

Healthwatch Halton Advisory Board

15 October 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.

		Item	Enclosure (Paper, Verbal etc)	Outcome (Noting, Decision etc)	Presenter
1.00pm		<i>Private session to discuss confidential staffing/ operational issues. Closed Session- not open to the public.</i>			
		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 <i>To update the Board and Public on the work undertaken to deliver the Work Programme including the Enter and View Programme</i>	P		Staff Team
1.55pm	5	Meeting feedback reports by HAB members <i>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</i>	P	Noting	
2.10pm	6	Intelligence/Feedback update – public issues <i>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</i>	V		LHM
2.25pm	7	Decisions to be made by the Advisory Board			
	7a	Escalation to HW England/ CQC			Chair
	7b	Publish a report/ agree a recommendation made in a report			Chair
	7c	Request information from commissioners/ providers			Chair
	7d	Which premises to Enter and View and when (Completion of the Enter and View visit checklist is required)			Chair
	7e	Decision about subcontracting/ commissioned work			Chair
	7f	Whether to report a matter concerning your activities to another person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services			Chair
	7g	Which health and social care services HW is looking at for priority project <i>(Completion of the Healthwatch Priority Project Decision Making Checklist is required)</i>			Chair
	7h	Refer a matter to Overview and Scrutiny committee			Chair
	7i	Breach/s of the decision-making process			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

12 August 2020 – 10.00am – 12.30pm

Public Board Meeting Notes

In attendance: Kath Parker (KP) HAB Chair

HAB members: Paul Cooke (PC)

Maureen Isherwood (MI),

Diane McCormick (DMc)

Jane Pritchard (JP)

Dave O'Connor (DO)

Dave Wilson (DW, Manager, HWH), Louise Delooze (LD, Community Outreach Lead, HWH), Irene Bramwell (IB, HWH Community Outreach Lead), Clare Screeton (Board Clerk), Elizabeth Learoyd (ECS Director)

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	
10.00		<i>Private session to discuss confidential staffing/ operational issues.</i> Closed Session- not open to the public.	
		Close private session and open Public HAB Meeting	
10.30	1	Welcome and Apologies – No apologies	
	2	Declaration of Interests - None	
10.35	3	Minutes and Action log from Public Board Meeting update None – Action log to be set at next meeting	
10.45	4	Work Programme Project Updates <ul style="list-style-type: none"> • DW to send final COVID-19 Report out to all board members. • Mental Health Project, LD and IB working on Prep. Planned to commence early October. Q's to be distributed and comments back to Dave within 7 days. • Maternity project on pause awaiting update on services through CCG • Board Agreed to progress the current projects forward. 	
11.00	5	Meeting feedback reports by HAB members <ul style="list-style-type: none"> • Report provided to HAB on the 15 meetings attend in first quarter of year • Reminder given to all to complete the online report for any meetings attended on behalf of HWH • Positive feedback from STHK on HWH work 	
11.15	6	Intelligence/Feedback update – public issues <ul style="list-style-type: none"> • NHS111 First Discussion Dave to meet with Maria Austin to discuss what the plans for engagement are. DMc noted a reluctance on behalf of CCG to engage with PPG Plus. 	
11.30	7		
	7a	Escalation to HW England/ CQC None	
	7b	Publish a report/ agree a recommendation made in a report None	
	7c	Request information from commissioners/ providers None	

		Item	
	7d	Which premises to Enter and View and when (Completion of the Enter and View visit checklist is required) <ul style="list-style-type: none"> Sent proposal to LA re 'Virtual' Enter and View to involve Activity Coordinators in care homes. Circulated proposal to Board members for comments. 	
	7e	Decision about subcontracting/ commissioned work <ul style="list-style-type: none"> Discussed details of follow up Woodview work for board agreement. Premier Care to be contacted to discuss Healthwatch Report and any actions taken. 	
	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 (Completion of the Healthwatch Priority Project Decision Making Checklist is required) N/A	
	7h	Refer a matter to Overview and Scrutiny committee N/A	
	7i	Breach/s of the decision-making process N/A	
12.00	8	Health and Social Care Issues from the public	
12.15	9	Any other business <ul style="list-style-type: none"> MI detailed the Cancer Support Group is opening its services in COVID safe ways so very much in operating mode so please make that clear to the public. Local Video Consultations with Health Professionals will continue through to next year. JP asked that we keep this on the agenda and ask the public their views on this process. ECS training agreed to feedback thoughts about this online training via Chairs meetings and through Dave to managers. Volunteer Role Descriptors to be circulated for comment. KP to do that 	
12.15	10	Date and Time of Next Meeting	

Chair – Healthwatch Advisory Board Chair

LHM – Local Healthwatch Manager

Team update – October 2020

Louise Delooze – Community Outreach Lead

I am now more settled into the role and have really enjoyed my first months working for Dave, alongside Irene and Jude. The whole team have been immensely supportive and the sharing of their vast knowledge has proved invaluable to enable me to progress.

We have arranged and conducted our first virtual coffee meeting last Friday. We extended invitations to :

- AGE UK
- Widnes and Runcorn Cancer Support Centre
- Halton Carers
- MIND Halton
- Time to Change
- Wellbeing Enterprises
- Nightstop

Following this initial coffee meeting we have received return invitations to attend a virtual support group meeting and a team meeting hosted by Widnes and Runcorn Cancer Support. This is in addition to an invitation to attend a virtual support meeting hosted by Wellbeing Enterprises. These will hopefully provide us with an alternative platform (in these strange alternative outreach times) to publicise Healthwatch Halton and reach those people we are unable to due to current CoVid restrictions.

We have also arranged our second meeting which is scheduled for Tuesday 3rd November @ 11am. This next meeting has secured guest Speaker Jim Roberts from E-consult.

The choice for this guest speaker was motivated by my own research into E-consult, looking at its accessibility throughout Halton GP Practices. There is disparity between the various GP Practices and possibly clarification on what it is and how it can be used would benefit all users of GP Practices.

I recently attended a virtual coffee morning hosted by Healthwatch Knowsley, where Amanda Farrell (Deputy Chief Operating Officer at St Helens and Knowsley Teaching Hospitals) was a guest speaker. I found her presentation to be really informative and feel that as a large number of Halton residents use these hospitals I have contacted Amanda to ask if she can attend one of our virtual coffee meetings and repeat her presentation. I will provide an update once she has responded.

I have also forged a great working relationship with Wendy Andersen from Healthwatch Sefton, who has been very supportive regarding tips and hints for hosting Zoom meetings and guest speakers and I have a Zoom call today with Tom Collins from Healthwatch Walsall to discuss his views and tips. The Knowsley Healthwatch Team have also been very supportive and inclusive for me to pick their brains and attend their virtual meetings.

I have also requested contact details from Dave for a speaker from CCG to discuss the changes and implications for “NHS 111 First” and look forward to being able to announce their attendance shortly.

