

Healthwatch Coventry Steering Group 21 April 2020

Held At: via Zoom online

Minutes

Attendees: Stuart Linnell (Chair), Tervinder Bhangal, Apollo Economides, Catherine Smith, David Spurgeon, Ed DeVane, Dennis Saunders, Hakeem Adedoja, Sue Ogle (VAC), Ed Hodson (Citizens Advice Coventry), Andy Collis, (Involve).

Staff Present: Ruth Light, Louise Stratton, Jyoti Devi

Apologies: Christine McNaught (FWT), Samantha Barnett

1. Welcome

SL welcomed everyone to the meeting.

There were no declarations of interest

2. Minutes of the last meeting

The minutes of the last meeting were approved as an accurate record.

Matters arising:

- a) **Pharmacy contract changes** - a Healthwatch Coventry submission regarding an application by Boots to close a pharmacy and consolidate the service into another was made. Subsequently NHS England has advised by NHS England that pharmacy contract changes currently suspended
- b) **Small funds for engagement opportunities** mentioned by Stephen O'Hanlon of CRCCG, no further information has been received
- c) **Health and Care Partnership** - received an invite to a Health and Care partnership engagement session - Simon Wright has stood down the group for now
- d) **Stroke services** - changes approved by all three CCGs
- e) All three CCGs voted to merge
- f) **APMS contracts** - commissioning of 4 GP practices in Coventry awarded to GP Alliance
- g) **Prescription Ordering Direct (POD)** - period for ordering has changed to 10 days before medication runs out

3. Delivery and commissioning of Healthwatch Coventry

Members had been circulated a City Council Cabinet paper on the future of Healthwatch funding. SO said the indications were positive: an interim arrangement had been put in place and VAC had been notified regarding the 3 year grant but not formally.

RL said that there has been a uplift in the overall funding for the new Healthwatch contract but discussions will still need to take place about the funding split.

SO said that she is happy that in the current climate and the financial pressure the Local Authority is under that there was an increase in funding for Healthwatch. We are looking at the guidance document Healthwatch England have created about what a Healthwatch should look like and embed this into the structure.

4. Work programme and activity reports

a) Guidance from Healthwatch England

RL advised that Healthwatch England had written to all Healthwatch local commissioning officers with guidance regarding the priority areas for Healthwatch work during the period of social distancing. This advised that providing good quality information to the public was the top priority. All face to face engagement work in the network has stopped.

The Healthwatch Network Facebook Workplace platform is being used to share up to date information related to Covid-19 and information for the public.

Citizens Advice Coventry continue to run the Healthwatch Coventry information helpline, members of the public can still call the number and calls are being diverted to a mobile number. The number of calls is low at the moment. Other local Healthwatch seem to be experiencing reduced call volumes too.

HWE have also produced an engagement toolkit. Some local Healthwatch have started to create surveys but there have been mixed reactions from members of the public as to why these surveys are being carried out now. RL said a softer approach is being trialled with an updated feedback form on our website.

Within the Healthwatch network queries are being raised about how Healthwatch can continue the critical friend role in the current climate with all face to face meetings being cancelled. Guidance recently published means Local Authorities are able to hold public meetings (such as the health and Wellbeing Board) online. Some local authorities have started to do this.

DSaun raised about list of vulnerable people; and that there appeared to be more than one list

RL explained there were different categories: the Shielded list which are people with certain health conditions who have all received a letter to isolate for 12 weeks; a category of people who are more vulnerable to Covid-19 who should take extra care (broadly those who receive a free NHS flu jab) and also people who were vulnerable in the current circumstances for other reasons.

Healthwatch England has just confirmed the local Healthwatch can make a request for support from the NHS volunteer scheme. Individuals can also add themselves to the list of Shielded patients using an online form

SO said it was challenging for all parties in the City and every organisation was doing their best to work out which list and who/ which organisations would be picking up which list to support. There had been a conversation at a recent social prescribing meeting whereby representatives were trying to work out which list is most accurate.

The City Council is trying to hold as much information as it can on its website so this is the place to check.

See www.coventry.gov.uk/info/1/council_and_democracy/3551/covid-19_coronavirus/8

b) Update on work

RL gave an overview of the work which had been undertaken since the last Steering Group meeting:

The team had been completing reports on care homes enter and view visits and obtaining responses from care homes.

The reports of the public survey regarding us of digital technology in the NHS and engagement with patient by GP practices is complete, however work to promote the findings is on hold as this is not likely to be received by commissioners and GPs during the current Covid-19 crisis.

ED noted that video appointments are being more rapidly implemented which could be leading to issues. RL said members of the public may take up the offer of using these types of appointments even if they felt reluctant.

