

Healthwatch Halton Advisory Board
29 June 2023 1.30pm at Foundry House

Public Board Meeting Agenda

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

		Item	Enclosure (Paper, Verbal etc)	Outcome (Noting, Decision etc)	Presenter
1.30pm	1	Welcome and Apologies	V		Chair
	2	Declaration of Interests	P		All
1.40pm	3	Minutes and Actions from March 2023 Public Board Meeting	V&P		Chair
1.50pm	4	Work Programme and Healthwatch updates <ul style="list-style-type: none"> • Workplan Priorities 	V&P+		LHM
2.00pm	4a	Reports <ul style="list-style-type: none"> • Published – SEND Local Offer Review – attached • Others 	V&P		
2.15pm	5	Stakeholder Meeting feedback updates	V/P		LHM
2.30pm	6	Public feedback / intelligence / other issues	V&P to follow		LHM
2.45pm	7	Any other business	V		Chair
2.40pm	8	Date and Time of Next Meeting TBC			

Chair – Healthwatch Advisory Board Chair

LHM – Local Healthwatch Manager

Agenda Item 3

Healthwatch Halton Advisory Board

Public Board Meeting Minutes 16th March 2023

Foundry House

In attendance: Kath Parker (KP) HAB Chair
HAB members: Maureen Isherwood (MI),
Dave Wilson (DW, Manager, Healthwatch Halton)
Kathy McMullin, Community Outreach lead Healthwatch Halton (KMc)
Clare Screepton (minute clerk) (CS)
Elizabeth Learoyd, ECS Director (EL)

Apologies: Smita Patil

		Item
1.00pm		Private session to discuss confidential staffing/ operational issues. Closed Session - not open to the public.
		Public HAB Meeting
1.30pm	1	The Chair welcomed the Board and welcomed one member of the public attending the meeting.
	2	Declaration of Interests - None were noted.
1.35pm	3	Minutes and Action log from November Public Board Meeting The minutes were agreed as a true reflection. Action Log - Dentistry , this latest report is being presented to the upcoming Health and Wellbeing Board (HWBB) meeting. KP will be at the HWBB meeting and will be asking the them to focus on the recommendations. MSK , DW had sent the update to HAB members. MSK services has been by referral through the GP only as the waiting list was too long for self-referrals. They will look at going back to self-referrals also, but for the time being it will be via GP referrals only. DW said they will be keeping an eye on this.

		Item
1.40pm	4	<p>Work Programme Project Updates</p> <p>SEND report this is due to be published as soon as the response is received from the Commissioner.</p> <p>DW said Jo Hall from ECS had done a great job collating the information for the report. There were eight recommendations in the report and KP said that we need to ensure that progress on these recommendations is followed up at a later date. The Chair said that the Health and Wellbeing Board should see it as well as the Overview and Scrutiny Board.</p> <p>There are quite a few other reports ready to publish, that were too large in size to include in the meeting papers. DW will email them to the HAB for comments, feedback and approval.</p> <p>The Dentistry report ties in with the news that dentistry will be commissioned locally moving forward.</p> <p>Outreach reports - The team have been doing outreach and listening events at both Urgent Treatment Centres and acute hospital trusts. Overall, the feedback was positive especially for staff and care. There were however a few negatives that included parking, inadequate signage and access via the telephone. The final reports will be published by the end of March.</p> <p>KP mentioned that as there were no firm recommendations in the outreach reports it may be a good idea to appoint a person to go review the services after 6 months to check if any changes were in place. This would be in line with HW Quality Assurance.</p> <p>Enter & View visits. There have been four Enter and View visits carried out since the last HAB meeting and the reports will be published and shared at the next Board meeting in May. Homes visited so far are, St Patrick's, Simonsfield, Croftwood and Widnes Hall.</p>
1.55pm	5	<p>Meeting feedback reports by HAB members</p> <p>DW shared a list of all the meetings that the team and Board have attended since the last meeting. It has been summarised significantly as the other report was quite large. It was also mentioned that some of the meeting feedback may be moved into the HAB private meeting agenda.</p> <p>KP said that she will also question the Health and Wellbeing Board about the allocation of money for the hospital discharge scheme. She will feed this back to the Board at the next meeting.</p>
2.10pm	6	<p>Intelligence/Feedback update – public issues</p> <p>IMP – DW shared an example of a feedback report from the new IMP system that covered 53 feedbacks from the start of the year. This can be broken down for</p>

		Item
		providers that would make it more bespoke for their service. Work is ongoing on implementing IMP to record all activities and feedback.
2.50pm	7	<p>Any other business</p> <p>MI praised KMc for all her hard work during the joint outreach sessions with Widnes & Runcorn Cancer Support Centre. MI said it was a great help working jointly with Healthwatch Halton on these sessions, and both she and the Charity were most grateful. KP and DW also congratulated KMc on her work since she joined Healthwatch in August 2022. She has been sharing the HW name and getting so much done in such a short time.</p> <p>KP asked that it be noted how much the HAB and staff team will miss Diane McCormick who sadly passed away recently. KP also wanted to thank Diane for all her time, commitment and dedication to HW Halton and the Board. MI will pass this message on to her family.</p> <p>KP asked the member of the public that attended the public meeting if they had any questions or comments. He said that he had a better understanding of what Healthwatch do and was interested to speak to DW about this further and the possibility of volunteering.</p> <p>Future work, Healthwatch is 10 years old on 1st April 2023 and HW England are planning a publicity campaign on the improvements that HW have made. DW said we have come so far from the early days.</p> <p>HW Halton will also be doing a lot of outreach and public surveys with the 10-year branding. DW said the team is planning to reach out and work in all areas of Halton and is looking at the possibilities of hiring a Healthwatch branded vehicle to support with this.</p> <p>Tender : The Healthwatch Halton contract for the next five years is currently going through a tender process. The contract award</p> <p>It is KP's last meeting as Chair, but she will still stay on the main Advisory Board. Both EL and DW and all the Board thanked the Chair for all her dedicated hard work and commitment to HW Halton. Everyone agreed that she invigorated and helped shape the Board since becoming chair..</p> <p>MI had a conversation with a lady from a meeting that she attended last night. The lady has a liver condition and has had her last 4 appointments cancelled by Whiston Hospital. She has asked her to feed this back to the team as they have had other feedback from people to say that they have been having appointments cancelled at Whiston. All agreed that we should keep an eye on this moving forward.</p>
3.00pm	8	Date and Time of Next Meeting 1.30pm 18th May 2023

Agenda Item 4

Healthwatch Halton – priorities survey

Our workplan priorities are identified through a range of sources. These include:

- Public feedback
- Issues raised through our signposting and information service
- One Halton priorities / Halton JSNA /
- Local, regional and national health / care data
- Healthwatch regional and national issues

This online questionnaire gave people the opportunity to highlight the issues they feel we should be considering as part of our workplan.







While the response to the survey was relatively low, the responses echoed the issues raised with us during the year.

Issues to review and consider	Action
Access to GP services 91%	Gather feedback and monitor
Access to NHS Dentistry 73%	Gather feedback and monitor
Hospital Waiting Times 62%	Research – Ties in with waiting times
A&E 57%	Gather feedback and monitor
Urgent Treatment Centres 50%	Gather feedback and monitor
Social Care Assessments	Background Review
Care Homes	Enter & View plans
Hospital Discharge	Project planned
Hospital Referrals	Research for information
Cost of Living	Continue to collect data as part of other work. Feed in to One Halton
Adult Mental Health	Background research
Young People MH	Review & research for ongoing project

Online Survey Results:

Primary Care Services

2. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

Answer Choices			Response Percent	Response Total
1	GP services (Access to)		91.11%	41
2	GP Services (Quality of)		46.67%	21
3	NHS Dentistry (Access to)		73.33%	33
4	NHS Dentistry (Quality of)		6.67%	3
5	Pharmacies (Chemists)		26.67%	12
6	Optometrists (Opticians)		0.00%	0
7	Other (please specify):		24.44%	11
			answered	45
			skipped	3

Other (please specify): (11)

1	Cancer Services
2	<p>Prior to Covid it was easier to access and visit a Doctor and get a face to face assessment of your health and needs. It is understandable that whilst Covid was about, face to face meetings should reduce as much as possible. Covid as we knew it has ended yet Doctors not only do not want to see patients face to face but delegate appointments to either telephone consultations or other members of staff to deal with i.e. their 'Care Navigators', which we call the 'Receptionists'.</p> <p>Dialling 111 for help is not fit for purpose. I tried it yesterday for help and was informed I was in a queue with a waiting time of 1 hour! Therefore more people go to the Hospital Walk In Centres when their needs could be better dealt with by a GP</p>
3	A&E needs urgent improvement
4	Podiatrist
5	Care agencies
6	Addiction services
7	hospital referrals
8	<p>1) Social Prescribing/Link Worker services commissioned by the PCNs</p> <p>2) Take up of post-50 screening by men e.g. for prostate cancer</p>

2. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

9	Autism awareness for all health care professionals/reception
10	Equipment returns and supplies.
11	Natural, holistic practices, including corrective chiropractic Natural supplements.

Why did you choose these options? (41)

1	Bad experiences with both
2	Because it is impossible to get a face to face appointment with my GP,I have been with Tower House Practice for over 40 years, and am so dissatisfied with the surgery now, I have a pacemaker fitted and have heart failure but they couldn't care less if you need an appointment it's often at least 2 weeks ahead which is no good for me or a phone call from my GP, why have so many people coming to Runcorn when the Services can't cope schools GPs etc Runcorn was once a lovely town now it's an absolute dump
3	As the service we currently receive is inadequate
4	Most help needed by everyone
5	First port of call for people who need advice, support and treatment in a timely efficient manner
6	Because I find it difficult to access my GP and when I do I find the staff very unapproachable. I have tried to access Dentist for people I care for and find it difficult for domiciliary visits
7	these in my opinion are the most important
8	Dentistry should be first priority. To the best of my knowledge there are no dentists in Halton accepting new NHS patients. Current GP surgery is lacking basic investment, building is deteriorating but there is rising demand.
9	Gp services are still not operating close to capacity
10	Access to GP appointments is deteriorating despite the best efforts of surgeries. Simply getting through on the phone is very hard, once connected the appointments have gone and to be told to repeat the process the next morning is distressing. Getting an NHS dentist is difficult, the chain companies chop and change their staff and are very picky about what work they will accept. Simply not enough dentists. Pharmacies are under strain and not able to provide the service they once could offer. Queues, some medicines in short supply, no time to offer advice are common problems.
11	I believe these are most important and we don't seem to be able to access easily I haven't see a doctor for 3 years
12	You cannot even getvreception on the phone to get through to book an appointmentboranything at Grove Practice .. it is constantly engaged .. prob left off the hook or more likely it doesnt ring their end but just flashes a light - which is easy to ignore- then if you do get thru (after say 31 calls as i had recently) it puts you in a holding queue for 20 -30 mins before they click you off !!

2. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

	Second bit = Quality= IF you ever get to see a doctor - its one you nevercseecagain - usually a locum / fill in - so no continuity in treatment ..
13	These are what I use more
14	Shortage of staff makes access difficult
15	Every person I have spoken to in the last 12 months thinks our National Health Service is not fit for purpose and GP Doctors are not doing their job as they did pre Covid. People think trying to see a Doctor (GP) is a waste of time when the appointments are so hard to get and when you do get one, all you get is telephone call.
16	They consistently fall below acceptable standards.
17	Often heard questions by general public.
18	The scramble to see a GP face to face needs improvement.
19	All are very awkward to access and I have a dentist but it changes every time I go and appointments are cancelled often.
20	Need more GP appointments available to people who do not see GP regularly. People who abuse the system and have regular appointments that are not needed or miss appointments should be fined. No NHS dentists currently taking patients. Wait at chemist for prescriptions is too long
21	General difficulty getting appointments and lack of continuity in doctors care
22	Lack of choice of care agency when older person sent home from hospital Hard to get go appointment Length of time getting medication from pharmacy
23	I know that people are not making appointments to see the doctors when they have symptoms, because it's so hard. To ask someone who is old or sick to keep ringing on a morning to get an appointment is what puts them off. Then when they eventually get really sick it's often too late, as the symptoms they had much earlier, have become severe, and they're quite often terminal.
24	All essential healthcare
25	We need better access to local GP services
26	Whilst i do not have any issues with my dentist, i am aware that many people are on waiting lists or being asked to pay private which they cannot afford...GP access and quality of patient care i belive is extremely poor and whist i know this is a nationwide issue that does not mean we should accept it as the normal. There are ways that it can be approved but it has to be pushed by the right people.
27	I am currently unable to access a NHS dentist having been taken off the list of my dentist in Deacon Road due to not having visit since Covid. I worked relentlessly for the emergency services throughout Covid, then when I needed the services of my dentist, found they have

2. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.












	removed me and are not taking new patients, and I cannot find a new surgery. This is disgusting.
28	GP need to address how they can meet the needs of their patients better through better access and stop the ringing up at 8am for an on the day appointment. You can't get a NHS dentist in the local area which needs addressing.
29	I volunteer with Widnes Foodbank and am very aware of the number of people in addiction who need to use our service on a long-term basis. We started out as providing an emergency 3 day food parcel with a limit of 3 in 6 months to avoid dependency. We now have clients who have accessed food from us for many years showing we've failed on the dependency. We hardly ever refuse food because our Referral Agencies are confident of their clients' need but we have now had to allow 6 vouchers in 6 months which translates to one a month. People are not only struggling with their addiction but also the rising costs of essentials. More is needed to help with the issues of addiction as these seem insufficient currently. Increasing benefits might seem the solution but I don't believe so for people in addiction.
30	GP's continue to operate as if Covid is still rife, as do dentists. Getting an appointment is virtually impossible. My Doctors have now stated they will not see anyone with ear ache/sore throat etc. They send you to the Walk In Centre, who very often then say they are 'advice only' and you get sent to A and E, which is ridiculous, or back to the GP who wont see you.
31	These are the services that prove most difficult to access.
32	It's very hard to get an appointment with my GP surgery and although covid restrictions were lifted some time ago, the service doesn't seem to have returned to normal. The technology they had in place to sign in before Covid has gone, causing big queues at the reception desk etc. My Mum has issues with hospital referrals not being passed on.
33	I question how Healthwatch staff are going to assess the quality of Dentistry/GPs? Are you medically trained? Will you be checking their training records?
34	GP access very poor and Autism awareness also very poor
35	As Patients are struggling to access GP practices and Dentists I would suggest having a telephone line to enable patients who can no longer keep an appointment to get through via telephone quickly in order for other patients to access
36	Access to GPs is incredible difficult. Some just 'give up' which can have serious consequences or visit A&E which puts additional pressure on those services. The service is not fit for the 21st Century and patients should be able access face-to-face appointments when they need them. NHS Dentistry again very difficult to be taken as an NHS Patient so you then just don't go to the dentist
37	Because it is very difficult to get a GP appointment face to face and my local Dental Surgery is without a permanent Dentist.
38	We have just had a death in the family and had issues with the return of Equipment and Continence Aids.

2. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

39	It is still difficult to get through to my GP and book an appointment and it's currently impossible to find a dentists who will see me as an NHS patient.
40	Important to me.
41	They work and have no side effects when used correctly.

