

WARRINGTON HEALTH FORUM
Monday 25th February 2019, 1:00pm - 3:00pm
The Gateway

Present:	Kevin Goucher - Chair	Culcheth PPG
	Audrey Fitzpatrick - Vice Chair	Fearnhead PPG
	Katie Horan	Engagement Manager – NHS Warrington CCG
	Irene Harris	North West Boroughs – Volunteer
	Mary Greenslade	Greenbank PPG
	Karen Drury	St Rocco's Hospice
	Mark Wilson	Chair – Penketh PPG
	Paul Mendeika	Public Governor – Bridgewater Community Healthcare NHS FT
	Jim Sinnott	Public Governor - Northwest Boroughs Healthcare
	John Davies	Member of the Public
	Esstta Hayes	Warrington Disability Partnership
	Stef Griffiths	Warrington Voluntary Action (Third Sector Hub Rep)
	Dida Goode	Healthwatch Warrington
	Anne Robinson	Public Governor - Warrington and Halton Hospital NHS Foundation Trust
	Mark Moran	Member of the public
	Eileen McDonald	Patient Representative
Mavis MacDonnell	Volunteer Market Chaplain	
Heather Martin	Chapelford PPG	
Gwen Lightfoot	Home-Start / Contact the Elderly	
In Attendance:	Jaime Lee Wright	Minute Taking

GENERAL BUSINESS

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| 1. | <p>Welcome, Introductions and Apologies</p> <p>No apologies to note.</p> <p>Introduction were made and Kevin Goucher welcomed attendees to the meeting.</p> <hr/> <p>No declarations of interest were made.</p> |
| 2. | <p>Ground Rules</p> <p>The ground rules were accepted and noted.</p> |
| 3. | <p>Previous Minutes for Accuracy</p> <p>The minutes from 21st January were accepted as a true and accurate record of the meeting subject to the following amendments:</p> <p>Esstta Hayes to be included in the apologies.</p> |

	<p>Page 8 – Katie Horan clarified that although the post was advertised on two occasions, the CCG were unsuccessful in recruiting a Programme Manager for the GP Forward View, this work will be managed between existing staff.</p> <p>Outstanding Actions</p> <p>The action log was reviewed and updated.</p>
<p>4.</p>	<p>Being a Patient Representative</p> <p>Katie Horan updated on the role of the patient representative as it is implacable to members of the Health Forum.</p> <p>An additional 10 people have now been appointed as a patient rep and a further two have expressed an interest. Members of the Health Forum were advised to contact Katie Horan if they are interested in the role as the CCG are planning an additional training session.</p> <p>Katie Horan updated on the key features to consider and to be mindful of the following when attending the Health Forum or representing the CCG:</p> <ol style="list-style-type: none"> 1. Understanding the importance of the role 2. The impact of being unprepared 3. The importance of being succinct 4. The importance of leaving personal agendas at the door 5. The importance of working as a team 7. The importance of listening <p>The patient charter and the commitment of the patient rep and CCG will be shared with Health Forum members. Warrington Voluntary Action facilitates the patient rep training and the CCG will support any additional training required and fund travel expenses.</p>
<p>5.</p>	<p>Presentation – Draft CCG Commissioning Plan</p> <p>Carl Marsh, Director of Commissioning updated on the NHS Long Term Plan and presented the CCG’s Draft Operational Plan which will be shared with the minutes.</p> <p>Carl Marsh leads on the Operational Plan and the Health Forum is the first group in which the draft plan has been presented to. The plan will remain in the PowerPoint format when it is submitted to the Governing Body and NHS England. As the plan is in draft it will not be published but comments and feedback from the Health Forum are welcomed.</p> <p>The plan features requirements that NHS England seek assurance on which are driven by the 10-year plan. Katie Horan informed that links to the 10 year plan, summary and images will be circulated in the Public Newsletter on Thursday 28th March.</p> <p>Carl Marsh updated on the following 6 key elements and next steps to transition:</p> <p><u>New Service Model</u></p> <p>This builds on the Vanguard work that the CCG has been progressing with. The 7 clusters will move towards becoming 5 and will be renamed Primary Care Networks. As part of the transition telecare and telehealth will be supported and there will be more emphasis on personalised care as patients will be encouraged to take responsibility for their own care with the support of staff.</p>

Prevention and Health Equality

The NHS will take more ownership and target specific cohorts such as smoking, alcohol, obesity, air pollution and anti-microbial resistance. Patients with learning disabilities and autism will be supported to live longer and healthier lives involving the work on health checks that the CCG has initiated. Carers will also be supported with prevention programmes.

