

# Healthwatch Halton Advisory Board 7<sup>th</sup> October 2021, 1.00pm <u>Board Meeting Agenda</u> <u>Foundry House, Widnes, or via Teams</u>

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<br>(Paper,<br>Verbal etc) | Outcome<br>(Noting,<br>Decision etc) | Presenter     |  |  |  |
|--------|----|---|-------------------------------------|--------------------------------------|---------------|--|--|--|
| 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  | Welcome and Apologies   | V                                   |                                      | Chair         |  |  |  |
|        | 2  | Declaration of Interests  | V                                   |                                      | All           |  |  |  |
|        | 2a | Issues to approve from HAB development session  |                                     |                                      |               |  |  |  |
| 1.20pm | 3  | Minutes and Action log from July HAB Meeting  | V&P                                 |                                      | Chair         |  |  |  |
|        | 3a | Actions arising   |                                     |                                      |               |  |  |  |
| 1.30pm | 4  | Work Programme Project Updates  Dental Access, Digital Exclusion, Signposting & Information  CYP Mental Health.  General updates – Missing items policy – Whiston Hospital  DW to share list of all the meetings attended by HWH to review.   | V&P                                 |                                      | Staff<br>Team |  |  |  |
| 1.40pm | 5  | Meeting feedback reports by HAB members  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 | Р                                   |                                      | LHM           |  |  |  |
| 1.50pm | 5a | ICS and PCN – Update on its progress  | V                                   |                                      |               |  |  |  |
| 2.00pm | 6  | Intelligence/Feedback update – public issues  | V&P                                 |                                      | LHM           |  |  |  |
| 2.40pm | 7  | Decisions to be made by the Advisory Board  |                                     |                                      |               |  |  |  |
|        | 7a | Escalation to HW England/ CQC / HWBB / QC   |                                     |                                      | Chair         |  |  |  |
|        | 7b | Publish a report/ agree a recommendation made in a report   |                                     |                                      | Chair         |  |  |  |
|        | 7c | Request information from commissioners/ providers   |                                     |                                      | Chair         |  |  |  |
|        | 7d | Enter and View plans - Update   |                                     |                                      | Chair         |  |  |  |
|        | 7e | Decision about subcontracting/ commissioned work  |                                     |                                      | Chair         |  |  |  |
|        | 7f | Whether to report a matter concerning your activities to another person   |                                     |                                      | Chair         |  |  |  |
|        | 7g | Which health and social care services HW is looking at for priority project update on future projects   |                                     |                                      | LHM           |  |  |  |
|        | 7h | Refer a matter to Overview and Scrutiny committee   |                                     |                                      | Chair         |  |  |  |
|        | 7i | Breach/s of the decision-making process   |                                     |                                      | Chair         |  |  |  |
| 2.50pm | 8  | Health and Social Care Issues from the public   |                                     |                                      | Chair         |  |  |  |
| 2.55pm | 9  | Any other business – None received  |                                     |                                      | Chair         |  |  |  |
| 3.00pm | 10 | Date and Time of Next Meeting – 25 <sup>th</sup> November 2021 Venue TBC  |                                     |                                      |               |  |  |  |

Chair – Healthwatch Advisory Board Chair

LHM - Local Healthwatch Manager



# Agenda Item 2a

Items to be approved form Dev Session





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# Who are we?

Healthwatch Halton is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you have your say and get the support you need.

Healthwatch Halton is part of a network of over 150 local Healthwatch across the country. We're here to listen to the issues that really matter to people in Halton and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.



# Our engagement aims:

- 1. Ensure Healthwatch Halton effectively engages with and listens to the voices of patients, citizens, community groups and other organisations around health and social care issues.
- 2. Ensure Healthwatch Halton provides an effective signposting and advice service for navigating the health and social care system, by listening to those who are struggling to do it themselves.
- 3. Ensure Healthwatch Halton works effectively as a powerful and independent patient champion on behalf of all health and care users in the borough.
- 4. Ensure Healthwatch Halton can effectively share the feedback and views of those using the service; and help to influence service design and delivery on their behalf, by having relevant connections and networks within the health and social care system.



# Our engagement objectives

- 1. Ensure we have all the tools and processes we need as an organisation, to engage effectively with our communities and stakeholders.
- 2. Work to give the people of Halton a voice and ensure we are listening to health and social care issues by implementing an effective engagement programme.
- 3. Work collaboratively with community and voluntary organisations when developing engagement projects.
- 4. Provide a range of effective methods for the public and stakeholders to engage with Healthwatch Halton.
- 5. Ensure inclusivity is at the top of our engagement agenda for every single piece of work carried out.
- 6. Work in partnership with other organisations across Halton who are also looking to engage with the same audiences as us, to avoid repeating messages.
- 7. Build up the case for organisations to engage with us as partners to highlight the support and help we can offer when it comes to engaging with the public in Halton.
- 8. Build strong relationships with community organisations, voluntary organisations and the health and social care sector across Halton to ensure Healthwatch Halton is an influential patient champion.
- 9. Be open and transparent about all our engagement work through regular reporting and publication of our project results, to a wide audience across the borough.



# Who do we want to engage with?

Broadly speaking, we have two distinct audiences who we need to engage with on a regular basis, to be able to operate effectively.

### These are:

- 1. Our NHS and wider health and social care partners
- 2. The public/patients across Halton

Engaging with these two distinct groups requires a different approach and different tactics, however, all engagement needs to start with a strong message about who Healthwatch Halton is, what we do, and why they need to work with us, all of which will be developed as part of our Engagement Work Plan.



# **Target audience**

# Our key target audiences for engagement include:

# The public

- Adults and older adults
- Children and young people
- Protected characteristic groups
- Seldom heard groups

# **Community**

- Groups /Organisations for communities of interest
- Groups / Organisations for Health Conditions
- Local media
- Voluntary and community groups within health and social care

# **Health and Social Care Stakeholders**

- Care Quality Commission
- Cheshire & Merseyside Healthcare Partnership
- Dentists
- GPs
- Halton Borough Council
- Halton Health and Wellbeing Board

- Halton Clinical Commissioning Group
- Local NHS Trusts
- Local Councillors and MPs
- Nursing and care homes
- PCNs
- Pharmacists
- Registered social care suppliers

# **Engaging with the public across Halton**

There are two key elements which are essential for successful engagement; knowing who you want to engage with and what you want to engage with them on.

# **Knowing our communities**

Our approach to engaging with our communities and stakeholders starts by knowing and understanding who lives in Halton - what kind of social and health care needs they have, and the best methods we can put in place to listen to their views and encourage them to share their experiences with us.

It's important not to assume what communities might need or want, or what their concerns are, but to find out by listening to them, and encouraging them to share their stories and experiences.

Healthwatch Halton needs to have effective data and intelligence about the communities we serve before we can begin to start engaging them effectively.

# **Reasons to engage our communities**

We need to work in partnership with our local community groups, voluntary organisations and seldom heard groups, to listen to what they need, what they know and what they require from us.

Good engagement means listening, not making assumptions about what they want. Healthwatch Halton needs to adopt an engagement programme, working collaboratively with groups and organisations in partnership.

We need to provide regular opportunities for community groups to talk with us, share their views and co-produce projects with us, to help grow, build, and strengthen relationships across the Borough.

Our Engagement Plan highlights ways to achieve this.

With those partnerships and relationships in place, we will have plenty of reasons to engage with our communities and the public on a regular basis, as they will be telling us what their issues are.

# Engaging with NHS and other health and social care partners

While we need to listen to, and engage with the public, the point is not only to hear their views, but to give them a voice within health and social care services, and influence over these services are developed and delivered.

Healthwatch Halton can only do this effectively if it has strong relationships within the health and social care sector, which is why working in partnership and networking with our stakeholders is the next vital element of this strategy.

All statutory and voluntary organisations working within this sector (see our stakeholder list) need to know and understand the vital role which Healthwatch Halton plays.

Healthwatch Halton needs to be represented on all relevant committees and meetings, to ensure we can share the feedback we receive from our communities and the public.

Healthwatch Halton needs to ensure that all reports and project outcomes are shared publicly with relevant stakeholders, so that the results of all community engagement are widely shared with the right people, to make a difference.

Healthwatch Halton needs to work with all health and social care providers on a regular basis, so that we are aware of any proposed changes to service delivery, which might have an impact on patients.

A programme of work to ensure we engage with our stakeholders is the second important element which needs to be a clear priority within our Engagement Work Plan.



# How do we want to engage with people?

This section looks at the methods we can use to effectively engage with people across Halton and the tools which are currently available. Clearly, with the Covid-19 pandemic affecting meetings and face-to-face contact, all our engagement activities are currently online but with the vaccine roll-out underway, there is hope that face-to-face might be possible again soon.

It's important that engagement offers a two-way conversation, it's not just us communicating about what we are doing, it's offering people the chance to share their feedback with us. Here are some of the key engagement tools available:

# **Currently available:**

- Telephone
- Online surveys
- Emails
- Zoom/Teams events
- Working with partner organisations who are talking to the same audiences
- Website
- Social media
- People's panel
- Online workshops and focus groups
- Online conferences
- Online meetings

### Once all lockdown restrictions are eased:

- Joint events with our partners
- Joint outreach with our partners
- Listening events
- Public meetings
- Community champions
- Using our volunteers
- Community mapping
- Workshops and focus groups
- Conferences
- Street stalls or stalls at events
- GP Patient Participation Groups

# Our engagement protocols

When carrying out any kind of engagement work, it is important that Healthwatch Halton adheres to clear processes which will help to ensure that every aspect of work is inclusive and effective.

Our engagement work needs to be guided by a clear set of protocols and a practical toolkit to ensure a consistency of approach.

