

Health and Wellbeing Strategy Leads Forum

18 September 2024, held at LCVS, 151 Dale Street, L2 2AH

Action

Minutes

Present:

Ellie McNeil (Chair) (EM)	YMCA
Jacinta Ashdown	Age Concern Liverpool & Sefton
Shantanu Kundu	Be Free Campaign
Richard Davies	LCVS
Rachel Lindsay (notes)	LCVS
Kevin Peacock (KP)	Options for Supported Living
Dave Carter (DC)	Whitechapel Centre
Matty Caine	First Person Project
Maxine Ennis	The Rotunda
Matthew Cliff	Bradbury Fields
Rachael Stott	PSS
Joanne Parr	MSDP
Elaine Mather	Imagine
Kate Daly	Irish Community Care

Apologies

Jo Henney	Nugent
Lesley Dixon	PSS
Paul Martin	LGBT Foundation
Debbie Nolan	Citizens Advice
Andrea Rushton	Blackburn House
Pippa Sargent	The Brain Charity
Kellie Welch	Sahir House
Clare Waller	St Joseph's Hospice
Geraldine Achieng	LGBT Foundation

1. Welcome and Introductions

Ellie McNeil (EM) welcomed all representatives to the meeting and invited everyone to introduce themselves.

2. Minutes of the previous meeting held on 24th July 2024

The minutes were agreed as a correct record and matters arising were noted.

Neighbourhood model – RD has circulated the details

Dr Cheryl Lowe was invited to the meeting, however, the Integrated Care Team's Strategy is currently being refreshed and so the Strengthening Communities Group is on pause. Dr Lowe will keep the group updated and attend when once the groups have reconvened.

EM circulated a paper around Social Value which she encouraged the group to read.

EM attended the Health and Wellbeing Network and provided a presentation on the formation of this group.

Richard Davies (RD) met with Matt Ashton this week and was informed that there will be strategic level discussions around the health issues within the city and what can be resourced and prioritised. There is currently money available for bespoke support.

The group talked about volunteering opportunities within the sector.

3. Gaps in Membership

It was agreed that the gaps in membership were:

Women focus working

Young people focused

Black and ethnic minority communities

Maxine Ennis suggested inviting Pause Liverpool to come on board, an organisation focusing on women.

There was discussion around whether the group would like to invite larger organisations helping people with addictions to have a more formal seat at the table.

Other suggestions were: Anthony Walker Foundation, Care Leavers and Healthwatch.

It was agreed that expressions of interest would go out through LCVS' mailing list for a period of four weeks or so. There are currently 8 seats available and it was agreed that applicants will be informed that their bio will be voted on at the Health and Wellbeing Network if we get too many applications.

4. Rep Feedback

The following reports were received:

Jacina Ashdown, Falls Prevention – JA said two projects were specifically discussed at the meeting: one around the data and coding of falls. The other project discussed was around hospitals and the new Active Hospital Project about maintaining people's functionality whilst they are in hospital. A copy of Jacinta's report is attached to the minutes.

Kevin Peacock, Neurodiversity – the meeting KP attended was a lot smaller than previous meetings. The meeting will be producing their own truncated minutes which KP will circulate once available. Things to note were:

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- Since 2015 the total number of people with ADHD has doubled within the city.
- There is a dedicated Liverpool Cabinet sub group looking at neurodiversity.
- The ICB lead for people with learning disabilities talked about contracts for people with intensive support and informed that the assessment of autism currently has a waiting time of 72 weeks. Currently there is no ADHD assessment or medication for those with a recent diagnosis.

Rachael Stott is to circulate the link to the LCC Peer Review

ICT workstream leads group – Debbie Nolan has attended this over the past few years, however, the group is now changing to include the neighbourhood approach and the focus will expand to include more extensive LCC involvement. EM will attend the first meeting and report back to the group.

There was discussion around the power of the collective voice and the need to look at meetings the voluntary sector are not invited to in order to see who is representing the voluntary sector. It was agreed that as part of the marking strategy, there is a need to speak to the elected members and build those relationships.

5. Marketing and Branding

The group noted Rachael's report at the last meeting.

Following a discussion, it was agreed that the group should be called Well Placed, with the strapline "Making the third sector a first thought".

6. Any other business

Labour Party Conference on Monday at the Hilton Hotel – Joanne Parr is to circulate details to the group.

Autumn budget – it was agreed that the group would consider how we respond to this as a sector.

2025 dates – RL to send a doodle poll to find out which days are best for people ie morning or afternoon, Mon-Thurs

7. Date of next meeting

13th November 2024, 10am, LCVS, 151 Dale Street

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JP

RL

Liverpool Strategic Health and Wellbeing Forum

Representative Feedback Form

Name	Jacinta Ashdown
Meeting Attended	Cheshire and Merseyside Falls Collaborative
Date of the meeting	17/09/2024
Key points from the meeting	<ul style="list-style-type: none"> - Data shows that C&M is an outlier for the number of falls taking place with increased numbers over the last 12 months. - There are pockets of good work, but lacks consistency and joined up working across C&M. - The system needs to strengthen the communication networks to ensure a common message is heard and understood in both acute and community services. - Cheshire West have created a Data Quality task and finish group as their data is 16% incomplete compared to an England average of 14%. A clearer picture is required to understand when where and how falls are taking place. If this is understood, then the data would identify what services need improving providing evidence that investment is needed. - Warrington and Halton Hospitals have an Active Hospital Project, this is to ensure functionality remains stable during a hospital admission, easing any issues patients would have on discharge.
Actions that need to be brought into the group	<p>Two subgroups of the Falls Collaborative will be formed one focusing on data and one focusing on Acute Hospitals.</p> <p>The data group maybe useful for Liverpool Strategic Health and Wellbeing Forum members to be involved with to find out when, where and how falls are occurring.</p>