

**Healthwatch Coventry Steering Group**  
**Held via Zoom**  
**2 June 2020**  
**Minutes**

**Attendees:** Stuart Linnell (Chair), Tervinder Bhangal, Apollo Economides, Catherine Smith, David Spurgeon, Ed DeVane, Dennis Saunders, Ed Hodson (Citizens Advice Coventry), Christine McNaught (FWT)

**Staff Present:** Ruth Light, Louise Stratton, Samantha Barnett, Varinder Kaur

**Apologies:** Andy Collis, (Involve), Sue Ogle (VAC), Hakeem Adedoja

### **1. Welcome and any declaration of interests**

SL welcomed everyone to the meeting and asked if there were any declarations of interest, no declarations were noted.

Apologies were noted.

### **2. Minutes of April meeting**

The minutes were agreed with the amendment of typos under item 5, on page 4 and page 5.

All actions are complete.

### **3. Additional meeting held in May**

Notes of the additional meeting held on Tuesday 13 May 2020 were agreed.

RL said that Coventry and Rugby Clinical Commissioning Group (CRCCG) had circulated their public leaflet and this was in the meeting papers. Other information from the CCG had not yet been received.

AE said there was another question he wanted to raise: that is was of little use only doing one off testing, this needs to be done at regular intervals for staff who may be in regular contact with patients who may have Covid-19 infections. Also, a case could be made for regular testing of patients in care homes given the 'hothouse' conditions in these establishments. Does this happen and is there the local capacity for this level of testing?

RL said that the testing programme was a national programme that was in development. It aimed to offer regular testing in care homes.

## Local updates:

### Coventry City Council

RL said that a paper from the council had been circulated giving the level of infections and changes being made by the Council. In addition Coventry City Council had now ended its Care Act easements, and was operating under the usual allowances under the Care Act. They are continuing with phone and video assessments for individuals in place of the normal face to face and living environment assessments. DSau and ED raised questions about the data and the indicators being used and said that excessive deaths is the best indicator to use and asked about other sources of data available.

### Information for the public

RL had raised via Rose Uwins at CRCCG that the information within the public leaflet they have produced regarding if people need/think they need to attend A&E is different from the information being given out by UHCW and others. The leaflet says people should phone NHS 111. The UHCW website advises to go the City of Coventry Health Centre or Rugby ST. Cross Hospital instead of A&E, and other information says patients should go to ST. Cross. This is confusing and gives the impression that there is an insufficient joined up system view. If Healthwatch were involved in a group or discussions we could help represent the patient public perspective which seems to be missing. Rose is looking into NHS 111 response time data as Healthwatch has heard that long waits are putting people off from calling.

CM said that the leaflet is already out of date as the number it is telling people to contact is 111 but now it should be 119 for track and trace.

### Track and trace

An update on this programme was circulated. RL had met with Dr Jane Fowles from Public Health in Coventry to find out more about the local element. Coventry, Warwickshire and Solihull are working together and there is a Board at this level and then local boards. The local system for track and trace has the role of helping where the national team is struggling to get hold of people; supporting those who need extra help to isolate and local outbreak response eg closing a school, office etc. DSP said he was concerned that the tracers would not pick up people when only a quarter of those with the virus make contact with a services? AE there seem to be more people testing positive who do not have symptoms.

### Actions from the meeting

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| <ul style="list-style-type: none"><li>• RL to provide information to member about data that is available regarding Covid-19 cases, deaths and track and trace</li></ul> |
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## 4. Issues for local people

RL shared a list of issues local people were experiencing and issues that had been flagged through Healthwatch England by the Healthwatch network. There was a lot to consider in how Covid-19 was affecting people using NHS services for example maternity services and challenges in how services are to be reinstated and the public to be informed, feel safe and be able to access them.

### **Cervical Screening**

An issue had been flagged to Healthwatch regarding lack of testing for women who needed a short term need for recall via the West Midlands Healthwatch Network. This was being addressed by NHS England and testing is due to restart for this group of women. However routine screening remains on hold.

### **Dentistry**

It has been announced that dentists can reopen. But only if they make significant changes and if they have the right level of PPE. RL said Healthwatch could possibly do a piece of working making contact with local dentists to find out if and how they are providing services.