Jude Burrows – Engagement and Information Lead update

Since working at home, from mid March, I have done a variety of tasks from communications, signposting, collecting feedback, volunteers, support, enquiries etc. Getting up to date information out to local people, including changes to restrictions and support available has been very important. I also updated local organisations to our current working situation and encouraged them to still get in touch and send people to us.

It is challenging being split between so many areas, as each is a job in itself and I am also part time.

Here is some of the work I have been doing in the different areas.

Social media

Regularly posting on Facebook, Twitter and Instagram with more than 500 posts made across these channels from April up to 13 October. We have seen a large increase in people liking, following, sharing and engaging on our social media. The most popular posts are local information updates and the most popular posts have reached 1000's of people with our 14,000 people viewing one post in June. Info is shared quickly if there is discussion or confusion locally picked up.

Reports /Projects

Wrote Enter and view report on Halton Haven, as visit was done just prior to lockdown,

<https://healthwatchhalton.co.uk/enter-view-reports/>

Covid -19 survey sent directly to local organisations, promoted on web, social media and e bulletin. I presented the results of the first survey to the CCG's Engagement meeting. Strong themes emerged around issues accessing appointments and decline in mental health. These themes were felt across the other HW areas too. Second Covid survey promoted in the same way.

Compiled list of maternity / young child related organisations to share maternity survey with once launch can happen.

#Becauseweallcare campaign

I attended the HWE training on the new joint campaign with the CQC. I have promoted this regularly through social media, emails to local organisations, e bulletin and the website. I have also phoned or emailed people who wanted to discuss their feedback further. This is an ongoing campaign with different areas focused on, such as hospital discharge. We have received 99 responses to date.

Website/ e bulletin

Over 100 news items have been published on our website since April. These stories cover many topics from Coronavirus, awareness campaigns, health information and local updates. I always try and add local support information to any national campaigns.

The coronavirus link webpage was added to the website to allow people to access information related to certain categories eg, mental health or community. The links lead to national support but I have also added and updated information from local organisations.

I send an ebulletin out each month, with some additional ones for survey launches, annual report, HWE campaigns etc. Also shared on social media.

Dave Note –

So far this month, up to 13 October, 7104 people have visited our website viewing 12313 pages.

For the whole of last year, we had 5346 visitors, viewing 17670 pages.

Feedback /Signposting/ information

Answering enquiries for information or support via our enquiries email, Facebook comments / inbox, my email, survey responses and phone calls.

I share support information with members of the public and also organisations who get in touch for information, such as Mind Halton and NWBP.

I have contacted the Patient Experience Managers at the local Trusts for members of the public who needed specific support. Also referred a number of people for various Advocacy support.

Networks

- Regular meetings with other ECS ran HW's Engagement leads to share good practice and ideas
- Regular meetings with other ECS ran HW's Social Media Champions to share info and ideas
- Catch ups with other local HW teams. HW Liverpool. HW St. Helens. HW Sefton HW Knowsley.
- Joined the new HWE EIL networking meetings, that brings all Engagement staff from HW's across England together.

Volunteers

Responded to all potential volunteers. First explaining about normal recruitment and sending the link to HWE induction training. Hoping to be able to look at getting back to outreach and E and V roles.

Have now developed a role called Healthwatch Champion that covers support people can give us during this time. This can be through online networks but also off-line to people in their family, support bubble, local area. Healthwatch Champion role is being promoted on the Do IT national volunteering website and in the ebulletin. I have updated the roles on our webpage and am adding the information to the new Halton and St. Helens VCA volunteer portal.

Sent out training ideas to volunteers, recording hours and training completed.

Training

- HWE engaging with people online / off line webinars
- Psychological first aid course
- Kings Fund NHS Explained
- Stress awareness course
- Working from Home course
- Suicide awareness refresher
- #Becauseweallcare webinar
- Website update training, from White Bear
- Prevent Covid course
- Child safeguarding

Volunteering

NHS Responder Check and chat volunteer

Classroom volunteer, Stick n' Step

Example of recent support given:

A lady called who was unable to book a breast screening appointment with Warrington and Halton Hospital Trust. She had been sent an invitation to attend letter but on calling the Trust received no answer and was unable to leave a message. She also tried the main switchboard who put her through to the same number and then it cut off. This continued for 4 days. She has previously had breast cancer and rightly stated the importance of screening for everyone. She called her GP surgery for help but they said she must just keep trying the hospital. A link to an online booking system either did not work or sent her to a section where you can cancel existing appointments.

I contacted Trish Richardson, Head of Patient Experience, at WHH and explained the situation. She got in touch with Jannette, Breast Screening Services Programme Manager, who explained her team were all off and she was the only member of staff at this time.

I was able to access the online booking system for the patient and with her permission booked her in for a scan. I noted that the page was not easy to find as it was not clearly labelled as how you book appointments. I also found it did not display correctly on a mobile device, like the lady had used.

The main problem here was communication as the patient would have been happy to leave a message and be called back, be put on hold or wait for an appointment but she was met with a dead end as the switchboard did not know there was an issue at the screening clinic, the webpage was unclear and there was not facility to hold or leave a message.

I also raised the issue of people who are not able to go on line. We also discussed the national campaign to encourage people to attend screening and how these issues could be a barrier.

The Trust has made a number of changes following my feedback and suggestions.

The WHH Switchboard have been spoken to and been explained the situation. The WHH Communications team will send out something internally and arrange an adjustment so anyone accessing the WHH website, is presented with the Breast Screening website first.

The website provider were contacted and have fixed the issue the lady was faced with when accessing the Breast Screening website via her mobile phone.

The clinic have now managed to switch their phones back on. Due to the current pandemic they are not yet able to offer a full service, however when the phones are not available the Emergency message says "we are unable to take your call at present, please contact us via email (address provided) or visit our website (address provided)" will be played to callers.

This could be an issue in any clinic as so many staff are needing to be off to isolate or with illness. The Trust should be mindful of people not online and keep the main switchboard updated.

Irene Bramwell – Community Outreach Lead

Case study 1

Mrs A telephoned requesting advocacy for her daughter Miss A who was detained in Weaver Ward at the Brooker Centre Halton Hospital under Section (2) of the Mental Health Act. Mrs A had been provided with our contact details by MIND St Helens.

Mrs A had requested that her concerns regarding her daughters care and treatment be regarded as a matter of urgency as her daughter was seriously self-harming and presenting with a number of bruises as staff were not restraining her daughter from self-harming, Mrs A believed that staff were being negligent in their care for her daughter.

Mrs A also disclosed that her daughter is autistic and diagnosed with ADHD. During the call Mrs A was very distressed saying that her daughter had been physically assaulted by another patient and was also not eating. She wanted her daughter moved from the Brooker Centre to Peasley Cross Hospital in St Helens.

She had contacted the CQC regarding her daughter's treatment and is not happy with the care her daughter is receiving and requested support from the Healthwatch advocacy service.