Hospital Services

3. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

Answer Choices		Response Percent	Response Total
1	A&E		56.82% 25
2	Cancer Care		43.18% 19
3	Hospital discharge		43.18% 19
4	Maternity		11.36% 5
5	Surgery		4.55% 2
6	Stroke Care		9.09% 4
7	Cardiovascular services		2.27% 1
8	Chronic obstructive pulmonary disease (COPD) services		4.55% 2
9	Waiting times		61.36% 27
10	Outpatient services and clinics		27.27% 12
11	Other (please specify):		13.64% 6
		answered	44
		skipped	4
Other (please specify): (6)			
1	Special services - assessments		
2	Gynaecology		

3. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

- | | |
|---|--|
| 3 | Social care |
| 4 | Expenses incurred through hospital visits/stays |
| 5 | 1) Hospital parking charges and how many people are being fined. |
| 6 | Walk in centres |

Why did you choose these issues? (31)

- | | |
|----|---|
| 1 | All the above need attention. Lack of staff. No communication between clinicians and not enough clinics for COPD |
| 2 | Because the services are absolutely horrendous in Runcorn, all of the listed above are as well, what other town in the country has the biggest incinerator in Europe in the middle of a housing estate ? And the people of Runcorn are dropping like flies with Cancer ??? |
| 3 | As currently trying to get assessments or referrals is not possible from GP |
| 4 | Most needed |
| 5 | All of those services that are not ticked are still very important. Without A&E, follow up out patient services and clinics and shorter waiting times other services may all be impacted |
| 6 | i would have choosen all..... one is just important as the other if you need that service. |
| 7 | For Widnes residents referral to Warrington and/or St Helens is difficult if using public transport. Shuttle bus is not designed for high volumes |
| 8 | A@E is overrun covering for other services such as GP and dentists ext |
| 9 | Really, I could have ticked ALL the boxes. But I guess my thinking is that if waiting times were cut all outcomes would improve. If discharge was able to be better managed (social care!!) then more beds would be available
We need A&E to run smoothly and efficiently as it is a frontline response service.
But what about recruitment and retention of staff? A key issue in my view although it may come up later in the survey?? |
| 10 | Seems most important |
| 11 | They have you sitting ready to go from 10am -11am .. then blame discharge sheet not sogned or Pharmacy notvready with medicines before releasing you out at gone 9pm and gone 10pm on cold winters nights .. meanwhile your kind offer lift has to stand by for the same 12 hours wait .. then say " I cant do that again" - so the next discharge you have to find a different kind offer of a loft who will eait for 12 hours .. being messed around by pharmacy before coming in the cold and dark wintervnight around 10pm at night to a scary empty hospital grounds.. |
| 12 | Most important issues |
| 13 | Because improvement in these areas will take pressure of hospitals |
| 14 | They caused patients considerable stress as they are not satisfactory.. |
| 15 | I think these options are important in current Health Service needs and operations. |

3. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.













16	Long waits at A & E even for cancer patients. Local cancer care, travelling to Liverpool city centre when your ill isn't good. Long delays in outpatient clinics, again if you're ill it is hard waiting for hours to be seen for 5 minutes.
17	Bed blocking is causing major issues across nhs, which has knock on effect on waiting times. My experiences of outpatients services seems over staffed in comparison to other services
18	Lack of support/after care on discharge from hospital
19	Hospital discharge is slow, and people are taking up hospital beds, just because there is no care package in place for them. Other patients are then denied a bed on a ward when they desperately need it.
20	Cancer care worries me, although I have not seen factual evidence i worry that after the pandemic there will be many people who have been missed and i worry that current services may not be able to cope with the aftershock. I believe although again i have not seen factual evidence that bed blocking is a common thing, this is part of hospital discharge process. It seems ridiculous to me that a patient may have to wait hours and hours for a GP/Consultant to discharge them with a prescription when other people are sat in corridors needing that bed.
21	Waiting times in A&E are horrendous, with some of our most vulnerable people having to wait for hours on a trolley to be seen. I have chosen cancer care as there seems to be a huge increase in cancer cases over recent years. I have recently lost a colleague, was in hospital, undiagnosed for several months until it was too late for her.
22	social care is holding up hospital discharges. Social care isn't flexible enough and should be more holistic.
23	I know of several people who turned to Foodbank because they have run out of money to buy food because of travel or parking expenses related to hospital stays or appointments. Can concessions be given for those in financial difficulty? I know it's not easy but at least make people aware of anything that is already available before they spend their income needlessly. A member of my own family only became aware of a parking concession he could take advantage of, when his son was born prematurely and daily visits were essential, after he had spent 6 weeks paying for parking for prenatal appointments. I also gave a lift to someone who couldn't afford the bus fare to take her sons to visit their grandmother in hospital. These occasions are stressful enough without the added financial burden.
24	These are the areas that are important to my health and my families health at the moment
25	A/E overwhelmed by lack of GP access- hospital discharge planning very poor and waiting times shocking delays
26	Walk in centres are slow people waiting give up and go to A&E !
27	Because my uncle had a stroke lay on the floor for 4 hours and then waited hours for ambulance to arrive , spent months in hospital and he is now unable to walk or move move his arm even though he has had physio therapy

3. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.








28	Pressure on A&E is enormous with corridor beds becoming the norm. Waiting times are far too long Maternity services need investment
29	A & E remains under a lot of pressure with long waiting lists. I have recently been under the care of my local cancer care team and they need continued support. Prioritising timely hospital discharges would help free up beds.
30	Because all these areas have increased impact on the service and would like to see them improve.
31	I wait for too long.

Other Health Services

4. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

Answer Choices			Response Percent	Response Total
1	Urgent Treatment Centres		50.00%	22
2	Phlebotomy (blood testing)		13.64%	6
3	Community Mental Health		22.73%	10
4	CAMHS (Children's Adolescent Mental Health Service)		29.55%	13
5	Maternal Mental Health		6.82%	3
6	Falls		6.82%	3
7	Podiatry (Chiropodists)		11.36%	5
8	Dementia Services		31.82%	14
9	Physiotherapy		11.36%	5
10	Aids & Adaptations		13.64%	6
11	Continence (Bladder & Bowel Service)		2.27%	1
12	Services for the deaf community		2.27%	1

4. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

13	Services for the visually impaired		0.00%	0
14	Community Equipment (including wheelchairs, etc.)		6.82%	3
15	Vaccinations		2.27%	1
16	Long Covid Services		4.55%	2
17	District Nursing		25.00%	11
18	Diabetes		11.36%	5
19	Adult Mental Health Services		31.82%	14
20	Other (please specify):		6.82%	3
			answered	44
			skipped	4

Other (please specify): (3)

- | | |
|---|--------------------------------|
| 1 | Services for disabled children |
| 2 | Health visiting |
| 3 | long term conditions. |

Why did you choose these options? (27)

- | | |
|---|--|
| 1 | Not all blood clinics are on website. ie Highfield Road.
Physiotherapy services response time too long |
| 2 | Why do you always put mental health first ? People are using there mental health as a ploy to get money and services, the whole country can't have metal health problems, just deal with your own problems and get on with your life |
| 3 | As services are not fit for purpose currently |
| 4 | Shortages in these areas |
| 5 | To facilitate/ support all this not ticked |
| 6 | To allow pts to be discharged from hospital quicker and safely. |
| 7 | Very difficult to choose as all worthy but mental health is currently very poorly served and older people end up in hospital for inordinate amounts of time due to falls. A dedicated falls team should be a priority |
| 8 | Seems most important |
| 9 | Mental Health – seeing someone takes 6 months .. appts cancelled at last minute by the interviewer.. |











4. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

	<p>Phlebotomy - Halton / Runcorn is lumped in with Warrington for booking a blood test .. to get an appointment the phone just rings and puts you on a machine on hold for absolutely ages .. often not ever getting through ... a Runcorn blood test could be booked thru Runcorn direct ..</p> <p>urgent treatment centres - NO faith in them (Widnes one) ... useless .. eg:- 5.5 hours to see Triage to be told one needs a blood test which they dont do - go now to Warrington Hospital to join their queue for another 4-8 hours wait ..</p>
10	What is needed most
11	Aids can help keep people out of care. Urgent centres are an alternative to hospitals, dementia services are an ever increasing demand on services
12	The local authority shows no interest in helping people who are ill stuck in their homes. When asking for help the response is, "NO MONEY"
13	Most important for the community.
14	Areas of growth that require attention in the Halton area.
15	Halton, Runcorn in particular is an ageing population. My wife and I presently have to pay £50 every 6 weeks to see a podiatrist as there does not seem to be a NHS service anywhere in Runcorn that I am aware of.
16	Long waits again in all clinics. Podiatrist is great but it long waits for appointments.
17	Dementia is more prolific because of aging population. More district nurses could ease pressure on nhs. Urgent care centres require more staffing
18	District nurses do not want to visit people at home, require people to go to them Urgent treatment centre at Halton unable to give prescriptions only offering triage
19	I didn't choose because I don't know enough about these services, I assume they all require extra funding
20	It takes way too long to have any adaptations done to your property which is affecting peoples' quality of life. Adult mental health services need to be able to support people when they need it and people are not getting the physio they need quick enough
21	Mental health is still a forgotten area. Even though the profile has been raised the demands for help are growing rapidly. Urgent treatment centres now seem to have the waiting times that used to be associated with A & E. I know it's the knock-on effect of GP appointments not being available but the situation is very concerning.
22	I have had experience with these areas of health so don't feel about to comment on the others
23	once diagnosed with dementia, left on own with no support- long covid services just a tick box, no real support- urgent treatment centres need to concentrate on quality care and delivery instead of it becoming a staff fashion show of who has the best hairstyles and make up
24	Access to primary care is proving difficult therefore urgent care services are essential to access secondary care especially cancer care and mental health services

4. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

- | | |
|----|---|
| 25 | Mental Health affects everybody, treating early in Children's Adolescent mental health can prevent further issues later in life, but for those who experience mental health problems later in life they should have access to mental health services.
Dementia Services affect more than the patient so effective care is needed |
| 26 | Mental health is an increasingly urgent issue in young and old with long waiting lists. To request a blood test involves difficulty getting through to the booking centre on the phone. Urgent treatment centres may take some pressure off A & E. |
| 27 | As before stated. |

Social Care Services








5. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.				
Answer Choices			Response Percent	Response Total
1	Care Homes		52.27%	23
2	Day Care		25.00%	11
3	Domiciliary Care		36.36%	16
4	Services for Carers		25.00%	11
5	Social Care assessments		52.27%	23
6	Safeguarding		22.73%	10
7	Telecare (home detectors & alarms)		2.27%	1
8	Home adaptations		13.64%	6
9	Children and Young People's Social Care (e.g. care for children and young people with a disability or long term condition)		36.36%	16
10	Other (please specify):		4.55%	2
			answered	44
			skipped	4
Other (please specify): (2)				
1	N/a			
2	Health checks 14-17			
Why did you choose these issues? (22)				
1	Not currently adequate			
2	Access is very limited in this area			
3	<p>Care homes are vulnerable as people expect so much from them and often they are taken advantage of by other healthcare practitioners/providers</p> <p>Social care assessment to ensure people in the community are getting the care they need.</p> <p>Day care would give the carers an opportunity to have some respite on a daily/weekly basis, also allow the professionals who run it to monitor any problems/deterioration in the residents they provide care for.</p>			

5. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

4	lack of good services in Halton, carers are paying the price with their health
5	Aging population but carers need material support too.
6	Because assessing need is crucial. Because good domicilliary care can keep people out of care homes and young people's social care ought to be a priority.
7	Most important
8	Need to keep an eye on these for quality, safety and availability of services.
9	All needed
10	More and more caring will be done in homes as centres become too expensive for people to afford
11	Young and elderly need more help and support.
12	Key social care areas for monitoring by HW.
13	Poor quality, old fashioned care homes Not enough carers to look after people
14	Care homes are going to be needed more as population ages & should be monitored. Social care for same reason as above. Children's services contracts need to be monitored
15	I chose this because children quite often get left behind, when they are disabled or special need. They are still the future of this country .
16	Care homes are struggling to recruit and retain staff. Needs better training and progression resulting in residents not getting the care and attention they deserve.
17	I don't have any experience of any of these services but would prioritise these on the basis of what I hear in the news about staffing shortages and service cuts.
18	very little support for young people with disabilities- care homes need improvement- social care assessments have huge delays and poor communication to relatives
19	Safeguarding is paramount especially for vulnerable older and younger people
20	To remove the pressure from Acute settings and free up much needed bed capacity
21	Disabled and sick children need support to stay with their families and have a good quality of life. Home adaptations should be prioritised as they keep people out of hospital and long term care. Timely social care assessments may also help with this issue.
22	Because more care should be available to support people in their own homes

Other Topics

6. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.

Answer Choices			Response Percent	Response Total
1	Accessible information and communication		64.29%	27
2	Advocacy		28.57%	12
3	Getting a referral		61.90%	26
4	Cost of Living concerns / Paying for care (prescriptions, dentists, public transport, car parking, time off work etc.)		57.14%	24
5	Service mergers		16.67%	7
6	Translation and interpreting services		14.29%	6
7	Other (please specify):		7.14%	3
			answered	42
			skipped	6

Other (please specify): (3)

1	SEND services
2	Health care needs of Refugees require monitoring.
3	Transport






Why did you choose these options? (19)




1	In Halton our NHS services don't adapt for needs of SEND children and young adults For example : quiet area to wait in GP surgery or giving last appointment in day or first to reduce sensory issues
2	Help required lack of services
3	If information is accessible to all then people will know their rights and can be proactive in getting support. To do so the referral systems need to work efficiently and within a clear time frame. I don't know what is meant by service mergers. If it means joined up thinking and coordinated provision across services then very desirable.
4	Most important
5	Most important
6	Getting referrals is becoming much harder and service mergers affect this.
7	Needed urgently.



6. Please select up to three options in this section which you feel should be included in our priorities for 2023/24 – either by selecting from those listed, or by adding your own.



8	Above areas are linked and is a growing area for concern.
9	As Halton no longer has or very soon will not have it's own CCG. Instead we are being merged into a larger organisation covering Merseyside and Cheshire. Decisions being made further away from the people they will affect.
10	Difficulty getting referrals from gp surgery
11	Patients are having to wait too long for a referral, this is bad when they're suffering severe pain, and the mental issues that go with being in pain 24/7
12	Accessible information is a tough one, i am aware of many areas of support that are available but i dont think it always gets out to the right people
13	Lacks of services to support the most vulnerable and transport is a big barrier stopping people going out
14	My reasons for the first and third choices have already been given. Advocacy is a much-needed service as some people do not have the confidence or knowledge to push for things themselves. I have recently helped 2 people with their issues and can see the value of having an advocate. It doesn't need to be an official person. People just need to aware they can have a 'friend' with them at appointments etc
15	I think these concerns are universally worried about at the moment. Communication between the NHS and public could be improved
16	very little support for people with difficulties who access services
17	Halton has become a more diverse community and services should reflect this demographic change through accessible services and information including advocacy
18	Links back to accessible GP appointments - also need timely referrals
19	Clear information and communication for all concerned would help people to manage their own health better. Everyone is feeling pressure on their finances and anything that could help would be welcomed. Some mergers may be a good idea if they eradicate duplicated processes and reduce costs.




About you





7. Please tell us your age				
Answer Choices			Response Percent	Response Total
1	13 to 15 years		2.33%	1
4	25 - 49 years		16.28%	7
5	50 - 64 years		34.88%	15
6	65 to 79 years		41.86%	18
8	Prefer not to say		4.65%	2
z			answered	43
			skipped	5

8. Please tell us your gender				
Answer Choices			Response Percent	Response Total
1	Woman		73.81%	31
2	Man		21.43%	9
4	Prefer not to say		4.76%	2
			answered	42
			skipped	6
Prefer to self describe: (0)				
No answers found.				




9. Please select your ethnicity				
Answer Choices			Response Percent	Response Total
14	White: British/English/Northern Irish/Scottish/Welsh		88.10%	37
15	White: Irish		2.38%	1

9. Please select your ethnicity				
18	White: Any other White background		2.38%	1
19	Prefer not to say		7.14%	3
20	Other (please specify):		0.00%	0
			answered	42
			skipped	6
Other (please specify): (0)				
No answers found.				

10. Do you consider yourself to be a carer?				
Answer Choices			Response Percent	Response Total
1	Yes		30.95%	13
2	No		59.52%	25
3	Prefer not to say		9.52%	4
			answered	42
			skipped	6






In the last 12 months, to help you keep your living costs down, have you done any of the following?				
Answer Choices			Response Percent	Response Total
1	Reduced the amount of food you eat or bought cheaper types of food		10.53%	4
3	Changed where you shop (eg using charity or pound shops)		5.26%	2
6	Avoided visits to the dentist		5.26%	2
7	Turned down your heating or made other		55.26%	21

In the last 12 months, to help you keep your living costs down, have you done any of the following?

	choices to reduce your energy bills			
8	Had to make difficult decisions about which bills to pay		2.63%	1
10	Prefer not to say		7.89%	3
11	Other (please specify):		13.16%	5
			answered	38
			skipped	10

Other (please specify): (5). There were issues with this question for some respondents as they were only able to select one choice.




11. In the last 12 months, to help you keep your living costs down, have you done any of the following?

Answer Choices		Response Percent	Response Total	
1	Reduced the amount of food you eat or bought cheaper types of food		100.00% 1	
3	Changed where you shop (eg using charity or pound shops)		100.00% 1	
5	Avoided doing things you enjoy like going to the cinema or going out with friends		100.00% 1	
6	Avoided visits to the dentist		100.00% 1	
7	Turned down your heating or made other choices to reduce your energy bills		100.00% 1	
			answered	1
			skipped	47








Other (please specify): (0)

No answers found.

