

# Healthwatch Independent Strategic Advisory Board

## Public Board Meeting Agenda

28 November 2024

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.

Time		Item	Enclosure P – paper V – verbal	Outcome N – Noting D – Decision I – info	Presenter
2.00pm		Private session to discuss confidential staffing/ operational issues. Closed Session - not open to the public.			
		<b>Close private session and open Public ISAB Meeting</b>			
2.30pm	<b>1</b>	Declaration of Interests	V	N	
	<b>2</b>	Apologies	V	N	
2.35pm	<b>3</b>	Minutes & Matters arising and action log	P	D	
2.40pm	<b>4</b>	Activities and developments (for info) - (Since last meeting)	V	I	
	<b>5</b>	Decision log (for info)	V	D	
2.55pm	<b>6</b>	Progress against workplan	P	N	
3.05pm	<b>7</b>	Themes and trends	V	N	
	<b>8</b>	Risk log, (including ad hoc/unexpected requests and ability to respond)	V	N	
3.15pm	<b>9</b>	ISAB members feedback / horizon scanning	V	N	
3.25pm	<b>10</b>	Healthwatch network scoping feedback	V	N	
3.35pm	<b>11</b>	Public questions	V	N	
3.45pm	<b>12</b>	Close of meeting – Next meeting date : 16 January 2025			

Chair – Healthwatch ISAB Chair

LHC – Local Healthwatch Chief Officer

Future meeting dates -

# Agenda Item 3

## Healthwatch Halton Advisory Board

### Public Board Meeting Minutes

**Thursday 12<sup>th</sup> September 2024 2pm**

In Attendance: Lydia Hughes (LH) Chair  
Elizabeth Learoyd) ECS Director  
Maureen Isherwood (MI),  
Dave Wilson (Chief officer, Healthwatch Halton)  
Lorna Plumpton (LP)  
Clare Screeton (minute clerk)

Apologies: Michelle Downes (MD)

		Item
2.00pm		<i>Private session to discuss confidential staffing/ operational issues. <b>Closed Session- not open to the public.</b></i>
		<b>Public HAB Meeting</b>
2.30pm	1	The Chair welcomed the board
	2	<b>Declaration of Interests</b> DW – Daughter is the HR director for Countess of Chester Hospital. Chair – CEO of Healthwatch Warrington.
2.35pm	3	<b>Minutes and Action log from Public Board Meeting update</b> The chair had questions in relation to the actions and minutes. <ul style="list-style-type: none"> <li>• The Chair asked DW to agree a date with the Board for a Board away day.</li> <li>• She has requested that a copy of the 360 is shared with the Board.</li> <li>• The Chair asked if it was relevant for Richard Yelder from ECS to attend unless there was a specific enquiry relating to finance that the Board wanted clarified. The Board agreed that he would only be invited if they had questions. EL also said that she could answer any questions relating to finance.</li> <li>• The Chair asked DW if the E&amp;V reports are passed by the Board for publication. In the past they have not but moving forward this will be added to the agenda.</li> <li>• The Chair asked if Gill from the advocacy dept would like to attend to update the board on the advocacy team and their work.</li> <li>• 14 plus health checks- is this still ongoing as part of the send report and recommendations.</li> <li>• All board one to ones have now been completed , but MD has been unable to meet up with the Chair as she has started a new role, and we are happy to hold this until she is able to set some time aside.</li> <li>• and a date for the Christmas social will be discussed at the next meeting.</li> <li>• MI updated the Chair on the DNR notice that would be going on people’s fridges for the ambulance service to see should they have to attend a call out at the house. She stated that she thought that this was not the best idea as it would be very distressing for the patient and their families, surely there could be a symbol that would be more appropriate. This was shared with her as part of a presentation that Matthew Roberts who leads on end of life care, delivered at a meeting February. The Chair questioned why this would not already be in their notes. DW said that he will contact NWS for clarity.</li> </ul>