- We need to make sure all Halton voices are being given the chance to be heard
- We need to share the feedback from the public, with the right people at the right time, to have maximum influence
- We need to be aware of all proposed service changes before they happen, so we can give the public the opportunity they deserve to have their say

## We will achieve this by:

- Developing an engagement toolkit for all staff to be used for engagement activity
- Actively monitoring all engagement projects to make sure we know we are reaching all the right audiences and giving everyone a voice
- Making the best use of online engagement tools and other opportunities to give as many people as possible the chance to have their say
- Being open and transparent about who we are and what we do, with all our stakeholders
- Delivering on a yearly Engagement Work Plan which will offer practical ways to implement everything outlined within this strategy

# Monitoring and reporting on engagement work

We will monitor progress against our engagement aims and objectives throughout the year and will report on all engagement activity through our regular reporting methods.

To measure the success of this three-year strategy, our required engagement outcomes are:

### Year 1 - 2021 outcomes

- 1. To have set up and established effective engagement working practices, including a toolkit, and having successfully taken part in the Engagement HQ digital platform trial.
- 2. To be effectively represented on relevant stakeholder groups and boards across Halton, to ensure good stakeholder relationships
- 3. To be working in co-production with other voluntary sector or other organisations on key health and wellbeing projects
- 4. To be building on our network of community and patient group connections through our engagement plan.
- 5. To be raising our profile across Halton

### Year 2 - 2022 outcomes

- 1. To be running a regular programme of face-to-face engagement events across the borough
- 2. To have organisations approaching us directly to engage further with Healthwatch Halton and procure our services
- 3. To have a strong network of community and patient group connections which is continuously growing.

### Year 3 - 2023 outcomes

- 1. To be working in close partnership with our stakeholders on key health and wellbeing projects, on a regular basis
- 2. To be working closely with our strong network of community and patient group connections, to hear their voices and share their views
- 3. To be actively engaging with other organisations across Halton on health and wellbeing projects
- 4. To have increased the numbers of people who are talking to us and sharing their stories over the past three years
- 5. To be planning our engagement strategy and work plan for the next three years

# Reporting

Healthwatch Halton will be open and transparent around engagement activity being carried out and will report regularly on the outcomes of all projects. The planned reporting schedule is outlined below:

# **Monthly**

- Communication and engagement summary reports to the Advisory Board
- Our workplan monthly update published to be published on our website

# **Quarterly**

• Engagement activities featured in our e-bulletin

# **Half Yearly**

• Communication and engagement report to our commissioners

# **Yearly**

- Our annual report will include engagement information
- Yearly performance report to the Advisory Board

# As and when

- Public updates on work published on our website
- Project outcome reports published on our website as and when they are ready
- Project outcome reports shared with all our relevant stakeholders as and when they are ready

# **Healthwatch Halton Engagement & Outreach Plan**

The Engagement and Outreach Plan additionally includes the assumption that the engagement and outreach team will be able to return to normal activities from October 2021.

We will aim to carry out up between 16 & 20 Outreach & Engagement sessions per month, once lockdown is fully relaxed. Online sessions will continue and form part of this target.

The outreach and engagement team will gather people's experiences of local services with an aim to collect 150 comments per month by March 2022.

The events and activities calendar will be updated on an ongoing basis.

Currently planned outreach sessions

First Wednesday every Month 10am -12pm at Widnes Market (sharing Public Health Stall)

First Wednesday Every Month 1:30pm - 3:30pm Widnes Library

First **Thursday** every Month **Halton Community Shop** Runcorn 10-11:30 (Starting November due to HAB)

First **Thursday** Every Month 12-2pm **Halton Lea Shopping Centre** (Starting November due to HAB)

First **Thursday** Every Month 2:30 – 4pm **Halton Lea Library** (Starting November due to HAB)

Third Wednesday Each Month Coffee and Cake Group - The Heath

Last Wednesday each Month - New Venue "Eat at The Heath" (The old ICI Offices) 11:30 - 1:30

### Additional sessions to be fitted in

- Monday Brookvale Recreation Centre car park, Runcorn
- Tuesday Spike Island car park, Widnes
- Wednesday British Legion car park, Runcorn
- Thursday Hale Bank Co-op car park, Widnes
- Friday St Ambrose Church Hall car park, Widnes

### Further sessions once restrictions allow:

- Runcorn UTC
- Widnes UTC
- Halton Hospital
- St Helens Hospital
- Warrington Hospital

# Call us: 0300 777 6543

# We're Healthwatch

Tell us what you think of local services.

# We're here to help make it better

- Care homes
- Community services
- GP Surgeries
- Mental Health services
- Pharmacies

- Carers at home
- Dentists
- Hospitals
- Opticians











# **Contents**

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# Who are we?

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Healthwatch Halton is part of a network of over 150 local Healthwatch across the country. We're here to listen to the issues that really matter to people in Halton and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.





# Our mission, vision and values

Our vision is a society where the voice of the local people is listened to and all we can all get the health and care we need.

Our mission is to make sure people's experiences help make health and care better.

### This means that:

- People help shape health and social care services
- People influence the services they receive personally
- People hold services to account when things go wrong

# We will achieve this by:

- **Listening** to local people, especially the most vulnerable, to understand their experiences and what matters most to them
- **Influencing** those who have the power to change services so that they better meet people's needs now and, in the future
- **Informing** and empowering people to get the most from their health and social care services
- **Working** with other voluntary organisations to champion service improvement and to empower local people to speak out.

### **Our values**

- **Listening:** We recognise the value of listening to people and making sure their voices are heard.
- **Including:** We value inclusivity. We acknowledge that everyone must be included in the conversation especially those who don't always have their voice heard.
- **Analysing:** We value the insight that's gained from Analysing different people's experiences to learn how to improve care
- **Acting:** We act on feedback and drive change. Listening has to positively affect outcomes and influence important decisions about people's care.
- **Partnering:** We value strong partnerships with health and care services, and the voluntary and community sector to make care better whilst retaining our independence

### What we do

- We listen to the views of people about local health and care services, and share those views with those involved in commissioning, providing, and monitoring health and social care services
- We promote and enable the involvement of local people to take part in the commissioning and provision of local health and care services and how they are monitored



- We work closely with our providers and commissioners to undertake projects on health and social care services to produce an independent perspective on how those services are delivered from a patient user experience. We write a report on the project and make recommendations about how the services could or should be improved and ask for a response from the provider
- We have powers to carry out 'enter and view' on premises where publicly funded health or social care is provided to the residents of Halton
- We can recommend investigation or special review of services, either via Healthwatch England, or directly to the Care Quality Commission
- We have a seat on Halton Borough Council's Health and Wellbeing Board, ensuring that the views and experiences of patients or carers have had the opportunity to influence the development of new strategies or a change in the way a service is being provided
- We provide advice and information to the public about accessing local health and social care services, so they can make informed choices about which services to use and how to access them
- We support people on where they can go for help, which empowers them and when they want to resolve a complaint about a health or social care service they have used.

### **Our goals**

### 1. Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

# 2. Providing a high-quality service

We want everyone who shares an experience or seeks advice from us to get a high-quality service and to understand the difference that their views make.

# 3. Ensuring your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.

# **Our objectives**

- 1. To find out the experiences of people needing or using health, public health and social care services.
- 2. To seek the views of those who are seldom heard and reduce the barriers they face.
- 3. To act on what we hear to improve health and care policy and practice.
- 4. To build on and share our expertise in engagement.
- 5. To be a strong, well-governed organisation and use our resources for the greatest impact.



# The purpose of this document

This communications strategy provides a framework for the delivery of effective communications which are clear, appropriate and help the organisation achieve its goals.

Effective communications will help to:

- Increase awareness of Healthwatch Halton and its work
- Increase Healthwatch Halton's reputation as an independent, professional and credible organisation
- Continuously build meaningful two-way communication with the public, patients and carers to ensure they have the knowledge and understanding to share their views which will help influence the shaping of health and social care services in Halton
- Ensure that we work closely with seldom heard groups to champion their voices and enable them to be heard
- Ensure we work closely with commissioners, so services are designed with the people in Halton who use those services.

# **Future goals**

Over the past 8 years Healthwatch Halton has built a strong and credible presence with providers and the public, but there is still much to be achieved, especially in the rapidly changing landscape of health and social care. Over the next year we are committed to improving communications across all channels and increasing public engagement participation across all work streams.

Healthwatch Halton aim to achieve this by establishing closer working relationships with their strategic partners, like: Halton Borough Council, NHS Halton Clinical Commissioning Group, One Halton, local Health and Social Care service providers, and the Cheshire & Merseyside Health Care Partnership.

There will also be increased collaboration with the Voluntary, Community and Social Enterprise Sector (VCSE) and communities of common interest.

By working with these partners, we will enhance the profile of the Healthwatch Halton and improve its reach, enabling all members of the public to be well-informed and involved in work streams.

We will look to strengthen our feedback loop, ensuring impact and outcomes are reported to patients, service users, stakeholders and the wider public



# **Target audience**

# Our key stakeholders include:

## People living, or working, in Halton

Adults and older adults

Children and young people

Seldom heard (such as protected characteristics)

Potential volunteers

## **Voluntary organisations**

Those doing similar work, (i.e.: patient voice, health, social care)

Those working with people Healthwatch Halton wants to hear from

Social groups (i.e. for specific conditions or demographics, communities of interest)

### **Commissioners of Health and Social Care Services**

NHS Halton Clinical Commissioning Group (CCG)

Halton Borough Council (including public health)

NHS England (North West)

# **Political partners**

**Local Councillors** 

Members of Parliament

### Media

Local and regional broadcast and print

### **Healthwatch Halton**

Staff and Healthwatch Halton Advisory Board

Healthwatch Volunteers

Healthwatch Enter & View authorised representatives



# **Providers of publicly-funded Health and Social Care Services**

NHS Trusts and NHS Foundation Trusts - (Warrington & Halton Hospitals NHS Foundation Trust, St Helens & Knowsley Teaching Hospitals NHS Trust, Merseycare NHS FT, Bridgewater Community Healthcare NHS FT)

Registered social care providers

**GPs** 

Pharmacist

**NHS** Dentists

Ophthalmologists

# **Organisations**

Halton Borough Council

Health Policy Performance Board (OSC)

Health and Wellbeing Board

Local Primary Care Networks

Mid Mersey Local Medical Committee

Mid Mersey Local Dental Committee

Halton, St Helens & Knowsley Local Pharmaceutical Committee

Neighbouring Local Healthwatch

Healthwatch England

Care Quality Commission

Local and regional broadcast and print





### **Our Communication Aims**

Aim 1: For the public to be aware of Healthwatch Halton and to see the value of seeking advice from us or sharing their views with us.

