# Informal Healthwatch Coventry Steering Group
# 13 May 2020
# Held At: via Zoom online

## Meeting Notes

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

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

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

## 1. Welcome

SL welcomed everyone to the meeting.

## 2. Update on developments since the last meeting

Following on from the last Steering Group meeting SL confirmed that a date has been arranged for an informal meeting of the Coventry Health and Wellbeing Board: 8 June.

RL provide an updated from a meeting with the Chief Executive of UHCW. Correspondence from NHS England advising hospitals on what to focus on next was also shared. Trusts are being asked to consider which service they can reinstate and will put in measures to separate those diagnosed with Covid-19 and those who do not have it.

## 3. Guests were welcomed to the meeting

Stuart welcomed:

- Dr Sarah Raistrick, Chair of CRCCG,
- Andrew Harkness, Chief Transformation Officer NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups (who leads on Coventry Place for CRCCG)
- Rose Uwins, Senior Communications & Engagement Manager
- Pete Fahy, Director of Adult Social Care Coventry City Council,
- Dr Jane Fowles, Consultant in Public Health Medicine, NHS Coventry and Rugby Clinical Commissioning Group/Coventry City Council

The representatives from Coventry and Rugby CCG provided an update on the work they had been doing in relation to the Covid-19 situation.

Key points were:

- The CCG has been working closely across all partners in Coventry and Warwickshire. There has been a system wide, place i.e. Coventry and organisation response.
- A command and control structure had been created to manage the situation
- Hot Hubs were created – designed to see people face to face where other ways were not sufficient. These people would be seen at a central location in Coventry with PPE and infection control measures.
- In care homes they have ensured everyone in care has a care plan.
- Mutual aid: support for other organisations with staff such as the testing centre at Ricoh. Had staff supporting discharge, pharmacy and care homes. Staff ready to go to nightingale hospital in Birmingham. Most staff at CCG have had to take on other tasks and duties. Where there was a need for capacity we have allocated staff.
- Retired NHS staff such as GP's and nurses supported back into work to help during this situation.
- Ongoing support in care homes.
- Discharge of patients is taking place 7 days a week 8am-8pm. Emphasis in speedy discharge.

RU added that a communication strategy has been put in place. Information about what services are available is being sent out into the community. The aim is to co-ordinate messages. A hard copy leaflet has been printed which has been given to family hubs to circulate to people who are not online. The CCG are also linking up the migrant champions with the health champions.

AH said that moving forward the next stage is a 'restoration and recovery' plan in stages: Restart, Recover, Reset.

SR added that **p**rimary care is open - you can access GP's by telephone or online. You can access GP's as normal but maybe not face to face appointments.

The merger of the three CCGs is still progressing, fir step is recruiting a single accountable officer. Timetabled for August. Stroke and maternity service reviews have been paused.

**Question and answer session**

1) Stuart L: Sarah you said instead of face to face consultations, online and telephone consultations have been taking place, are you seeing a lot of this?

   *Sarah: I'm having about 20 video calls and telephone conversations a day, managing well the caseloads.*

2) Christine M: Communication, language barriers and online access is particularly difficult for BAME community. Working within this sector I haven't come across the migrant group initiative?

   *Rose: this is a council initiative, put to us as an offer of people who speak a wide range of languages. They can offer translation service. I can link you in with the person who approached us regarding this. We have been in touch with community groups around this.*

3) Dennis: What are you doing around the shielding list? Is there a correlation between shielding and deaths?

   *Pete: We have 13,500 people on a shielding list, these lists are constantly changing and being updated with new people. We have delivered this through CV life. Had help from City of Culture and Council volunteers. We have made contact with 10,000 people. They have been helping with delivering parcels/medicines to those shielding. If several attempts to contact are mad and are unsuccessful we try to visit them at their home. A lot of organisations have stepped up and helped who are not linked to health and care industry.*

4) David: How are things in Coventry in relation to deaths in Care homes?

   *Pete: From the public data readily available online there has been 56 deaths in Coventry Care home due to Covid-19.*

   *Jane: If you compare Coventry figures to other areas we are relatively favourable. Birmingham and Black country areas like Sandwell were higher.*

5) Ed Hodson: Does everyone who needs PPE have it available?