		Item
		<ul style="list-style-type: none"> <li>Corridor care this has become the norm and the Board question why there is not a paid member of medical staff that specifically oversees this. The trust said at the PESC that the volunteers help. LP witnessed this first hand recently when a relative who was in a bed on the corridor for 15 hours. Their dignity was not being maintained and when she questioned staff on duty they said that they couldn't put screens or curtains up as they cannot not see the patients. Therefore there is no privacy and when the consultants are speaking to the patients everyone can hear what is being said. The Chair asked why they had not been moved to the frailty unit? MI said that this has a knock on effect on peoples mental health as they are terrified that they may have to return to hospital therefore they become more isolated. DW will check on the corridor toolkit that the ICB has been working on and enquire with the trust.</li> </ul> <p>The rest was recorded as a true reflection and agreed by the board.</p>
2.40pm	4	<p><b>Work Programme Project Updates</b></p> <p>DW updated the board on the operational work that the team have undertaken since the last HISAB.</p> <ul style="list-style-type: none"> <li>Out and about – The team have taken part in 37 outreach and engagement sessions across Halton during Q1, engaging with 537 people.</li> <li>Hearing from the public - 237 people have given their experiences of local health and care services during this quarter in a range of different ways, including via: Outreach sessions / listening events, email / Phone, online surveys and website feedback.</li> <li>Website signposting, advice and information - There were 8459 visitors to our site during the quarter, viewing 16,253 website pages. This includes 4310 views of the advice and information articles on the website. During Q1 we added four new advice and information articles. We've added or updated 53 news, advice &amp; information articles on the website this quarter.</li> <li>Communications 3-bulletins were sent to subscribers during Q1. At the end of Q1 we had 550 subscribers, an increase of 11 on the start of Q1. The e-bulletin is also sent across the voluntary sector network and to local media contacts and MPs.</li> <li>Stakeholder meetings - overview We took part in 23 main stakeholder meetings in Q1. The local elections taking place in May and the general election taking place in July meant that some statutory meetings we normally attend were postponed due to the Pre-election Periods.</li> <li>Reports published during Q1 - 9 published reports.</li> </ul> <p>LP also asked if there has been an increase in calls to HW Halton now that MIND are no longer operating in Halton. DW said not so far but he does expect that there will more. He also expressed concern for both service users and an already stretched MH service.</p>
2.55pm	5	<p><b>Stakeholder and other meeting feedback reports</b></p> <p>The Chair attended the H&amp;WBB on behalf of HWHalton there was a presentation from Halton Housing and one from Bridgewater. The Chair met someone from Halton Housing at the HWBB, and felt that she would be a great contact on our Board, Chair in process of trying to contact her.</p> <p>DW attended the Halton Borough Council peer review and feedback to them on the councils engagement with HWHalton and partners.</p> <p>The team attended both Warrington and Halton Hospital PESC and Whiston PESC. They advised that there was a shortage of wheelchairs. There should be 00 and there was only 170 the trust has now purchased a further 130 wheelchairs.</p> <p>KMM attended the HBC meeting for asylum seekers there are issues picked up around dentistry referrals and treatment.</p>

		Item
		<p>One Halton meetings have been paused for the timebeing. The quality and performance board will be reforming.</p> <p>DW attended the IGA they discussed the hospital discharge report and said that there needs to be a response issued and also one for the SEND report. HWHalton are asked to attend a lot of meetings but due to capacity they need to ensure that the ones they attend are relevant.</p>
3.10pm	6	<p><b>Intelligence/Feedback update – public issues</b></p> <p>DW said that the new phlebotomy service at Warrington Hospital has improved the service greatly. Eyecare, there has been intelligence that there are more people than ever waiting for referrals and appointments. This ties in with the work that HW England is currently undertaking.</p>
3.30pm	7	<p><b>Any other business</b></p> <p>A lady has contacted MI regarding a shared care agreement for her daughter who is under the age of 16. Her daughter has sever ADHD. She has asked for advice. MI said that she can ask for a 2<sup>nd</sup> opinion. The lady is concerned as the Doctor said that he felt that her daughter was being controlled by the mother. DW said that the waiting list for these referrals is very long and is constantly going, he advised to tell her to contact her local parent carer forum.</p> <p>The Cancer Alliance has released funding to help promote lung screening check-ups. VCA have been successful and HWHalton are going to apply for £2000 to help assist with this.</p> <p>LP has messaged Jane from the cancer patient experience quality group to enquire when the next meeting is scheduled.</p> <p>DW spoke about a guide for Residential Care Homes in Halton that he is hoping to produce. This is to help families chose a care home that is best for their loved ones. It would also include information such as social care assessments CQC reports and payment rates. The Chair had reservations about mentioning prices as things change so quickly. DW said that it would be mainly online as updates and changes would be ongoing. DW will speak to the council and see if they feel that there is a need for this. LP said that the literature is provided by NAPP which is £80 per year to join then you can use their templates and literature. All agreed that we need to support the PPGs and added that some practices are very supportive of their PPGs whereas others are not.</p> <p>KMM has been contacting the local G.P practices asking if they have a PPG and how they are supporting them. DW will meet with LP to discuss working together on this.</p> <p>MI attended NHS training which she found very beneficial. There is actually no set format for a PPG it is whatever works best for the practice and the members.</p>
4.00pm	8	<p><b>Date and Time of Next Meeting</b></p> <p>21<sup>st</sup> November 2024 2pm</p>

### Healthwatch Halton ISAB Meeting – Action Log

No.	Date of meeting	Task Description	Owner	Status
09/01	September 2024	Find out about displaying DNAR notice guidance	DW	Completed – DW to update at Nov meeting
09/02	September 2024	DW to check on the corridor toolkit that the ICB has been producing will check with the trust. DW to meet with Lorna to discuss working together on the PPG guide.	DW	Completed – See papers
09/03	September 2024	Meet with Lorna to discuss PPG guide	DW/LP	Completed

# Agenda Item 5

## **Healthwatch Halton Work Programme 2024/2025**

### **November ISAB update**

Healthwatch Halton will champion the interests of people who use health and social care services and ensure that they have an opportunity to speak out about their concerns and health and social care priorities.