We referred Mrs A for advocacy support and one of the Healthwatch advocates contacted Mrs A regarding her daughters' care

We heard from the Advocacy Team that Miss A's daughter was moved to Peasley Cross in a quick timeframe of a week following the advocates intervention. She is now receiving treatment as an inpatient at Peasley Cross.

Case study 2

Mr B is the main informal carer for his wife who is physically disabled. Mr B sent us feedback on his experiences of trying to access care for his wife through our online #BecauseWeAllCare survey, and requested that we contact him.

He was concerned about his wife's mobility as she was in need of having her toenails cut. This was severely impacting her mobility and he had been struggling to access podiatry services for his wife during lockdown.

He explained he had contacted the nurse at his GP surgery who said that a referral had been put on for his wife. However, when he spoke to the NHS Podiatry service via telephone he was told that she did not have a podiatry appointment and was not on the waiting list either. They said she was "in their system" and would be considered in due course. However, no treatment could be given unless there was an actual foot wound or ulcer.

We suggested to Mr B that he send photographs of his wife's toenails to the GP surgery and NHS Podiatry to emphasise the need for urgent treatment. The following day Mr B contacted us to explain that Mrs B had fallen in the kitchen and struck her head resulting in a serious contusion and hematoma at the back of the head, with a scalp wound that bled considerably which he described as dangerous as she is prescribed Warfarin.

He explained that he had to call Northwest Ambulance Service as he could not stem the bleeding, and described the ambulance service as exemplary, Mrs B was taken to Whiston Hospital for examination and treatment fortunately there was no skull injury or intracranial damage, and she was allowed to return home that evening. Mr B disclosed that he had expressed his thanks to Ann Marr, the Chief Executive of Whiston Hospital for her care and treatment.

We spoke with Mr B and he verbally agreed that we telephone the GP surgery regarding his wife's fall. On calling the surgery we spoke to the receptionist and explained that Mrs B had fallen and had been taken by ambulance to Whiston Hospital, which the GP practice were unaware of. We further explained to the receptionist that this could be regarded as a safeguarding/ care concern issue as Mrs B is currently prescribed Warfarin medication and that Mr B had highlighted the impact on Mrs B mobility by not being able to access NHS podiatry services.

The GP practice assured us that they would contact Mr B with regards to his concerns and to try and get Mrs B an emergency appointment with NHS Podiatry services. We contacted Mr B to inform him of the outcome. Mr B emailed us to say *"Many thanks for your successful intervention to obtain specialist medical podiatry/chiropractic treatment for my wife. I will report back to you when the case has made further progress and the treatment has taken place"*.

Mr B has since confirmed that the treatment took place.

Case Study 3

Mrs C is an older woman who lives with her husband and son and has been diagnosed with lung and breast cancer, Mrs C also has a history of experiencing three small strokes. Following surgery for her lung cancer she is now awaiting surgery for breast cancer however, she was told by her consultant she may not be suitable for anaesthetic after undergoing lung surgery, Mrs C expressed her concerns regarding further surgery and would like to challenge this decision, I discussed with Mrs B her right to request a second opinion which Mrs C maintained she would pursue with her GP.

Mrs C explained that she lives with her husband and son and was struggling financially and in need of support. Following a discussion with Mrs B it was agreed that a referral would be made to Age Concern MM as Mrs C maybe entitled to Attendance Allowance and may be able to offer Mrs B additional support.

During the telephone call I discussed the services offered by Widnes and Cancer Support Services, Mrs C said that she would be interested in the services and support they offer and agreed for a referral to be made on her behalf.

Mrs C explained that her husband is her main carer. When I asked if her husband was registered with Halton Carers Centre she explained that her husband although past retirement age was still employed. I explained that he would still be classed as a carer and entitled to emotional and practical support and may be able to access the Carers Break Fund. Mrs C agreed for a referral to be made on behalf of her husband to Halton Carers Centre.

In a follow up call to Mrs B, all three agencies had contacted Mrs B and she was accessing the necessary support. Mrs B said that she is now in receipt of Attendance Allowance and had requested a second opinion with regards to breast surgery and had received an appointment for a further anaesthetic assessment.

Healthwatch Meeting feedback forms – October HAB

Date	Meeting	Rep name	Notes /Actions
12/08/2020	Standard Meeting of CCG governing Body via Microsoft Teams	Kath Parker	<p>Learning Disabilities Patient Story was shown via video. A stark message about how the partner of a patient felt when being dealt with by a medical team. Felt lack of understanding of his problems and those of his partner, did not feel listened to etc. Point made that this has been an issue for the NHS for a number of years and it would be good to see some real progress made.</p> <p>Flu Vaccination programme now well underway in terms of planning etc. Normal cohort will be dealt with first and then newly identified cohort to follow on. 50-65 age group probably November time. Does place pressure on the system and many more doses of vaccine needed but supplies ordered and no problems envisaged.</p> <p>NHS111 First was raised and I voiced concern about the level of information being given to the public about what is a fairly radical change for the behaviour of people who are feeling unwell. Assured the communications are being developed and Healthwatch will be kept informed as the plans unfold.</p> <p>Finance and overspend still a concern however there is an indication that a break even position will be achieved by year end.</p> <p>Action points from meeting: Continue to question the plans for NHS111 First and how it will be communicated to the public. Watch the development of the Flu campaign and how efficiently it is executed.</p> <p>Concerns: Do we want to raise NHS111 First with HWE?</p>
13/08/2020	Warrington & Halton Health Protection Board	Kath Parker	<p>Key actions and notes from the meeting of the Health Protection Board on 13/08</p> <p>Update on Actions from last meeting Flu Planning Further to a meeting with NHSE, EO'M advised that in order to progress the issues around PGD's, it would require a MoU going forward. Is this something we need to consider for Cheshire and Merseyside or as a local approach? With reference to the training for nurses; this has now been approved, all hospital Trusts will be asked to offer flu vaccinations to eligible patients attending both in and out-patient appointments. SC wanted to know the mechanisms required for noting who is vaccinated in hospital. SJG is currently progressing a SOP for vaccinations on discharge. Also noted that the supply of vaccinations will be an issue due to the extra demand. Agreed further discussions are required outside of this meeting. Pop up testing sites The suggestion for Pop up testing sites, was made in preparation of a potential local outbreak.</p> <p>Action outstanding: EO'M to link in with Matt Ashton DPH in Liverpool regarding their experience with pop up testing practice. Outbreak Comms Plan Reference the free offer to councils via the local radio stations:</p> <p>Action outstanding: LP to look at the free local and community radio opportunities Action outstanding: MO/LP to look at messages on disposal of face masks. Covid-19 Testing Update JR is currently progressing how we commission a</p>