Two email newsletters had been circulated one to partner organisations and one to Healthwatch members and new content related to Covi-19 created on the Healthwatch Coventry website.

RL highlighted upcoming work:

- Completion of write up of focus group at Coundon Court school
- Production of Healthwatch annual report

c) WMAS quality account

The draft document was previously circulated to Steering Group members for input into the Healthwatch Commentary. The rules regarding the production of Quality Accounts by Trusts have been relaxed.

AE said it was interesting but not clear how the results of feedback are understood.

ACTION:

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| <ul style="list-style-type: none">• Any further comments from SG members to be sent to RL by 25 April 2020 |
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d) CQC delivery and reports

RL shared with group some of the notes from a recent CQC webinar regarding how they are carrying out their role at the moment. For example, they have stopped face to face inspections.

Information was also contained in paper 3 regarding recent inspection reports of Coventry services rated as inadequate or requires improvement. This included Evadale care home which Healthwatch Coventry had visited and produced a report on.

This information was noted.

5. Issues and concerns related to Covid-19 and NHS and care services locally

Continuing Healthcare funding (CHC)

LS said that there is a rapid discharge process for 15,000 people in order to free up hospital beds for covid-19 patients. The person would be discharged to the first available place regardless of location in City. The CHC assessment would not take place in the hospital and would be administered by Community Nurses. There was a potential impact when the 6 week short term funded placement ends and queries about who would fund any ongoing care.

David said he had heard that Warwick A&E was very quiet. RL added that some GPs were saying they were quite too. There were also concerns that people were not seeking help for life threatening symptoms eg stroke or heart attack.

DSaun said main source of information for people was NHS 111. RL added that NHS 111 cannot deal with demand as an access point for every healthcare need. GP practices are still open.

Maternity

RL said information is showing that mums are concerned about going to hospital for appointments, and there is some national evidence that more are opting for unsupported 'free' births at home. In some areas maternity appointments are taking place at community venues for example a football ground in order to persuade women to still attend. It was agreed that is important that messages get out there about how women are being supported. SL said that women and babies are being discharged sooner than they normally in order to get them out of the hospital environment.

HD said it was not clear how people who are shielding, who need to see a doctor, can do this safely.

CS asked if GP surgeries are putting information online for patients. RL said she and looked at a sample of GP practice websites and the main message is do not come to the surgery but not all surgeries are following the same format and information is fragmented. There are no clear messages coming from the CCG.

AC said routine surgery being cancelled, which will lead to a large backlog, and wondered how it will be possible to catch up.

TB raised the impact of social isolation on mental health and the increase in domestic violence.

Concerns were raised regarding end of life decision making and policy regarding not treating patients. CS said this should based on clinical decisions and the clinicians are used to this.

RL said Healthwatch England have created some guidance to help with planning with end of life. There haven't been any issues raised locally about the process.

DSaun raised concerns about access to PPE by mental health community nursing.

The group discussed what information it would like and who to invite to a Steering group online meeting and which organisations could provide this.

NHS - overview of service changes and how services are being provided and discussions about provision of information in an engaging way for the public - CRCCG.

Social care impact on adult social care service including care homes and home support; support or vulnerable people the community and how service are working together - Coventry City Council Adult Social care and potentially Liz Gaulton from public Health

SL also wondered about UHCW input, RL advised there was an enews she could circulate.

ACTION:
<ul style="list-style-type: none">• RL and SL to write end request input at a meeting from CRCCG and Adult Social Care• RL to send UHCW email update to SG members

6. Any other business

Lung Cancer

The group had received two papers regarding a new initiative which has come from the West Midlands Cancer Alliance which is about a new Lung Health Checks (TLHC) programme. It is starting at UHCW. It is a new programme hoping to improve early diagnosis and survival for those diagnosed with cancer.

Marmot

The links for the 10 year follow up by Sir Michael Marmot were shared. SL raised queries about how the work in Coventry as a Marmot City was progressing and what benefits were being created. SO said she was attending a meeting of the Marmot City Board that afternoon. She felt it was valuable as a vehicle to bring together organisations in a way that is not around the NHS agenda but in terms of what it is like to live in communities in Coventry.

SL agreed this was fair and that it would be positive if the work was more widely known.

ED said the 10 year review was pretty damning and that perhaps the interventions need to be more radical.

7. Date of future meeting

We will keep the 2nd June in the diary but we will try and get another date in the diary for the end of May to include external reps from City Council, Public Health and CCG.

ACTION:
<ul style="list-style-type: none">• SB to confirm date of additional meeting