**Objective 1:** To increase by 10% year on year, the number of people sharing experiences with us or accessing our advice and information.

Aim 2: For professionals (Commissioners and service managers, senior health and care leaders, front-line staff), to be aware of Healthwatch Halton and our role and see the value in supporting our objectives.

**Objective 2:** To increase by 5% year on year the number of our recommendations actioned by services.

Aim 3: For stakeholders to be aware of Healthwatch Halton and the service we provide and see the value in supporting our objectives.

**Objective 3:** To increase by 5% year on year the number of organisations and influencers supporting the promotion of our campaigns.

Aim 4: For our volunteers to value being part of Healthwatch Halton and to see the value of working together to achieve our objectives.

**Objective 4:** 85% of our volunteers think that our work is valuable and makes a difference to the local community.





# **Communication mechanisms**

Effective communication is about getting the right messages to the right audiences through the most appropriate channels at the most appropriate time.

Healthwatch Halton will also undertake stakeholder mapping to consider the communications needs of all stakeholders when working on specific projects.

The following general mechanisms for communications will be available:

### Website

Healthwatch Halton has continued to update its website with the launch of an updated site in May 2021. The website will continue to be a source of information to the public and residents with the enhancement of an interactive to encourage the public to share their experiences using the website "Feedback Centre'.

### Social media

Social media will be used for information sharing from Healthwatch Halton and other sources, e.g. CCG, local authority, NHS Trusts, and voluntary organisations. This will include communicating about event promotion, to engage specific audiences as part of projects and to showcase Healthwatch Halton's work and achievements.

## **Publications**

Healthwatch Halton will produce a range of publicity and information material, including leaflets, posters and reports that will be available electronically, through its website, and as hard (printed) copies.

# Other organisations' newsletters and websites

Healthwatch Halton will actively seek to get information into other organisations' newsletters and onto their websites (e.g.: voluntary sector organisations, health and social care providers and commissioners).

# **Campaigns and events**

Healthwatch Halton will arrange and support campaigns and events on a variety of health and social care related topics.

### **Media relations**

Healthwatch Halton will take a proactive approach to the media, offering regular contact to help reporters and editors understand the organisation and to develop working relationships with key broadcast and print media.

# **Focused engagement events**

Healthwatch Halton will hold focused engagement events, online and face to face, in order to communicate with specific groups about their experience of services e.g. mental health focus groups or young people focus groups.

# Meetings, forums & user groups

Representatives from Healthwatch Halton (staff and volunteers) will attend other organisations' meetings to raise awareness and hear people's views about health and social care

When the Healthwatch Halton Advisory Board holds its meetings in public, it will make the agendas, minutes, and public papers available through its website

# **Direct contact and signposting service**

Access to the Healthwatch Halton signposting and information service (website, telephone, email, social media) will be communicated throughout Halton to help people choose the right service that they need.



# **Key Messages**

To help raise awareness and develop an understanding of Healthwatch Halton's role, key messages have been developed for staff, volunteers and stakeholders.

# Our key messages are as follows:

- Healthwatch Halton is the independent local champion for people who use health and social care services. We believe that health and social care providers can best improve services by listening to people's experiences.
- Healthwatch Halton aims to improve local health and social care services for people who use them today, and to help shape them for anyone who might need them in future.

### **Our core beliefs**

- We believe that health and social care providers can best improve services by listening to people's experiences.
- We believe that everyone in society needs to be included in the conversation. Especially those whose voices aren't being listened to.
- We believe that comparing lots of different experiences helps us to identify patterns and learn what is and isn't working.
- We believe that feedback has to lead to change. Listening for listening's sake is not enough.
- We believe that we must always remain independent and impartial while working with partners to get things done.

### **Our values**

- **Listening**: We recognise the value of listening to people and making sure their voices are heard.
- **Including:** We value inclusivity. Listening to the first-hand experiences of diverse groups improves care for everyone.
- **Analysing**: We value the insight that's gained from analysing many different people's experiences to learn how to improve care.
- Acting: We act on feedback and drive change. Listening has to positively affect outcomes and influence important decisions about people's care.
- **Partnering:** We value strong partnerships with care providers and Government serving as the public's independent advocate.

# How does Healthwatch Halton work?

Above all, we help people to be heard and are there for anyone in Halton. We take extra care to reach out to communities who are least heard, supporting them to have a voice. We have influence because we use evidence from the public to back up what we say, and we put forward ideas for change in a constructive way. We want patients, service users, their families, carers and the public to be involved from the start to the end of planning any service if they will be affected by it, working in partnership with professionals to get the best possible result

- Healthwatch Halton is independent of the NHS, local authority and central government.
- Healthwatch Halton makes a difference to the people who contact us and to the wider community, helping to change services for the better.

# **Our communication aims**

While one communication channel may be perfect for one person, it may be completely inappropriate for another. By using multiple forms of different media, we aim to overcome barriers to communication which can include (not exhaustive):

- Physical distance
- Technical ability
- Language and culture
- Reading level
- Disability

# **Digital communications**

Healthwatch Halton's website (<a href="http://www.healthwatchhalton.co.uk/">http://www.healthwatchhalton.co.uk/</a>) is an important part of our information system and integral to ensuring local people know about us and our work.

### We will ensure the website:

- Allows people to feedback about local health and care provision in an easy way
- Features regular updates to our latest news that is interesting and relevant for our target audiences
- Allows people to sign up for our e-bulletins
- Allows people to register as volunteers
- Promotes our outcomes, latest news, documents and reports
- Promotes our information and signposting service
- Includes a listing of public events and meetings
- Is professional, visually appealing, kept up to date and is easy to navigate.
- Features content to help people understand our role and purpose
- Ensures transparency by publishing the names of our Board members and staff
- Features a privacy policy that outlines the way in which we will use information submitted to Healthwatch Halton via the website
- Enables people to talk to us about our organisation
- Has active links to relevant content and features opportunities for people to be involved in our work.

# Social media

We realise that having a strong social media presence is essential to promoting Healthwatch Halton's work. Use of established social media platforms enables Healthwatch to communicate with a vibrant, online community around local health and social care issues.

Healthwatch Halton operate the following forms of social media:

- Facebook
- Instagram
- Twitter
- YouTube

### These platforms are used to:

- Provide information on our current activity
- Encourage people to share their views about health and social care services
- Provide clear messages about our service
- Encourage participation and share the outcomes of those projects

- Share information about our own and other organisations events/meetings
- Share our partners messages e.g. those related to the health and wellbeing agenda or integrated services
- Share information about health and social care services delivery.

Healthwatch Halton recognise that care should always be taken when using social networking at any time, because inappropriate comments can adversely affect the reputation of our organisation, even if it's not directly referenced.

We have a Social Media Usage Policy that directs us on how we use and manage our social media accounts.

# Regular updates

People can have the option of signing up with an email address to receive our e-bulletin.

The purpose of the e-bulletin is to share interactive updates about our latest work and outcomes to encourage involvement from local people and partners. Content will also include copy that invites people to comment and share their views with us.

# **Publications**

All publications will include a date of the publication and contact details. They will also comply with our branding guidelines (available on request), which specifies our colour palette and appropriate use of the Healthwatch logo and other visual elements.



# **Measuring impact**

It is important for Healthwatch Halton to continually evaluate the impact of our communications to ensure best use of our resources. We will do this in several ways.

# The impact of this strategy will be measured through:

- Stakeholder and public awareness of Healthwatch Halton and its achievements
- Measuring the stories/experiences being told to Healthwatch Halton on a quarter-to-quarter period
- Feedback from our stakeholders
- Website usage unique visits and pages viewed
- Social media activities
- E-bulletin number of opens and click throughs
- Mapping our stakeholders to evidence where and who we have reached
- Attendance at Healthwatch Halton meetings and events
- Analysis of our media coverage

**Note:** It is important to recognise that we can only monitor known coverage. We know however that a significant amount of communication can take place where we have no presence or means by which we can record it.

### This might include:

- Word-of-mouth
- Meetings/events where we are not present
- Circulation of our materials within other networks e.g. further circulation of our newsletter beyond our own contact lists
- Reliance on other sources to feature our information. For example, this might include quote requests from the local media whereby they have subsequently chosen not to include our information
- Features on other websites
- Publication readership: We are given estimates as to the total of people reached but in reality, the readership of publications could be significantly higher or lower than the estimate
- Distribution of our leaflets beyond the places where they have been left.

# **Equality and Diversity**

Equality and diversity for us is about putting people at the heart of the work we do.

We are committed to being inclusive, fair and equitable to all. Equality and Diversity is about:

- How and what we procure and commission
- How we engage, communicate with, and respond to people
- How we communicate, listen to, treat and engage with our staff and volunteers; and
- How we hold providers to account to ensure services are personal, fair and diverse.

The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics, often referred to as equality groups or protected groups.

The protected characteristics are:

- Race
- Sex
- Gender reassignment
- Religion or belief

- Age
- Disability
- Sexual orientation
- Pregnancy and maternity
- Marriage and civil partnership

In addition to the groups protected by the Equality Act 2010 we will also proactively consider other vulnerable and seldom heard groups. We will be mindful of the NHS Equality Delivery System (EDS2) in ensuring providers improve the services they commission or provide for their local communities, ensuring that they consider health inequalities in their localities of operation.

# Call us: 0300 777 6543

# We're Healthwatch

Tell us what you think of local services.