### **Digital first**

RL has been having conversations with various people about the findings Healthwatch has published and has a possible slot for a City Council webinar to discuss our recent piece of work about technology. We could promote some of our findings and also provide information about Healthwatch.

Members expressed concerns about the digital divide between those who can and feel able to access phone and video appointment or e-contact and those who do not have access or unable to use.

DSau said services need to be careful that remote appointments do not just roll on. There needs to be analysis and proof they are effective.

ED said the medical school at the University of Warwick is researching how this approach affects people with different disabilities.

CM said that the women FWT support do not all have the digital skills needed to be involved. Need to be mindful about the people we are supporting and make sure everyone has an equal level of support.

DSp said in some instances depending on the health condition digital appointments are no substitute for a physical examination.

### **Care homes**

RL highlighted the Hawthorn House Care home had been rated as inadequate by the CQC and the report recently published. There are now four care homes rated as inadequate in Coventry

## **5. Healthwatch work/activity update**

RL highlighted work with Healthwatch Warwickshire to gather feedback from local people related to the Covid-19 situation.

CWPT and UHCW were progressing their quality accounts, we have a meeting in the diary on 25 June via zoom with CWPT to provide an update on their quality account.

## Actions from the meeting

- SB to send the zoom link for the CWPT quality account meeting.

## 6. Draft Healthwatch Coventry Annual Report

Members approved the content of the report for publication once the report is designed. It was noted that finance figures were not yet available.

## 7. CWPT - Mental Health Hubs

Elaine Dolby and Jamie Parry from Coventry and Warwickshire Partnership Trust (CWPT) joined the meeting to provide information about how CWPT are transforming the way in which people will access mental health services and urgent mental health care.

[The presentation slides have been circulated with these minutes]

CWPT are launching new mental health access hubs which will be more responsive and make sure there are better time frames for people. The plan is to have one 'front door' for all mental health calls and then have three mental health access hubs for referrals to be made which are based on locality. These hubs are in:

- St. Martins
- Caludon Centre
- Manorside (Nuneaton)

This will mean CWPT will be more connected to VCS and GPs in those areas. To prevent people having hospital admissions by having more home treatment.

There are going to be new assessment timeframes. All urgent referrals will be triaged in 4/24/48 hours. Routine calls will be referred to the most appropriate service in the area.

There will be a more multi-disciplinary team approach - increased the level of staff (in various roles) in the hubs to make it more holistic and effective.

Jamie went through a flow chart of how a referral will happen. Steering Group members asked the following questions:

DSau asked about the localities and if a person will now have to make a number of calls in order to get the support they need. Jamie said that when a person calls the main number the referral to the local hub is done on the same call so the person does not have to wait for a second call.

SL asked, since covid-19 has there been any themes coming out for the reasons why people are getting in touch? A lot of calls are being received with regards to anxiety, people who are grieving due to losing a loved one, also contact from previous service users who haven't made contact for a while needing support.

DSau asked about making sure people have continuity of care. Elaine said that this will happen as the new process is more streamlined.

SL asked if there were any particular age groups that were making contact. There has been an increase in Child and Adolescent (CAMHS) referrals and also an increase with older adults.

LS asked if there was any flexibility with which hub a person was referred to i.e for people who are on the boarder of areas. Jamie said that normally this is allocated by where the person's GP is based but conversations can happen on an individual basis. Patients should be supported in being able to make these decisions.

Elaine said that it would be useful to come back to the Steering Group in September to provide an update.

SL thanked Elaine and Jamie for attending the meeting.

#### **Actions from the meeting**

- SB to send round CWPT presentation to Steering Group members

## **8. Any Other business**

### **Future dates of meetings**

RL has put some potential meeting dates in the agenda: The meetings will continue to take place monthly and be shorter. SG members to look at the dates and let RL know if any of the dates cause any issues.

- 7/7/20
- 11/8/20
- 15/9/20
- 17/11/20

### **Research launch**

CM said that on 22 June there is going to be a launch of a piece of research about how covid-19 has affected women. CM said she would share the date with the HW office team.

#### **Actions from the meeting**

- SG members to confirm if the potential dates for meetings are ok
- CM to forward information about the research launch