

Healthwatch Coventry Steering Group Pre-meeting Notes

Held via Zoom at 10:30 am on 6 October 2020

Attendees: Stuart Linnell (Chair), Catherine Smith, David Spurgeon, Ed DeVane, Dennis Saunders, Apollo Economides, Sue Ogle (VAC), Tervinder Bhangal.

Staff Present: Ruth Light

Apologies: Ed Hodson (Citizens Advice Coventry), Christine McNaught (FWT)

SL welcomed everyone to the meeting.

1. Steering Group membership - amendments to process for agreement

RL presented a proposal to roll forward Steering Group membership for one year due to the constraints on activity from Covid-19 and the change which is taking place in the staff team.

This was agreed.

2. Catch up on other developments in Healthwatch and externally

A. Pharmacy changes

RL updated the SG on three change of ownership applications for local pharmacies which had been approved by NHS England and highlighted that the finances of community pharmacy remained problematic and this seemed to be leading to more applications for change.

B. Dentists

RL said a letter had been received from NHS England advising that 90% of dentists in the West Midlands were now able to do full treatment (aerosol generating procedure such as fillings and scaling). However, when we had phoned around dentists a few weeks ago, just four said they were providing anything like a normal service. Therefore, RL suggested that this exercise is repeated to get a current picture.

SL said he had heard information there was a shortage of dental clinicians with vacancies in Coventry for dental technicians and this was impacting on care.

Several members provided information about recent use of dental services. Two had successfully received treatment via private dentists.

RL said that NHS provision seemed to be harder to access for local people.

C. Access to urgent treatment

Members noted information about capital money to expand the A&E area, children's A&E waiting area and create a minor injuries unit on the UHCW site.

RL advised that she had circulated a newsletter from UHCW to members the previous day which gave useful information about the new developments.

Information was also shared about a pilot the local area is part of a to trial access to urgent care via NHS 111.

DSa raised concerns about the multiple interests of West Midlands Ambulance Trust (WMAS) (which runs NHS 111) and whether this has an impact on decision making. Plus concerns that information about the performance of NHS 111 in dealing with calls was not routinely available.

AE said that within the WMAS Quality Account document there were some metric figures. There are issues with 111 but it is good that the Government have put in more funding to build capacity. There is a potential conflict of interest for WMAS and the desire to reduce visits to A&E so it is important the Healthwatch keep a watch on this.

Ed D queried the location of a new minor injuries unit at UHCW, why not at City of Coventry health centre?

Information about the national support being put in place for care sector was also noted.

3. Other business

DSa asked for an addition to the notes of the previous pre-meeting to make it clear that he stated the view that Healthwatch should not indicate 'support' for the merger of the three local CCGs via the letter Healthwatch was asked for.

Healthwatch Coventry Steering Group meeting Held via Zoom at 11:15 on 6 October 2020 and live streamed on YouTube

Minutes

Attendees: Stuart Linnell (Chair), Catherine Smith, David Spurgeon, Ed DeVane, Dennis Saunders, Apollo Economides, Sue Ogle (VAC), Tervinder Bhargal

Staff Present: Ruth Light

Apologies: Ed Hodson (Citizens Advice Coventry), Christine McNaught (FWT)

Additional Attendees: Andrew Harkness, Chief Transformation Officer (CRCCG), Pete Fahy, Director of Adult Social Care (Coventry City Council), Lisa Lawson, Adult Services Programme Delivery Manager (Coventry City Council).

1. Minutes of the meeting held on 11 August 2020

The minutes of the last meeting were agreed with one addition to the notes of the pre-meet:

DSa asked for an addition to the minutes of the previous meeting as his view was that Healthwatch should not indicate 'support' for the merger of the 3 local CCGs.

Actions were complete and there were no matters arising.

Actions from the meeting

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| <ul style="list-style-type: none">• SB to include additional note into the meeting notes |
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2. Locals service updates

A) Healthwatch activity

RL provided an update on the pieces of work Healthwatch Coventry was doing.

- Responses to the recently published report about GP websites had been received. This had been discussed via email amongst primacy Care Network Leads after the Chair of the CCG circulated it. The CCG had shared that 'Digital First' funding stream had arrived with the CCG with the bidding criteria which included websites for practices and extranets for practices. Central PCN already taking things forward themselves by doing work on a PCN website and individual website for practices within the PCN, they said they address our recommendations within this work. More follow up will be needed for this piece of work.

