

**Healthwatch Leicester & Leicestershire Advisory Board (HAB) Meeting
held on Tuesday 30 October 2018 6.00 – 8.00 p.m.
NSPCC Training Centre, Gilmour Close, Leicester**

Present:	Harsha Kotecha (HK)	HW Leicester & Leicestershire Chair
	Micheal Smith (MS)	HW Leicester & Leicestershire Manager
	Rita Patel (RP)	HW Leicester & Leicestershire Member
	Colin Norman (CN)	HW Leicester & Leicestershire Member
	Shireen Bharuchi (SB)	HW Leicester & Leicestershire Member
	Mark Farmer (MF)	HW Leicester & Leicestershire Member
	Kim Marshall Nicholls	HW Leicester & Leicestershire Authorised Rep
	Aileen Farrer (AF)	ECS Corporate Services Manager (Minutes)

Apologies: No apologies received

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1.	<u>Welcome and Introductions</u>	
	The Chair welcomed HAB and one member of the public to the meeting.	
	<u>Presentation</u> Mike Ryan - West Leicestershire CCG and Dave Rowson - CSU were in attendance to give a presentation on LLR readiness for winter.	
	A copy of the presentation is attached to the minutes for members information and the following points were noted: <ul style="list-style-type: none"> • West Leicestershire CCG is leading the winter pressures communications and the approach being taken is one of systems resilience with lessons learned from last winter built into plans. • Hospital flow was outlined to members in order that there is understanding of the management of patients throughout the patient journey. • There is to be a regulatory visit on 22 November 2018 and Healthwatch LL will be invited to be part of this. Discussions to take place outside the meeting to follow this up. • LLR is not an outlier for winter pressures at the present time but due to the level of new housing developments being built across Leicestershire borders demand is shifting into Leicestershire. • There is a massive push for front line staff to have flu jabs. • The self-care items being suggested to the public are predicated on the main reasons people present at A&E. • Healthwatch work is underway on getting ready for winter and ensuring messages get out to patients. The CCG would be delighted to work with HW on this and 	

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	<p>again this will be subject to further discussion outside the meeting. It was noted that behaviours and habits of the public are issues also being looked at in order to identify areas to keep people safe.</p>	
	<p>Following the very informative presentation, questions were invited which were noted as below:</p> <ul style="list-style-type: none"> • How quickly were the high number of elective surgery cancellations rescheduled last year? <ul style="list-style-type: none"> ○ Rarely were elective operations cancelled more than once at UHL. ○ Generally cancelled operations had always been rebooked in accordance with the patient, sometimes operations were undertaken with an independent provider to give a faster turnaround. • What has been done to ensure forecasting is accurate? <ul style="list-style-type: none"> ○ Creation of 4%+ medical bed capacity ○ Summer has been a good test ○ Glenfield will be opening a respiratory ward mid-January 2019 ○ EMAS have undertaken predictive modelling allowing for Hospitals to prepare for capacity ○ Aligning capacity with community services to support discharge or Home First ○ Now contract with different care home providers for specific beds as required • How is the CCG ensuring patient quality is maintained? <ul style="list-style-type: none"> ○ There are a lot of quality initiatives in place but during peak demand times, patient safety is the main area of focus which can as a result impact on the red to green initiative. ○ New Chief Nurse in post. ○ There is a big recruitment drive underway, risks around nurse staffing levels are improving but this remains work in progress and is part of the overall dashboard that has been created for winter pressures. MS advised that nursing care is not coming through to HW as an issue. • The communications plan targets groups 75+, how are people with long term conditions and complex needs being picked up. <ul style="list-style-type: none"> ○ It was confirmed that work is being undertaken with organisations with work with targeted groups. <p>A plea was made to the Comms Team to remember that not everyone has access to IT and that communications also need to be in written form. It was noted that as a national approach to communications, digital is first. However, there are a lot of written materials being sent to voluntary organisations to disseminate within their groups.</p> <p>Members thanked the CCG/CSU for their presentation which was of interest and help.</p>	
2.	<p><u>Minutes of the Meeting held on 25 September 2018</u></p>	
	<p>The minutes of the meeting held on 25 September 2018 were agreed as an accurate record.</p>	

