**Walsall Together Service User Group**

**Minutes of meeting held on**

**20th October 2021**

**Attendees**

Paul Ryder LGBT Sparkle  
Lynn Gamble Walsall Resident  
Andrew Green Walsall Together Service User Group Chair – Interim  
Phil Griffin Walsall Together Service User Group Chair  
Tracey Martin Walsall MBC Adult Social Care Commissioning  
Phil Ellett Walsall Resident, service user  
Paul Higgitt Engagement Lead, Healthwatch Walsall  
Janet Jukes Walsall Resident & PPG Chair  
Janet Davies Brownhills Community Association, Centre Manager  
Michelle Beddow Walsall Together Communications Lead   
Lyndsey Garner Walsall Healthcare NHS Trust  
Robert Lipke Walsall Resident , Healthwatch Volunteer  
Sylvia Dabrowska Walsall Resident, Healthwatch Volunteer  
Donna Roberts Walsall NHS Trust, Deputy Director of Operations

**Apologies**

Michelle McManus Acting Programme Director, Walsall Together  
Mandy Poonia Healthwatch Walsall Advisory Board Chair   
Kim Green Walsall Resident, Service User  
Naresh Hargun Walsall Resident, Service User   
Rachel Barber Black Country and West Birmingham CCG Lay Member  
Paul Downton Walsall Resident  
Nazima Esscopri Black Country NHS Foundation Trust  
Teresa Tunnel FACE Walsall   
Diane Mason Walsall NHS self-care management group

1. **Declarations of Interests**

Andy Green declared that he is the Independent Chair of Walsall Audit Committee.

1. **Minutes from Last Meeting – 21st September 2021**

Agreed as a true record

1. **Action Log**

It was noted that this has been modified as a shorter action log with items still in progress.

Paul Higgitt reported on the End-of-life care survey. He advised that engagement with ethnic minority communities had been difficult, and agreement had been reached to extend deadlines for completion of the survey to enable greater participation.

1. **Matters Arising**

Paul Ryder raised his concern that the views of LGBT people were not being captured and asked that serious consideration be given to how engagement with the LGBT community and other diverse groups will be improved. The Chair commented that the need to engage with the diverse population had been noted and expected this to be considered going forward.

**Action**: Paul Higgitt to arrange a meeting with Paul Ryder and Healthwatch Walsall to discuss engagement around LBGT.

1. **Walsall Care Navigation Centre - Presentation**

Donna Roberts gave an in-depth presentation about the recently introduced Walsall Care Navigation Centre (CNC)

**Key Points**

She highlighted that the CNC had been established to prevent unnecessary hospital admissions during COVID 19 pandemic and to improve discharge arrangements. It had been formed by using staff previously deployed in the Rapid Response Teams and this workforce had been added to over time. The success of the CNC in that time had led to the proposal to develop its remit further.

Donna advised that the service enabled direct referrals from professionals to another professional, usually a nurse and through discussion with a multi-disciplinary team to determine the best treatment pathway for the patient.

A member asked whether this service was used for referral of children. Donna advised that there is a plan to extend for children’s services. She stated that there is also a link to mental health services, but the Mental Health Service seems to be disengaged with the model at the moment.

The Chair raised a concern that a partner (i.e., the provider of mental health services) to Walsall Together seemed to be disengaged with the CNC and that patients with mental health needs may not receive the same attention as others; he suggested that this be escalated, and this was agreed by the Group.

Action: Paul Higgitt to report to Healthwatch Advisory Board; Donna Roberts to feedback to relevant part of Walsall Together.

Donna then advised of a safe at home pathway which significantly helps reduce hospital bed demand. During COVID one of the challenges the services have faced has been patients affected psychologically with the consequent fears of leaving their homes and contracting COVID again with both immediate and long-term effects.

She added that the CNC also enabled interception of potentially long waits on 111 calls, where staff at CNC can look at cases referred to 111 and deal with them sooner. This would also benefit the emergency ambulance service responses times.

A member askedhow many people return to hospital after the support at home and whether more support at home would see a reduction in bed capacity?

Donna advised that there are no plans to reduce hospital beds. The intention of the CNCis to ensure a more appropriate service being offered and not just as admission to an acute bed, which are always under intense pressure. She added that access is available to intermediate care beds where patients can be stepped down and receive ongoing care.

Another member asked what assurances were there that patients having care at home receive as good as care that would be provided in a hospital setting?

Donna advised that “closer to home workstreams” have been running for a number of years now and that there are quality assurance procedures already in place. She added that forums have been established to support staff and that work was in progress to help patients become more able themselves

A member asked how someone on a 111 call was picked up by the CNC

Donna advised that this was via discussions between the respective bodies’ professional staff. She added that there was also a rapid response team that usual assess within 2 hours.

Donna advised that the system is being monitored. At the moment 111 refer patients to the CNC and the Trust is building in the ability to view the initial advice and pull the record to the Trust system.

A member commented that it appeared that this would become a local “Walsall” only version of 111 service.

The Chair thanked Donna for an informative presentation and members for their participation. He suggested that the development of CNC might be something that the Service Users could usefully inform and suggested that this item be brought back to a future meeting for further debate; this was agreed by the group.

Action: Paul Higgitt to schedule development of CNC as an agenda item for a future group meeting

1. **Any Other Business**

It was agreed that the next meeting will be focused on Shared Care Records.

1. **Date and Time of Next Meeting**

It was noted that agreement had already been reached that future meeting would be held monthly and a date for the next meeting would be circulated in due course.