- RL thanked SG members for their feedback into the integrated care record public materials. The comments have gone back to the person co-ordinating this work
- We have received positive feedback about our recent report '*Covid-19 - experiences and learning in Coventry Care homes*', which has been circulated to a number of different groups in the NHS and social care
- SL has taken part in the recent recruitment for the CCG Accountable officer
- We need to have further discussions with the CCG about the engagement strategy

B) General Practice Communications toolkit

RL had circulated this as it is relevant to our work regarding GP websites and discussion about access to GP services.

SL noted that the toolkit stressed the GP practices are open to see patients however his experience was that patients could not see GP unless a phone conversation had taken place.

AE said there were issues with being able to book a timely phone conversation at his practice.

DSp noted that it was not a level playing field for patients as not all GP practices were giving the same offer to patients regarding face to face appointments.

C) Representatives report

RL highlighted that the case for a proposed service change was being developed and had been discussed at the latest Scrutiny Board meeting. If this was taken forward it will need to go through transparent consultation processes.

SL said that Simon Gilby was retiring from the post of Chief Executive of Coventry and Warwickshire Partnership Trust.

3. Update from Coventry and Rugby CCG

Coventry and Rugby Clinical Commissioning Group had provided a paper with information on topics the Steering group had asked for on:

- Access to A&E service for Coventry residents
- Cancer referrals, screening and treatment
- Other screening services referral rates, waiting times and capacity

- Restart of hospital elective work - what has restarted and what has not; how much and the future plans
- Mental health services (community and in patient) - referral rates, demand, capacity

Andrew Harkness from Coventry and Rugby CCG attended to answer any further questions.

DSa asked about routes for advertising changes to accessing A&E and a need for different performance metrics. AH has done work in the past regarding alternative metrics so happy to work with Healthwatch on this as Coventry Place develops. SL said that if any SG members have any comments about the different metrics which could be used to forward to RL who can send to AH.

ED raised concerns about the location of a new minor injuries unit at UHCW as this was another service on the hospital site and with Covid-19 if things have to be closed down at UHCW for infection prevention then this will create an impact. Why not enhance the walk in centre in the City Centre instead? RL asked if anyone had asked the public about this development and what they wanted?

RL said that some terminology is confusing and gave urgent treatment centre as an example. Do people in Coventry understand what this offers?

AH said he would be happy to take this back to UHCW and provide feedback.

SL thanked AH for attending.

Actions from the meeting

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| <ul style="list-style-type: none"> • SG to forward comments they have on metrics to RL • AH to provide feedback to UHCW about the use of walk in centre |
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4. Adult Social Care Peer Review

Pete Fahy, Director of Adult Social Care (Coventry City Council) gave an introduction to the peer review and said that the Council was with Healthwatch later than would have liked due to the Covid-19 situation.

Lisa Lawson, Adult Services Programme Delivery Manager (Coventry City Council) gave presentation about the peer challenge and the areas of work resulting from this [slides attached].

SG members asked questions:

SL asked about information within a Coventry Evening Telegraph article about the local population's vulnerability to a Covid-19 second wave and the potential impact on social care.

PF said the situation in Coventry was not dissimilar to a lot of places. There were currently no additional Covid-19 measures in place in Coventry. However, deprivation is an issue here.

SL asked about homelessness as he is still seeing people on the streets for example in Earlsdon.

PF said there is not a simple answer and the rough sleeping population is not a static one.

DSp explained his role on the Adult Social Care Stakeholder Group, which he sits on for Healthwatch. This group was involved in the peer review. However, reps on the group are largely from groups rather than being individual service users or family carers and therefore the council should keep working to develop engagement with service users.

DSp raised concerns about face to face and the virtual assessments and wanted to note that there are times when people do still need to physically see someone face to face.

PF said with digital assessment it is really important to understand that it is not a binary approach, it's more blended. PF gave an example of an assessment where the first meeting might be face to face and the next two virtual and last one face to face. Throughout the pandemic we did do an amount of face to face work with risk assessments and the correct PPE.

Dsp asked what a phrase in the peer review letter meant: *'ensuring commissioning has capacity to develop community asset building alongside public health is also worth exploring'*.

PF said that was about communications work which is led in public health but the council need to also invest in this within adult social care.