Healthwatch Meeting feedback forms – October HAB

		<p>community swabbing service and a process is being worked up to facilitate this at two sites in Halton. Noted the new sites for Warrington are currently being discussed and are yet to be agreed.</p> <p>Key Messages and Actions from 13.08.2020 Cheshire & Merseyside Surveillance Dashboard EO'M took the group through the above dashboard, which has been developed to show the overall picture of the latest relevant data across Cheshire and Merseyside intelligence networks.</p> <p>Points to note:- • Each area is seeing a rise in numbers, however EO'M put this in context for the meeting and although numbers are rising, Halton and Warrington are currently low. • No recent deaths in Halton or Warrington • Cross boarder issues are important and we need to be mindful of higher number of cases in Manchester and Liverpool. Action: Colleagues to advise if they would like to receive a copy of the Surveillance Dashboard and to be aware this is not a public document – ALL Also advised that the intelligence team are looking at developing a public facing data set which would highlight to a local audience, the level of Covid issues affecting our communities. Agreed it would be helpful in keeping the focus on continued social distancing measures in light of recent increases.</p> <p>Testing Plan - Each LA must have established its own testing plan. Systems have been evolving since May this year and the current version was presented to the HP Board for approval. CB presented the Halton version which was commended and duly accepted by the Board. Noted VS will be pulling together the Warrington Testing Plan. CJ highlighted two issues; A resolution is required to the problem of testing out of hospital patients before they go into respite. JR advised there is pillar 1 testing for those on discharge, in conjunction with Bridgewater and the hospital. In terms of access these are relatively small in number so should be achievable. CJ asked how social care staff can get tested, as part of the asymptomatic testing for care homes of staff. JR responded - We had requested clarity at the Cheshire and Merseyside Testing group regarding this, as the process isn't clear - NHS staff should be able to access testing through the pillar 1 route, but this needs to be confirmed with CCG commissioners and NHS providers, so we understand who is being tested - Social care staff could access testing through the care home, as they are able to order extra tests for them, but don't want to encourage staff to go to the home just for the test, unless they really need to and ideally would provide an alternative method - Social care staff are not providing intimate care, and should minimise visits and use infection control precautions, as such their risk is lower than staff with direct contact. - Social care staff can be tested through the normal testing routes, but acknowledge this isn't convenient. The local testing sites when they are approved may offer a solution to this, as staff will be able to access local testing. - Leigh Thompson, Margi Butler, Vicky Snape and Julia Rosser will explore options available for staff testing</p> <p>Care Home Visiting letter - We are currently supporting care homes with their risk assessments. A letter has been drafted by the Director of Public Health in partnership with Adult Social Care and the CCG. Homes are strongly advised to: • Read through the new national guidance in full • Undertake their own individual care home risk assessment on whether to allow visitors (dependent on local authority level risk assessment) which should be reviewed regularly • Develop a COVID-19 safe visitor policy • Communicate their visitor policy with residents and families • Contact the ASC</p>
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Healthwatch Meeting feedback forms – October HAB

			<p>inbox if there are any concerns • Stop visits at any time if the risk assessment indicates that you should do so</p> <p>Warrington have finalised their care home letter and sent out, Halton are currently working on their own letter. Proposed Walk through exercise for Shielded Person Lockdown Plan Agreed that for both Halton and Warrington the approach is slightly different. Action: MC & TW to talk further on how this would look and be managed Liverpool Outbreak Action Plan As a result of the recent lockdown in Princess Park ward, Liverpool, an action plan was put in place and subsequent intelligence coming out of this was shared with neighbouring authorities. The Liverpool Action Plan gave a comprehensive and useful list of key priorities and actions based on their experiences. It was agreed at HPB that it would be worthwhile to conduct an exercise in Halton & Warrington in preparation for a local lockdown. MO advised that Comms were developing a matrix looking at specific groups – a mock up scenario would be helpful, to put out the message to the public. The group agreed to work up this approach with emergency planning leads. Also agreed the matrix needs to be up and running in the first instance. Action: TW/MC/VS to discuss and take forward.</p> <p>Outbreak Hub Update Jayne Hardman gave an update on the Halton outbreak hub, further to its launch at the beginning of July. Points to note:- • Direct Contact Number and Mailbox - Daily coverage by call handlers, mainly used for soft intelligence but will be direct contact point for Champs Hub when fully functional • To be shared with external organisations with a clear protocol on how it should be used • Staffing levels nearly complete. One further post going out to advert • Currently awaiting the case management system and in the meantime using Excel to log data which is working efficiently • Linking in with Cheshire Police re Operation Panda to enable joint working where required • Outbreak support office – some clarity required at a Cheshire level • Pathways are in place but may alter slightly going forward. • Early discussions re Contact Tracing Training to ensure consistent approach in C&M should this be a requirement given to local authorities. • Proactive re:- environmental health. In the process of putting together guidelines for workplaces • Using action cards from PHE guidance • Shared by Whats App and Facebook Ken Smith echoed the above for Warrington, around sharing data whilst waiting for the solution tool. Currently making appointments to the team. There is some clarity on roles and responsibilities required. EO'M advised that more contact tracing is due to come to LA's soon. We need to establish how this will work and how it will be funded. Action: EO'M to explore</p> <p>Flu Letter form the DHSC - A second flu letter has been received, reiterating the massive ask and task ahead for everyone in getting as many people vaccinated as possible. SJG shared a paper outlining the expansion requirements of the flu programme and some implications for Halton and Warrington. SJG made a few recommendations for the Board to consider – paper attached Warrington and Halton are in discussions with pharmacies on how this can be achieved. There will be additional staff and resources required. Clarity is needed at a national level as to what form that would take. Noted the importance of preparing a wish list from a local perspective.</p>
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Healthwatch Meeting feedback forms – October HAB

			<p>Concerns:</p> <p>I do wonder though if the context of this meeting requires attendance at it by HW. It really is one of those discussions about what might be put in place but it seems to me our input would be much better once those decisions have been made and need communicating to the public.</p>
20/08/2020	Children & Young People's Emotional Health & Wellbeing Partnership Board	Dave Wilson	<p>First meeting we have attended of the CYP EHW for a while.</p> <p>Main Issues:</p> <p>CYP Transformational Action Plan - They will look to explore the opportunity to jointly commission the Core Assets (LAC) and CAMHS service - This is due to be recommissioned Of interest to HWH - Transition to adult services for YP new to service at the cusp of adulthood. Denise Roberts CCG stated lots of work to be embedded in the action plan</p> <p>Update from given by John Bucknell on Transitions to Adult Services for young people JB said the 6 weeks of consultation around future of youth provision 5-10k grants for supporting youth provision There will be a Local Transformation Plan refresh</p> <p>Any other comments:</p> <p>This is a quarterly meeting which I think it will be worth attending. We've been out of the loop on CYP issues for a while since Pauline Ruth stepped down as rep on this committee in 2018.</p>
02/09/2020	STHK Patient Experience Committee	Jane Pritchard	<p>Lower attendance due to annual leave and Skype continues to present technical challenges. However, meeting was quorum with several useful issues discussed - see below</p> <p>Phlebotomy Service at Highfield hospital - capacity issue due to demand levels - currently operates as a walk-in service and experiencing high volumes of attendance. Ongoing discussions between STHK Pathology dept and CCG with a view to moving to a booking service (refer to separate email)</p> <p>Winter Plans - I raised the issue of usual increased demand for services over the winter coupled with a potential spike in the number of Covid-19 cases on the ability of the Trust to cope. ARW stated that Winter Plans has been developed in conjunction with learnings taken from earlier in the year and were awaiting formal approval within the next couple of weeks and hopes to share them at the next PEC</p> <p>Welfare Calls - a team of 3 nurses was set up to make follow up calls to patients discharged following hospitalisation due to the Covid-19 virus - 410 successful calls have been made since April. Feedback was positive and a business case has been prepared to obtain the finance to continue to resource this service for all relevant discharged patients in the future. This team was able to answer clinical questions and provide re-assurance alongside more practical help such as signposting individuals to local organisations</p>