We will ensure that the views of the public and people are considered by those who commission and provide services.

### **Primary Care review**

#### **Access to GP services.**

Currently we are working in partnership with other Cheshire & Merseyside Healthwatch on this. We are running a joint survey looking at people's experiences over the past 12 months. This was launched at the start of November and will run until March. A report covering all of C&M will be produced and presented to the ICB. In addition, each Healthwatch will have an individual report on its results.

I met with Halton Place Primary Care Leads on 19 November to discuss promotion of the survey to all patients through local GP network.

As of 22 November there have been 161 Halton responses to the C&M survey, fourth highest out of the nine areas.

In addition, prior to the launch of the C&M survey we had already started visiting local GP practices to speak with patients. Feedback collected through this work will feed into the final report.

### **Follow up work on previous projects (initially Maternity)**

No date yet set for this.



## Community Engagement

In addition to public outreach sessions, our staff and volunteers will visit a range of community groups and events to seek patient and public opinions and views. We will ensure our visits reach across all Halton's communities and look to gain the confidences of specific groups that we know are out there and difficult to engage with. We will also seek out the experiences and views of people who in the past have been in the minority in intelligence gathering, for example people with learning disabilities and or autism, people who have mental health, people who are blind, people who are deaf etc.

**Target: Face to Face - Undertake 150+ outreach activities from April 2024 to March 2025.**

**Update:** As of 1 November we've carried out 171 outreach activities. The majority are public facing sessions, i.e. hospitals, libraries, etc. We have also carried out sessions with local groups and organisations to explain what we do and also gather feedback on services.

## Public Feedback

We will continue to encourage the public to feedback their experiences of using local health and social care services. This feedback will form part of our regular reports to the Healthwatch Advisory Board and be used to identify any themes and trends in local services.

This feedback will also form part of reports provided to stakeholders and commissioners.

**Aim: To collect the experiences of 1200 people between April 2024 and March 2025.**

**Update:** As of 22 November we have collected the experiences of 1170 people. (See reporting below)

## Reporting

Healthwatch Halton will continue to carry out independent reviews on the provision of various health and social care services.

We will look at how we can best keep the public informed of changes brought about due to our work and the feedback.

Reports will be published based on the feedback we receive from the public. These will be sent to the relevant Boards, Commissioners and Monitoring Officers.

**Aim: To publish intelligence/insight reports on a quarterly basis.**

**Update:** This is something we need to look at. While we publish regular reports from our Listening Events etc., we don't produce regular intel/insight reports on the general feedback we get.

We are getting more requests from commissioners /providers to feed in the intel we get. We need a simpler way to do it.

We do share our feedback data with Healthwatch England monthly and send them copies of all our reports.

## Enter and View programme

The programme has been and will be determined by intelligence received and follow up actions from previous Enter and View visits.

The focus on the Enter and View Programme for 2024 will be to look at the quality of the services from a resident and family (care homes) or patient/service user (other health & care services) point of view.

**Aim: Carry out at least six Enter and View visits by March 2025.**

**Update:**

Six care homes are on our list to visit before the end of March.

## Promotion

We will ensure our services are widely available and promoted in a range of formats. Our website and social media accounts will provide updates on engagement topics and enable networking with other organisations.

**Aim: To see an increase in engagement numbers through social media. Ensure that the website is updated regularly with relevant topics and issues.**

**Update :** Social media engagement remains fairly steady.

Total Facebook reach since April is 26,006., which has already passed last year's final figure of 23,499. Engagement with our Facebook messages is on target to show a 10 to 15% increase on last years figures.

## Strategic Influencing

Healthwatch Halton is represented on a wide range of strategic Boards that oversee health and social care including Halton Health and Wellbeing Board and the Health Policy Performance Board. Our remit is to work with these partnerships to ensure the voice of the public and patients are heard, and to provide advice, guidance and assurance on how to achieve this.

**Aim: Healthwatch will be a strong public voice in strategic decision making.**

## Healthwatch Independent Strategic Advisory Board (HISAB)

Develop a well-balanced HISAB with a complimentary skill set and culture that allows collaborative working to make effective decisions and agree which decisions are implemented.

**Aim: To grow the number of board members by three and ensure the HISAB receives any necessary training and support to fulfil its role during the year.**

## Volunteers

Volunteers play an essential role in the delivery of Healthwatch Halton. They add value and support us to achieve our mission and strategic objectives. By having

an effective volunteer programme Healthwatch Halton can provide opportunities for social inclusion, skills and confidence development and possible routes into employment.

**Aim: We are keen to make best use of our volunteer base this year and will look to review the effectiveness of the current volunteer programme.**

### **Additional funded projects**

Healthwatch Halton will continue to look at opportunities to take on additional funded project or pieces of work that are aligned with our mission.

**Aim: To generate additional income to help sustain the current contract delivery and enhance the delivery offer.**