

**Healthwatch Leicester & Leicestershire Advisory Board (HAB) Meeting  
held on Tuesday 25 September 2018 6.00 – 8.00 p.m.  
George Davies Centre, Leicester**

<b>Present:</b>	Harsha Kotecha (HK) Micheal Smith (MS) Rita Patel (RP) Colin Norman (CN) Shireen Bharuchi (SB) Aileen Farrer (AF)	HW Leicester & Leicestershire Chair HW Leicester & Leicestershire Manager HW Leicester & Leicestershire Member HW Leicester & Leicestershire Member HW Leicester & Leicestershire Member ECS Corporate Services Manager (Minutes)
<b>Apologies:</b>	Mark Farmer Dr Palin Steven Forbes	HW Leicester & Leicestershire Member Chair, West Leicestershire CCG Strategic Director Social Care & Education

Item No		Action
1.	<b><u>Welcome and Introductions</u></b>	
	The Chair welcomed board and members of the public to the inaugural Healthwatch Advisory Board Meeting. Twelve members of the public present at the meeting.	
2.	<b><u>Health &amp; Wellbeing Strategy</u></b>	
	<p>Kate Huszar, Andrea Thorne and Ivan Browne from the public health department of Leicester City Council in attendance to present the Health and Wellbeing Strategy which is currently in its development phase. Members were advised that an action plan will be developed to sit behind the strategy.</p> <p>The Healthwatch contribution is important and key in developing the document with main partners and addressing health and wellbeing matters in Leicester City. They are looking for contribution from Healthwatch members and a link will be sent out giving access to the draft strategy in order for members to input any comments.</p> <p>Issues raised were noted as follows:</p> <ul style="list-style-type: none"> <li>• It was confirmed the Strategy is for Leicester City only.</li> <li>• A query was raised about whether lack of exercise is the main factor for childhood obesity. It was noted that there are a lot of factors linked into this problem of which exercise is just one element in a complex picture. There are a lot of issues that take away any health gain e.g. cheap, high calorific food being readily available and young people not walking to school.</li> <li>• A query was raised about where the funding will come from and noted that there is no money for delivery, but the Local Authority are working collaboratively with a lot of other organisations and departments where there is an unmet health need.</li> </ul>	

Item No		Action
	<p>There will be no additional funding for any initiatives unless there is future money released for a specific project.</p> <ul style="list-style-type: none"> <li>• The strategy will be used to inform commissioners in health and social care to inform their priorities.</li> <li>• It was queried why the Council does not have a minimum space standard, and whilst this could not be answered, it can be raised with the planning department.</li> </ul> <p>An updated version of the presentation will be sent to Micheal Smith in order that they can be attached to the Minutes.</p> <p>Discussion followed on how Healthwatch will respond to the Strategy and it was confirmed that some issues will link to work that Healthwatch will be undertaking over the next 12 months.</p> <p>It was agreed that individual HAB members send their views to the HAB Chair to formulate into a collective written response. However, this should not deter people from submitting individual comments as well.</p> <p>Having heard from the City Council, it was agreed that Leicestershire County Council would be approached by MS on behalf of Healthwatch to provide an overview on what they are doing around a health and wellbeing strategy.</p> <p>It was confirmed that Healthwatch has links into the Health Overview and Scrutiny Committee.</p>	<p>Members Chair</p> <p>MS</p>
3.	<b><u>Finance &amp; Staffing Update</u></b>	
	<p>MS provided members with the following update:</p> <ul style="list-style-type: none"> <li>• Reporting to commissioners is being made on a monthly basis and as part of this, the difference being made by the work Healthwatch is doing is included.</li> <li>• Healthwatch is receiving in excess of 100 telephone calls, emails and letters per month asking for help and support.</li> <li>• An interim work programme has been in place covering GP services and maternity services. Community outreach and engagement work has taken place on these topics. The patient survey was closed at 200+ responses, the information from which is being compiled into a report, this is receiving support from the ECS research department. The final draft report will be presented to the next Board meeting and this will include key recommendations.</li> <li>• Outreach staff have commenced drop-in sessions at GP surgeries and Council Ward meetings raising the profile of Healthwatch. Outreach is also taking place in care homes and Parish Councils.</li> <li>• Two Enter &amp; View visits were made to Care Homes in September, with 4 planned visits to healthcare hubs in October.</li> <li>• There are potential 8 new authorised representatives being interviewed week commencing 1 October 2018.</li> <li>• MS has been attending a number of meetings and Advisory Board members will be taking on meeting attendance in the future.</li> <li>• Healthwatch Leicester &amp; Leicestershire is now getting back up to speed.</li> </ul>	<p>Oct Mtg</p>