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			<p>Hate Crime Scheme - this initiative is being promoted by the Trust and Cheryl Farmer has asked HW Halton to put some information on social media which she will send through</p> <p>Return to normal operations - many of the services / departments at the Trust are intending to continue the use of electronic methods such as virtual clinics and telephone consultations in the post Covid-19 environment, alongside the f2f processes. HW Halton should consider how to incorporate this increasingly mainstream channel into its feedback processes</p> <p>'You Said, We Did' posters - looking to improve the quality and meaningfulness of the information used by also incorporating the 'open and honest' and website feedback channels</p>
03/09/2020	Primary Care Commissioning	Paul Cooke	<p>This is an extraordinary single item PCCC in order to: - Agree the amendment to the PCN DES – Additional Roles Reimbursement Scheme (AARS) workforce baseline - Agree the PCN workforce plan submissions for 2020/21 Extraordinary meeting to discuss PCN Additional Roles Workforce. Presentations were given by Runcorn and Widnes PCNs. Additional Roles outlined were Clinical pharmacists, Social prescribing link workers, First contact physiotherapists, Physician associates, Pharmacy Technicians, Occupational therapists, Dietitians, Chiropractors / podiatrists, Health and wellbeing coaches, Care co-ordinators. Various issues were discussed regarding the availability of suitably qualified candidates. Also "fishing in the same pool" problem. A specific care coordinator role was planned for Asylum Seekers at the Daresbury Hotel. A rotating Paramedic Team was also planned, which is still in development. Proposals for patient Engagement and Education was outlined in the "Next Steps". Healthwatch was mentioned as being involved with this future work. To assist with the future Patient Engagement and Education perhaps we could invite Mel Connell and Lynne McGugan to speak to our Board Meeting or at the AGM.</p> <p>I find that Healthwatch are being referred to as "being involved" with these projects and I am not aware of any such involvement, not to say that Healthwatch has not been involved just I am not aware.</p> <p>Just getting the feeling that someone saying "hello" outside a meeting is being counted. Maybe a little cynical but it is difficult to question these comments</p>
04/09/2020	GNBSI Sepsis Programme Board	Dave Wilson	<p>We've been invited to attend this meeting to represent C&M Healthwatch</p> <p>Main Issues:</p> <p>Updates given on infection figures across acute trusts. These are really low across MRSA, cdifficile etc. Increased hand hygiene everywhere has helped.</p> <p>The board is looking at how they will promote the various campaigns coming up. AMR, Hydration etc. NHS England comms will co-ordinate.</p>

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			<p>Presentation on the 'Your Catheter Passport'. Looks good, there were some questions about the formats it will be produced in. It's quite a long document! Possible look to do an app version at some point. Interesting presentation on the use of 'Basecamp' through AQuA, It's a collaborative working tool, online. Group looking to see if it would be os use to the programme board.</p> <p>An update was given from each area. All areas are working on updating and starting their work plans around AMR etc again.</p> <p>CV19 - NW still the most challenged region 11 of top 20 local authorities Cases in all but Bolton and Trafford are dropping Hospital infrastructure - really positive position - In July figures dropped below 100 inpatients. It's now as 120ish. It was as high as 2000 Excess deaths not caused by Covid are linked to Acidosis (Diabetes) Asthma and Stroke. Current cases are mainly in the 18-29 age group with significantly more women than men affected. Handwashing and cleanliness is important to get across to people again.</p> <p>Action points: Promote all the comms campaigns that are coming up.</p> <p>Concerns: Antibiotic prescribing in primary care. - Halton rated as Amber - Needs to improve. Although these figures are from last year as they haven't been updated and collated due to CV19.</p>
07/9/2020	WHH Patient Experience Committee	Dave Wilson	<p>Monthly PEC meeting - Slightly earlier this month for some reason.</p> <p>August meeting only took place on 18 August</p> <p>Update from WDP - They are holding a virtual DAD in October - details to follow. They are also in discussions about moving to the hospital site. Some staff changes to note - Sheila Tunstall (does all admin for the meeting) is moving to another post.</p> <p>Trish Richardson, Head of Patient Experience, is retiring after the next meeting - Big loss! The Trust will also be advertising for a Patient Experience manager to support the new Head of Patient Experience New maternity lead - Debby Gould.</p> <p>Action: We need to make contact with her re the maternity project General updates given on feedback and patient experience across the Trust.</p> <p>Ward A6 Have received some positive and negative feedback regarding the patient experience. One issue highlighted the need to televisions to be installed in the two newly commissioned side rooms on A6, as the rooms lack any</p>

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			<p>stimulation for patients. CMTC Continued positive feedback regarding services ‘switched on’ at CMTC and ENT speciality have joined the service delivery and no issues highlighted. ENT & Urology OPD These clinics have relaunched and the Nurse-Led Urology clinics are due to restart on 14/9/20. Daresbury Wing will be the new will be the new home for ophthalmology.</p> <p>Joanne MacGlashan - Gynae - still falling short on offering ladies with pregnancy loss, no quiet spaces. Looking forward to using one of the side rooms as a designated pregnancy loss / eol area. Looking at training on pregnancy loss counselling to new staff. It’s all about providing dignity!</p> <p>Complaints - 101 open complaints. Offered again to support the launch of the patient strategy at the end of September. Trish will send us details. We need to discuss the Maternity project with the new maternity lead prior to its launch. - Dave to arrange.</p> <p>PEC terms of reference being discussed. When they are sent out we need to ensure Halton representation. On the Warrington side, Healthwatch, Warrington Disability Partnership and Carers are included. There's very little obvious input from Halton Carers and Halton Disability Partnership. If they don't want to attend, maybe they could feed issues in to us to take up with the Trust?</p> <p>Action : Discuss the above with the HAB</p>
07/09/2020	NHS Halton CCG AGM online	Dave Wilson / Paul Cooke	<p>Reflection over the past twelve months - David Merrill, Interim Chair</p> <p>Update given on CV19 Overview of Public Health given by Ifeoma (Deputy DPH)</p> <p>Financial Overview David Cooper, Chief Finance Officer</p> <p>£7.9m deficit Capital resource - breakeven Running costs £89k surplus Spend by Sector 52.5% on hospitals (acute)</p> <p>The move to a single CCG for Halton and Warrington is programmed by April 2022</p> <p>Good infographic of work done by the HIT.</p> <p>Sad news on the death of Richard Ashcroft.</p> <p>Our Chair Kath Parker was part of the CCG "thank you" video, so Healthwatch was mentioned.</p> <p>Short video given by Andy Davies on the plans for the next 12 months Q&A session.</p> <p>Copy of presentation slides will be made available, which can be distributed to the Board (HAB).</p> <p>Noted that 15% of Halton residents did not have access to digital services.</p> <p>Actions: Keep involved with the CCG plans</p> <p>(PC) - from the meeting I wonder about Healthwatch's engagement and involvement with the PCNs. Also I know we have Board members involved with the E& I group, which the CCG sees as a major link, but are we officially recognised on this Group.</p>