12. Do you have a disability or long term health condition?


Answer Choices			Response Percent	Response Total
1	Yes		46.51%	20
2	No		48.84%	21
3	Prefer not to say		4.65%	2
			answered	43
			skipped	5


13. To what extent to you agree that the communications you receive from the NHS about your care or treatment are accessible (i.e. appropriate for your needs eg language, braille, BSL, large print, easy read)?

Answer Choices			Response Percent	Response Total
1	Disagree completely		2.38%	1
2	Disagree slightly		11.90%	5
3	Neither agree nor disagree		21.43%	9
4	Agree slightly		14.29%	6
5	Agree completely		38.10%	16
6	Unsure or don't know		7.14%	3
7	Prefer not to say		4.76%	2
			answered	42
			skipped	6

9. Communication

14. I would like to receive the regular Healthwatch Halton e-bulletin

Answer Choices			Response Percent	Response Total
1	Yes		57.14%	24

14. I would like to receive the regular Healthwatch Halton e-bulletin				
2	No		42.86%	18
			answered	42
			skipped	6



SEND Local Offer Review

March 2023

healthwatch
Halton

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Acknowledgements:

We'd like to thank the Halton SEND Parent Carers Forum for its support of this project.

SEND Local Offer Review

Introduction

Healthwatch Halton is the independent voice of the public in health and social care services in Halton. We gather feedback from members of the public about their experiences of using health and social care services. We use that feedback to work with service providers and commissioners to find ways of improving services for the public. One of the ways that we collect feedback is through carrying out a focused project around particular services, conditions or groups within the community.

Healthwatch Halton received feedback from parents, carers, and children and young people who have needed assessment and additional support in Halton, that demonstrated that there is a need for further development. They have also expressed concerns about the impact that this has had on their wellbeing – above and beyond the day-to-day challenges which they face.

We have completed a project to assess how young people with Special Educational Needs or Disabilities (SEND) their families or carers and SEND professionals of Halton feel about the SEND Local Offer, referrals and assessments, and any additional support received, and to gather their experiences, ideas and concerns so that they can be represented to key stakeholders.

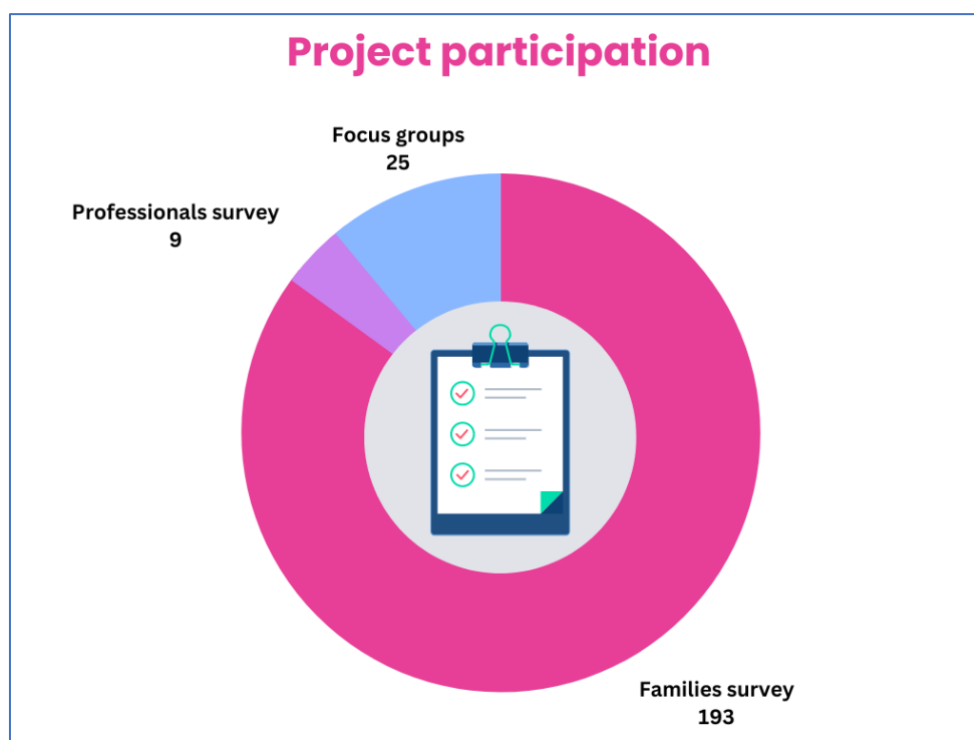
What we did

We utilised a mixed methods approach to this project using focus groups and surveys. The focus groups were aimed at young people, parent or carers, and we held two focus groups in total. There were two surveys created, one for professionals, and one for young people, their families or carers.

We worked closely with the existing network of Healthwatch Halton partner agencies to promote the project, provide us with opportunities to speak to young people and/or their families or carers, and complete a professional's survey. The survey for families was available online and in paper format from 20th September until 1st December 2022, the survey for professionals was extended due to a low initial response rate, so this was available online from 30th September 2022 to 6th February 2023.

Who took part?

A total of 227 people participated in our project, we engaged with 25 people at the focus group sessions, 193 young people, parents or carers, completed the families survey, and 9 professionals completed the survey created for them. The breakdown of participation can be seen in the chart below.



We asked only three relevant and necessary demographic questions for the surveys and focus groups to ensure we had reached all parts of the target community.

We asked for age, gender and ethnicity on all of the research materials, but participants were not required to complete these questions if they did not want to.

The data was collated and is represented on the table and infographic below.

Ethnicity	Number of people	Ethnicity	Number of people
Arab	4	Mixed / Multiple ethnic groups: Black African and White	2
Asian / Asian British: Bangladeshi	3	Mixed / Multiple ethnic groups: Black Caribbean and White	2
Asian / Asian British: Chinese	4	Any other Mixed / Multiple ethnic groups background	1
Asian / Asian British: Indian	2	White: British / English / Northern Irish / Scottish / Welsh	120
Asian / Asian British: Pakistani	4	White: Irish	5
Any other Asian / Asian British background	3	White: Gypsy, Traveller or Irish Traveller	5
Black / Black British: African	2	White: Roma	3
Black / Black British: Caribbean	1	Any other White background	20
Any other Black / Black British background	4	Prefer not to say	6
Mixed / Multiple ethnic groups: Asian and White	2		

Who took part?



- 124 people were female
- 69 people were male
- 1 person preferred to self-identify
- 4 people were non-binary
- 1 person was intersex
- 8 people chose not to disclose their gender



- 5 people were 13 to 15 years of age
- 7 people were 16 to 17 years of age
- 21 people were 18 to 24 years of age
- 161 people were 25 to 49 years of age
- 23 people were 50 to 64 years of age
- 1 person was 65 to 79 years of age
- 6 people preferred not to give their age

Report Findings

Focus Groups

We completed two focus groups in total, we held one focus group at the Halton Parent/Carer meeting on 15th November 2022, this was attended by 13 parents/carers and 2 professionals, both of whom have personal experience of caring for young people with SEND. The second focus group was held at a SEND networking session on 21st November 2022 and was attended by 9 parents/carers and 1 professional.

The feedback we received was analysed thematically and five themes emerged from the data.

Assessments were discussed frequently, one parent told us that 'mine was quite easy to be honest, I worked with the school and went to Wood View and he was diagnosed immediately and prescribed medication that helped him' whilst another advised that 'I am waiting for an autism assessment but it would be 2 years before my child can be seen' another stated 'It took forever to get an assessment and many referrals from our GP before they agreed to see our daughter', one person felt that 'children are being assessed too late and this has a negative impact on their transition to high school or alternative provision', and another reported that 'there is not enough communication between the agencies we are referred to and parents when you are waiting for assessments to be done'.

School was another theme that was discussed, one parent advised that 'school were of no help and she was finally diagnosed as an adult through adult services', someone else reported that 'many children with special needs are still in mainstream schools because we are waiting for the diagnosis but the diagnosis is underway and the school won't accept the paperwork as proof of additional needs, or when my child needs time off school because she is overwhelmed'. Another parent stated that 'school were not helpful at all, they often blamed my son and saw him as a naughty child, their input into the process was very unhelpful', and another reported that 'my child is still in mainstream school but is really suffering, the process is far too long, and our children suffer while we wait'.

Medication was discussed by some parents, one reported that 'we waited 2 years to get the medication needed after diagnosis' but that 'she isn't able to take it as the school don't have permission to give her the second dose during the day', another parent told us that 'my son was not on the correct level of medication and got so bad he became suicidal and he is 6 years old, nobody would respond to me when I called many times and I got no support', and another advised that 'I sent in medication to school and completed the forms, they agreed to give it to him and told me they were even though my son was saying it wasn't being given to him. I later found out, when they returned the full box back to me, that he had not been receiving his next dose and this coincided with him having a very difficult episode'.

Waiting times were also discussed by parents, one person told us that 'Wood View now has a 2 year waiting list + 6 month referral wait', another advised that 'between seeing doctor and it going to MDT to get the support in place it's between 14 months and 2 years', and another person reported that 'appointments are always 3 or 4 month delay, even if they cancel it you still have to wait three or four months for the next appointment'.

Parental blame was mentioned by three people, one told us that 'often the parents are blamed for the behaviour of the child for a long time and made to go on triple P programmes before the child gets even looked at, this is valuable time for education of my child', another stated 'school would not take me seriously and told me I wasn't using the correct techniques, fortunately my GP was really supportive', and the other advised 'before anyone will even start to look at my child I have had to do various parenting courses, I feel it is an insult to assume it is always the parents fault'.

Question 2 asked what parents know about the Halton SEND Local Offer, and three themes emerged from the thematic analysis of the feedback.

The Halton Local Offer Website was the most commonly discussed theme, one person told us that they find 'the website is very difficult to navigate', and another advised that 'I find the information isn't always relevant or up to date on the Local offer website', someone else reported that 'everyone directs you to the website', another stated that 'it needs to be more user friendly, I find it very difficult to know how to find the information I need' and another reported 'it needs reviewing, it is not fit for purpose and leaves parents and young people unsupported'.

Meeting Criteria was another theme discussed by some parents, one reported that 'often things on the local offer our children don't meet the criteria for', another felt that 'there are some really good things as part of the local offer, but only if your child meets the specific criteria so it excludes many', and another advised that 'our child with multiple diagnoses is not able to get support from the local offer because they don't yet have the EHCP'.

Information was mentioned by 2 people, one stated that the information they have about the Local Offer comes 'only from what the agencies I am involved with tell me', and the other advised that 'there should be more information about the local offer in GP surgeries, pharmacies, SEND agencies etc'.

Question 3 asked participants about their experiences of Education Health and Care Plans (EHCP) and we received 12 comments, all of which were very different and personal to the participant and their own experiences. For this reason, we were unable to draw out any themes for this question, one person told us that 'I am not able to get an EHCP for my son, I have been told he needs one by four professionals in education but because he is meeting his targets at school he is unable to get one', in contrast another reported that 'my child is not meeting her targets at school but we are unable to get an EHCP because we are still awaiting diagnosis'. One person felt that 'parents aren't listened to enough', another stated that 'when you try to speak to someone about the progress of the EHCP you just get passed around and no real answers', another told us 'often the actions on the EHCP we have are unrealistic', another told us 'it takes too long, by the time my child got the education and support he needed he had suffered for far too long', and another advised that 'education do not help at all when we asked for an EHCP for our daughter even though she has a diagnosis, they seemed to do everything they could to stop it'.

Question 4 asked participants how well services work together, feedback was analysed thematically, and 4 themes emerged.

Information Sharing was the most common theme discussed, one parent told us that 'services are not sharing information about our children between themselves, this means we have to start the process again', another advised that 'I don't think they do work well together, education and health don't communicate', someone else reported that 'none of the different agencies communicate with each other', whilst another added 'most agencies don't even communicate with us', another felt that it was due to the fact that 'all the different agencies use different systems and have different procedures for sharing information so it doesn't work', and another stated that 'we have to tell the whole story each time we see someone new, and often this is in front of my child who hates to be talked about'.

Parental Expertise was also discussed by some, one parent reported that they felt they are 'not recognised as the expert about my child', another advised they are 'often told to go on triple P courses even though I have already done them, they do not apply to my child, and it does nothing but cause further delays', and another stated 'professionals tell me we should be on the same page with regard to my daughter. I told them that they need to be on my page because their page is wrong'.

Joint Working was also discussed, one parent told us that 'it seems one service don't know what other services do', another stated that 'education do not work with health or other professionals about my child' and someone else told us 'services that should be working together to help us don't work together at all'.

Two people commented about **Advice and Information**, one told us that they are 'often told conflicting information by people from the same service', and the other reported 'the advice is often confusing, sometimes we are told one thing then someone else will tell us something else'.

Question 5 asked participants if they are satisfied with the support they have in place, feedback was analysed thematically, and three themes emerged.

Support was discussed by participants, one told us that 'the groups we have here are the best support we get', another felt that 'services don't support us or our kids, they see us as a problem', another stated that there is 'no consistency in support between children, some children get different offers of support in education and health', one stated they are 'not satisfied with the support we have at all', and another advised that 'my child is self-harming because he is not getting the right support'.

School was another common theme, one parent told us that ‘the schools are unable to manage the needs of my child’, another supported this by advising that ‘my child suffers every day she is in the school she is at’, another told us they let that the schools are ‘failing to safeguard my child at school as she is in a mainstream’, and someone else told us ‘my child was told she will not get into another school because of her needs, this caused her a lot of distress and has affected her confidence’.

Joint Working was mentioned by two people, one said that ‘services are not working together at all’ and the other reported that ‘education is not working with health’.

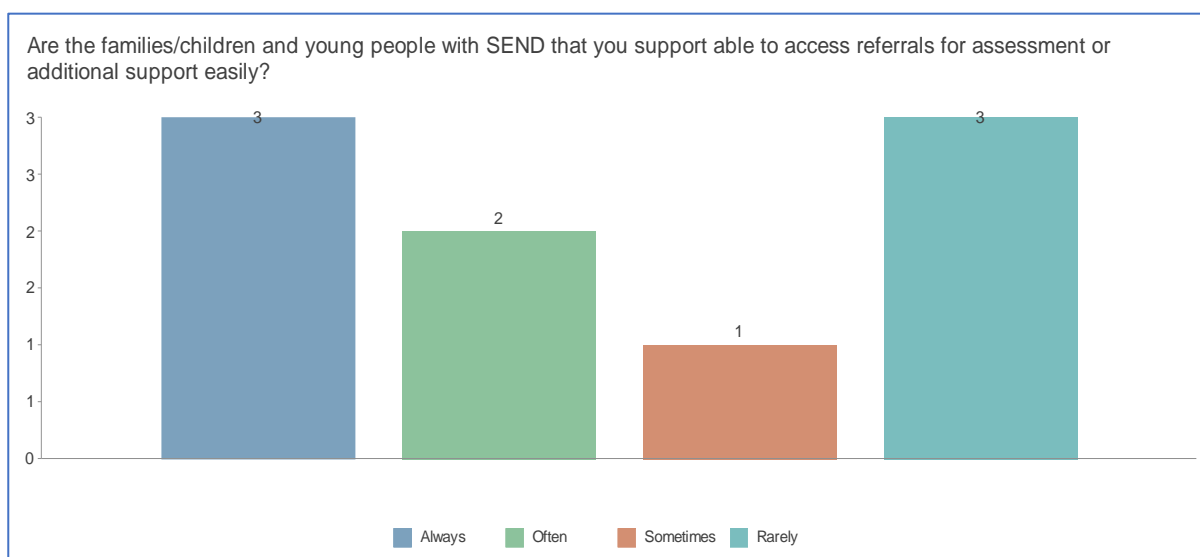
Question 6 asked participants if annual health checks are completed for their child by the GP, we received just six comments in response and no themes emerged, one person told us that ‘we usually only go to see the doctor when he is unwell or we need another referral for support’, another advised that ‘we do get health checks but we have to book them, we don’t get a reminder and often it is well over a year between checks’, another stated ‘my doctor is good with my son, we get a reminder to go for a health check but I don’t think it is every year’, and someone else told us that ‘my GP is not very knowledgeable about my child’s needs’.