Care Quality and Outcome Improvement

The following aspects will be focused on as part of this agenda:

- Children and young people's mental health conditions
- Learning disabilities and Autism
- Children and young people with Cancer
- Stroke
- Diabetes
- Adult mental health
- Cardiovascular
- Respiratory

Workforce Pressure

The aim is for the number of Nurses, Midwives, Advanced Health Practitioners and Clinicians to be increased by 50% by 2021.

Technology

As part of this agenda, self-care / self-management and online consultations will be focused on to improve targeted care.

Sustainable Financial Plan

The aim is for all providers to have a surplus and deficit cleared in the next 5 years.

Next Steps

Carl Marsh provided a brief update on the next steps.

Operational Plan

Carl Marsh provided the Health Forum with some background information on Warrington. It was noted that in future Warrington Together will be referred to as an Integrated Care Partnership in which Public Health, hospital providers, commissioning and health will work better together as a system.

Carl Marsh informed that the CCG reports on activity predicted for 2019/2020 for the services that are used by patients. The CCG receives the planning guidance and are given a two weeks period to provide an operational plan, advise how finance will be uplifted and undertake capacity and demand planning. For any finance related queries, members were advised to email Katie Horan.

Anne Robinson informed Carl Marsh that she has undertaken an inspection on the Frailty Hub as the Public Governor for the Acute Trust and praised the positive impact that the hub has made.

Carl Marsh updated that the House of Care has been updated to reflect the 10-year plan. The dark blue pillars consist of the priorities detailed in the Operational Plan.

Carl Marsh raised that health and social care is an example of an area that despite the amount of money spent on it, it still results in poor outcomes. Frailty, alcohol and persistent symptoms are all local transitional programmes.

It was noted that a key priority and enabler for the Operational Plan is Primary Care as they are an important and fundamental element as the majority of pathways commence in Primary Care.

Kevin Goucher queried whether the Operational Plan will affect the draft Primary Care Strategy. Carl Marsh advised that it is not anticipated but if it does, it will drive the local enhanced service.

Members were informed that a lot of the ongoing work that Carl Marsh and the Commissioning Team undertakes has not been included in the operational plan.

Carl Marsh explained the format of the 'plan on a page' as follows:

- Hexagon = Assurance to NHS England
- Green = Achieved assurance and is to be maintained
- Amber = Further progress required

It was noted that the milestone dates are set by NHS England and becomes the Commissioning Managers responsibility.

Kevin Goucher acknowledged that requirements in grey are NHS England priorities. However, he queried how an additional workforce will be attracted to work in Warrington by 2020 as there are already issues with recruitment now.

It was noted that issues relating to workforce aren't just specific to health as there are issues with recruitment and retention in social care and domiciliary care. Audrey Fitzpatrick raised that a Midwifery Unit cannot be led by a newly trained Midwife and queried how a sustainable workforce could be achieved within 1 year.

Mark Wilson raised that there has been interesting information in the media regarding workforce which was a central theme in a recent programme called 'Hospital' which documented what happened when a Consultant was off sick. Due to the media, Mark Wilson felt that the public has a better understanding on the issues that the NHS are facing as the information is becoming available to them.

Kevin Goucher queried whether there is capacity and willing to improve employment as there is currently no legislation to enforce that clinicians stay within the NHS once qualified for 5 years.

Audrey Fitzpatrick queried how it is possible to recruit nurses when the bursary is no longer available.