DSa fears there is a line between social care and GPs and health services. Don't see that GPs are encompassed in this work.

PF said that the limitation of the peer review is that it looks at social care rather than the system. It doesn't mean it doesn't exist but if you talk about day to day interactions between social care and GPs eg a large proportion of referrals come from GPs. Primacy Care Networks (PCNs) are formed and are a more of a strategic voice for GPs which should help take it forward.

LL said that she would like to hear suggestions for things which broaden reach to communities and groups. Learning that has taken place over the past few months as we will benefit from finding out what has worked well or could be improved.

PF said that co-production at the individual level is important: to talk to people what they want to achieved. On an individual level they rarely talk

about our strategy they talk about their issues are which is what social needs to think about

DSp asked a question about the infection rates and how they are increasing. PF said be assured that discussions are taking place between Public Health and various partners about how we can do things to live through Covid-19, how we respond, how we communicate with people, how we support various organisations such as schools, universities, care homes etc.

SL asked how much of the university accommodation is occupied and what impact this might have on Covid-19 spread PF said that he does not have the answer to this question as it is not his area of work. RL said that there is a Health and Wellbeing board meeting coming up and the papers are available which includes information about public health. RL said she would circulate a link to the papers to Steering Group members.

SL thanked PH and LL for attending.

Actions

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| <ul style="list-style-type: none">• Link to Health and Wellbeing Board papers to be sent to members |
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5. Healthwatch England work

The most recent Healthwatch England report '*What people have been saying about Covid-19 and services and learning*' was received for information. This draws on information from local Healthwatch around the country.

Healthwatch England was also producing report to look at which looked at the experiences of Covid-19 testing and navigating the service.

Actions

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| <ul style="list-style-type: none">• Healthwatch England Covid-19 testing report to be circulated to Steering Group members |
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6. Covid-19 impact assessment for Coventry and Warwickshire

A summary paper was received. The full report went to Health and Wellbeing Board (the link was included on the agenda). It looks at what is known, what has been learnt and what some of the issues have been in relation to our population. RL said that there are some recommendations which have been on the Health and Wellbeing board agenda.

7. Any other business

RL flagged additional reports for information:

- Hear us: The experiences of refugee and asylum-seeking women during the pandemic, By the Sisters Not Strangers coalition:
<https://www.refugeewomen.co.uk/hear-us/>

- The Health Foundation COVID-19 Survey -second poll A report of survey findings, September 2020
www.health.org.uk/sites/default/files/upload/publications/2020/20200906-Health-Foundation-Ipsos-MORI-polling-on-COVID19-July2020.pdf
- A new relationship between the NHS, people and communities learning from covid-19 www.nhsconfed.org/resources/2020/08/a-new-relationship-between-the-nhs-people-and-communities

Flu vaccinations

RL asked members to contact her with any experiences of Flu vaccinations:

- DSau said people he knew were waiting hear from their GP
- SL said usually people have to be proactive in arranging flu vaccinations and he had recently attended on a Saturday for his
- DSpu said he had a similar experience to SL and attended a flu clinic to get a vaccination recently

UHCW

DSp shared a positive experience of face to face appointment at UHCW which could not have been done remotely

SL raised concerns about people being able to contact the neurology dept. at UHCW. ED said that is why he raised the point earlier on in the meeting about why it would be useful to have services in different parts of Coventry.

Influencing and raising questions

RL said that crucial development is of Coventry PLACE and the structures within this. We need somewhere to engage/ feed in. RL has regular meetings with AH and emerging structure of Coventry PLACE. RL is asking for clarity about what groups we can be part of, direct link to HW and for lay perspective.

DSa said that getting involved in some of the high level groups, it is important that we don't lose sight of what we are doing. RL said at the moment things have become a bit fragmented and we need to make sure we are involved in the right groups so we can take the views of people there.

SL said DSau raise a valid point and we need to be conscious of our function as a Healthwatch.

Healthwatch week

RL reminded SG members that HWE are running a virtual conference (2 - 5 November) and hoping more of SG members can take place in the sessions. RL to keep Steering Group members updated

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| <ul style="list-style-type: none"> • RL to keep Steering Group members updated on sessions available for Healthwatch week in November |
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8. Future dates of meetings

- Tuesday 17 November online by Zoom - meeting in public at 11:00 am and pre-meet at 10:15