Question 7 asked participants if they felt there is a divide between young people with SEND and their peers. All comments received agreed that there is a divide, so no additional themes emerged from the feedback. Many simply stated ‘without doubt’, ‘absolutely there is’, and ‘without doubt there is a divide’ in response to the question. Others went on to give examples of the divide and how it affects their child, one person told us that ‘there is no integration there is only segregation in schools’, another reported that ‘there are not enough opportunities for young people with SEND’, someone else told us that ‘at my sons school they have to earn a pen licence to be able to use a pen rather than a pencil during lessons, my son has academic issues and he is the only one in his class who doesn’t have one, it affects his confidence massively’, and another reported ‘my son is in mainstream school, only he was not allowed to go on a trip’.

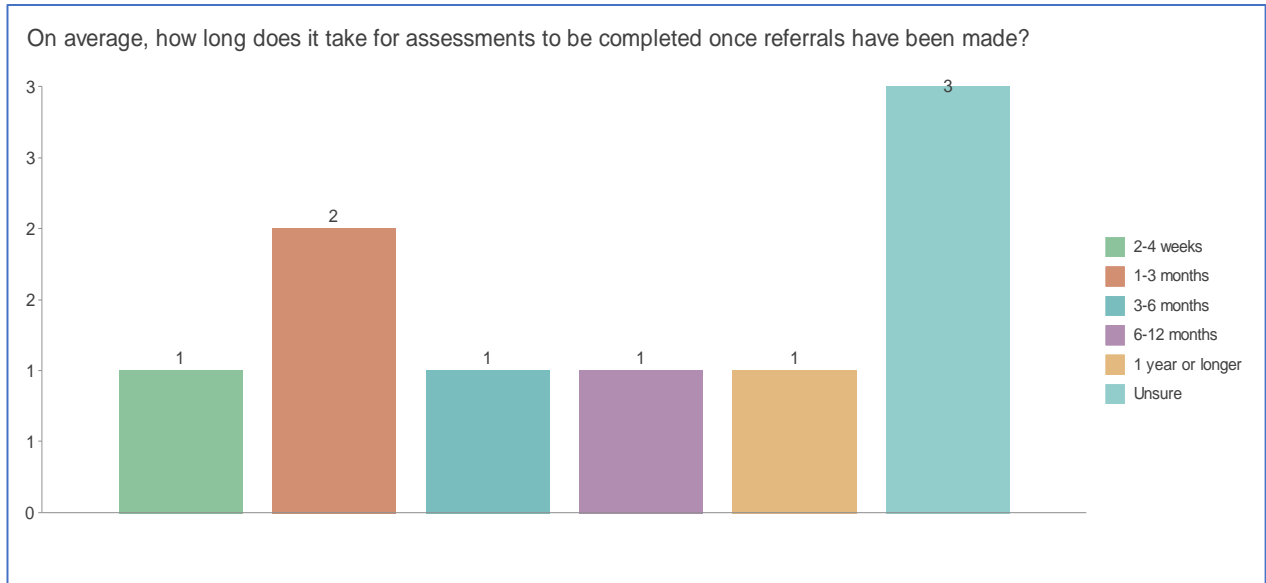
Professionals Survey

This survey was made available online and was emailed out through the Healthwatch Halton network, the SEND network, and was linked to on the SEND Local Offer website. We extended the deadline for this survey to try to gather more responses but received only nine responses.

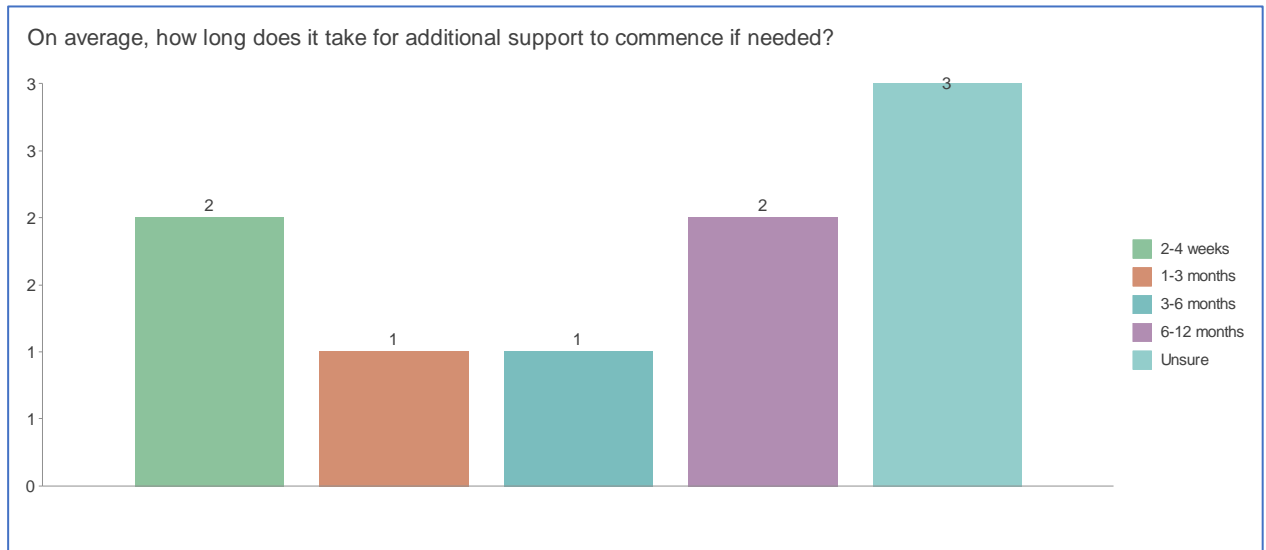
Question 1 was a multiple-choice question asking if the families that professionals support are able to access referrals for assessment and additional support easily, the chart below shows the responses, always and rarely are the most common responses which appears to contradict each other. However overall, findings appear to show that referrals for assessment or additional support are not hard to obtain.



Question 2 was a multiple-choice question asking how long on average it takes for assessments to be completed once referral have been made, results are shown in the chart below. The largest group of professionals (n.3) were unsure, and the remaining responses show differences in how long the people they are working with have to wait for assessments.



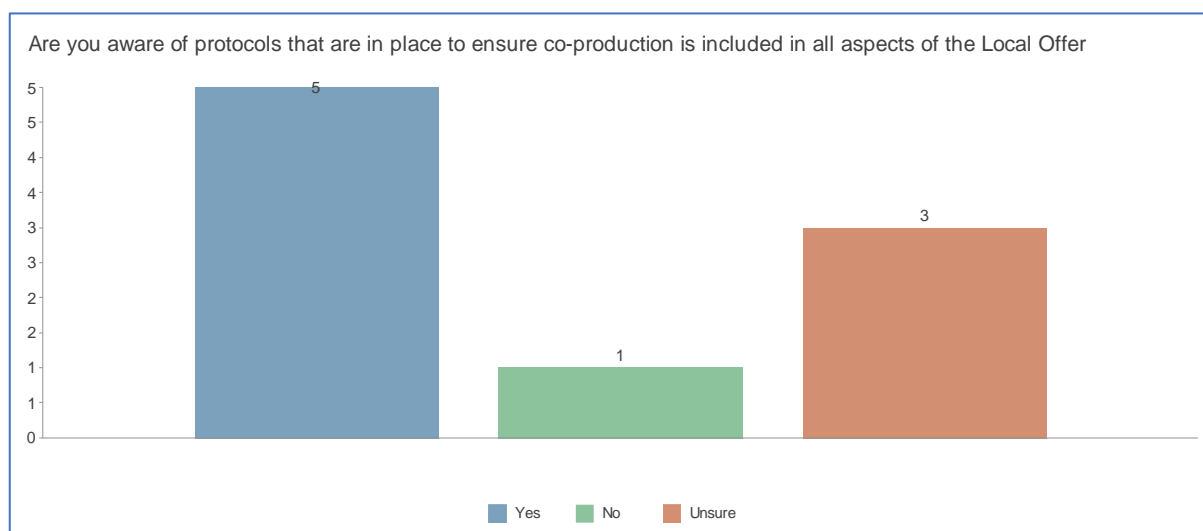
Question 3 was also a multiple-choice question asking on average how long it takes for additional support to commence, results are shown in the chart below. The largest group of professionals (n.3) were unsure again, and the remaining responses again show there are differences in people’s experiences of accessing additional support.



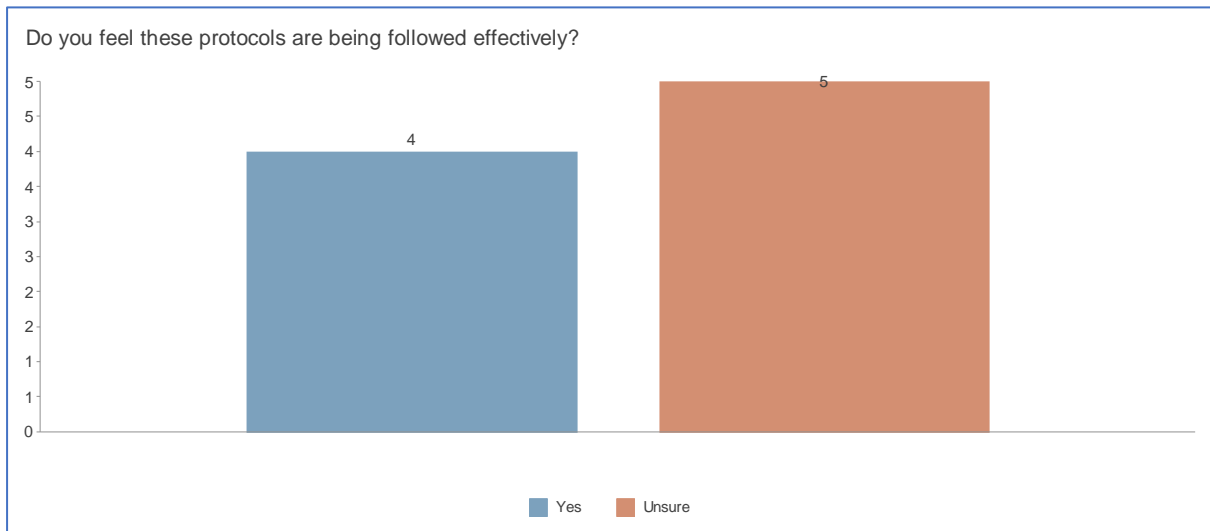
Question 4 was an open text question asking professionals to tell us anything else they wanted us to know about referrals, assessments and additional support, we received 12 comments in response to this question but as they are unique to individual roles and professional experience, no themes emerged.

One person advised us that ‘there is a huge piece of work being undertaken to develop an easier approach to referral and a more collaborative working approach’ and went on to state that ‘training is required to support parents during that wait between referral to assessment and all available referring agents to provide support to families needs to be identified’, another told us that ‘we can offer brief interventions but if specialist support is required we signpost/refer to other services’, and another told us that there is an ‘increased number of complex referrals following pandemic’ and that ‘we have limited resources to assess and meet needs if these children’.

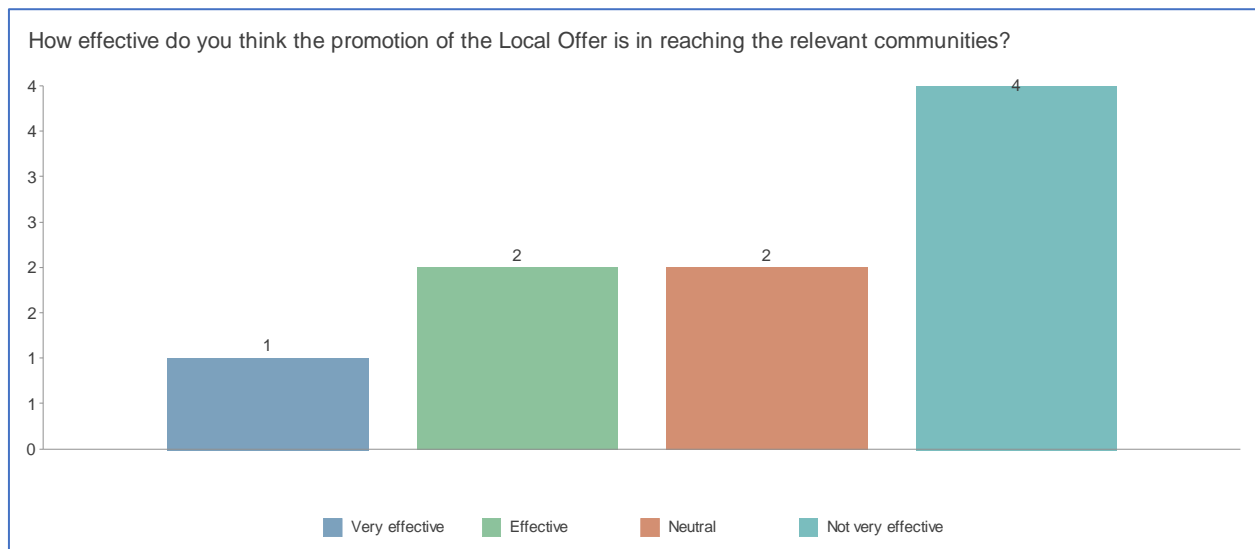
Question 5 was a multiple-choice question asking professionals if they are aware of the protocols in place to ensure co-production is included in all aspects of the Local Offer, **five** people felt that they were, **one** person reported that they were not aware and **three** people were unsure.



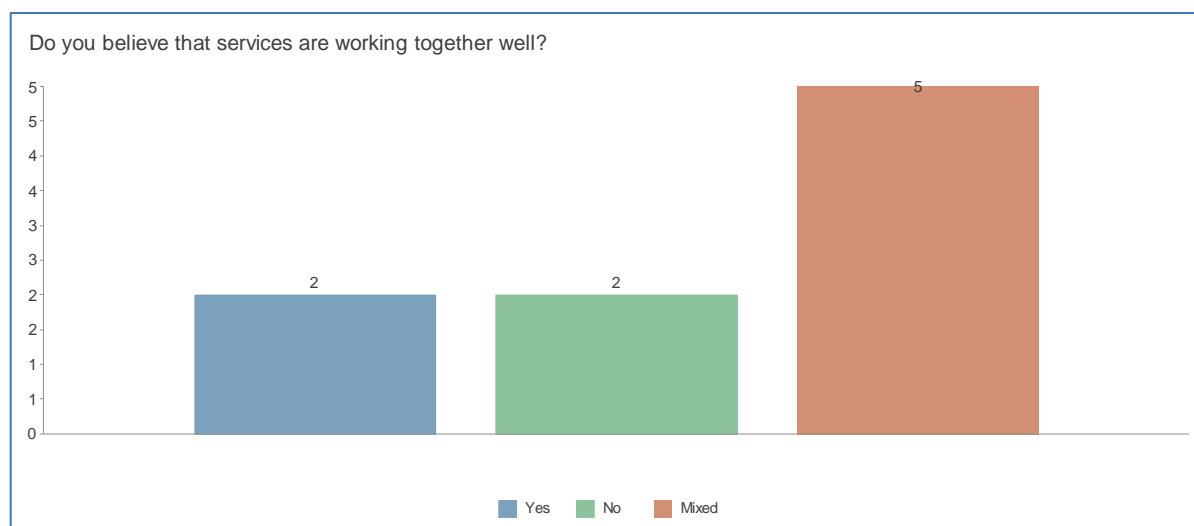
Question 6 was again a multiple-choice question asking professionals if they felt these protocols were being followed effectively, **four** people felt that they were effective and **five** people were unsure.



Question 7 was another multiple-choice question asking professionals how effective they felt the promotion of the Local Offer is in reaching the relevant communities, **four** people reported the promotion was *not very effective*, **two** people were *neutral*, **two** felt the promotion to be *effective*, and **one** person thought it was *very effective*.