Item No		Action
5.	<b><u>Healthwatch Leicester &amp; Leicestershire Work Programme</u></b>	
	<p>Planning meetings have been held with Board members and the headline strategic priorities for the next 12 months are:</p> <ul style="list-style-type: none"> <li>• Health</li> <li>• Social Care</li> <li>• Public Health</li> </ul> <p>Many work areas will sit underneath these broad headings and potential ideas were outlined.</p> <p>Directors of Social Care would like Healthwatch to look at how the health needs of looked after children are taken into account and whether they are suffering health inequalities by being a looked after child. CAMHS as always, remains an issue.</p> <p>Healthwatch will be looking to get user experience of people who may have educational needs or learning disabilities living in sheltered accommodation. There are a number of issues about the level of care people receive and support failures.</p> <p>The condensed list of 70 highlighted issues raised through feedback issues was noted. The way that priorities are worked on from an ECS model is that there will be 3 priority work areas at any one time. They need to be reasonable and practical with a delivery commitment built in.</p> <p>Healthwatch Advisory Board members agreed that MS will work with the wider Healthwatch team to make the list into a suitable work plan.</p> <p>In response to a query raised about the legal position of Healthwatch, MS advised that the primary function of Healthwatch is to represent patient experience and report findings to health and social care directors. Healthwatch does have a statutory seat on the Health &amp; Wellbeing Board but from a legal perspective Healthwatch has no legal ability to enforce anything. Healthwatch is the first contact for statutory organisations to ask for public opinion. For any serious issues there are escalation routes for Healthwatch to use such as the Health Overview and Scrutiny Committee and the CQC. Healthwatch England operates at national level working with the CQC, Department of Health and Local Government Association.</p> <p>Board members confirmed agreement to the 3 priority areas being set outside of the meeting and communicated to HAB.</p>	
6.	<b><u>Board Issues</u></b>	
6.1	<u>Messages for Health and Wellbeing Board</u>	
	HK attended the HWBB meeting at which the health and wellbeing strategy was outlined. One of the main issues raised was around tackling local obesity and organisations are being asked to support the Local Authority in this initiative.	

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6.2	<u>Issues for Overview &amp; Scrutiny Committee</u>	
	<p>Members were asked to let MS know of any issues we become aware of that need to be raised with OSC.</p> <p>HK will be attending the next OSC Meeting to be held on 28 September and it was agreed that the matter if ICU be raised as concerns have been raised from various groups about the lack of public consultation.</p>	<p>Members</p> <p>HK</p>
6.3	<u>Feedback from Meetings</u>	
	Covered in previous discussions, HAB members will feed into this item in the future to give feedback on meetings they have attended.	
<b>7.</b>	<b><u>Commissions/Consultancy Projects</u></b>	
	<p>Members were advised that under the ECS model, MS has responsibility to identify any potential revenue streams available. Additional income will create additional resources to undertake more outreach and public engagement/education.</p> <p>Any potential commissions would be brought to the Board to ensure there would be no conflict of interest. No commissions have been agreed at the present time.</p> <p>MS is in discussion with Leicester City CCG about supporting a mystery shopper programme, and further information will be made available if this should progress.</p>	
<b>8.</b>	<b><u>Local Issues</u></b>	
	MS advised members that he attends Out of Hospital Board meetings from which there are workstreams about integration of health and social care services. MS is looking at the implications and will bring something back to the Board about proposed changes. This is part of the Better Care Together programme.	
<b>9.</b>	<b><u>Any Other Business</u></b>	
9.1	A request was made for members to have agenda and supporting paperwork in advance of future meetings.	
9.2	<p>Following a query raised, it was confirmed that children with specific learning disabilities would fit into work programmes.</p> <p>Healthwatch will be scrutinising the Better Care Together programme to ensure there is public consultation. The Healthwatch position is about the programme doing what they should be in order to keep the public informed.</p>	

Item No		Action
	<b><u>Questions from Members of the Public</u></b>	
1.	<p>When the workplan has been agreed how will it be taken forward?</p> <p>Firstly, conversations would take place with research colleagues about what the public could be asked about through surveys. Evidence gathering would be the next stage at which point MS would bring to Board the initial collation of the issue and thoughts about next steps. Pivotal to the workplan is the sharing of information with providers, commissioners and members of the public. Engagement would take place with relevant communities based on where the focus is. All work undertaken is carried out with the underlying question about what difference has Healthwatch made. For any larger matters, discussions could take place with HW England to see if there are wider issues across the Network.</p> <p>As noted previously, the top 3 priorities will be identified in the immediate future and will become the definitive work programme for the remainder of the year. These will be cascaded out to members and a rationale will be included as to how the priority decision has been reached.</p>	MS
2.	<p>What has happened to the Healthwatch Newsletter?</p> <p>A lot of communications are now through social media. Under the new model, the Engagement &amp; Information Lead has responsibility for production of a newsletter and will be pulling together a more formalised style of document.</p> <p>Members were advised that as part of the move from the previous 2 contracts (City &amp; County) it was a requirement to have explicit consent to transfer contact details and as a result of this there was a loss of more than 4,000 contacts.</p> <p>A link to the newsletter will be included in the website.</p>	
3.	<p>Clarity requested about the Healthwatch Advisory Board.</p> <p>It was confirmed that there is one Healthwatch Advisory Board, but that there are still the two separate Local Authorities, and 3 CCGs.</p>	
4.	<p>Will Healthwatch be doing press releases?</p> <p>It was confirmed that HW will be doing press releases and would want to work together with Healthwatch Rutland on joint issues.</p>	
10.	<b><u>Date and Time of Next Meeting</u></b>	
	The next meeting will be held on Tuesday 30 October 2018, 6.00 p.m. Venue to be confirmed.	