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3.	<u>Actions from the Meeting held on 25 September 2018</u>	
	The action sheet has been updated and is attached to these minutes.	
3.	<u>Finance & Staffing Update</u>	
	<p>MS provided members with the following update:</p> <ul style="list-style-type: none"> • The paper outlines the month and year to date position. • The outstanding variance is due to staffing vacancies. HW LL is currently recruiting for two Community Outreach Leads. • Any year end underspend may be queried by the commissioners. <p>HAB members noted the update and no questions were raised.</p>	
5.	<u>Healthwatch Leicester & Leicestershire Work Programme</u>	
	<p>A suggestion was made that the health work programme be broken down into physical and mental health, however it was reiterated that the three headings of health, social care and public health are broad headings only from which specific work programmes will be agreed.</p> <p>The first piece of work undertaken was around patient experience of using GPs. Discussions were held with stakeholders from which the survey was developed asking questions about how GPs will be changing in the future and whether patients are seeing advanced nurse practitioners. The CCG is looking at anecdotal feedback about surgeries not being open as advertised.</p> <p>The report is in its final draft stage, it was noted that whilst 211 responses is very encouraging, it is not necessarily representative of the demography and there are lessons to be learned for the future. The on-line surveys were supported by face to face engagement, but not supported by a translation programme.</p> <p>The key findings were outlined, and from the responses received the majority of patients would be happy with service changes as outlined in the GP 5-year plan if it meant greater access to appointments.</p> <p>The recommendations were noted, and members were advised that the report had been sent to the CCG but no response had been received.</p> <p>Board agreed and signed off the report which will now be published, and communications will be issued.</p>	
	<p>Other work areas will be taken from each of the broad headings and suggestions were made as follows:</p> <p><u>Public Health</u> Getting ready for winter and build in work around patient habits for looking after themselves in winter. MS will be discussing this with other health organisations.</p>	

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	<p>The timeframe was outlined, and the report publication will be by the end of January 2019.</p> <p><u>Health</u> Implications of cancelled appointments and treatments as these have real life impacts and there is a lot of intelligence received about these issues and also from meetings attended. HW would seek to build up a picture of what it really means to the public and how can public expectations be managed effectively. There would be a series of semi structured interviews and the research would qualitative with the report publication expected at the beginning of March 2019.</p> <p><u>Social Care</u> Hospital and community discharge. This has also been identified by HW Staffordshire and HW Wolverhampton and will be carried out as a multiple HW programme. The ECS research team is working on a Midlands perspective approach. The work will be carried out through a semi structured process, the timescale for which has yet to be agreed.</p> <p>Board agreed all three priorities as noted above.</p> <p>For the next meeting MS will compile a gant chart workplan but members were reassured that the above projects could be managed by staff in post at the present time.</p>	MS
6.	<u>Board Issues</u>	
6.1	<u>Messages for Health and Wellbeing Board</u>	
	Next meeting to take place in November, therefore no feedback to report at present.	
6.2	<u>Issues for Overview & Scrutiny Committee</u>	
	<p>ICU Level 3 – discussed under the action points.</p> <p>MS advised members that from the last Adult Social Care OSC papers the Local Authority are looking at a reduction of 50% from voluntary services contracts and that the stroke club and lunch clubs will be ceasing. The Local Authority will be concentrating on the provision of statutory service provision only. Members agreed that the volunteer sectors are key to the provision of services and that any reductions will impact on health and social care services further. It was noted that this did go out to public consultation and HW will need to encourage public responses in the future.</p> <p>It was agreed that the HW Chair and Manager would draft a letter on behalf of the Board advising of the concerns the cuts will have. Board to agree the letter prior to it being sent to the chair of the Adult Social Care OSC.</p>	HK/MS
6.3	<u>Feedback from Meetings</u>	