# We're here to help make it better

- Care homes
- Community services
- GP Surgeries
- Mental Health services
- Pharmacies

- Carers at home
- Dentists
- Hospitals
- Opticians





www.healthwatchhalton.co.uk



# Agenda Item 3

Minutes and action log



# 17<sup>th</sup> June 2021 via Teams Public Board Meeting Minutes

In attendance: Kath Parker (KP) HAB Chair

HAB members: Paul Cooke (PC)

Maureen Isherwood (MI), Diane McCormick (DMc) Jane Pritchard (JP) Sue Connolly (SC)

Dave Wilson (DW, Manager, Healthwatch Halton),

Louise Delooze (LD, Community Outreach Lead, Healthwatch Halton),

Irene Bramwell (community outreach lead)

Clare Screeton (minute clerk)

Apologies: Elizabeth Learoyd (ECS Director), Dave O'Connor (DOC)

|        |   | Item   |
|--------|---|--|
| 1.00pm |   | Private session to discuss confidential staffing/ operational issues.  |
|        |   | Closed Session- not open to the public.  |
|        |   | Public HAB Meeting   |
| 1.30pm | 1 | KP welcomed the Board Apologies were received from Elizabeth Learoyd and Dave O'Connor.  |
|        | 2 | Declaration of Interests   |
|        |   | None   |
| 1.35pm | 3 | Minutes and Action log from Public Board Meeting update  |
|        |   | The minutes were agreed as a true reflection.  |
|        |   | Action Log attached  |
| 1.40pm | 4 | Work Programme Project Updates   |
|        |   | Virtual E&V visits DW shared a virtual guide that they will hopefully commence in July. DMC said   |
|        |   | that you can't pick up things such as odours and atmosphere virtually. JP also expressed concerns  |
|        |   | that we would only see what they want us to see as we cannot walk around. There may be a lot that  |
|        |   | we will be missing. KP agreed but for now it is better than nothing at all and it means that people do   |
|        |   | realise that HWH are there still and getting feedback. Dave is hoping to put posters up with a QR  |
|        |   | code that will go directly to the feedback site.   |
|        |   | IB has booked to go on virtual E&V training with HW England. She said she is happy to take any questions back to them. PC said that government guidelines say that anyone (nurse, hairdresser etc) |
|        |   | entering a Care setting must have proof that they have been fully vaccinated will HWH staff and volunteers be the same when the time comes.  |
|        |   | HW 5 year plan to share and develop when DW read it, it ties in well with the work that HWH are  |
|        |   | actually doing. This is also a good sign for commissioning.  |
|        |   | Signposting and Information Services proposal. These are time consuming and stressful for the team   |
|        |   | and they are doing it regularly. Also, the team need a comprehensive list of services and if they are  |
|        |   | fully open and operational again. We want to ensure that we are not signposting from one service   |
|        |   | to the other in a loop. KP said that the Board needed a decision-making template.  |
| 1.55pm | 5 | Meeting feedback reports by HAB members  |
|        |   | KP asked PC what your feelings on relationships with the PCNs are and can they   |



|        |            | Item   |
|--------|------------|--|
|        |            | move forward. PC said that they were not in the position to move forward at the minute as the structure is not in place.  DMC said that there would be representation from the PCNs at the PPG plus meeting. Healthwatch will also have a place on there everyone should be around the table.  DW has had issues contacting and getting a response from the PCNs he has also asked the Board if they can review the meeting schedule to ensure that the meetings that we are attending make a difference.  KP asked if the Board was happy with the meeting feedback and the template, everyone said they were.  |
| 2.10pm | 6          | Intelligence/Feedback update — public issues  DMC attended the Whiston Cancer Patient meeting. She raised the question If you are attending for a diagnosis appointment are you allowed to have a friend or family member with you as emotional support. The answer was no and that due to social distancing etc they could not do it. All the Board agreed that this was unacceptable and reasonable adjustments should be made in these cases. KP asked if this was the same throughout all the trusts. DMC said no as she was able to attend WHHFT with her friend for her appointments.  MI also said that people were not aware that they have a nominated nurse when they have a cancer diagnosis. This should be explained to them when they are diagnosed so that they have the extra support.  KP asked DW to source NHS guidelines on this. She also said that there are no signs of things changing, people are still unable to see a Dr in person. Things should surely be changing to a level of normality now that we are vaccinating the over 18s.  JP said that there will be a flood of waiting lists now as all minor surgeries were cancelled but people were still living with significant pain.  MI shared that a nurse from Whiston has said that they are already treating people with advanced cancers as they were not diagnosed early during pandemic.  DW said that NHS dentists are taking patients off their lists without informing them and no NHS dentists are taking on patients right now. He got a statement back from NHS England that said that they would only be treating people in emergencies. That they would just have to join the waiting list until the backlog is cleared.  IB said that this could be classed as a safeguarding issue if people can not access their dentists their oral health will suffer.  KP will share concerns at the Health and Wellbeing Board. DW will escalate to HW England. |
| 2 2Enm | 7          |  |
| 2.35pm | <b>7</b> a | Escalation to HW England/ CQC – Dentistry  |
|        | 7b         | Publish a report/ agree a recommendation made in a report – Leigh Thompson Halton CCG responded to the maternity report. It was a positive response and she said that as they are redesigning the service, they will take the recommendations on Board.  |
|        | 7c         | Request information from commissioners/ providers  |
|        | 7d         | Which premises to Enter and View and when (Completion of the Enter and View visit checklist is required)  No progress made yet to the plans for visits to Care Homes face to face only virtual starting in July.   |
|        | 7e         | Decision about subcontracting/ commissioned work   |
|        | 7f         | Whether to report a matter concerning your activities to another person- e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services  |



|        |    | Item  |  |  |  |  |
|--------|----|---|--|--|--|--|
|        | 7g | Which health and social care services HW is looking at for priority project Dentistry, Digital Exclusion, Young Peoples Mental Health, Signposting  |  |  |  |  |
|        | 7h | Refer a matter to Overview and Scrutiny committee   |  |  |  |  |
|        | 7i | Breach/s of the decision-making process   |  |  |  |  |
| 2.45pm | 8  | Health and Social Care Issues from the public   |  |  |  |  |
| 2.50pm | 9  | Any other business  Quality Accounts – DW has responded to North West Boroughs, St Helens & Knowsley NHS FT and Halton Haven he has as yet not received on from WHHFT.  DMC said that the protocol for type 2 diabetes treatment has been changed with little or no consultation. It has been passed through saying that they engaged with the PPGs but DMC said only at the start not during or after lockdown.  DW said that people were not correctly consulted with around spinal surgery at The Walton Centre. The people that they should have been speaking to were not involved. Again, this has slipped through with very little consultation. DW said that there was a guide from HW England that he will source to send out to providers, key people, and the CCG with a covering letter.  JP discussed the data sharing communication between agencies. This has now been delayed until September. HW England said that the original deadline was too close and that there was not enough information for the public. The president of NAPP wrote an open letter disapproving of the speed at which the changes were being suggested. JP said we need to know what agencies the information will be shared with is it private companies or other medical professionals. |  |  |  |  |
| 3.00pm | 10 | Date and Time of Next Meeting: 19 <sup>th</sup> August 2021   |  |  |  |  |



### **Action Log**

### Healthwatch Halton Advisory Board (HAB) Meeting

| Task<br>Number | Agenda Item | Task Description  | Assigned<br>to | Status  | HAB Meeting Date | Due Date  |
|----------------|-------------|---|----------------|---------|------------------|---|
| 1              | HAB06/1     | DW to meet Jon Turner to discuss QF review  | DW             | ongoing | 17/06/2021       | Closed – Meeting<br>Held 8/07/221                                 |
| 2              | HAB06/2     | Send bios and photographs to DW to update website                                       | All            | ongoing | 17/06/2021       | Check Board<br>members have<br>responded if not<br>deadline 25.11 |
| 3              | HAB06/3     | DW to send draft annual report to Board before the end of June                          | DW             | ongoing | 17/06/2021       | Closed  |
| 4              | HAB06/4     | ICS and PCNs review its progress  | All            | ongoing | 17/06/2021       | Agenda Item<br>under 5 meeting<br>Feedback                        |
| 5              | 2104/04     | Chase up recommendations from the Young Peoples<br>Mental Health Report in October time | DW             | ongoing | 15/04/2021       | Ongoing New<br>Deadline<br>25.11.21                               |
| 6              | 2104/05     | Chase up the policy for missing items at Whiston hospital                               | JB             | ongoing | 15/04/2021       | Progress DW to<br>update under<br>item 4                          |
| 7              | 2106/04     | Update on E&V plans to be brought to August meeting                                     | DW             | ongoing | 17/06/2021       | DW to update<br>under agenda<br>Item 7d                           |
| 8              | 2106/04     | Signposting project - DW to create a project out line for Board to approve.             | DW             | ongoing | 17/06/2021       | DW to update<br>deadline<br>25.11.21                              |

#### **Engaging Communities Solutions**

#### **HAB Action Log**

Unit 42, Staffordshire University Business Village, Dyson Way, Staffordshire Technology Park, Stafford, Staffordshire, ST18 0TW



| 9  | 2106/05 | DW to share list of all the meetings attended by HWH to review.                    | DW       | ongoing | 17/06/2021 | DW Update<br>under Agenda<br>Item 4 |
|----|---------|--|----------|---------|------------|-------------------------------------|
| 10 | 2106/06 | DW to source NHS guidance on Named Nurse and how this is communicated to patients. | DW       | ongoing | 17/06/2021 | DW to update under item 6           |
| 11 | 2106/06 | Escalate Dentistry Issues to Health and Wellbeing Board and HW England             | Chair/DW | ongoing | 17/06/2021 | CLOSED                              |



## Agenda Item 4

Work programme update



### **September - Team Highlights**

We attended the Mersey Care 'Ignite Your Life' at Walton Hall Gardens. This was a fantastic event meeting other Healthwatch teams, listening to personal experiences from the community and engaging with members of the public, handing out leaflets and gaining valuable feedback.

#### **Communications**

Another busy month with 2 e-bulletins sent out and 18 news items added to our website.

There were 5868 visits to the site in September. Visits between April and September are up 158% on the same period last year.



During September we've been checking through the website and updating information on our A-Z section following the recent website upgrade, which has caused more problems than it solved.

139 messages were sent out through social media, which were viewed more than 22,000 times.