Carl Marsh noted that the Health Forum addresses real challenges and assured that there are ways in which demand and capacity can be addressed.

Anne Robinson queried the effect if NHS England fail to deliver their requirements.

Eileen McDonald queried if the housing development in the south of Warrington has been considered in the Primary Care Strategy as Stockton Heath Medical Centre has already reached full capacity. Audrey Fitzpatrick stated that the west of Warrington is facing the same issue.

Kevin Goucher has been informed of a potential new GP Practice on the Omega site despite a number of surgeries located in old buildings that are not fit for purpose, resulting in extensions being built reducing the number of car park spaces.

Mark Moran is aware of young people not receiving the services that they require which needs to be addressed. Carl Marsh assured that there is greater funding for children and young people's mental health and an emphasis on mental health in the Long-Term Plan and the 1st year of the Transition Plan.

Carl Marsh clarified that 'HEE' stands for Health Education England.

John Davies raised a point about the national issues in relation to politics and the Department of Health.

Paul Mendeika queried the flexibility of amending delivery dates at a local level. Carl Marsh explained that the delivery dates were not surprising as the requirements were the direction of travel that the CCG was progressing towards but the dates provide more of an emphasis.

As there are plans to bring the Borough together to deliver care, Gwen Lightfoot queried how the Third Sector contributes and whether they will be commissioned. Carl Marsh advised that procurement is open to all organisations when redesigning services and emphasised that issues in relation to frailty cannot be addressed alone.

Carl Marsh noted the difficulty in representing the Third Sector due to its diversity but in time it will be necessary to work in a different way. Gwen Lightfoot noted that this will result in the Third Sector being recognised and coming into its own.

Essta Hayes raised that despite the Third Sector receiving less funding, they are relied on to provide a low-level service to address the gaps with intermediate and high-level mental health support.

Mark Wilson felt that the amount of work required is a danger. Although he understands the importance and the need for the plan, issues and the lack of resources need to be presented early on and detailed within the plan in order to engage the public. Mark Wilson felt that queries require consideration and should be answered otherwise people will become dismayed due to the lack of provision.

Carl Marsh reiterated that the PowerPoint is the Operational Plan including detail in which the Health Forum can comment on and is not a briefing document. It is a draft plan which can be informed and shaped. It is when the document is in its final draft it will be briefed on.

Although there are concerns regarding lack of money in the system, Carl Marsh informed that a reduction in frailty admissions would result in money being invested elsewhere.

Mark Moran queried how the CCG will recognise the work that the Third Sector is undertaking. Stef Griffiths proposed that an event is arranged so Third Sector organisations can demonstrate how they can contribute which has been successful in the past.

Carl Marsh informed members that they are welcome to complete an Initial Viability Assessment if they have any ideas on what could be improved for the population of Warrington as long as it does not impact on the quality of services.

It was noted that 40% of Primary Care and A&E attendances could be cared for elsewhere. Kevin Goucher queried the alternative for patients as there are no walk-in centres in Warrington but was advised that this was a discussion for another meeting.

Anne Robinson raised that a proportion of service users are not IT literate which needs to be managed. Audrey Fitzpatrick shared that their PPG is in his 80's and is more than capable of using IT but not everybody is like him. Mark Moran updated that there are also mental health service users living in isolation who are not able to use IT, therefore, services need to be delivered within people's homes.

Kevin Goucher thanked Carl Marsh for the presentation.

Karen Drury and Dida Goode left the meeting.

6. CCG Update

Plans for Health Forum Public Events

Three additional public meetings in the community will be held to promote services and consultations. The meetings will be dedicated to promotion and discussion about services with patients and the public. They will be an extension of the Health Forum but will be less formal and more about having a conversation with patients. The aim is to deliver one conference in the year dedicated to people from more 'hard to reach' groups to increase their awareness and understanding of services. The Health Forum were asked for their ideas on the topics for these events.