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			<p>No questions were raised about the 111 First trial Project in Warrington and Halton.</p> <p>Can we include an item on next agenda regarding PCN Engagement.</p>
09/09/2020	CHAWREC We are Still Here	Irene Bramwell / Louise Delooze	<p>CHAWREC We are Still Here meeting –</p> <p>‘Sharing updated research in the travelling community. 14 years has passed since the launch of the first ever research into the needs of Gypsies and Travellers in Cheshire - ‘Here to Stay’ in 2006. Cheshire, Halton and Warrington Race & Equality Centre working in partnership with Irish Community Care has been funded to update the research so that the needs of Gypsies and Travellers in our area are once more brought to the fore. We are really excited to invite you along to our virtual launch event where you will have the chance to hear from those involved in the research, including some of our community researchers.</p> <p>Meeting to outline previous research undertaken in 2006 followed by further recent research by Dr Corrine Thomason with regards to the discrimination faced by Gypsy and Travellers Groups across Cheshire undertaken by 4 community researchers 2 advocates and a lead researcher which consisted of 5 consultation events 6 site visits and 92 interviews’</p> <p>Main Issues:</p> <p>Raised awareness of the increase of suicide rates in the male traveller community</p> <p>There are now more Gypsies than travellers a reversal of the 2006 research, 86% of those interviewed had National Insurance Numbers and self employed 80 respondents said they needed support to claim benefits as some had no income at all. 61% said they had experience of local education and positive feedback given about schools recognised the need for education in the community.</p> <p>There was good registration with GP practices Dentists used walk in centres and had a high satisfaction rate. Main prevalent health conditions Mental Health and Muscular skeletal high rise in drug abuse depression and suicide rates especially amongst men this included a suicide in Halton. Lack of knowledge regarding mental health and services available across Cheshire</p> <p>A large number experienced racial abuse and discrimination, concerns raised about seeking help for drug and alcohol abuse as respondents told the researchers they will hide their ethnicity as 50 respondents felt that if they disclosed their ethnicity they would be discriminated against. 90 % said they had experienced verbal abuse whilst 40% said they had experienced physical abuse, most never seek support as they had not been supported in the past. Stop and search by police appeared to be common despite travellers having all the correct documentation in place driving licence ect.</p>

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			<p>A third of respondents surveyed said they had been stopped and searched last year and feel that they are viewed suspiciously because they dress and speak differently, but felt their cultural heritage is important. Some people did not want to be involved as they believed that this would affect their applications for temporary planning licences, if one member of a family did not want to take part there was a ripple effect within the family, some who were approached felt that undertaking the research and completing the survey was pointless as they could not see any change since the last 2006 research.</p> <p>There is further work being undertaken by CHAWREC who have currently taken on staff to move the project forward and to continue engagement with the community.</p> <p>There were concerns that there are still prejudices towards these communities from members of the public and this in turn creates their suspicion and fear of outsiders accessing their camps/homes.</p> <p>Action: (IB) I think as Healthwatch we should build up a relationship with CHAWREC and support engagement.</p> <p>Action: (LD) This has raised my awareness of the difficulties the travelling communities encounter. I would therefore like to try to re-establish relationships with our local travelling communities with the Halton area once we are able to work again within the community. I feel this would assist a usually hard to reach group and clarify if they can report good access to GP and dental services too, if not how can that be resolved ?</p>
10/09/2020	Meeting with FW (Halton CCG)	Dave Wilson	<p>I had requested a meeting with Faye Woodward following an email regarding our Maternity Project. We discussed the CCG plans for transitions of Maternity Services for Halton.</p> <p>CCG currently reviewing service provision as one of their priorities. Asked if we could pause start of our project until end of October.</p>
11/09/2020	Meeting with DR (Halton CCG)	Dave Wilson	<p>Joint meeting to be held regularly with Deputy Chief Nurse of NHS Halton CCG.</p> <p>Discussed Healthwatch work - Maternity and Mental Health</p> <p>Updated DR on the work of both Halton & Warrington.</p> <p>Discussed QSG meeting feedback and thoughts on Halton CCG AGM</p>
			<p>Meeting was set up to illicit views of Governing Body in Relation to Working together in the new NHS Structures</p> <p>Main Issues: No doubt that a bigger CCG will be in place. Not certain how much bigger. Also concerns about how funding would be allocated to place as this is still felt to be the most important thing to maintain.</p>

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			<p>Local Relationships with Providers and the Local Authority have been much improved during COVID pandemic and this should be continued going forward. In line with this is a real comittment to patient focus.</p> <p>Areas that are felt to be strong are Leadership. A can-do culture and Collaboration</p> <p>Areas to improve are Setting up Primary Care Networks and ensuring they have the capacity and capability to meet their aims. The Functions and Aims of Primary Care networks and Integrated Care Networks should be made much clearer by the Center.</p> <p>Also need to make sure Better Care Fund is used more effectively.</p> <p>Action: By ensuring that we keep the question of public engagement and the mechanisms by which it happens at the centre of the development of the New Organisations</p> <p>Concerns: The size of the CCG. The funding and how it is to be allocated to place. The mechanisms in place for gaining the public views on changes.</p>
17/09/2020	Cheshire & Merseyside Partnership Assembly	Kath Parker	<p>The meeting included a very large number of key people from across the North West Region who are to provide a Community of Interest and hold to account the Cheshire and Merseyside Health Partnership Board.</p> <p>Place should be a fundamental building block for population health. 9 places in Cheshire and Merseyside based on Local Authority Boundaries. The Partnership Board is the place where local meets strategic and creates the default for integrated working</p> <p>Vision is : Healthy Start in Life Live a Healthy Life Live longer and be healthy</p> <p>Mission is: Tackle Health Inequalities and improve the lives of the poorest in society.</p> <p>Aims are: Less illness through encouraging and developing the individual to adopt a healthier lifestyle using a HWB model Improve the Health of local people.</p> <p>The Assembly should provide added value but didn't seem to clarify how it would do this. Lots of discussion about Engagement and communication but little clarity about how the Assembly would improve this.</p> <p>Action points:</p>

