issues and needs within wider meetings, so may need separate, targeted activities. They may need additional support to take part including reimbursements for their time.
- When reporting on engagement activity, explain the needs and solutions for different communities rather than simply aggregating all data and feedback together. This also supports equality impact assessments.

Turning the principles into action:

5. Work with Healthwatch and the voluntary, community and social enterprise sector as key partners

- Continue to strengthen our partnership with Healthwatch and the VCSE sector to bring their knowledge and reach into local communities. Work with them to facilitate involvement from different groups and develop engagement activities.
- Understand the various types of VCSE sector organisations in our area, their different features and how the ICS can connect with them.
- When we commission other organisations to work with communities, ensure that our decision-makers remain personally involved and hear directly what people have to say.

Turning the principles into action:

6. Provide clear and accessible public information

- Develop information about plans that is easy to understand, recognising that everyone has different needs and testing information where possible. Where accessible formats such as easy read are used, these should be ready at the same time as other materials.
- Providers of NHS care must meet their requirements under the Accessible Information Standard for the information and communication needs of people in their own care. The same principles should be applied for public information so that is clear and easy to understand.
- Be open and transparent in the way we work, being clear about where decisions are made and the evidence base that informs them, along with resource limitations and other relevant constraints. Where information must be kept confidential, explain why.
- Make sure we describe how communities' priorities can influence decision-making, how people's views are considered, and that we regularly feedback to those who shared their views and others about the impact this has made.
- Provide feedback in an inclusive and accessible way that that suits how people want or are able to receive it
- Make sure information on opportunities to get involved is clear and accessible and encourage a wide range of people to take part.

Turning the principles into action:

7. Use community-centred approaches that empower people and communities, making connections to what works already

- Support and build on existing community assets, such as activities and venues which already bring people together such as faith communities, schools, community centres, employers and local businesses, public spaces...and community-centred services like link workers, community champions and peer support volunteers
- Build trust and meaningful relationships in a way that people feel comfortable sharing ideas about opportunities, solutions and barriers. Design, deliver and evaluate solutions together that are built around existing community infrastructure
- Recognise existing volunteering and social action that supports health and wellbeing and create the sustainable conditions for them to grow

Turning the principles into action:

8. Use co-production, insight and engagement methods so that people and communities have actively participate in health and care services

- Choose a method of working with people and communities that is appropriate to specific circumstances, ensuring it is relevant, fair and proportionate. The most extensive method possible should be used that suitable for the situation. Use blended methods where appropriate.
- Design engagement activities to take place at a time and in a way that encourages participation, and consider the support people may need to take part, including reimbursements for their time.
- Recognise that people are busy and have other priorities such as work and caring responsibilities, and ensure that there are different ways to get involved with varying levels of commitment.
- Include approaches such as co-production where professionals share power and have an equal partnership with people to plan, design and evaluate together.
- Where decisions are genuinely co-produced, then people with lived experience work as equal partners alongside health and care professionals (those with learnt experience), and jointly agree issues and develop solutions.

Turning the principles into action:

9. Tackle system priorities and service reconfiguration in partnership with people and communities

- People who use health and care services have knowledge and experience that can be used to help make services better. They can put forward cost-effective and sustainable ideas that clinicians and managers have not thought of, leading to changes that better meet the needs of the local population.
- Communities often have longer memories our staff who may change roles and move. Understanding the local history of change that communities have experienced helps to learn and build trust with people.
- When people better understand the need for change, and have been involved in developing the options, they are more likely to advocate the positive outcomes and involve others in the process.

Turning the principles into action:

10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

- Collaborate with partners across our system to build on their skills, knowledge, connections and networks.
- Reduce duplication by understanding what is already known and what has already been asked, before designing the approach to engagement.
- Learn from approaches taken elsewhere in the country and how they can be adapted and applied locally.
- Plan together across systems so that partnership work with people and communities is co-ordinated, making the most of partners' skills, experiences and networks.

What next?

Fill in the survey at:

https://bit.ly/CMHCP

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Agenda item 6

Decisions

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Agenda items 7 on