Youth Panel

The CCG are working in partnership with Warrington Voluntary Action (WVA) and have been successful in a small bid from NHS England to set up a youth panel for engagement and consultation on health. In parallel to this WVA were also successful in additional bids to develop a youth panel. Stef Griffiths from Warrington Voluntary Action will be leading this piece of work and is scoping what other activities are going on that she can link into – specifically in schools and with the youth champions. They have also spoke about setting up 'satellite' panels which would mirror the primary care clusters so there could be youth PPGs. The panels would feed into the Health Forum and the PPG Network.

Following a query, Katie Horan clarified that Warrington CCG's bid was for 14 – 16-year olds.

End of Life and Palliative Care

The Communications and Engagement Team are working with the End of Life team (funded by MacMillan) to co-design an improved pathway and patient journey for patients who are coming to the end of their life. An Experience Based Design (EBD) method of engagement is underway to support and influence the improved pathway design. The launch event took place on January 15th 2019. Training of staff and Third Sector reps is now underway for them to be able to undertake in-depth one to one interviews with patients and families. 12 weeks of engagement will commence in March which will include focus groups, attending already arranged meetings, questionnaires to be developed for wider engagement, drop ins etc. For those would like to be involved they were advised to contact Katie Horan.

Estaa Hayes raised an issue regarding the Advanced Care Planning (ACP) form and felt that the use of the form needs to be promoted.

Primary Care Strategy

Engagement has started on the CCGs Primary Care Strategy – an initial engagement document has been shared with primary care, Warrington Together and PPGs to gain their feedback on the draft objectives and visions. From this, the draft strategy will be developed which will go out for wider engagement including the Health Forum.

Audrey Fitzpatrick raise that the IT issues are causing delayed clinics in her practice. Kevin Goucher updated that the IT connection at Boots Pharmacy affected the Diabetic Eye Screening Clinics which took 5 weeks to solve.

Katie Horan acknowledged that the Primary Care Strategy and GP Plan relies on IT. Issues in relation to IT are being feedback to the CCG.

Public involvement in Equality and Diversity

Under the Equality Act 2010 CCGs must consider nine protected characteristics in delivering and commissioning health services. It is important to understand the impact of health services to the nine protected characteristics and the wider community. As part of this the CCG undertakes Equality Impact Assessments (EIAs). The main responsibility of these newly developed Patient

	<p>Equality Champions will be to raise the profile of Equality & Diversity and to be involved in the undertaking of EIAs. A role description will be sent out for people to express their interest in being involved.</p> <p><i>Gwen Lightfoot left the meeting.</i></p>
7.	<p>Feedback From:</p>
	<p>Patient Representative</p> <p><i>Update from Kevin Goucher – Patient Representative</i></p> <p><u>Governing Body – 9th January</u></p> <p>Kevin Goucher updated that Carl Marsh delivered a presentation on the Key Commissioning Project October – November 2018 as well as the Commissioning Plan for 2018/19.</p> <p>Bryan Webb provided an update on the CCG Improvement and Assessment Framework and the NHS Constitution to the Governing Body on behalf of David Cooper. Seven new indicators have been added to the framework and the focus is to improve performance.</p> <p>Carl Marsh also provided an overview of the Winter Operational Resilience Capacity Plan and lessons learnt from winter 2017/18. The top five interventions and the timescale for delivery of winter 2018/19 were outlined. Keven Goucher queried the length of time patients are in the discharge lounge for and whether they are checked for food and drink. Michelle Creed, Chief Nurse responded that the Trust have implemented a protocol whereby volunteers are used to check on patients.</p> <p>During any other business, Kevin Goucher asked if papers could be numbered going forward.</p> <p>Kevin Goucher informed the Governing Body that the PPNG are looking at ways to improve the focus and productivity of the network. Therefore, the terms of reference and PPNG toolkit are being reviewed.</p>
	<p>Public Governor</p> <p><i>Update from Anne Robinson – Warrington and Halton Hospital NHS Foundation Trust</i></p> <p>Anne Robinson informed members that Mel Pickup is now back in her full-time post at the Trust.</p> <p>It was noted that the second bid for the Halton Hospital Site to be developed into a Health and Wellbeing Hub has been rejected by central government. Katie Horan assured that services at Halton will remain with plans to adapt the site to include wellbeing services.</p> <p>Anne Robinson updated that the car park at Warrington Hospital is being resurfaced. The staff car park is under construction as an extra ward is being built in order to enhance facilities due to the Kendrick Wing fire, this is being funded via the insurance claim. Renovations have also commenced on Kendrick Wing.</p> <p>Eileen McDonald updated that she attended a Health and Wellbeing Event and the Croft Wing open day on 9th March and informed that there are four single rooms for Maternity.</p> <p>Esstta Hayes queried whether the renovations are going to affect the car parking. Anne Robinson responded that the developments will affect the staff car park and reduce their spaces by 30 once finished.</p> <p>Esstta Hayes raised that it is concerning the amount of time that the hospital spends on car parking issues.</p>