#### Issues covered include:

- Self Care
- Delays to Hospital Care HWE survey
- Awareness Days in September
- Covid vaccinations and booster campaign
- Pharmacy advice
- A&E and Urgent Treatment Centre waiting times
- Mental Health support

#### **Training**

The staff team have spent a fair amount of time completing the iHasco online training courses in addition to attending 3 webinars from Healthwatch England.



### Meetings

We've covered regular strategic meetings, such as the CCG Quality Committee, Health Policy Performance Board and the new One Halton ICP Board. We've held meetings with Halton CCG to talk about the Lung Health Campaign, Long Covid issues, and to ask for updates on our reports and recommendations for Maternity and Young People's mental health. We've also joined with other Healthwatch in planning support for upcoming public health campaigns.

Meetings attended by the team this month include:

- One Halton ICP Board meeting
- Healthwatch England Engagement Leads Network
- Targeted Lung Health Campaign CCG meeting
- New Quality Matron -STHK NHS
- Cancer Alliance meeting
- Phlebotomy project group x 2 (discussing blood clinics moving to booking only)
- HAB value and goals session
- Volunteer Leads meeting HWE

- C&M QSG Long Waiters task group and meeting x2
- Every mind Matters campaign (Public Health)
- Flu vaccine campaign (Public Health)
- PPG+
- VCFSE
- Health PPB
- E&I Group
- CCG Quality Committee
- Bridgewater Engagement Group

**Meeting Impact** - At the QSG Cheshire & Merseyside Long Waiters T&F meeting we highlighted the Healthwatch England data that evidenced people living in the poorest areas are waiting longer for hospital treatment.

We shared the article published by Healthwatch England highlighting health inequalities and explained that a national survey was underway asking patients for their experiences of waiting and what support they are receiving whilst they were wait. This added to the national data presented at the meeting that showed a link between deprived areas and higher comorbidity rates in patients on waiting lists. Outcomes will be considered by T&F Group. <a href="https://www.healthwatch.co.uk/news/2021-09-27/people-living-poorest-areas-waiting-longer-hospital-treatment">https://www.healthwatch.co.uk/news/2021-09-27/people-living-poorest-areas-waiting-longer-hospital-treatment</a>

We also explained at the meeting our role in signposting and information that could help patients access support whilst waiting for treatments. Providers will factor into the implementation plans the role Healthwatch colleagues can have.



#### Meeting Impact - One Halton Integrated Care Partnership Board.

General updates given on the development of the ICS. Presentation on the Provider collaboratives also given.

David Parr mentioned a few times the upcoming meeting with Healthwatch Halton. This follows on from the email we had sent to him as the One Halton ICS lead on 'Understanding Integration guide - How to listen to and learn from people and communities'. This covered the new national guide, developed with input from the Healthwatch network, as patient leaders and engagement and experience experts.

It highlights a range of methods and tools for ICS to measure, track and understand performance and people's experience of integrated care across whole systems.

### **Engagement**

We're not quite out and about in the public again yet. We've been making contact with a lot of different people and organisations recently as we plan for the return to regular face to face outreach and engagement sessions.

We have forged good relationships with Grace Grange, Sue Rowan and Steven Purcell from the Public Health Team, in addition to Tisha Baynton from Smoking Cessation team whilst trying to establish venues for outreach. This has resulted in us securing a spot in Widnes Market on a stall which is shared with Public Health. In addition, we've been given the opportunity of joining the Public Health Team on their Community Bus which is visiting venues across Halton each day over the coming months, the following areas:

- Monday Brookvale Recreation Centre Car Park, Runcorn
- Tuesday Spike Island Car Park, Widnes
- Wednesday British Legion Car Park, Runcorn
- Thursday Hale Bank Co-op Car Park, Widnes
- Friday St Ambrose Church Hall Car Park, Widnes

We're hopeful this will also give the opportunity for some of our volunteers to join us on these sessions.

We will be continuing with our 'Tuesday Chat' online sessions in the coming months, although we haven't run one during September, as these have proved very popular with organisations who've taken part. The sessions have been quite useful in building links between organisations and making them aware of what else is happening locally.

This month we've also been in touch with both Urgent Treatment Centres to discuss starting up regular outreach sessions at the centres again.



#### **Enquiries and Feedback**

Enquiries and feedback received this month have included:

- Access or the lack of it, to NHS dentists
- Access to GP services
- Access to hospital treatment
- Advocacy support (Covering NHS Advocacy as well as the statutory IMCA,IMHA and Care Act Advocacy)
- Care Home concerns
- Covid-19 vaccinations

#### **Project Work**

**Dental project** – This month, all local dental practices received an email asking them for some basic information on current waiting lists and whether they were taking on new NHS patients. Only 1 dental practice responded so we followed up with phone calls to gather the information we needed.

An online dental survey has been developed and will go live on Monday 4<sup>th</sup> October.

**Digital exclusion** - Interviews have taken place, by ECS, with the Halton participants in the Digital Exclusion project. The completed report is due very shortly.

**Signposting & Information project** – We contacted HBC and Halton CCG to get support for the Care Home guide we've produced. Improving information available to the public is one of the aims of our Signposting & Information project. The guide is one of our planned outcomes for the project.

As mentioned above, Jude has been working through the information pages of our website to ensure they are up to date and accurate. This work fits in with another of the aims for the project

| HWH Meeting Attendance List                                 | Last updated - | 29/09/2021             |                 |                               |                |   |
|---|----------------|------------------------|-----------------|-------------------------------|----------------|---|
| Strategic Meetings  | zast apaatea   | Organisation Hosting   | Main attendee   | Deputy                        | Frequency      | Main contact for meeting/PA email address |
|   |                | - 0                    |                 |                               | ,              |   |
| Health and Wellbeing Board                                  |                | Halton BC              | Kath Parker     | Paul Cooke                    | Quarterly      |   |
| Overview and Scrutiny (Health PPB)                          |                | Halton BC              | Dave Wilson     | Kath Parker                   | Quarterly      |   |
| CCG Governing Body  |                | NHS Halton CCG         | Kath Parker     | Paul Cooke                    | Monthly        |   |
| CCG Primary Care Commissioning                              |                | NHS Halton CCG         | Paul Cooke      |                               | Monthly        | helen.riley2@nhs.net                      |
| CCG Quality Committee                                       |                | NHS Halton CCG         | Dave Wilson     |                               | Monthly        |   |
| Quality Surveillance Groups                                 |                | NHS England            | Dave Wilson     | Kath Parker                   | Bi-Monthly     |   |
| Safeguarding Adult Board                                    |                | Halton BC              | Dave Wilson     |                               | Quarterly      | Denise.Taylor@halton.gov.uk               |
| Safeguarding Partnership Forum                              |                | Halton BC              | Irene Bramwell  |                               | Quarterly      | Denise.Taylor@halton.gov.uk               |
| Safeguarding Children Board                                 |                |                        | N/A             |                               | Дан. тогт,     |   |
| Combined Safeguarding                                       |                |                        | N/A             |                               |                |   |
| CYP Emotional Health & Wellbeing Board                      |                | Halton CCG/Halton BC   | Dave Wilson     |                               | Quarterly      | karen.irvine5@nhs.net                     |
| Acute Hospital Trust Board                                  |                | riation eeg/riation be | N/A             |                               | Quarterry      | <u>Karerin vines (4 mis.nec</u>           |
| Mental Health Trust Board                                   |                |                        | N/A             |                               |                |   |
| Learning Disability Partnership/Group                       |                | Halton Borough Council | Irene Bramwell  |                               | Quarterly      | Hannah.Sloan@halton.gov.uk                |
| Carers Partnership Board/Group                              |                | Harton Buruugn Council | N/A             |                               | Quarterry      | Haiman.Stoantwildtton.gov.uk              |
| ·   |                | WHH                    | Dave Wilson     | Jude Burrows                  | Monthly        | victoria anderson11@nhs.not               |
| Warrington & Halton Hospitals Patient Experience Committee  |                | STHK                   |                 | Jude Burrows  Jude Burrows    | •              | victoria.anderson11@nhs.net               |
| St Helens & Knowsley Hospitals Patient Experience Committee |                |                        | Dave O'Connor   |                               | Monthly        | Helen Burton < Helen. Burton@sthk.nhs.uk> |
| One Halton ICP Board  |                | One Halton/LA/CCG      | Dave Wilson     | Kath Parker                   | Monthly        | angela.cole12@nhs.net                     |
| CCG Engagement & Involvement Group                          |                | NHS Halton CCG         | Dave Wilson     | Jude Burrows / Louise Delooze |                |   |
|   |                |                        |                 |                               |                |   |
| Other meetings:   |                |                        |                 |                               |                |   |
| Halton VCFSE Response Meetings                              |                | Halton & St Helens VCA | Louisa Dalaaza  |                               | Monthly        |   |
| Halton VCF3E Response Meetings                              |                | naiton & St neiens VCA | Louise Delooze  |                               | Monthly        |   |
|   |                |                        |                 |                               |                |   |
|   |                |                        |                 |                               |                |   |
|   |                |                        |                 |                               |                |   |
|   |                |                        |                 |                               |                |   |
|   |                |                        |                 |                               |                |   |
| Keep in touch meetings                                      |                |                        |                 |                               |                |   |
| St Helens & Knowsley Hospital Trust - Qtrly HW meeting      |                | STHK                   | Jude Burrows    | Louise Delooze                | Quarterly      |   |
| CCG - Deputy Chief Nurse                                    |                | NHS Halton CCG         | Dave Wilson     | Edulate Belooze               | Bi-Monthly     |   |
| CCG -Engagement catch-up                                    |                | NHS Halton CCCG        | Dave Wilson     | Jude Burrows                  | Monthly        |   |
| Cheshire & Merseyside HW Catch-up                           |                | Healthwatch            | Dave Wilson     | Jude Bullows                  | Ad-hoc         |   |
| Director of Adult Social Care                               |                | ricardiwateri          | Chair / LHM     |                               | Ad-hoc         |   |
| Director of Public Health                                   |                |                        | TBC             |                               | Ad-hoc         |   |
| LA Chief Executive  |                |                        | TBC             |                               | Ad-hoc         |   |
|   |                |                        | TBC             |                               | Ad-hoc         |   |
| Chair - Health and Wellbeing Board                          |                |                        | TBC             |                               |                |   |
| Chair - Overview and Scrutiny                               |                |                        |                 |                               | Ad-hoc         |   |
| Chair - CCG   |                |                        | TBC             |                               | Ad-hoc         |   |
| Chair - Acute Hosp Trust                                    |                |                        | TBC             |                               | Ad-hoc         |   |
| Chair - Mental Health Trust                                 |                |                        | TBC             |                               | Ad-hoc         |   |
| CEO/AO - CCG  |                |                        | TBC             |                               | Ad-hoc         |   |
| CEO - Mental Health Trust                                   |                |                        | TBC             |                               | Ad-hoc         |   |
| LA Cabinet Lead for Social Care                             |                |                        | TBC             |                               | Ad-hoc         |   |
| LA Cabinet Lead for Health                                  |                |                        | TBC             |                               | Ad-hoc         |   |
| Equality, Diversity & Inclusion meeting                     |                | STHK                   | Diane McCormick |                               | Check with Dia |   |
| Cancer Patient Experience Meeting                           |                | STHK                   | Diane McCormick |                               | Check with Dia | ne  |
|   |                |                        |                 |                               |                |   |
|   |                |                        |                 |                               |                |   |