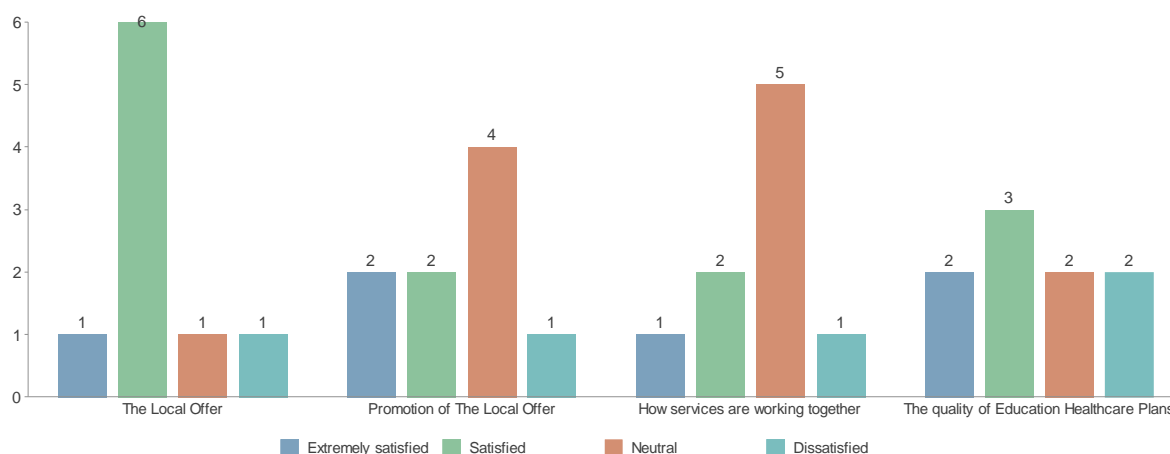
Question 8 asked if professionals believed that services are working together well, **two** people selected *yes*, **two** people selected *no*, and **five** people selected *mixed* as their responses.



Question 9 was an open text question asking professionals to describe the protocols that are in place to share information across agencies and adopt a 'tell it once' approach. We received nine comments and no clear themes emerged from the feedback, one person told us that 'it is often only shared if the child/young person is known to the service and consent has been obtained', another told us that 'not all services are on the same electronic records', another told us that it 'requires further development', and another advised that 'information sharing across health and HBC can be disjointed most of the time' and that they are 'not aware of any protocols in place'.

Question 10 was a multiple-choice rating question asking professionals to rate their level of satisfaction with the Local Offer, promotion of the Local Offer, how services are working together, and the quality of EHCP's. Whilst there are only four selection options shown on the chart below, there was another option of *extremely dissatisfied*, but this was not selected for any of the rating questions.

Please rate your level of satisfaction with;



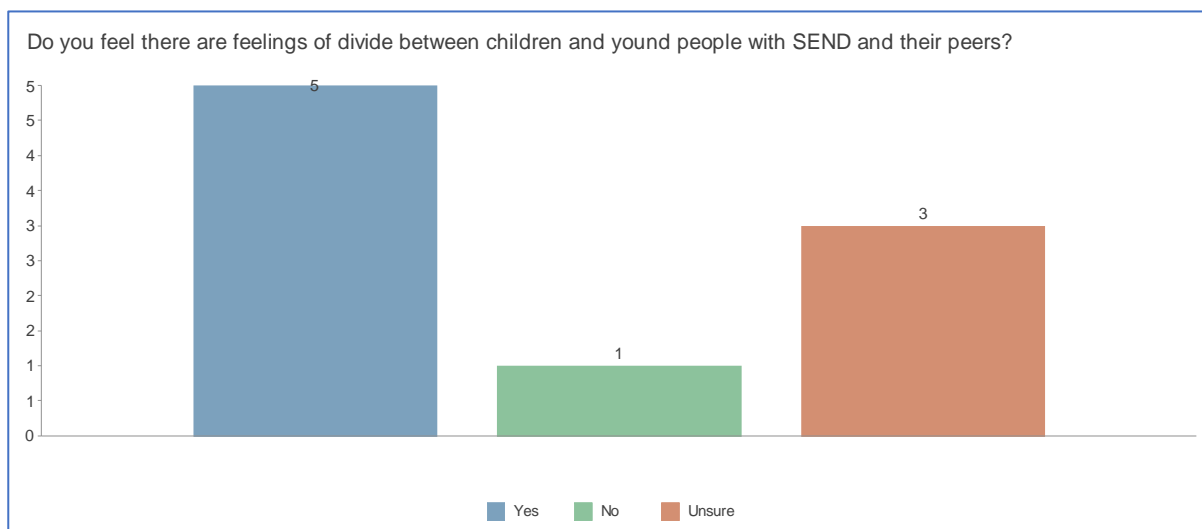
With regard to the Local Offer **one** person reported they were *extremely satisfied*, **six** people reported they were *satisfied*, **one** person selected *neutral*, and **one** person reported they were *dissatisfied*.

When rating the promotion of the Local Offer **two** people selected *extremely satisfied*, **two** people selected *satisfied*, **four** people selected *neutral*, and **one** person selected *dissatisfied*.

When asked to rate how services are working together **one** person selected *extremely satisfied*, **two** people selected *satisfied*, **five** people selected *neutral*, and **one** person selected *dissatisfied*.

When asked to rate the quality of EHCP's **two** people reported they were *extremely satisfied*, **three** people reported they were *satisfied*, **two** people reported they were *neutral* and **two** people reported they were *dissatisfied*.

Question 11 asked professionals if they feel there are feelings of divide between children and young people with SEND and their peers, **five** people selected *yes*, **one** person selected *no*, and **three** people selected *unsure*.



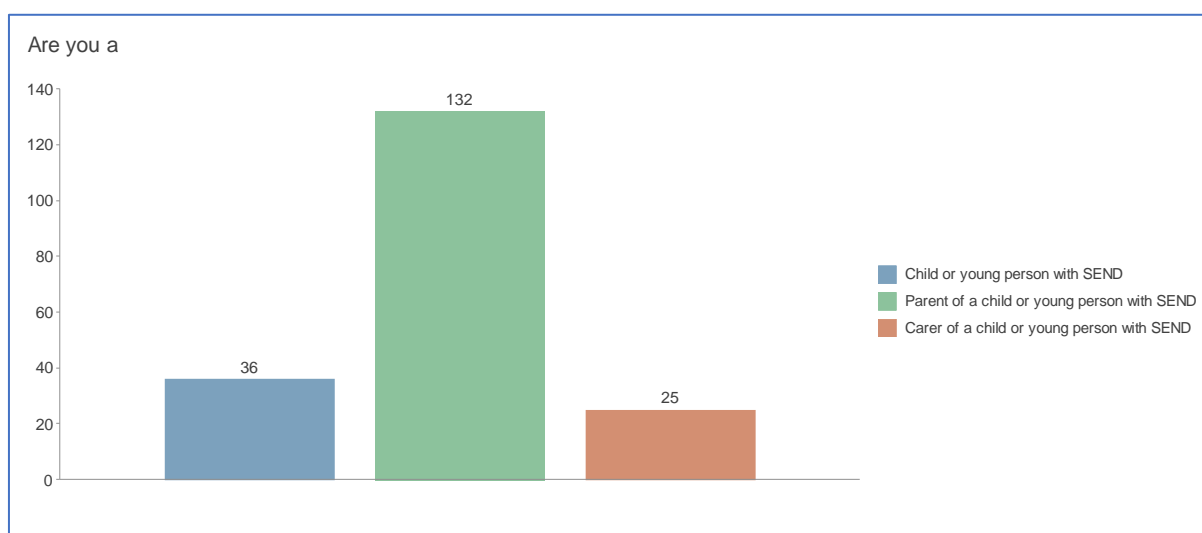
Question 12 asked professionals to tell us anything else they wanted us to know about the Halton SEND Local Offer, or how it affects the families/children and young people they support. Only four responses were received so thematic analysis was not possible, one person advised that '**SENDAISS would be great if more advisors so no waiting times. A leaflet or bar code to be able to sign post to it**', another questioned '**how do you advertise the SEND local offer for parents/YP who do not have access or understand digital technology?**' going further to advise that '**the literacy skills for parents is quite poor in Halton and parents struggle to access information**', another told us that '**information sharing has improved**', and the final person advised that the '**Local Offer is great**', and that they '**would like to see more choice for users**'.

Children and Young People, Parents and Carers Survey

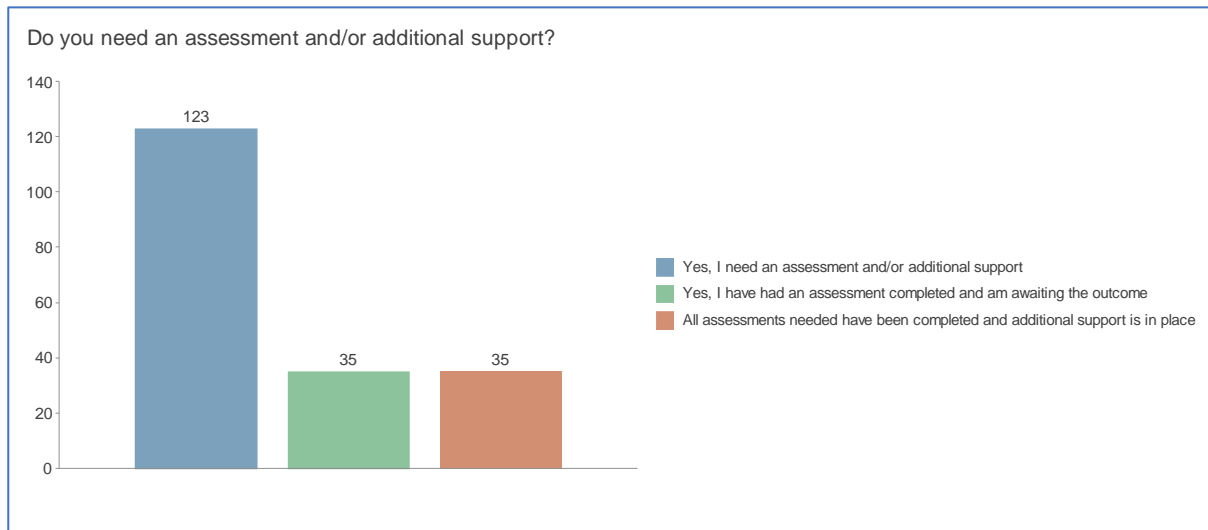
The Children and Young People, Parents and Carers Survey was made available online and a link to this was also circulated through the Healthwatch Halton network, the SEND network, and was promoted on the SEND Local Offer website.

We received 193 responses in total to the survey.

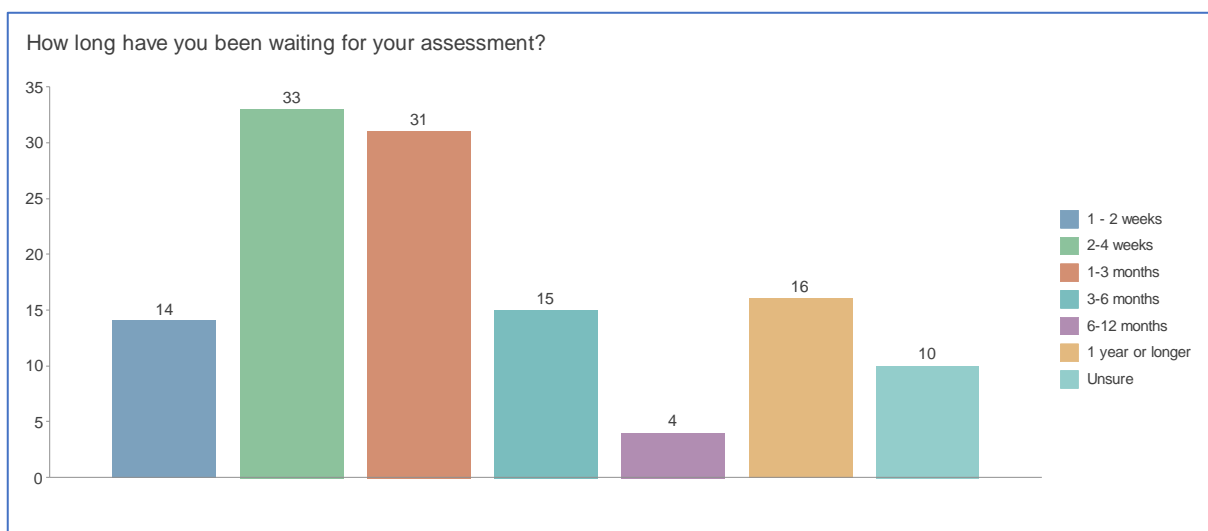
Question 1 was a multiple-choice question which asked respondents to report whether they were a child or young person with SEND, a parent, or a carer. 36 of respondents were a *child or young person*, 132 respondents were a *parent*, and 25 were a *carer* of a child or young person with SEND, please see the chart below.



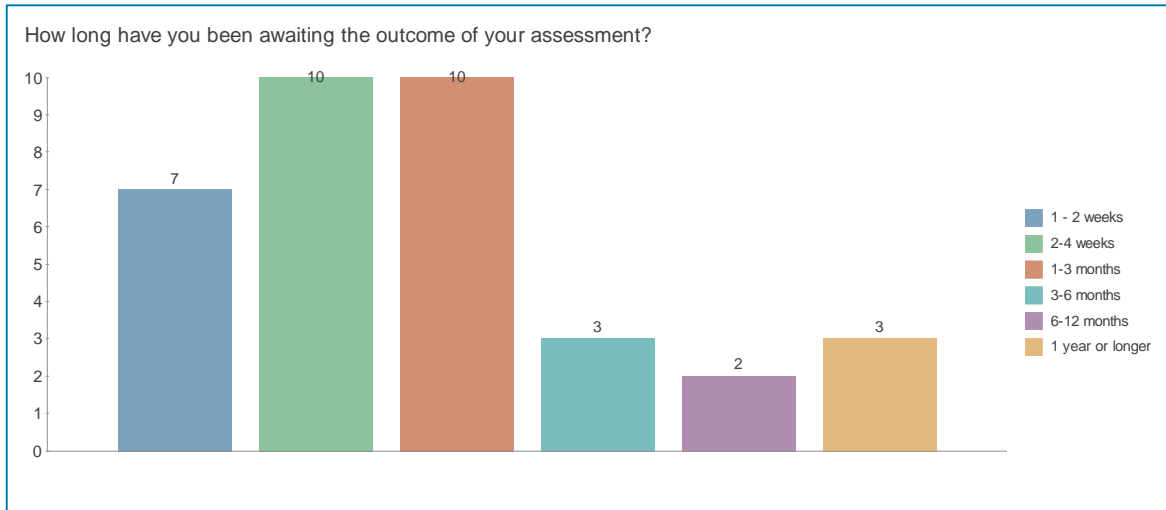
Question 2 was a multiple-choice question which asked participants if they or the person they cared for needed an assessment and/or additional support. 64% of respondents reported they *were in need of an assessment and/or additional support*, 18% reported they *have had an assessment and are awaiting the outcome* and 18% reported that *assessment had been completed and any additional support needed was in place*.



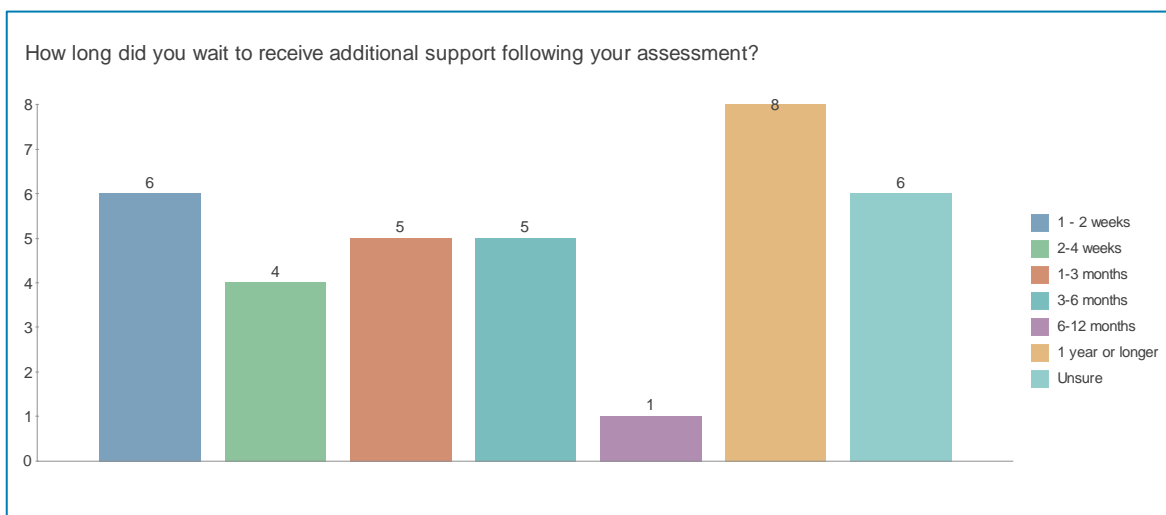
People who said that they were in need of an assessment were asked **Question 3**, which was a multiple-choice question, asking how long they have been waiting for their assessment. 14 people reported they had waited *1 to 2 weeks*, 33 people reported they had been waiting for *2 to 4 weeks*, 31 people told us they had been waiting for *1 to 3 months*, 15 people reported they had waited *3 to 6 months* so far, 4 people reported they had been waiting for *6 to 12 months*, 16 people reported they had been waiting *one year or longer* and 10 people were *unsure* how long they had been waiting.