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			<p>Healthwatch to continue to be part of the Assembly but perhaps to devise a method of sharing the responsibility between the C&M Healthwatch groups for physically being there. Devise a method of communication the intentions of the Assembly to all C&M Healthwatch Areas</p> <p>Concerns: The size of this group and what it will actually achieve should be observed closely.</p>
17/09/2020	CCG Primary Care Commissioning	Paul Cooke	<p>Standard Meeting agenda. Reports from Runcorn and Widnes PCNs. I presented about 70 % of the care Navigation Report before the line failed.</p> <p>Main Issues: PCN Presentation: • 19/20 Spend against the £1.50 per head Core PCN Funding • 20/21 proposed spend against the £1.50 per head Core PCN Funding • A general overview as to how the PCN intends to meet the requirements of the service specifications.</p> <p>Enhanced Health in Care Home The purpose of this paper is to describe: • the background to, and elements of, the Enhanced Care Provision to Older People’s Care Homes LIS and the Enhanced Health in Care Home PCN DES; • the additional elements currently provided over and above the requirements of the PCN DES; • a proposal for a stability period up to 31st March 2021 to ensure the enhanced support to care homes is maintained through the winter period, and any further pandemic peaks; and to support general practice in its post-pandemic recovery • how the enhanced services fit within a potential future model of care for Older people</p> <p>Care Navigation Report March 2020, Health Watch</p> <p>Action points from meeting:</p> <ol style="list-style-type: none"> 1. During the PCN discussion I asked if and how the PCN intended to involve Healthwatch. This request was supported by Ruth Austin-Vincent saying that HW was the only independent body in the health forum. The PCN Manager said that HW would be part the forward plans for PCN engagement. 2. I did not complete my Care Navigation Presentation due to line failure. I understand that the minutes will include the discussion following my partial report. I therefore did not get the chance to ask the CCG and PCN if they would be completing their part of the CN Report. The CCG were to produce Quantitative and Qualitative Reports and the PCN a staff review. I have emailed Mel Connell, Lynne McGugan and Julie Holmes posing these questions <p>Concerns: Perhaps we can discuss at the next HAB but I think we may need to write to the PCNs to remind them of our role in the</p>

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			<p>engagement processes and clinical workshops.</p> <p>Any other comments: I wonder if some equipment such as webcam and microphone could be purchased by ECS to facilitate Microsoft Teams on PC. Using a phone is not easy and subject to dropouts in meeting</p>
18/09/2020	Warrington & Halton Health Protection Board	Dave Wilson	<p>Urgent meeting of the Warrington & Halton Health Protection Board due to the new restrictions to be introduced in Halton from Tuesday 22 September.</p> <p>Not the easiest meeting to follow online – Skyped!</p> <p>Main Issues: How do we manage interventions: Discussed Pubs etc.</p> <p>There were concerns over how they can be monitored. Police - From a Halton perspective the police think they have capacity as long as they take a targeted approach. Trading standards have capacity issues at the moment and wouldn't be able to support. Beyond capacity locally – Police speaking, I think. Struggling to enforce, more capacity needed. Message to government! We need more!!!! In Warrington & Halton they have been proactively contacting pubs to engage and educate. Police fed back that some pubs will struggle with tabletop service. Lots will be unable to do it. Discouraging spectators at sporting events - Only gave this a short discussion.</p> <p>Communications: Laurence Pullin? - Key message is that over weekend people should be taking extra caution. He mentioned an App launching on Thursday. Not sure what this is.</p> <p>Michelle Osbourne – Contacted PHE today for details of when the guidance will be coming. We are currently using the North East guidance. Halton – This has been shared with Sports Development to share. Thara Raj (PH – Warrington) – We don't know the answer! She said to look at Bolton FAQs as they mirror what ours may be.</p> <p>Schools: It sounds a bit chaotic to me. There are concerns that a large number of children are being sent home. Varying sizes of school bubbles, up to a full year of 320! Schools saying children would be safer in schools than wandering around the area. Louise? – Said there were a large number of cases – 6 high schools with confirmed cases, just isolating bubbles of 30-40 Mil Vasic (HBC) said one age group at Wade Deacon HS had been sent home.</p> <p>One special school had sent half the school home. 24 positive cases in schools has led to over 1100 pupils and staff being sent home! Stress for schools is accessing the national numbers they need to contact. Update for schools – they've had the new checklist to submit to PH. We're not picking up if vulnerable children being sent home.</p>