## Agenda Item 5

Meeting Feedback Report

22 June 2021 to 30 September 2021



| Date                | Meeting                       | Rep name       | Notes /Actions   |
|---------------------|-------------------------------|----------------|--|
| 22/06/2021<br>14:06 | ALD Partnership Board meeting | Irene Bramwell | The Adult Learning Disability Board are reviewing the strategy for 2021 -2026 as the former joint community strategy is about to expire . The Terms of Reference were discussed going forward the actual responsibilities of the Board were discussed the Board will make recommendations to the health & Wellbeing Board regarding Health & Social Care for adults diagnosed with Learning Disability . |
|                     |                               |                | Sue Wallace Bonner, Damien Nolan and Stefan O'Sullivan explained the new strategy needed to be creative focusing on quality and outcomes with real targets. The Strategy will include ensuring meaningful employment for adults experiencing learning difficulty and ways of achieving this.   |
|                     |                               |                | Two Sub Groups will be set up to explore and set the themes of the strategy . Themes may include Special Educational Needs, Inclusion, Leadership, Person Centred Planning , Housing , Employment, Training, Friends and Family .  |
|                     |                               |                | The strategy will be more creative and adventurous than the previous strategy, general discussions included how employment is low for people diagnosed with learning disability. Mal Hampson of Halton Speak Out which includes the Peoples Cabinet maintained if we ask what they think they need to be listened too.   |
|                     |                               |                | The Board will look at the number of day care services available as well as the number of Direct Payments curently being provided for adults with experiencing learning disability   |
|                     |                               |                | Carl Harris CEO of Halton Carers Centre suggested working with family carers who care for adults with learning disability  |
|                     |                               |                | Sue Wallace Bonner suggested that all those attending bring their ideas and suggestions to the table and ensure the Adult learning Disability Board co-ordinate with everyone attending.   |
|                     |                               |                | Going forward meetings will be on a quarterly basis  |
|                     |                               |                | Concerns or issues to note:  |
|                     |                               |                | <b>Action Points:</b> Attend all ALD Board meetings to ensure that adults with a learning disability have their voices heard in the development of the strategy  |
|                     |                               |                | Any other points: None   |





| Date                | Meeting                  | Rep name | Notes /Actions   |
|---------------------|--------------------------|----------|--|
| 02/07/2021<br>11:26 | CAMHS Transition Meeting |          | Meeting Details  Attendance at CAMHS Transition Meeting: Attendees: JOshua Oakes ( St Helens) Catherine Lovejoy (Warrington) Helen Whittick (Halton) Aspasia Fienous (Halton) Marcia Idan & Carol (Warrington)  Concerns or issues to note:  Action Points:  Any other points: |



|   | Rep name N   | R       | Meeting               | Date       |
|---|--------------|---------|-----------------------|------------|
|   | Paul Cooke N |         | Primary Care          | 07/07/2021 |
| Commissioning meeting   | N            | leeting | Commissioning Meeting | 11:00      |
| and Halton PCCG Meeting known as "Commissioning and Service   | R            |         |                       |            |
| Final operational Plans FRAT -Falls Risk Assessment Tool C&M Renfiguration Flu Evaluation Bariatric Pathway Optimisation Forw<br>Community Diagnostic and Maternity.  | В            |         |                       |            |
| ional plans were presented for both CCGs. The Health Act for the Chair was waiting to see the devil in the detail. The Plans say as set out in Integrating Care through updating system dev. Planons, leadership, capabilities & governance, preparing for moving 22" | o<br>n<br>h  |         |                       |            |
| ng on the co-administration of the Flu and Covid booster vaccin   | В            |         |                       |            |
| nning of Meeting regarding CCG Library Services and their mont<br>ent Stories helped to understand problem issues. I think this wa  |              |         |                       |            |
| o note:   | C            |         |                       |            |
| dered if HW had received any Feedback on the Breast Re-config   | A            |         |                       |            |
| nink we should invite Leigh Thompson to the HAB to brief us on a briefing on the Halton CCG Operational Plan may be useful fo   |              |         |                       |            |
| nink we should invite Leigh Thompson to the HAB to brief us on  | 4            |         |                       |            |





| tails  |
|--|
|  |
| h Jon Turner to discuss the Quality Framework        |
| the Quality Framework with JT at Healthwatch England |
| details of the documents to go on our website        |
| issues to note:                                      |
| ts:  |
| oints: None  |
| ontact Jon when QF complete                          |
| i  |





| Date                | Meeting                                    | Rep name | Notes /Actions   |
|---------------------|--|----------|--|
| 14/07/2021<br>10:00 | Meeting with Jo Trust -<br>Cancer Alliance | Jude     | Meeting Details  Met with Jo Trask and Ellie Gunner from the Cancer Alliance to discuss how we can work together, along with HW Warrington, Knowsley and Liverpool.  Discussed how Jo wants to improve cancer path ways for patients, make a resource directory, allow anonymous feedback to be left online and teach project managers to engage with patients.  Planned to have half hour meetings each month with set topics to discuss.  Concerns or issues to note:  Action Points: Offered to ask for feedback from Widnes and Runcorn Cancer support and Tuesday chat opportunity.  Any other points: None |





| Date       | Meeting     | Rep name      | Notes /Actions   |
|------------|-------------|---------------|--|
| 22/07/2021 | Halton PPG+ | Dave / Louise | Meeting Details  |
| 13:00      |             |               | Attended the Halton PPG+ meeting.  |
|            |             |               | Good meeting.  |
|            |             |               | Made offer to attend any PPG meetings that members would like our team to go to.                   |
|            |             |               | Offered to discuss ways GP Practices could improve their patient experience / satisfaction rating. |
|            |             |               | Promoted our Digital Exclusion project and encourage the attendees to spread the word about it.    |
|            |             |               | Made offer to attend any PPG meetings that members would like our team to go to.                   |
|            |             |               | Offered to discuss ways GP Practices could improve their patient experience / satisfaction ratings |
|            |             |               | Promoted our Digital Exclusion project and encourage the attendees to spread the word about it.    |
|            |             |               | Concerns or issues to note:  |
|            |             |               | Action Points:   |
|            |             |               | Any other points: None   |
|            |             |               |  |





| Date       | Meeting     | Rep name   | Notes /Actions   |
|------------|-------------|------------|--|
| 26/07/2021 | PCC meeting | Paul Cooke | Halton Primary Care Commissioning Group. Running in parallel with Joint CSDG Meeting   |
| 15:36      |             |            | Halton Primary Care Commissioning Group. Running in parallel with Joint CSDG Meeting Main Issues: No. 1  Discussion on PCNs There had been no response from both PCNs to the formal letter sent by the Group Concern was expressed about this lack of contact from the Clinical Directors. I noted our similar experience. No. 2  In a note about staffing the increased resignation of GPs was noted and not just those approaching retirement. No.3  Leigh Thompson has offered to pre-brief myself and Cllr Joan Lowe (who has replaced Cllr Marie Wright on the Group) for these meetings.  Concerns or issues to note: PCN problem needs to be monitored. |
|            |             |            | No. 1  |
|            |             |            |  |
|            |             |            | No. 2  |
|            |             |            |  |
|            |             |            | No.3   |
|            |             |            | Leigh Thompson has offered to pre-brief myself and Cllr Joan Lowe (who has replaced Cllr Marie Wright on the Group) for these meetings.  |
|            |             |            | Concerns or issues to note: PCN problem needs to be monitored.   |
|            |             |            | Action Points:   |
|            |             |            | Any other points: Useful co-operation with Leigh Thompson going forward.   |
|            |             |            |  |





| Date                  | Meeting                  | Rep name              | Notes /Actions   |
|-----------------------|--------------------------|-----------------------|--|
| Date 28/07/2021 08:30 | Meeting  QC meeting July | Rep name  Dave Wilson | Meeting Details  July Quality Committee Meeting - see notes  Very long and busy meeting - Some items will be carried over to September  Concerns or issues to note: The meeting isn't generally long enough now to cover all items in depth.  Healthwatch Annual Reports put back to September  CCG Engagement reports only lightly covered.  There were discussions about patient voice at Place & HCP level. Slight concern - in that while the CCG want to use the PPGs/Health Forum/E&I group as its 'sounding board', we have to ensure the wider public who Healthwatch represent are included in discussions. The CCG have a wide remit that doesn't always |
|                       |                          |                       | Action Points: Action point to meet up with Steve Tatham Warrington CCG to discuss - Maternity Project engagement  Possibly meet with Ruth AV as chair of QC to discuss some of these issues.  Attend the Halton Targeted Lung Health Programme - pre meet Jude /Dave with Barry Geden  Promoting of PPG groups - Catch-up with Maria Austin  Any other points: None   |