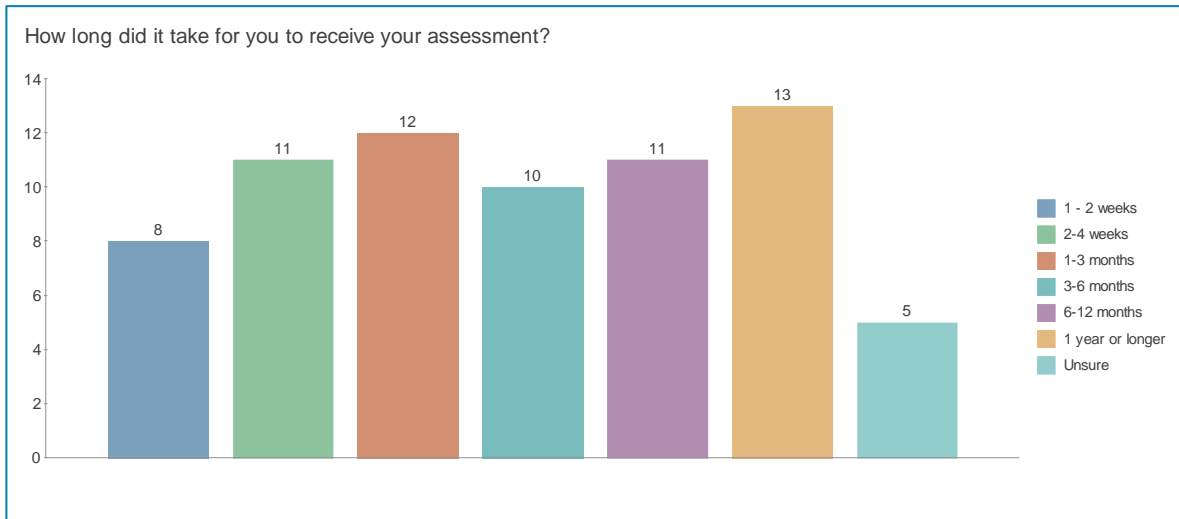
People who said that they had had an assessment but were waiting for support were asked **Question 4**, a multiple-choice question, that asked how long they had been waiting for the outcome of their assessment. **Seven** people reported they had waited for *1 to 2 weeks*, **ten** people advised they had waited *2 to 4 weeks*, **ten** people reported having waited for *1 to 3 months*, **three** people reported waiting for *3 to 6 months*, **two** people advised they had waited *6 to 12 months*, and **three** people reported having waited for *one year or longer*.



People who said that they had had an assessment and support was in place were asked **Question 5**. This asked how long people had waited to receive additional support following their assessment. **Six** people reported they waited *1 to 2 weeks*, **four** people reported they waited *2 to 4 weeks*, **five** people reported they waited *1 to 3 months*, **five** people stated that they waited for *3 to 6 months*, **1** person reported waiting for *6 to 12 months*, **eight** people advised they had waited for *one year or longer*, and **six** people were *unsure* how long they had waited for additional support to be in place.

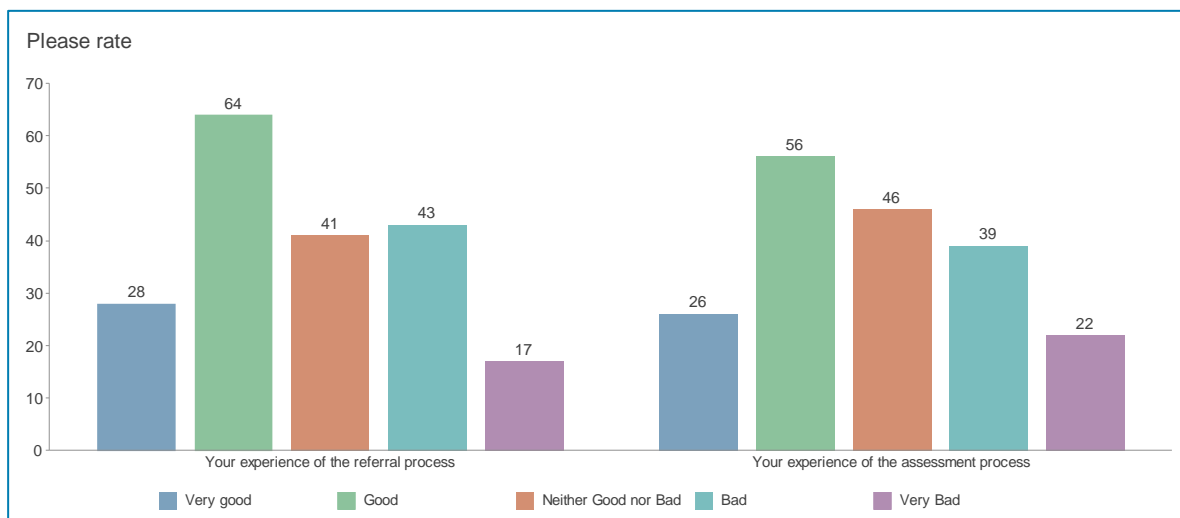


Question 6 asked how long it took for respondents to receive their assessment. **eight** people reported that it took *1 to 2 weeks*, **11** people stated it had taken *2 to 4 weeks*, **12** people reported that it took *1 to 3 months*, **ten** people advised it took *3 to 6 months*, **11** people reported it took *6 to 12 months*, **13** people reported that it took *1 year or longer*, and **five** people were *unsure* how long it took to receive their assessment.



Question 7 asked participants to rate their experience of the referral process, and their experience of the assessment process.

When asked to rate the referral process **28** people felt that it was *very good*, **64** people felt that it was *good*, **41** people felt it to be *neither good nor bad*, **43** people rated it as *bad*, and **17** people found it to be *very bad*. When asked about their experience of the assessment process, **26** people felt it was *very good*, **56** people rated it as *good*, **46** people rated it as *neither good nor bad*, **39** people felt their experience was *bad*, and **22** people rated their experience as *very bad*.



Question 8 asked participants to tell us the impact that the referral, assessment or additional support process has had on them and their family. The feedback that we received was analysed thematically and **six themes emerged from the data**.

1. Impact on families was the most commonly discussed theme, one participant told us that they found the whole process to be 'stressful, repetitive and not customer focused', and that this 'impacted our family greatly causing additional unnecessary distress', another person told us that they had been made to feel like 'a failure as a parent', someone else reported that it had caused a 'very bad effect on all of the family's mental health', and another advised that 'it has seriously affected my mental health' and that 'this is due to the amount of stress and the fight I've had to put up, just to get his referral accepted and for someone to actually listen to me', they went further to add that 'it made me feel like I was going insane and it was all in my head'.

Others told us that the process had caused 'stress on family mental health', that it had 'financial implications', caused 'family breakdown' and 'isolation of children', another reported that the process caused 'extra stress' and 'more time taken away from work to chase phone calls and emails for updates', and someone else stated that 'it's draining and exhausting' and that 'it impacts our jobs and makes us angry and sad'.

Other participants were more positive, one told us that the process 'helped my family's life', another advised that completing the process had 'made our negative family a better place', and that 'it made our parents' hearts a little less heavy', and another reported that they found the process to be 'very good', and that it has had 'a positive effect'.

2. Assessment and Referral was another commonly discussed theme, one participant reported to us that there are 'long waiting times for assessments and support', another told us that 'delays in assessment and implementation of support without the assessment caused huge amounts of stress and anxiety for my son and was detrimental to his health and wellbeing', another stated that 'there are too many procedures in this process', and someone else advised that 'I know very little myself, so I think the process is more complicated, because I really don't understand the policy'.

One participant advised that 'the evaluation was devastating and upsetting', another told us that 'I can't get help from anywhere and no one has met my child yet to even start any assessments', someone else told us that 'the CDC in Widnes have written stating they cannot give an appointment due to a backlog' and another reported that 'we had to fight for my child to be assessed' and that 'we flagged concerns at aged 2 and finally received his diagnosis at aged 7', they went further to add that 'once we had the diagnosis it felt like we were left to fend for ourselves with no direction to where we could get help or support'.

Other participants reported positive experiences, one told us that 'although it is troublesome, it is generally good' another advised that 'we are being seen promptly by clinicians regarding the EHCP process', and another advised that the 'referral was fairly quick (2 months to be accepted into pathway)' and that 'we had support from school SENCO which helped'.

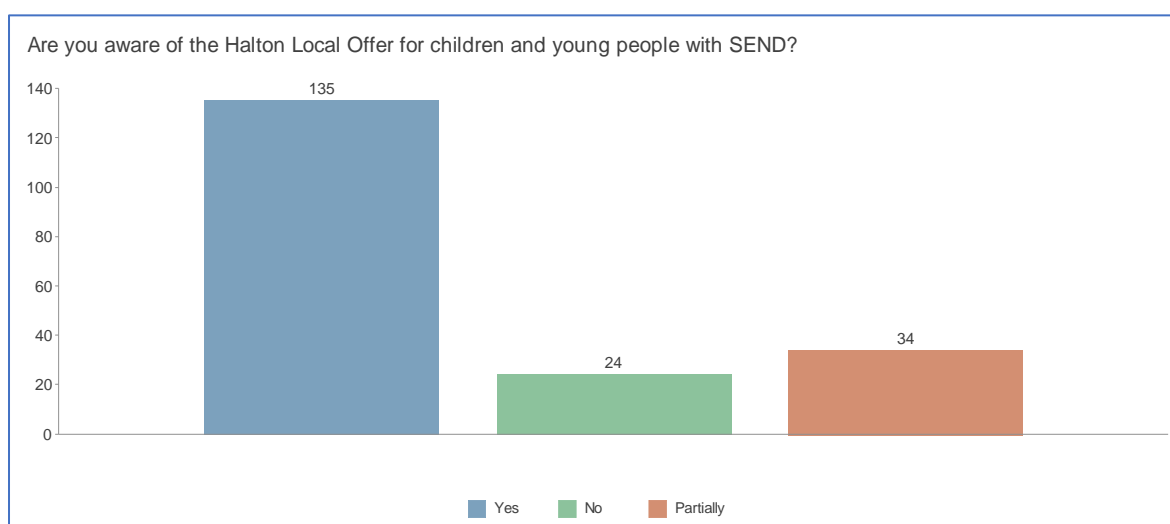
3. Family Involvement in the referral and assessment process was discussed by some participants, one told us that 'we've known for 7 years our child was SEND but no one wants to listen to parents', another reported that 'at first when I suspected autism in 2011 I wasn't believed and was made out to be an over protective mother', but that 'he received his diagnosis in 2019 after years of me asking for help', another advised simply that 'nobody listens to your concerns' and another informed us that 'both us as parents have had concerns for several years, but as my daughter is academically achieving ok we have been told she doesn't meet the threshold for referral' they went on to advise that 'subsequently we have paid to have her assessed privately and she has both ASD and ADHD'.

4. Education was another theme that emerged from the feedback, one participant told us that 'the longer this takes the more education he is missing', another stated that 'my child is 14 years old' and has 'missed nearly 3 years of school', another reported that 'my child's education suffering even further because the correct support is taking longer and longer to be put in place', and someone else informed us that 'school has not implemented care plans properly'.

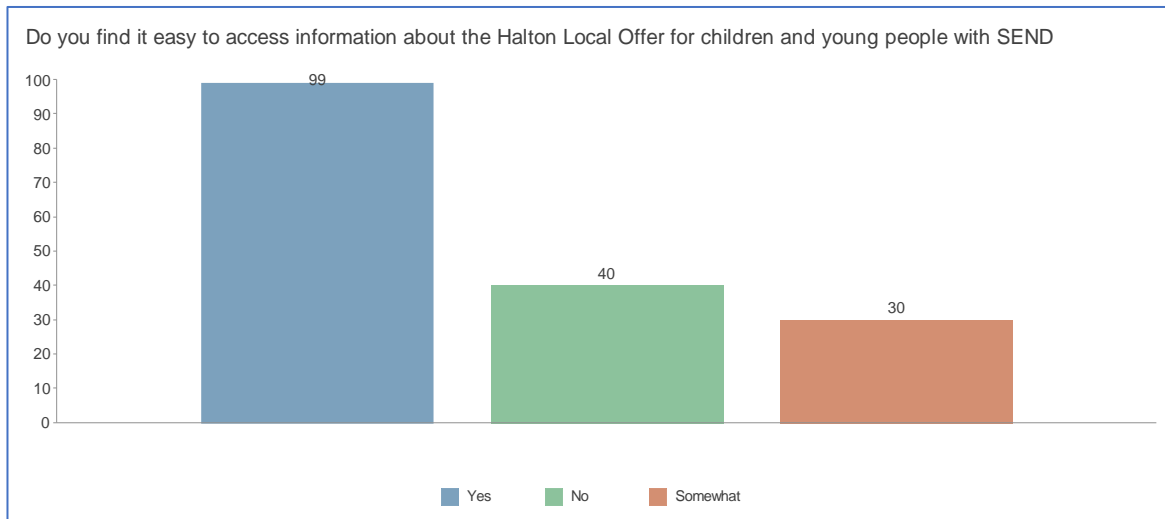
5. Support, Advice and Guidance was another theme that was discussed by participants, one person told us that they have ‘no support, no direction’, another stated that they are ‘still awaiting things to kick in’, another informed us that ‘when you get a diagnosis everyone vanishes and you are left with no help’, and someone else told us that they found the process to be ‘very stressful’, that there is ‘no communication’ and that parents are ‘made to feel like an inconvenience’, and finding that there is ‘no support until diagnosis’. It is interesting to note the contrast in opinion of support that is available, one person advised that there is no support until diagnosis, whilst another reported that all support disappears when diagnosis is received.

6. Services were discussed by some participants, one stated that ‘referrals made for inappropriate services despite being informed’ and that there are ‘gaps in services and provisions’, another told us that there is a ‘lack of training in children’s services team and understanding of children’s disabilities’, someone else advised that there is a ‘lack of communication between services and recording of information’, that there are ‘disjointed services’, and ‘barriers to services’, and another felt that ‘the whole process should have one case worker who oversees and communicates with professionals and the family’.

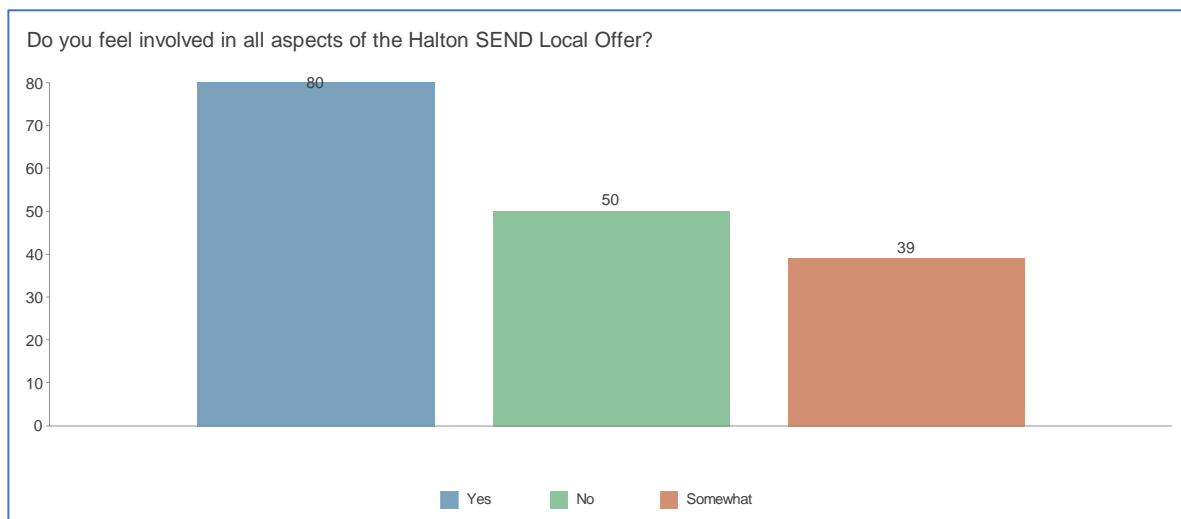
Question 9 asked participants if they were aware of the Halton Local Offer for children and young people with SEND, 135 people selected **Yes** as a response, 24 people selected **No** as a response and 34 people reported themselves to be *partially* aware of the Local Offer.