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		<p>Biggest consternation – From the North East, grandparents not allowed to take children home due to bubble issues / social distancing etc. How can we work with schools about child care issues – work with PHE? Other issues – Older children who need to self isolate need to take younger children to school. DHSE – are complaining about lower attendance rates. Eileen O will escalate this.</p> <p>School shortages of staff EO – Building a list of issues that need to be escalated. How do we use the 0-19 team that is jointly commissioned to help in this. THARA – WBC PH should not step in to the PH/LA schools issue. Schools are trying to get in touch with the PHE helpline. They should be getting help from and contacting the Local PHE team. According to the discussion the LA PH teams are causing confusion by trying to support schools. (This caused a bit of a discussion and disagreement!) Tracy Flute said the guidance for schools to report is 2 non-sibling cases across more than one support bubble. LA PH are trying to support and escalate to PHE. PHE are getting lots of queries re guidance – She said, ‘We are trying to support schools to understand the process.’</p> <p>Secondary Care Hospitals Simon Constable WHH – Monday 11 cases and now 15 cases. Bed capacity is at tightest since pandemic started. 89 super stranded patients – 21 days or more This had been flagged to social care colleagues. ‘If this isn’t sorted then we wont have the luxury of spaces we had earlier in the pandemic’ Staffing issues coming too as staff off etc with children sent home from schools. Sarah Quinn - Bridgewater – Have been at capacity – impacted by lack of child care for staff. Very tight position too. Swabbing – Ok looking at a potential swabbing site. Community site is not exceeding capacity HCRC reopening on Tuesday hopefully as a drive by. Nothing similar in Warrington. Just sending people through HCRC. Julia Rosser - Looking to have a pod for staff etc from LA, at HCRC. Damian Nolan EMS report – Similar bed situation across C&M Capacity in care and bed based services – working on it for past 3 days. Looking for plans to ameliorate this. Daily sitrep from hospitals Summary of hospitalisations Admissions are predominantly in older age groups</p> <p>Shielding and care home visits. Jenny Harries – piece of work on care homes and visiting. Difference of opinions across areas. Most infections around care homes are being brought by staff not visitors. Staff stay working at one care home. Also need to figure out whether a care home is another household and limits visitors. Will we continue this - Sarah Quinn?? – Challenges around staff going into multiple homes Increased spread through care homes – really escalated this last week.</p> <p>Damian Nolan – ‘There’s head scratching at the momen’ t– What about professionals visiting multiple care homes. One care home has 15 staff off at the moment. There should be an aspiration of not moving staff but look at it in the round.</p> <p>We will use extra pillar 1 Warrington lab capacity, by setting up a pod in the HCRC in Widnes, which will be for NHS staff and key workers, and for community response to outbreaks in settings. We are hoping that this will go live early next week, and we will monitor usage to determine if there is any extra available after this.</p>
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			<p>Action points from meeting:</p> <p>At moment I see our role as supporting any comms that are produced to ensure the public are kept informed</p>
21/09/2020	Healthwatch Knowsley Zoom Meeting	Irene Bramwell / Louise Delooze	<p>Presentation facilitated by Healthwatch Knowsley from Amanda Farrell Deputy Director of Operations St Helens & Knowsley NHS Trust</p> <p>Waiting list back log for appointments and procedures reducing. A&E back to 98%, Operations at 75% reduced compared to 2019 as procedures slowed down due to COVID Measures cleaning down PPE Waiting list back log reducing Nationally led screening services resumed Did Not Attend up by 1% despite phone calls and texts to patients</p> <p>Winter Plan Additional Elderly frail unit includes 20 beds 16 assessment dedicated treatment and care of elderly vulnerable patients, transfer lounge with reclining chairs and Hospital has been given additional funding for intensive care beds</p> <p>Patient discharge Pathways Working with NNAS to ensure ambulance conveyance kept to the minimum NHS 111 first launch 23rd November sufficient appointments are in place St Helens Hospital Operations Green COVID 19 free site extra surgical beds</p> <p>Fairfield Hospital for operations and diagnosis</p> <p>Action:</p> <p>We can help by promoting health messages across Halton especially encouraging people with symptoms to seek help</p>
29/09/2020	HBC Health Policy Performance Board	Dave Wilson	<p>Zoom meeting of the HPPB Agenda : Covid19- response update Development of policy issues 1. NHS 111 First 2. Halton UTCs 3. Adult ADHD services 4. Stroke Services 5. Home Assistance Policy 2020-2023 6. Update on Transforming Dom Care programme and response to HWH report Performance Monitoring reports</p> <p>Covid update - Quite an escalation in recent days There is more community testing taking place,</p> <ul style="list-style-type: none"> • Quite an escalation in recent days • More community testing now – • Cases dropped in June, sharp rise at beginning of September • Rise is reflected in the wider area and nationally • Started to see a rise in hospitalisation • Testing has increased considerably • 253 cases up to 23rd September • Positivity rate 9.5% of tests are a positive. Highest in the country is just over 10 • Rate of infection was 197 has increased to 221 per 100k.

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			<ul style="list-style-type: none"> • Locally just under 500 tests per day • 1 ongoing outbreak in Care Home. 5 Outbreaks at educational places up from 1. 1 workplace outbreak • Whiston and Warrington patients increasing • Whiston Hospital, 2 in ITU and 5 in ITU Warrington • Total 129 deaths confirmed. Now we are able to give treatment earlier which hopefully will limit the number of deaths. • Information was given on the Health Improvement Team work during lockdown. A positive is that 305 people gave up smoking. Lots of good work by the Health Improvement Team. • Testing information – Has been an issue. A Cllr asked question about the rise in figures and the reasons. Response was that people seem to be doing what they can to be able to do what they want, rather than thinking of what they shouldn't do. Rise locally is not due to increase in young people getting the virus. Locally the majority of cases have been in middle aged working people. Initially men, now spread across all ages. <p>Update on NHS111 First. It is live now, since 08/09. Gave details that there has been a shift from existing demand with a proportionate reduction in the number of people being sent to A&E. 243 people booked in using the system. averaging 9 a day. There has been a similar number in those arriving at A&E in a planned way. <i>(To me that seems a low start, which I suppose is good. Service not being swamped with calls yet!)</i></p> <p>There have been a number of DNA's. particularly paediatrics. The number of people attending UCCs in Halton increasing, which is good. No plans yet for big comms push. This is a soft launch. Main push will come when the national rollout starts</p> <p>UTC update - Looking at a number of positives so far: Improved the flow and improved the booking! Improves the comms and flow of patients Improvements in staffing? Cllr Sandra Baker – Very pleased with the service at Widnes</p> <p>Adult ADHD service - NWBH handed in notice on this service at end of last year. Long waiting list over 1 year, CCG looking at possible options. I asked if there was a timescale as the report was vague on this. Leigh T said honestly they don't know when but are working on it. No transition at present for 16-18 ADHD due to lack of service - Bridgewater will hold those until the adult service is available for Transition ADHD – Follow this up!!!</p> <p>Stroke Services - Very positive outcomes following the reconfiguration a couple of years ago</p> <p>Transformation of Dom Care - Louise Wilson gave update on Transformation of Dom Care and the response to HWH report. I offered support from HW on any work around outcome surveys I will distribute the follow-up response to our DC report to the HAB</p>
30/09/2020	CQC Provider Collaboration	Dave Wilson	Healthwatch England / CQC webinar - Meeting / Webinar from CQC to explain the upcoming Provider Collaboration Reviews Cheshire & Merseyside HCP will be checked starting 18 October

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	Reviews Cheshire & Merseyside HCP area		<p>General info on the rationale for the PCRs How Healthwatch will be involved in the upcoming Provider Collaboration Reviews.</p> <p>They will be looking at all providers across the network when they carry out the review. All services including dental! Dentists have been told they can do Private work but won't be paid by the NHS at the moment. Also looking at medicines management - Community pharmacies being really important as they can't access other services</p> <p>HW will be involved in conversation with CQC - Not much more than that. Tied in to the 4 KLOEs - Key Lines of Enquiry</p> <p>Action points: Check the slides when received and check on the local information needed for the CQC</p>
07/10/2020	Health & Wellbeing Board	Paul Cooke	<p>Standard Health and Well Being Meeting reporting mainly on Covid -19 and Winter Planning</p> <p>Main Issues:</p> <p>Action Plan in Response to Rapid increase in COVID-19 cases. There had been an escalation in figures over last week (301/100,00), but was reported as being lower than adjacent Councils. The contact tracing team followed up on all positive cases in Halton.</p> <p>The extensive Winter Planning was outlined, which was a very comprehensive and detailed procedure. The main problem was staff having to self-isolate because of contact with positive cases. For example 10 out of a 20 man discharge team at one hospital were absent, which caused substantial backlogs.</p> <p>Impact of coronavirus on Halton's Adult Social Care Mental; Health services. This was a major concern and services were being stepped up after the first wave.</p> <p>Lloyds Bank Project Update. An initiative by the Bank with several organisations in the Borough to assist health projects.</p> <p>HBC Local Lockdown Emergency Plan to support Shielded, Vulnerable and self-isolating. An update on preparation for a possible second full lockdown.</p> <p>Action points:</p> <p>No specific actions required, besides briefing HAB on the various proposed plans.</p> <p>Concerns:</p> <p>Noted we appeared not to be involved in the Lloyds Bank initiative.</p>