| Date       | Meeting               | Rep name   | Notes /Actions  |
|------------|-----------------------|------------|---|
| 04/08/2021 | Primary Care          | Paul Cooke | Regular meeting of the Primary Care Commissioning group   |
| 09:16      | Commissioning meeting |            | Town Funds- Two schemes for Warrington and Halton, covering multiple projects within the boroughs. Warrington most advanced, which includes a Health and Welfare Hub in the Town centre, which is planned to open in Summer 2022. HW Warrington have been involved in the project. The Halton Project was introduced by Chris Carlin. A Health and Education Hub is planned in Runcorn Old Town.  No. 2 |
|            |                       |            | Bridgewater Representative introduced new End of Life Algorithms for the medication regimes. An attempt to standardize procedures in both areas. No impact on Patients.  No.3   |
|            |                       |            | No.3  |
|            |                       |            | A new model for the assessment of Long Covid Patients will be introduced in September 2021. Assessment currently at the Liverpool Hospital.   |
|            |                       |            | No. 4   |
|            |                       |            | Noted during discussion that CCG Legacy Documents are to be produced.   |
|            |                       |            | Concerns or issues to note: Maybe ask for copy of CCG Legacy Documents when available.  |
|            |                       |            | <b>Action Points:</b> It may be useful to contact Cllr. Chris Carlin to discuss the engagement for the proposed Town Fund Plans and how HW can help.  |
|            |                       |            | Any other points:   |
|            |                       |            | Maybe ask Chris Carlin to give presentation to HAB regarding the Town Fund plans. It seems to be based solely in Runcorn Old Town which is not a bad thing.   |





| Date       | Meeting | Rep name       | Notes /Actions   |
|------------|---------|----------------|--|
| 13/08/2021 |         | Louise Delooze | Meeting Details  |
| 15:25      |         |                | VCFSE monthly meeting Attendance   |
|            |         |                | Update of local voluntary sector   |
|            |         |                | Update on Carers Centre which are 99% return to normal services. Good to know for Outreach.              |
|            |         |                | Katie Horan promoted pregnant ladies and vaccine - I offered for us to promote anything they need us to. |
|            |         |                | Concerns or issues to note:  |
|            |         |                | Action Points:   |
|            |         |                | Any other points: None   |
|            |         |                |  |





| Date                | Meeting                      | Rep name    | Notes /Actions  |
|---------------------|------------------------------|-------------|---|
| 18/08/2021<br>09:00 | One Halton ICP Board meeting | Dave Wilson | Meeting Details  One Halton ICP Board meeting   |
|                     |                              |             | Meeting of the One Halton Integrated Care Partnership Board.  |
|                     |                              |             | General updates given on the development of the ICS. Presentation on the Provider collaboratives also given.  |
|                     |                              |             | David Parr mentioned a few times the upcoming meeting with Healthwatch Halton. This follows on from the email I sent to him as the One Halton ICS lead on 'Understanding Integration guide - How to listen to and learn from people and communities'. This covered the new national guide, developed with input from the Healthwatch network, as patient leaders and engagement and experience experts. |
|                     |                              |             | It highlights a range of methods and tools for ICS to measure, track and understand performance and people's experience of integrated care across whole systems.  |
|                     |                              |             | Concerns or issues to note: Primary Care under pressure. Seeing 165% of normal patient levels at GPs.   |
|                     |                              |             | For us, just whether we currently have enough capacity to support the role we may be expected to have within One Halton.  |
|                     |                              |             | Action Points: Meeting planned with David Parr and team.  |
|                     |                              |             | Any other points: None  |
|                     |                              |             |   |





| Date                | Meeting                | Rep name     | Notes /Actions  |
|---------------------|------------------------|--------------|---|
| 02/09/2021<br>13:30 | HWE Engagement meeting | Jude Burrows | Meeting Details  Attended HWE meeting.  Topics - Enter and view, ICS, equality examples, how local HW report back to HWE. collecting domographics, Acessible info workshops (booked on).  Concerns or issues to note:  Action Points: |
|                     |                        |              | Action Points: Any other points: None   |





| Date                | Meeting   | Rep name    | Notes /Actions  |
|---------------------|---|-------------|---|
| 07/09/2021<br>11:00 | Introductory meeting St Helens & Knowsley NHS Trust | Dave / Jude | Meeting Details  Meeting held with Yvonne Mahambrey - Patient Experience Matron - Whiston Hospital  Discussed our role and some possibilities for working in partnership with the Trust  Asked about starting up outreach sessions at the Trust |
|                     |   |             | As we'd arranged the meeting with Yvonne we also invited HW Knowsley and HW St Helens to attend.  Good opportunity to meet with Yvonne and make sure she was aware of how well the three HW work with the Trust  Concerns or issues to note:    |
|                     |   |             | Action Points: Add Yvonne's details to the feedback centre for the Trust  Any other points: None  |



| Date       | Meeting             | Rep name    | Notes /Actions  |
|------------|---------------------|-------------|---|
| 10/09/2021 | NW regional meeting | Kath Parker | Meeting Details   |
| 17:00      |                     |             | Healthwatch England - North West Regional meeting   |
|            |                     |             | The network meeting was very useful and I requested information about the Governance arrangements for other hosted Healthwatch.  No. 1  Long discussion about the Manchester Dental Project and issues raised about the structures and policiesthat need to be in place when a number of Local Healthwatch are working together.  No. 2 |
|            |                     |             | Updated on the work being developed around long waits for treatment following Covid and seeking peoples views of their experiences.   |
|            |                     |             | No.3  |
|            |                     |             | Discussion about work on the Health Inequalities agenda and in particular the application of the information standard which is something many healthcare organisations are struggling to comply with. Also what effect this has on people being able to access care and information effectively.  |
|            |                     |             | No. 4   |
|            |                     |             | Issues raised about local Domiciliary Care services across the North West. Staff shortages were raised more than once and concerns about recruitment seem to be an issue in many areas putting great pressure on these services.  |
|            |                     |             | <b>Concerns or issues to note:</b> Concerns about Dentistry and Pressures on Social Care Services due to reduction in staff.  |
|            |                     |             | Action Points: None   |
|            |                     |             | Any other points: None  |





| Date                | Meeting     | Rep name       | Notes /Actions   |
|---------------------|-------------|----------------|--|
| 15/09/2021<br>09:14 | PIP Meeting | Louise Delooze | Meeting Details  |
| 03.24               |             |                | Attendance at PIP Local Community meeting  |
|                     |             |                | Update from local organisations on what they are doing: reopening, what's on offer, access to groups etc   |
|                     |             |                | Nice to have feedback that people and organisations are beginning to SLOWLY return to pre-covid levels of outreach, support and activities   |
|                     |             |                | Concerns or issues to note:  |
|                     |             |                | Action Points:   |
|                     |             |                | <b>Any other points:</b> Made request for Tuesday Chat Guest Speakers, promoted Ebulletin, asked for feedback from people accessing health and social care. Informed that we are beginning to restart our outreach sessions and will be promoting where we will be conducing them. |



| Date       | Meeting            | Rep name    | Notes /Actions  |
|------------|--------------------|-------------|---|
| 15/09/2021 | CCG Governing Body | Kath Parker | Meeting Details   |
| 14:30      | meeting            |             | The meeting was arranged following a letter sent to Bridgewater from both CCG Chairs following the news that a proposed merger of BCHFT and WAHH would not now go ahead. The CCG Boards needed to understand what was planned for the future in terms of Financial Sustainability, stability and assurance. |
|            |                    |             | Main Issues:  |
|            |                    |             | No. 1   |
|            |                    |             | It was very useful to see the outline plans of the Trust for the future and this was given with a real sense of commitment to move forward positively by the Chair Karen Bliss.   |
|            |                    |             | No. 2   |
|            |                    |             | It was encouraging to see that new NED"s had been recruited and 2 New Directors were in post. This did deliver a really clear honest approach to wanting to improve the leadership within the organisation.   |
|            |                    |             | No.3  |
|            |                    |             | The issue that I raised was whilst engagement with the public was mentioned there was no detail about how and indeed when this would be undertaken and Healthwatch would like to see more about the methodology for engagement going forward.   |
|            |                    |             | No. 4   |
|            |                    |             | The Chair advised that she had made a commitment to the issue of public engagement and there was a full strategy for this within the communications department. She gave assurance that this would happen in the coming months.   |
|            |                    |             |   |



| Concerns or issues to note: Observe the developments around engagement going forward.   |
|---|
| Action Points: Advised the meeting that Healthwatch often have the ability to provide data from genuine public feedback on their experiences of service in order that things can be developed with the needs of people who use services in mind. Also we can be commissioned to undertake specific work independently to seek views early in the process of change to ensure the public voice is heard and listened to when services are designed.  Any other points: General feedback on the meeting sent back to the CCG. |





| Date       | Meeting                  | Rep name    | Notes /Actions  |
|------------|--------------------------|-------------|---|
| 17/09/2021 | One Halton ICP board sub | Kath Parker | One Halton ICP workshop training session  |
| 08:00      | groups                   |             | The meeting reviewed the decisions made about Governance of the Place based ICP to inform all about the principles agreed etc and bring all up to date about the current position of the partnership.  No. 1  Update on the Governance arrangements going forward. A list of priorities and actions needed was now in place and being addressed.  No. 2   |
|            |                          |             | No. 1   |
|            |                          |             | Update on the Governance arrangements going forward. A list of priorities and actions needed was now in place and being addressed.  |
|            |                          |             | No. 2   |
|            |                          |             | The PCN in Widnes gave an update on the plans and strategy for them going forward. Again question posed from me about how the public had been informed and involved in these plans. Encouraged to hear David Parr say that the partnership had some resource to support the communication and involvement of the public in plans for Primary Care. Healthwatch are involved in the discussions going forward. |
|            |                          |             | No.3  |
|            |                          |             | KP to attend Leadership workshop this week to seek more information about how we can support public involvement going forward.  |
|            |                          |             | Concerns or issues to note: None  |
|            |                          |             | Action Points: As per points already made   |
|            |                          |             | Any other points: None  |
|            |                          |             |   |