Question 10 asked participants if they find it easy to access information about the Halton Local Offer for children and young people with SEND. 99 people selected **Yes** as a response option, 40 people selected **No**, and 30 people selected that they find it **Somewhat** easy to access information.



Question 11 asked if participants felt involved in all aspects of the Local Offer, 80 people selected **Yes**, 50 people selected **No**, and 39 people felt they were **Somewhat** involved in the Local Offer.



Question 12 asked participants how they would like to receive information about the Halton Local Offer. Five main routes of communication were identified, these have been represented in the chart below with the number of participants who listed each communication type.



Question 13 asked participants how they would like to be involved in the Halton Local Offer, and feedback was analysed thematically, and four themes emerged from the feedback.

Communication and Information was the most commonly discussed theme, one participant told us that 'I enjoyed a zoom where there was instructions on how to get the most from the local offer and would like something like that again', another stated that they 'would like to know what the local offer is', another advised that they want 'information to be easier to access', another told us that 'I would like to fully know what help is available for send children and what support is offered', and someone else stated that they want 'relevant and up to date information to access on the local offer' but that there should be by 'other means of accessing information other than via computer/web'.

One person suggested that 'regular newsletters/roundups of local events and support would be beneficial', others simply stated that 'email' would be their preferred way on receiving communication and information, and some advised that having information available on 'Facebook' or 'via social media page' would be better than 'having to search stuff on the Halton local offer site'.

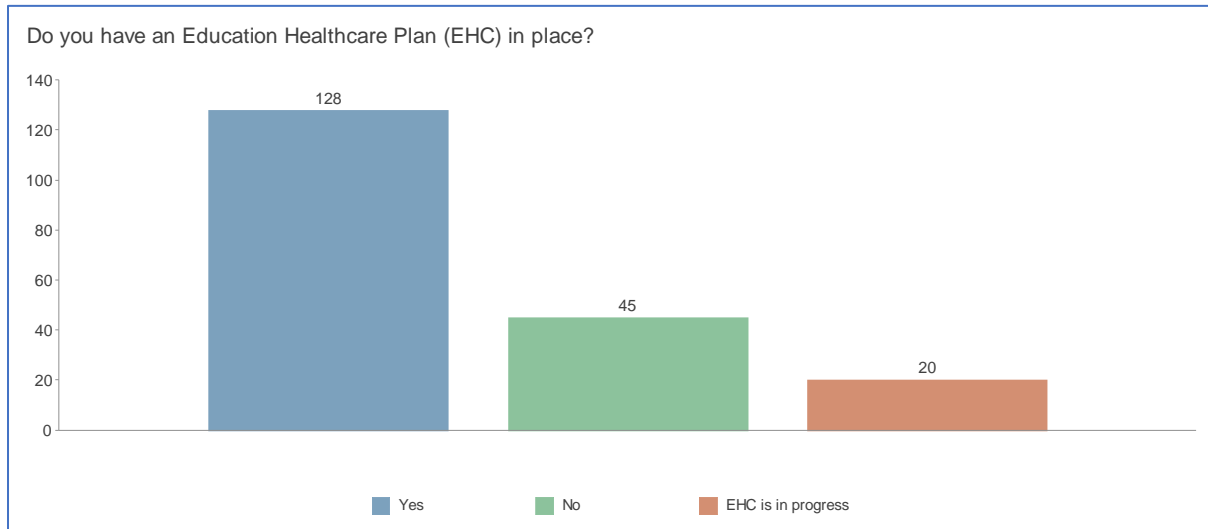
Family Involvement and Expertise was another theme that emerged from the feedback, one person felt that 'more input from users should be sought', another stated that the ability to 'give views and feedback on services is required', someone else advised that 'more consultation with parents' is needed, and someone else stated that they would 'like to be involved very much in the Halton SEND Local offer'.

Others suggested ways that they could be more involved, one person felt that 'regular meetings' would be helpful, someone else stated 'I have attended a meeting and feel that I could be involved if I wanted to', someone else advised that they would like to 'participate in groups and receive regular information', and another reported 'I am involved sufficiently'.

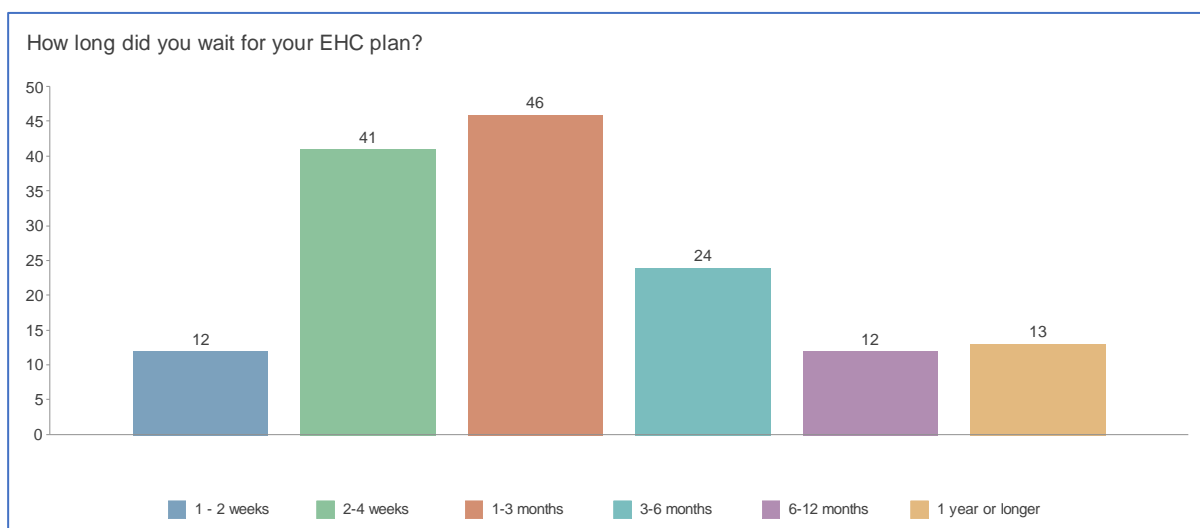
Support Services and Groups was another theme that was raised by responses, one participant told us they felt that 'involving the parent carers forum via zoom meetings is a good way to get more information and to open up communication between the LA and the families that need support', another felt that there should be 'easy access to services and signposting', another advised that there should be 'collaborative working practice with ALL services/professionals involved' which would 'reduce the impact on family of repetitive communication of needs' another advised that they would like to be 'given some advice & guidance on what services there are specifically suited to my child's needs', whilst another stated that 'I have found Halton SEND a very helpful service who have signposted me to other useful services'.

Local Offer Website was discussed by some participants, one stated that they would like to 'see more up to date information published', and 'more from parent and carer forum as they are in the leisure section' but that instead 'need to be in educational section too' so that the information 'does not get lost'. Another person told us that they would like to see 'easier to read and more up to date information' and that the website is 'hard to navigate and most information is incorrect and outdated', another reported that 'the local offer site is confusing at best', and someone else told us that 'it should be easier to navigate, I didn't know anything about it and had to find all the info myself'.

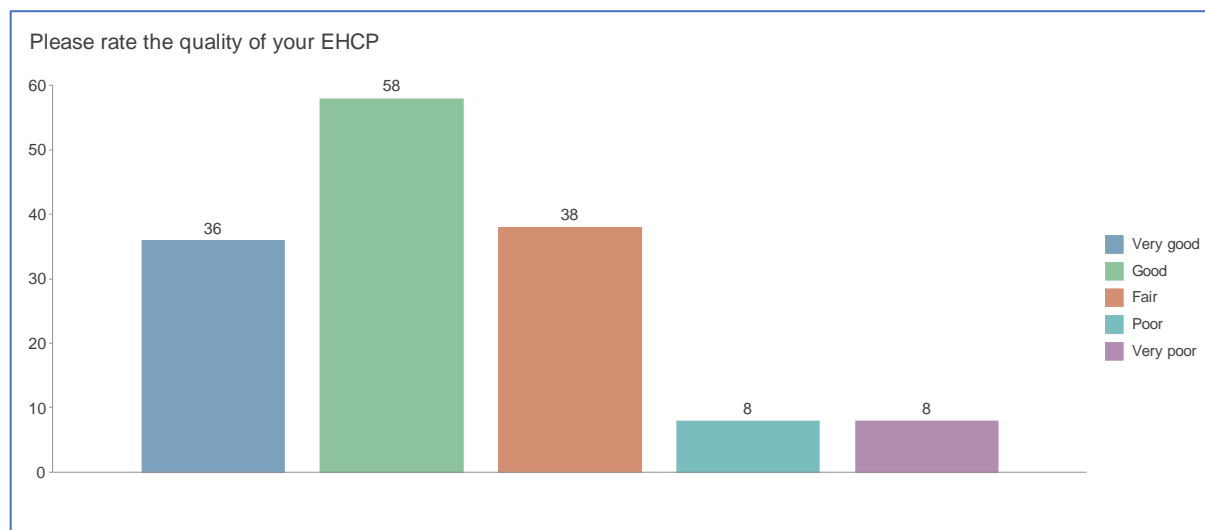
Question 14 asked participants if they have an EHCP in place, **128** people responded **Yes**, **45** reported that **No**, they did not have an EHCP in place, and for **20** people the *EHCP was in progress*.



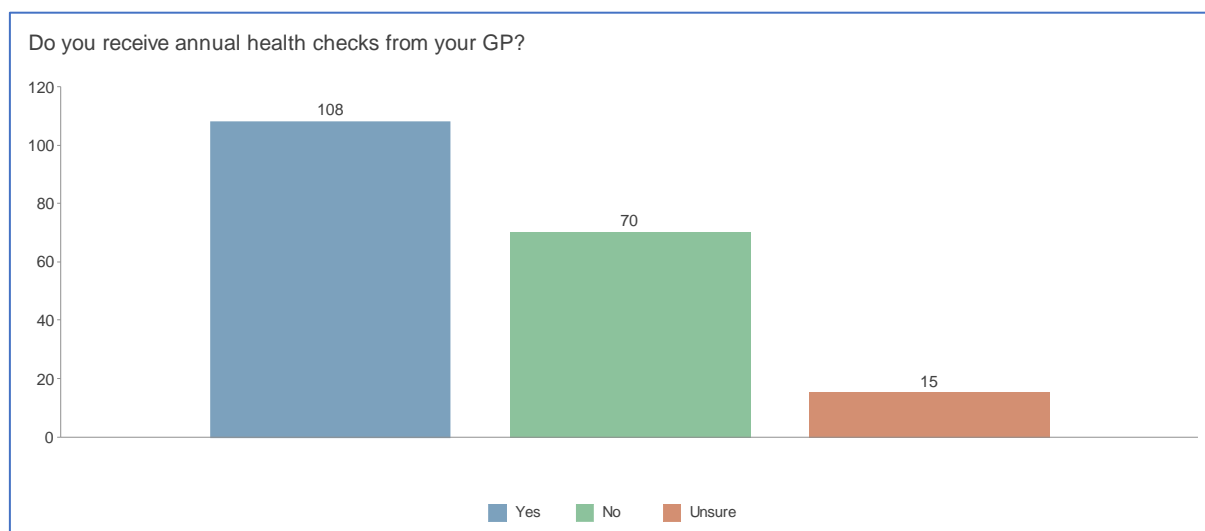
Question 15 asked participants how long they waited for their EHCP. **12** people reported that they waited for *1 to 2 weeks*, **41** people stated they had waited *2 to 4 weeks*, **46** people reported that it took *1 to 3 months*, **24** people advised that they waited *3 to 6 months*, **12** people reported it took *6 to 12 months*, and **13** people reported that it took *One year or longer*.



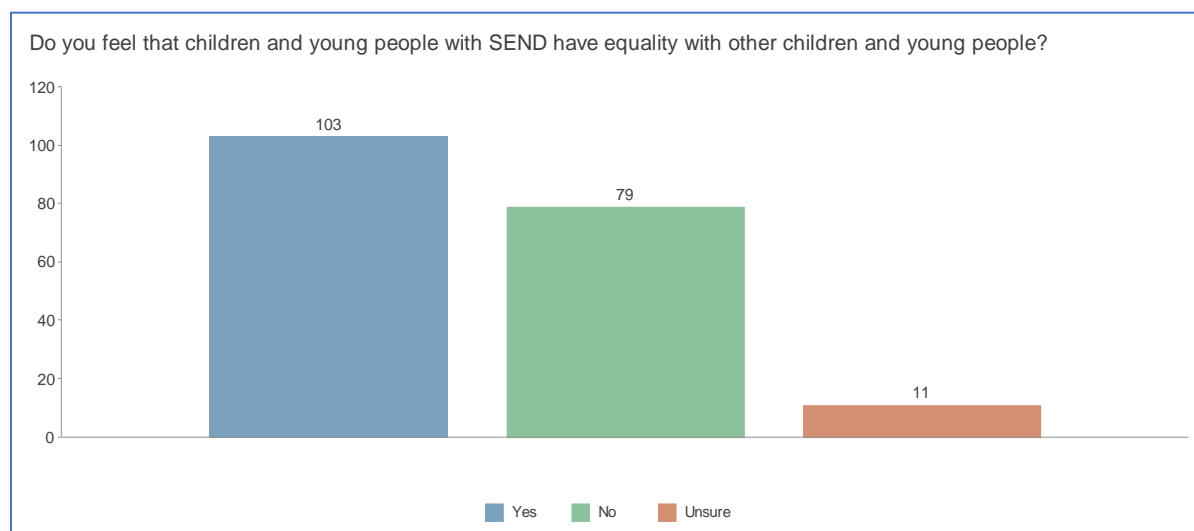
Question 16 asked participants to rate the quality of their EHCP. 36 people rated it as *very good*, 58 people rated it as *good*, 38 people rated it as *fair*, 8 people rated it as *poor*, and 8 people rated it as *very poor*.



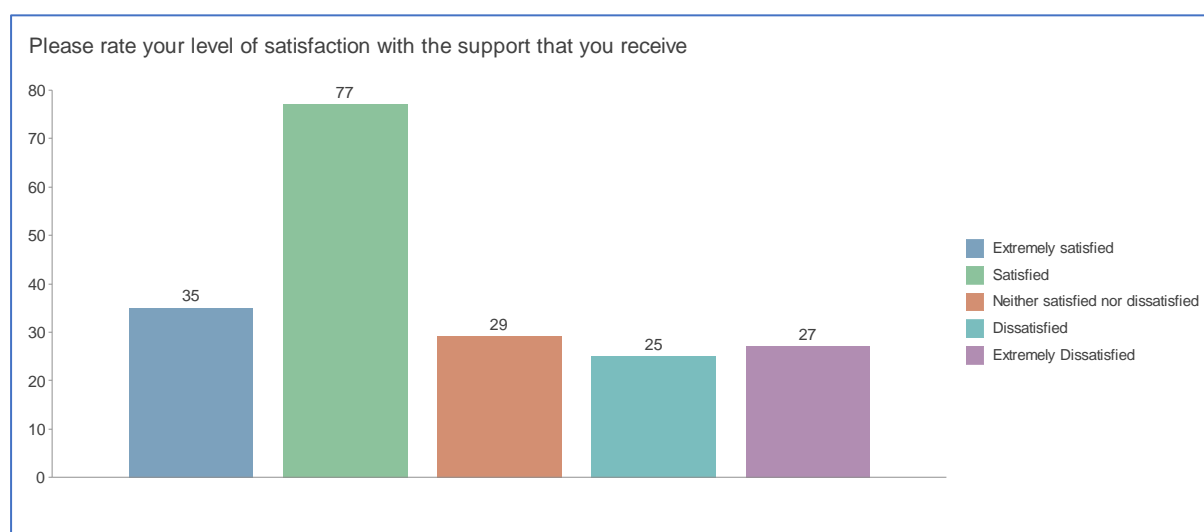
Question 17 asked participants whether they receive annual health checks from their GP, 108 people selected *yes*, 70 people selected *no*, and 15 people were *unsure* if they receive annual health checks or not.