   *Sarah: Yes from a residential GP's and hospital setting we do have enough. We have enough emergency stock in place. Rising cost is an issue.*

   *Pete: Coventry has not been immune to PPE difficulties. We do have stocks and it has improved. Local authority has invested money in stocks to provide to care providers it they exhaust their routes for getting it. We are not knowingly leaving care homes without PPE. We do not need to hand it out to general public but need to give it to those areas that need it the most.*

6) Christine: Will there be any support for voluntary sector with PPE equipment? Particularly front facing service delivery partners, when they start to open their doors again to the public?

   *Pete: We would advise voluntary sector to purchase their own PPE stocks as we need to use it for are providers*

   *Jane: It might be worth looking at the COVID guidance, particularly the shops/branches and homes areas to help you with risk assessments re opening your doors https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19*

PF provided an update on the work the Council had been doing in relation to the Covid-19 situation.

Key points were:

- Social work has shifted swiftly to be more remote working, home visits only take place when there is an immediate risk
- Assessment are being done by phone and video and have been more summary based. It is likely that this will form part of the operating model going forward

- At the start a number of families said that care packages were no longer needed due to being furloughed and family being able to look after the person themselves, this has helped with capacity
- Now there are more informal care support issues/breakdown
- PF said how pleased he is at how the social care market has stood up, at the worst point there were six care homes not taking admissions and considering the challenges there has been this is not many at all
- Social care along with discharge are running 7 days a week 8am-8pm. This is quite significant and we need to make sure that going forward we try to retain this flexibility.

Jane added that we are now moving nationally to Test track and Trace. 18,000 call handlers and contact tracers are being recruited nationally. Going forward there will be an app based system. New cases will be tested along with all their contacts. Work is need on how they will link in with the national systems.

**Further questions and answers:**

7) Louise: Has the assessment of needs needed to be adapted to be used in a phone call? What changes have been made?

   *Pete: We have adapted the assessment due to them taking place on the phone. A comprehensive assessment will not be able to take place due to not being able to see the person or their home environment. It will be more of a summary, but it's important to keep the dialogue going and adjustments can be made.*

8) Apollo: What is the turnaround for tests?

   *Sarah: We are testing people in hospital and all staff. UHCW have a high capacity for analysing tests. The turnaround time at the moment is 13-18 hours.*

9) Dennis: We are only looking at confirmed cases in the data missing mild infections, shouldn't we add in important messages about reporting it? Even if you have mild symptoms there should be messages around reporting it.

   *Jane: We advise the people who have mild symptoms to download the app and report it that way*

10) Stuart: Boots Pharmacy in Earlsdon is that a local situation or liked to Covid-19?

    *Sarah: Not heard anything about this as a wider Boots issues so it is probably just the one shop but will take question back and try and find out.*

11) Stuart: Is dentistry going to open any time soon?

    *Andrew: I can't give you a date but I know that the NHS England are looking into the re-opening dentistry.*

    *Sarah: I am keen to see the findings from the Healthwatch Coventry survey and what issues have arisen from that. Sarah is referring to the survey Healthwatch Coventry is doing in partnership with Healthwatch Warwickshire.*

12) Hakeem: Is there a lead contact for migrant health champions? Where can we signpost migrant champions to?

    *Rose: We are looking into this if there is any material we will forward on to Ruth Light. We are trying to get information readily available to all groups. I will send some contacts to you Ruth.*

## How can Healthwatch help?

RL said it would be useful to understand what the local mechanisms are for the better discussion of communication and information for the public and where Healthwatch can be involved in these conversations to feed in before messages are produced and published. People are likely to have questions about local services.

There is also a lot to consider to ensure that patients are enabled to access restored NHS services for example how the changed circumstances will impact on transport to and from treatment/operations, practical support individuals may require to be able to self isolate for 14 days prior to treatment. It is important that the approach is engagement based communication rather than top down communication.

RU said Healthwatch input is valuable. In early stages things had to be produced quickly. There is a Communications Group across the organisations, so a link could be created. Diabetes is being treated as a work stream in itself as part of restoration and at Coventry Place and would want Healthwatch input.

## Actions from the meeting

- Rose to forward more information about the lead contact for the Migrant Champion programme to RL
- Rose to forward public leaflet in accessing NHS services
- Rose to advise on how Healthwatch can connect with communications group
- Andrew to forward information about dentistry plans

## Date of future meeting

Tuesday 2 June, 11am via zoom (log in details to be sent nearer the time)