| Date                | Meeting                           | Rep name | Notes /Actions   |
|---------------------|-----------------------------------|----------|--|
| 20/09/2021<br>15:16 | Bridgewater Engagement<br>Meeting |          | Meeting Details  |
| 13.10 IVIE          | Meeting                           |          | Attendance at Bridgewater Engagement Group Meeting   |
|                     |                                   |          | Updates from "Voice of the Child- Family Nurse Partnership" and New Text Messaging service "Chat Health" supporting parents/carers of 0-5 years old, parents and carers of young people 5-19 and young people 11-19 Specific to Oldham, Warrington and Halton. |
|                     |                                   |          | We offered to promote the new Chat Health service and offered to assist with any additional promotions of services they may have.  |
|                     |                                   |          | Concerns or issues to note:  |
|                     |                                   |          | Action Points:   |
|                     |                                   |          | Any other points: None   |
|                     |                                   |          | Decisions:   |





| Date       | Meeting  | Rep name     | Notes /Actions  |
|------------|--|--------------|---|
| 23/09/2021 | Phlebotomy Booking<br>System Project Steering<br>Group | Jude Burrows | Meeting Details   |
| 12:00      |  |              | Trust planning launch of booking system.  |
|            |  |              | Will be mostly online but will have 3 admin staff to book people on the phone. Still sorting staff but planning 12-3pm. Answering service also available. |
|            |  |              | Staff will be trainined on booking system.  |
|            |  |              | 18th October staff can access to system.  |
|            |  |              | Communications - shared comms   |
|            |  |              | Will have grace period for walk ins.  |
|            |  |              | Number changing for booking in Halton. New number needs communicating.  |
|            |  |              | Old number will have message to call new blood clinic booking number. (can't redirect as also number for another system).                                 |
|            |  |              | Looking a doing a patient satisfaction survey.  |
|            |  |              |   |
|            |  |              | Concerns or issues to note:   |
|            |  |              | Action Points:  |
|            |  |              | Any other points: None  |
|            |  |              |   |



| Date                | Meeting                                      | Rep name     | Notes /Actions  |
|---------------------|--|--------------|---|
| 28/09/2021<br>13:00 | C & M QSG Long wait task<br>and finish group | Jude Burrows | Meeting Details   |
|                     |  |              | Chaired by Kerrie France. Local CCG and Trust staff attended.   |
|                     |  |              | National update of waiting times given by Stephen Hodges. Risk assessments done with 3 Trusts including WHH and STHK. National evaluation by NHS e national ending soon.  |
|                     |  |              | Most deprived areas found to have more comorbidity in patients on the waiting list.   |
|                     |  |              | Implementation of the Quality Principles to be put in place soon.   |
|                     |  |              | Waiting well help should be given to patients. Some may be sent to private hospitals.   |
|                     |  |              | Quality Principles will be launched Oct '21.  |
|                     |  |              | HW reps at meetings to check on implementation of Quality principles. Check and challenge. What evidence is there?  |
|                     |  |              | Is communication with patients of waiting list good, including what to do if symptoms worsen?   |
|                     |  |              | Concerns or issues to note:   |
|                     |  |              | <b>Action Points:</b> I shared HW report on waiting list for people in deprived areas which fitted in with the National update information.   |
|                     |  |              | In terms of the waiting well information and community support I suggested local HW could be given as a contact as we can signpost and give people information on lots of local services and orgs. Nurse explained that patients should be given information on what people should do if symptoms worsen while waiting so maybe local HW info could be given at this point. |
|                     |  |              | Any other points: Next meeting in 3 weeks.  |



| Date                | Meeting                 | Rep name    | Notes /Actions   |
|---------------------|-------------------------|-------------|--|
| 29/09/2021<br>10:33 | Quality Committee 09/21 | Dave Wilson | Meeting Details  |
|                     |                         |             | September QC meeting - see notes   |
|                     |                         |             | As always, a very busy agenda  |
|                     |                         |             | We presented our annual report, which had been held over from the August meeting.  |
|                     |                         |             | The attendees noted the report and acknowledged the great work carried out by our team and volunteers in the past year.  |
|                     |                         |             | Our work around Maternity and Young People's mental health was also praised. It was noted that the CCG value the input of Healthwatch and have included information form these reports into the planning for services. CYP EMHWB held a meeting to look at each of the recommendations and how they could use them as part of ongoing work.      |
|                     |                         |             | GP website work was highlighted as something that needs to be an action for the QC to ensure that the practices take on the recommendations and advice in the report.  |
|                     |                         |             | Discussions also took place on EIAs. I feel we need to request early viewing of any EIA's produced to allow us to comment. The maternity EIA has been produced, but we hadn't seen it before this meeting. It was noted at the meeting that this EIA will need to be reviewed again as there were a couple of points in it that need looking at. |
|                     |                         |             | Raised a concern over referrals for Autism Spectrum Diagnosis. GPs saying they don't refer. Merseycare saying they should.   |
|                     |                         |             | Mentioned concerns about inconsistencies around the mental health crisis line  |
|                     |                         |             | Concerns or issues to note: The meeting needs to be 3 hours as it's a push at the moment.  |
|                     |                         |             | <b>Action Points:</b> Offered help on the PPG development. Contact Denise Roberts to raise the ASD issues. Request EIAs from CCG   |
|                     |                         |             | Any other points: Very active meeting and we always feel included and valued and able to have a voice.   |
|                     |                         |             |  |



| Date                | Meeting  | Rep name  | Notes /Actions   |
|---------------------|--|---|--|
| 30/09/2021<br>13:15 | Phlebotomy Booking<br>System Project Steering<br>Group | Jude Burrows  | Meeting Details  |
|                     |  |   | Communtiy services can book on to the new system so change over should be seamless for patients who call the Halton number now.  |
|                     |  |   | Patients given 5 mins for bloods in community and 7.5 in the hospital to allow for any problems.   |
|                     |  |   | Walk in patients need to be considered as all bloods move to booked appoinments such as Lilac Centre patients. Staff would need to call to say they are coming over to the blood clinic. |
|                     |  |   | Still sorting staff for phones. (staff over 28 weeks pregnant can not do patient facing work). Need named staff rather than bank staff if possible so auditable.                         |
|                     |  | Working on patient satisfaction survey. Also on recording message as website booking message was unclear. |  |
|                     |  |   | Discussion about if GP list should be on booking to stop out of area patients attending. Decided not to add this at ths time.  |
|                     |  |   | Discussed wording on website as states you must bring paper form but some have yellow book or in hospital through medway.  |
|                     |  |   | Decided againest use of QR codes. Due to cost and couldn't use in all clinics.   |
|                     |  |   | CCG'S invited to meeting but didn't attend. Impact assessments done by Trust.  |
|                     |  |   | Will demo system to meeting next week and plan start date. Need to put bookings across to new system.  |
|                     |  |   |  |
|                     |  |   | Concerns or issues to note: No CCG involvement on this group?  |
|                     |  |   | Action Points:   |
|                     |  |   | Any other points:  |



### Meeting Feedback Action Points to note

- 1. IB will attend ALD meetings as HWH rep Quarterly meeting
- 2. PCC meeting 07/07 Check in we've had any feedback on breast reconfiguration service
- 3. PCC meeting 07/07 Invite LT to brief the HAB on developments
- 4. Quality Committee 28/07 Follow up with Steve Tatham Warrington CCG to discuss Maternity Project
- 5. Quality Committee 28/07 Attend Targeted Lung Health meeting with Barry Geden
- 6. PCC meeting 04/08 Contact Cllr. Chris Carlin to discuss the engagement for the proposed Town Fund Plans and how HW can help.
- 7. One Halton Board 18/08 Meet with David Parr
- 8. Long Wait T&F Group 28/09 Share HW report on waiting lists for people in deprived areas.
- 9. QC meet Offered help with PPG development. Encouraging people to get involved. Raise ASD referrals with Denise Roberts



## Agenda Item 6

Intelligence / Feedback update



## Agenda Item 7g

Signposting and Information project



### Healthwatch Halton signposting and information project

Healthwatch Halton receives regular information and signposting requests from people who are struggling to access information they need about their health and social care by themselves.

One of our priority areas for 2021-22 is to ensure that we can meet the needs of people contacting our service and ensure they are given the correct information or signposted appropriately.

We will be reviewing our existing signposting and information role to identify any unmet needs so gaps in information can be plugged. As a result of this work we will aim to show information and signposting services have been improved for people who use health and social care services in Halton

### **Aims/Goals**

- · identify what information already exists and how to access it
- identify unmet needs so gaps in information can be plugged
- build people's knowledge of local Healthwatch as an information and advice resource, ensuring visibility and ease of access
- make full use of social networking tools and community engagement to reach communities and citizens that might otherwise not be represented
- develop relationships with commissioners and providers
- develop and maintain a database of existing local networks and support systems to direct people to the services they require
- make sure people can get information in different formats
- make full use of social networking tools to reach communities that are otherwise under-represented
- have our finger on the pulse of the latest information and news and know where to direct people
- have the capacity and systems to direct people to services they require
- ensure that it provides feedback to individual members of the public and other partners

### **Complaints / Advocacy Service**

Healthwatch Halton needs to have an excellent understanding of how the service works for local people, as part of its signposting activities.

We will need to work closely with the Healthwatch Halton Advocacy Hub team as part of local data collection work to help commissioners and providers of services to understand the issues which concern the public, whether these are part of a pattern and where things may be going wrong and, especially, how services could be improved.



### What might an improved local Healthwatch signposting and information service look like?

**Goal** - To provide relevant and accurate health and social care information and signposting services for the people of Halton

- provide a one point 'no wrong door' approach to service provision
- provide, where possible, a 'tell us once' approach to service provision
- provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them
- be visible and known as an information and advice resource
- offer a referral/redirection service to existing health and social care services
- ensure that information is provided in plain English avoiding the use of jargon and in alternative and appropriate formats where appropriate
- ensure that appropriate IT support systems are in place to effectively analyse and develop insight from the information and data that we will gather.

#### **Outcomes:**

- 1. Increased number of people accessing our service on and offline.
- 2. Increase in the amount of information available on our website and for the team to access to support the public.