Question 18 asked participants if they feel that children and young people with SEND have equality with other children and young people. 103 people selected **Yes**, 79 people selected **No**, and 11 people were **Unsure** if there is equality or not.



Question 19 asked participants to rate their level of satisfaction with the support that they receive. 35 people told us that they are *extremely satisfied*, 77 people felt *satisfied*, 29 people reported they were *neither satisfied nor dissatisfied*, 25 people told us they were *dissatisfied*, and 27 people felt *extremely dissatisfied* with the support that they receive.



Question 20 was an open text question that asked participants to tell us anything else they would like us to know about their experiences or level of satisfaction. The feedback was analysed thematically, and **three themes** emerged from the feedback.

- 1. The Local Offer** was the most commonly discussed theme by participants, one person told us that there is 'a total lack of assessment and diagnosis and then further support', another reported that they had been 'made to feel like a failure as a parent and fight barrier after barrier', someone else advised that 'overall the quality of assessment and additional support in the borough is extremely poor', another stated that 'aside from a phone call with repeat advice I don't feel any services have fulfilled my child's needs', and another told us that 'I believe children should be seen with a lot more urgency while they are awaiting to be assessed they are struggling daily which is effecting their education and mental health'.

Others were positive about their experience with The Local Offer, one told us that 'I'm satisfied in every way', another advised 'I'm pleased with how quickly the process went down', another reported that 'I'm happy with the care I'm getting', and someone else told us that 'the SEND service is very good'.

- 2. Support** was another commonly discussed theme, we were told by one participant that there is 'no support' and that families are 'constantly pushed from one person to another', another person advised that 'services in Halton are poor', and that 'the only good thing is the parent carer forum', someone else told us that 'some support for the children' would help greatly' as well as the 'ability to access support before diagnosis'. Another participant stated that 'I know there are a lot of children with SEND needs but, children are missing out on important help and support as the process just takes far too long', another reported 'children receive a diagnosis and are left to deal with it' and someone else told us 'I have had no support'.

Others were positive about the support that they had received, one person told us that 'it helped our family, it helped solve the problem', another advised that 'I've had a lot of help and I feel really good about it', and another stated that 'I am very satisfied with the help for us, which is a great encouragement for my disabled children'.

3. EHCP and Education was another theme that emerged from the feedback, one person told us that 'I have 2 children with EHCP's, I feel one is much more comprehensive and explanatory than the other, same with the advisors they had', another parent advised that 'all professionals give their recommendations for the child but school do not have the manpower or funds to put in to place, so child goes without', another told us that they have a 'lack of support from the school'. And someone else reported that 'when the EHCP was compiled school were mindful of only stipulating support they felt they could meet and not support that was actually based on need'.

Other had more positive experiences with EHCP and Education, one person told us that 'we have been lucky to have a knowledgeable and pro-active teacher in my child's (mainstream) class this year, so we have received some support direct from the school and are now getting a school nurse involved to do some work with our daughter', another told us that 'after diagnosis, they were very active in making the EHCP', and someone else told us that their 'experience of school / nursery support and EHCP have been positive so far'.

Conclusions

The feedback received from all participants was very mixed in terms of experience and sentiment towards referrals and assessments, additional support, the Local Offer, and communication and information.

Throughout this feedback however, it is important to note that there were positive examples of experiences of assessments and additional support, and the implementation of all aspects of the Local Offer.

As the feedback regarding waiting times for assessment show, assessments could take weeks, months or up to one year or more to take place once the referral has been made, with the same being shown when awaiting additional support to be in place. Participants referred to delays and long waiting times that they felt were unnecessary, and which often had a family wide impact.

In terms of services working together there was a general agreement that patient information, case histories and care plans are not communicated well between services of different disciplines, and that often parents or carers have to tell their story repeatedly to different professionals. Utilising different software systems, lack of staffing, lack of adequate resources, and a lack of staff knowledge, were mentioned as reasons for this, but many felt that there were gaps in services, barriers to accessing services and that services were disjointed.

Feedback about the Local Offer website was largely negative, and users found it to be too difficult to navigate, not relevant or up to date, confusing, and not easy to read and understand. Advice from professionals suggested that digital access, digital skills, and literacy skills were barriers for people in accessing the information on the Local Offer website.

Communication and Information was another issue raised by participants. Many people felt that they were not kept informed about the assessment and additional support process as they would have liked to be, and that services did not communicate with them with regard to progress and expected waiting times. Some also reported a lack of information about what support was on offer, what services were involved, and the procedures and protocols of the Local Offer.

Family involvement and expertise were also raised throughout the project, and participants felt that the views of young people and their families should be sought by professionals of all disciplines, and that the information that they add should be taken more seriously for assessments, care planning or EHCP's.

There was also a strong indication that people would like to be more involved in the Local Offer through providing feedback, attending meetings or being involved in consultations, but many don't know how to access this, some however reported that they already attend meetings and give regular feedback and are satisfied with the amount of involvement that they have with the Local Offer. This shows that the opportunities for involvement in the Local Offer are there, but there is a lack of information on how to access it.

Education and EHCP's were discussed by many who had difficulty accessing appropriate educational settings and the suitable support whilst at school, whilst awaiting diagnosis or additional support to commence.

Many discussed the wait times for an EHCP to be put in place following assessment, with waiting times ranging from a few weeks to 1 year or longer. Other issues that were raised were consistency of EHCP, quality of EHCP, young person and family influence in the creation of the EHCP, and a lack of resources within schools to provide adequate support which leads to ineffective EHCP's.

Recommendations

- 1.** Improve Assessments:
 - a Review the delays and waiting times for assessments and additional support.
 - b Review consistency of access to support for young people, their parent or carers throughout and beyond the assessment process.
 - c Ensure assessment procedures allow for family expertise to be a core element of assessments.

- 2.** Improve Joint Working Protocols:
 - a Ensure joint-working protocols are in place in all services and disciplines involved in the Local Offer.
 - b Monitor joint-working protocols to ensure they are being followed by all services and disciplines involved in the Local Offer.

- 3.** Refresh and redesign the SEND Local Offer website:
 - a to make it more user friendly in terms of ease of use, navigation to relevant information and levels of literacy used.
 - b Involve parents and carers in designing a Local Offer website which responds to their needs better. A redesign should take account of a range of access needs (e.g., pictures may help some groups but may be problematic for others without a description) and ways of presenting information which is navigable by people with a range of additional needs, including sensory impairments.

- 4.** Improve family involvement in the Local Offer by promoting the different ways that people can get involved through digital and non-digital means.

- 5.** Design a broader approach to communicating the Local Offer information in a more user-friendly way with non-digital options that are accessible to people who do not have digital access or skills.

- 6.** Improve communication between professionals and between professionals and young people/parents/carers.

- 7.** Demonstrate clear processes for promoting and signposting to groups who can have a role in supporting young people, parents, and carers, throughout the process.

8. Education and Healthcare Plans (EHCP)

- a Improve the timeframe for EHCP creation.
- b Improve the consistency and quality of EHCPs to include specific/quantifiable support which can be easily monitored and evaluated. This will enable parents/carers to have a better understanding of what support is in place and who is responsible for delivering it.
- c Ensure that EHCPs are meaningful to children/young people. Provide a way for young people to provide feedback about whether EHCP actions, or support plans, are working well for them or not.

Report responses

Halton SEND Parent Carers Forum

'At Halton SEND Parent Carers Forum we say, *'Your voice counts'* and it was wonderful to see so many families with SEND get involved with the Healthwatch survey and have their voice heard. The data has identified and evidenced areas for improvement and it is now vital that the recommendations, from the Healthwatch project will be followed. This will help enable better support, services and lives for those with SEND living in Halton.'

Halton SEND Parent Carers Forum (HSPCF) – www.haltonsendcarersforum.org.uk

Denise Roberts

NHS Cheshire and Merseyside's Place Associate Director for Quality and Safety Improvement for Halton and Halton SEND Partnership Board Chair

"We welcome the findings of the report and would like to thank our Healthwatch Halton colleagues for compiling the report and all those who gave up their time to share their experiences.

"We're aware of the challenges many children, young people and their families with special educational needs and disabilities (SEND) experience, and the report's findings show the impact that any additional barriers can have on their day-to-day life.

"While we are already in the process of addressing many of the challenges, the Halton SEND Partnership Board is committed to reviewing all the recommendations and working with partners across Halton to address them appropriately.

"As One Halton, the council, NHS organisations, GP practices and voluntary organisations are working together to make the health and care system work better for Halton's residents – working as one to join up services, share ideas and resources and tackle the borough's biggest challenges."

Acknowledgements

This report could not have been produced without the input and support of many individuals and organisations.

Thanks to all the children, young people, parents, carers, SEND practitioners, service providers and commissioners who took the time to share their stories, experience and information via surveys and focus groups. Their contributions were anonymous, but their input was crucial.



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Agenda Item 5

June 2023 HAB meeting - Meetings overview report

The local elections taking place in May meant that some statutory meetings we would normally attend were postponed due to the Pre-election Period (Purdah). Easter and the extra bank holidays in May also led to a few meetings being postponed until a later date.

Overall, we have taken part in over 40 meetings between 19 March and 21 June.

March - Health & Wellbeing Board

The meeting today was extremely valuable as we got to Provide the feedback on the latest situation with accessing a dentist in Halton. In addition, Tom Knight, NHS commissioner for Dental Services, was able to provide a response to our recommendations and this is detailed separately.

Main Issues:

1. A presentation about a project called LIFE ROOMS and its pilot delivery in Halton. This project is a really practical way of supporting people with Mental Health Issues to access support and advice in one safe space. Would be useful for us to follow this up as the funding may not continue and Halton Residents may be disadvantaged in the process.
2. Social Workers Report a really good illustration of how much time and skill is needed to give Adults with the right access to help with their lives. No Action for Healthwatch at this time.
3. The Joint Working Agreement and Joint Forward Plan were discussed. There is to be Public Engagement about the plan in May / June and perhaps Healthwatch could seek involvement in this process.

Action points from meeting:

- Follow up Dental Services Report Again in 1 yrs time to see if any impact / improvements have been made.
- Contact Mike Crilley at Merseycare to see how the project known as Life Rooms progresses and in particular whether any funding is found to take it forward.
- Seek involvement in the Public Engagement for the forward Plan through the ICP/ICS structure in May and June.

Concerns: As Above

Note - Kath has fed back to the HWBB comments on the Joint Health and Wellbeing Strategy.

- The strategy does broadly represent the discussions we have had at Health and Wellbeing Board and the discussed priorities.
- We would like to see an explicit mention of Partnership with Healthwatch Halton and its ability to provide public views on local Health Services as we don't form part of the voluntary sector as such and our role is quite specific. We do of course work in partnership with them.

- In document 3 Draft Cheshire and Merseyside Joint Forward Plan on Page 12 there is no mention of Dental Health in the Physical Health improvement section although it is mentioned under Primary Care. This does feel a little disjointed given the effects poor dental health has on Physical Health Improvement.

Health Policy and Performance Board – No meeting after February due to local elections.
Next meeting 27 June

One Halton Primary Care Commissioning Group

- First meeting I've attended of the new committee. Busy meeting. Review of the TOR. The group will report up to the System Primary Care Committee and Halton Place Governance Committee and the Place Q&P group.
- Good overview given on Community Pharmacy. CP is now devolved to ICS status
- Commissioning and transformation report presented.
- Extra money asked for from Discretionary fund for six Runcorn practices due to extra short term work load regarding the registration of extra 570 displaced patients from Princeway practice in Helsby.
- Extended Hours service, not being fully utilised. 1152 extra appointments in each PCN area, only 743 (Widnes) and 681 (Runcorn) taken up. Is this due to lack of awareness? There were a number of DNA's at these sessions too. Is this a communication issue?
- Discussion on locally commissioned services. The ICB will be looking at harmonisation of services. Where are there potential health inequalities due to specific / bespoke locally commissioned services, i.e.r. Minor Eye conditions – Wirral.

One Halton Place Based Partnership Board - March and April. May meeting cancelled

Workshop to look at the Joint Forward Plan and One Halton workstreams.

Verbal update to be given at HAB.

Regular Cheshire & Merseyside Healthwatch Leads meetings – These take place most Friday's. They cover a number of issues, particular focus at present is ensuring Healthwatch involvement in the right places and times in the new ICS/ICB systems.

The C&M Healthwatch Memorandum of Understanding has been completed. See attachment.

CYP Emotional Health and Wellbeing Partnership meeting - April

Perinatal Mental Health providers list discussed.

Terms of reference discussed - What is the purpose of the group. The agreement was that it should be an oversight committee, looking for assurance from services/providers that they can evidence outcomes of the work they do.

Transformational Action Plan discussed.

Future updates - It was agreed that all services presenting updates going forward should be asked to share information about access and barriers to their service, volume of service use, service user feedback, and positive outcomes.

CYP Emotional Health and Wellbeing Partnership meeting - June

- Presentation from Lisa Simpson (Mersey Care) on Transition from CYP to Adult Services.
With all the changes Transition will be moving to much more intervention focussed. Intention is to have a new model signed off by the end of 23/24

- Maria Saville - gave an update on PBSS. (Positive behaviour support service)
The Positive Behaviour Support Service (PBSS) is a specialist service that works to support behaviour change and improved quality of life for people with autism and/or learning disabilities who engage in challenging behaviour.
They work in number of C&M areas - Some really good work taking place.
They currently support 27 children in Halton. They have 23 children on waiting list.
Average waiting time is 54 weeks.
 - Barriers the service has face recently: -
 - Residual impact from covid
 - Increase in demand
 - Some families not engaging in the process
 - Lots of staff changes in teams which hinders getting progress
 - Identified health needs might be related to challenging behaviour. i.e. constipation.

- Update from Kooth on its service. 300+ users 93% satisfaction from those who took part in survey (no stats on how many)
- CAMHS National dashboard update – Details of the Beyond CYP transformation programme. Gwen Cowley - senior data scientist CYP transformation programme

I asked if our SEND report could be brought to the group. Response – Yes, but when may depend on where it is up to with the SEND Partnership Board.

Combatting Drugs Partnership meeting - March

First meeting attended. There was a review of workshop held at last meeting,

Comments a bit mixed, one person said it was a good session. Another said it skirted around some issues. It was useful though.

Next, a review of the strategy. Overall thought it's a large document. Five work streams to come out of it. Ifeoma worked hard to get volunteers to led the various streams.

Next meeting, was due in June, it has been moved back to July.

One Halton Communication and Involvement Group - May

- Fairly short agenda as one presenter was unable to attend.
- Updates give around the plans for
 - NHS 75th anniversary
 - People and Community reps - One Halton would like to be able to 'make use' of the groups contacts to aid in certain pieces of work when there is a need for 'Patients by experience'
 - Visit planned to the new W&H Diagnostic Centre
 - One Halton and ICB update given. The June ICB meeting in Halton won't have a market place, due to time.

One Halton Communication and Involvement Group - June

- Tony Leo, One Halton Place Director attended and gave an update on the One Halton Strategy. –
- **Action** - arrange a meeting with Tony to discuss HW work and involvement around One Halton
- Tony discussed the need for a high level briefing aimed at local councillors. I said it may be better to give them something they can use to inform local people about the purpose and aims of One Halton. Also stressed the importance of a two way conversation. People need to be able to feed back on One Halton too.
- Presentation by Val Armor on the new Family Hubs
- I asked if we could have the contact details for the Primary Care Network e-bulletin update.

HBC Q4 Contract Monitoring meeting

See attached Q4 monitoring report

Other stakeholder meetings

- Merseycare and Healthwatch Quarterly catch-up
- Warrington Hospital PEC meeting
- St Helens & Knowsley Hospitals Quarterly HW. meeting
- St Helens & Knowsley Hospitals PEC meeting
- NHS Quality Accounts presentation day

General and ad-hoc meetings

- Healthwatch England meetings – Campaigns, Engagement Leads and Volunteer Leads
- Discharge Project planning meeting with NHS Halton
- Avanti North West – Discussed use of Runcorn Station Community Lounge
- Volunteer meetings
- ECS meetings
- Delamere Centre – Discussed public engagement
- One Team (STHK) session to update Healthwatch on the merger of STHK and Southport and Ormskirk
- HIV Support – Discussed upcoming Halton pride event
- Vibe group – met to discuss Youth involvement in Healthwatch