	<p>Update from Jim Sinnott – Northwest Boroughs Healthcare</p> <p>Jim Sinnott updated that Mark Moran raised the closure of Fairhaven at the Board Meeting. An inpatient unit for CAMHS has been identified and will be located at the Countess of Chester.</p> <p><i>Heather Martin left the meeting.</i></p> <p>Members were advised that the next Service User and Carer Forum will be held on 29th May from 12.30 pm at the Peace Centre.</p> <p>Update from Paul Mendeika – Bridgewater Community Healthcare NHS Trust</p> <p><u>The ‘Wigan Deal’</u></p> <p>One third of staff in Wigan are transferring to the Integrated Care Organisation located at the Acute Trust in Wigan as of 1st April. Paul Mendeika has been assured by the Chief Nurse that the transfer of clinical and support staff will not impact on Warrington services.</p>
	<p>Healthwatch Warrington</p> <p>Representation from Healthwatch Warrington left the meeting and was not present to provide an update.</p>
	<p>PPG Network</p> <p>Update from Audrey Fitzpatrick – Fearnhead PPG</p> <p>Audrey Fitzpatrick advised that the Terms of Reference and Toolkit are due for review in order to encourage people to join the PPG.</p>
	<p>Third Sector Network Hub & Third Sector</p> <p>A discussion has taken place at the hub regarding cuts to services and the negative impact on patients. Unfortunately, Healthwatch Warrington were not represented at the meeting due to staffing uses.</p> <p>The aim of the Youth Panel is to understand young people’s experience of Primary Care. Stef Griffiths is working on promoting the panel and getting people involved. A satellite / cluster approach will be taken with panels located in each geographical area. Stef Griffiths will attend the first youth panel as well as youth clubs, cafes and PHSE sessions at secondary schools.</p>
<p>8.</p>	<p>Patient Feedback / Other Updates</p> <p>As a Warrington patient, Esstta Hayes has experienced issues with her GP pharmacist and prescriptions due to lack of stock, which is also affecting a number of other people. Esstta Hayes raised the issue with Brexit and stock piling medications.</p> <p>Anne Robinson informed that she experienced consistent issues for nine months as only two pharmacies in Warrington had a supply of her blood pressure medication in stock.</p> <p>Katie Horan advised that she will look into this issue.</p>
<p>9.</p>	<p>Feedback to Governing Body / Relevant CCG Committee</p> <ul style="list-style-type: none"> - Resources for the Long-Term Plan - IT issues in Warrington

	<p>- Medication issues and Brexit</p> <p>Eileen MacDonald raised that there are major issues with Lloyd's Pharmacy Home Delivery Service.</p> <p>The Health Forum requested that they have sight of the official statement in relation to the closure of Fairhaven.</p>
ANY OTHER BUSINESS	
<p>Essta Hayes updated that the Clinical Skills Hub has launched which the idea that it will enhance skills and competencies of nursing home and domiciliary care staff. It is hoped that the hub will include carers as Public Health Budget patients require support.</p>	
<p>Date and Time of Next Meeting:</p> <p>Monday 25th March, 7 – 9 pm</p> <p>Please forward any apologies to Jaimelee.wright@nhs.net</p>	

Draft