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	<p><u>UHL Board Meeting</u> (Attended by HK)</p> <ul style="list-style-type: none"> • HK was made to feel welcome and the valuable input of HW was acknowledged. • Discussed the joint work with Leicester University where medical students visited different wards of the hospital looking at ways to capture near miss events. A presentation was given which showed that care was safe and effective although there were some needs highlighted. • HK raised the issue that the students only spoke to staff and that it would have been useful to also talk to patients. The medical students are to do a follow up exercise with the patient element included. Members were advised that if deemed appropriate HW could do Enter and View for ARs to talk to patients. • With regard to ICU, HK mentioned the HW position statement and that HW sees all health services as the NHS. • Whilst the ICU Level 3 unit will move, there will still be an ICU Level 3 bed at the General Hospital. • A business case has been sent to NHSE, UHL had to guarantee this would not include the closure of the General Hospital. If patients had received this communication, it would have lessened patient concerns. • HK has met with Stephan Ward, Director of Corporate and Legal Affairs about how the Trust Board works. <p>HAB members were asked to note that with regard to the move of ICU Level 3 Unit, any messages given should be in line with the Healthwatch position statement, unless it is made explicitly clear that it is a personal viewpoint that is being made.</p>	
	<p><u>LPT</u> (Attended by MF)</p> <ul style="list-style-type: none"> • Meeting capture form completed, tabled and outlined to members. • LPT want HW input. • MF made to feel welcome at the meeting. • LPT are aware of the challenges they face. • LPT should be on the radar of HW based on patient experience. <p>MS met with the new Patient Experience Manager and discussed lack of LPT representation, concerns around communications and lack of governance oversight. There are a lot of services each having their own custom and practice. When LPT took on community services the situation deteriorated as the budget and staffing doubled.</p> <p>Work us underway to try and get a single pathway for getting community services which is a big change and the Trust is currently considering how best to do this work.</p> <p>National guidance states that money flow within CCGs goes into acute and mental health. They want to take services out of hospitals and into the community but the only way the CCG can make the required costs savings is in community services.</p> <p>Actions from MF feedback:</p> <ul style="list-style-type: none"> • MS/MF to meet and discuss options and put a proposal to Board next month. • MF to meet with the Director of Mental Health Services about further HW involvement <p>Any challenge is to be carefully considered as HW is the patient representative.</p>	<p>MS/MF MF</p>

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7.	<u>Commissions/Consultancy Projects</u>	
	None to report	
8.	<u>Local Issues</u>	
8.1	<p><u>Enter and View Hunters Lodge Residential Care Home</u></p> <p>The report was presented to the Board and members were advised that this had been a difficult enter and view visit as there was angst within the Home following receipt of the CQC report which shows that every aspect of their inspection “requires improvement”. The CQC will be undertaking a follow up visits.</p> <p>The report picks out key issues and difficulties were noted.</p> <p>The care home has an age range of between 22 and 70. On the day of the visit the majority of residents had gone out to various different locations.</p> <p>The report has been sent to Hunters Lodge and their comments have been included at the end of the document.</p> <p>MS will be attending the Quality Surveillance Group and will raise issues from the visit at that forum.</p> <p>HAB agreed the report which will now be distributed and published. The Adult Social Care OSC will be asked to note the findings.</p>	MS
8.2	Issues have been raised about 2 care homes run by Primelife. These issues will be passed through to the Enter and View Group to decide how to take forward.	
8.3	There has been a dental practice closure in Melton and the only dentist offering appointments is an emergency dentist. All other practices have a full caseload.	
8.4	<p>MS has received individual contacts from members of the public regarding flu vaccinations which were outlined to members and will be followed up through the appropriate channels.</p> <p>HAB were asked to forward any intelligence about flu jabs to MS as this will certainly impact on winter pressures.</p>	
9.	<u>Any Other Business</u>	
9.1	<p>MF advised that feedback has been received from West Leicestershire CCG area about pharmacies not prescribing over the counter medications. MF to email the details through to MS to follow this up.</p> <p>SB advised of an issue around paediatric prescribing and again all details are to be sent to MS.</p>	MF SB

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9.2	A request was made to ensure that future meetings run to time. This will be acted upon.	
9.3	HW have a consultation out about lifestyle changes.	
9.4	HK advised that in future all items of AOB should be raised with HK before the meeting. Members agreed to this request.	
10.	<u>Date and Time of Next Meeting</u>	
	The next meeting will be held on Monday 3 December 2018, 10.00 a.m. – 12.00 noon, venue to be confirmed.	