

**Healthwatch Leicester & Leicestershire Advisory Board (HAB) Meeting
held on Tuesday 26 February 2019 6.00 – 8.00 p.m.
Market Harborough Church Hall**

Present:	Harsha Kotecha (HK)	HW Leicester & Leicestershire Chair
	Micheal Smith (MS)	HW Leicester & Leicestershire Manager
	Rita Patel (RP)	HW Leicester & Leicestershire Member
	Mark Farmer (MF)	HW Leicester & Leicestershire Member
	Shireen Bharuchi (SB)	HW Leicester & Leicestershire Member
	Colin Norman (CN)	HW Leicester & Leicestershire Member
	Mike Thompson (MT)	Leicestershire County Council Commissioner
	Simon Fogell (SF)	ECS Executive Director
	Aileen Farrer (AF)	ECS Corporate Services Manager (Minutes)

Apologies:

Item No		Action
1.	<u>Welcome and Introductions</u>	
	The Chair welcomed members to the meeting.	
2.	<u>Minutes of the Meeting held on 8 February 2019</u>	
	<u>Addendum</u> Minutes of the meeting held on 8 February 2019 to record that HK/MS were to write to the Local Authority about personal budgets and to enquire what the LA will be doing about this needs led issue. With the foregoing addition, the minutes of the meeting held on 8 February 2019 were agreed as an accurate record.	HK/MS
	<u>Matters Arising not on the Agenda</u> No matters arising that are not on the agenda or action sheet.	
3.	<u>Actions from the Meeting held on 8 February 2019</u>	
	The action sheet has been updated and is attached to these minutes. Specific points of discussion were noted as follows:	

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	<p><u>111/Ambulance Service Provision</u> – If patients do not receive a call back from 111 within the 15-20 minutes timeframe an ambulance is despatched to the patient even if this is something that they do not require. HW want to establish if anything can be done about this system issue and it was agreed that a meeting would be held with Mike Ryan by the end of March 2019.</p>	
	<p><u>Leicester Partnership Trust</u> (CN declared interest)</p> <p>A query was raised about the change in the Trust senior management due to the impending CEO retirement. It was noted that the CQC findings are likely to be critical around leadership and whilst this is not the whole problem, HAB will need to think what this means for patients. It is also anticipated that the Bradgate Unit will be criticised, and real issues of concern are being raised. HW to ensure patients do not suffer as a result of changes.</p> <p>MF advised that there are some positives for the Trust one of which is that older people mental health service has improved from “requires improvement” to “good”.</p>	
4.	<p><u>Finance and Staffing</u></p>	
	<p>MS outlined the monthly strategic update report and members were advised that future planned projects will use under-utilised funds. HK/MS want to look at a “question time” style event to be held later in the year.</p> <p>Members were reminded that Purdah commences on 21 March 2019 and whilst HW can plan for work to be undertaken, this may be subject to restrictions.</p> <p>The process for volunteer/HAB member expenses is that they should be submitted to MS before 5th of the month and they will then be processed through ECS. Any major expenses can be submitted on an ad hoc basis for faster payment.</p> <p>MS advised he is pleased with the new staff in post who have a complimentary skill set. This was endorsed by HK.</p> <p>It is pleasing to note that the Twitter numbers continue to increase, and this social media application is run by Gemma Barrow. MF would be happy to tweet on behalf of HAB and a training session to be arranged for this purpose and a sub-account set up.</p> <p>Nazmin Pirbhai is building up an Instagram account for HWLL which will allow HW to build up a photobank.</p> <p>RP suggested that the forms she submitted could be included in the report as there are areas of impact that have been demonstrated. As a result of RP attending a West CCG meeting, she is now part of Thurmaston and Ashby GP Taskforce Group.</p> <p>One of the reviews being undertaken is medicines management in primary care and RP raised the issue of secondary/primary care prescribing issues that are being brought to the attention of HW. It was confirmed that patient experience will be looked at as part of the review.</p>	<p>GB/MF</p>

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	<p>The meeting capture form that has been developed is to be used as effectively as possible and impact needs to be recorded wherever possible although the caveat to this is that sometimes it is difficult to make an impact with certain organisations. The form also gives an ability to reflect on whether attendance is relevant at a particular meeting, attendance needs to be where a difference can be made.</p> <p>Challenge can be made as to the relevance of HW attending meetings if there is no benefit of so doing.</p>	
5.	<p><u>Healthwatch Leicester/Leicestershire Work Programme</u></p>	
	<p>The 2019/20 strategic priorities were agreed and signed off by HAB as follows:</p> <p>Quarter 1 – April-June</p> <p><u>Health</u> Medicines Management. Medication between primary and secondary care services.</p> <p><u>Social Care</u> Personal budgets to include health budgets.</p> <p><u>Public Health</u> Social prescribing</p> <p>Quarter 2 – July-September</p> <p><u>Health</u> Access to mental health care services in community mental health teams.</p> <p><u>Social Care</u> Supported living.</p> <p><u>Public Health</u> Lifestyle services.</p> <p>As noted at the last meeting, the strategic priority list is to be refreshed and sent to members. Quarter 3 and 4 priorities are to be discussed at the April meeting.</p> <p>MS advised members that special projects have to be agreed and Mike Thompson, County Commissioner confirmed that a good selection of special projects had been received, and the Local Authority had made suggestions around project methodology and the County Council have now signed off the special projects. These do, however, need to be signed off by the City Council.</p> <p>MS advised that there may be other issues being brought to the attention of HW and these are likely to include the Armed Forces/Veterans. It was suggested that work be undertaken with the Head of Research to turn this into a detailed proposal.</p> <p>MF stated that work will also need to be undertaken around LPT specifically:</p> <ul style="list-style-type: none"> • Support to people post section • Access to LPT crisis team • LPT single point of access <p>Community services redesign work could be a future strategic priority or a special project in the forthcoming months as there are potential changes in the way that services are to be delivered.</p> <p>Mental Health for BME communities may also be a special project.</p>	<p>MS April</p>

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	<p>It was suggested that these discussions will take place at the business meetings, but it was also suggested that these business meetings could be held in public, as HW is a public accountable body. This would let people see how decisions are made. A Q&A session could be built in and have speakers on points of interest. A confidential section could be held for areas that are commercially sensitive and require the public to be excluded.</p> <p>Consideration on the format of business meetings and other issues to be the subject of further discussions at the April meeting.</p>	
6.	<u>Performance Update</u>	
	Covered in previous discussions.	
6.1	<u>Messages from HWBB</u> Meeting yet to be held.	
6.2	<u>Messages from Overview & Scrutiny</u> <ul style="list-style-type: none"> • There are a number of consultations out at the present time. • Cuts to VCS/Lifestyle Services were noted. 	
6.3	<u>Feedback from Meetings</u> <ul style="list-style-type: none"> • MS has been invited to sit on the Dementia Action Alliance, if any HAB member would wish to take on this role they should advise MS. • LLR Carers Delivery Group <ul style="list-style-type: none"> ○ MS to share the carers strategy with HAB to see if any work is required on carers. ○ Discussion on how they are trying to link into the Local Pharmacy Committee. HW has linked them to the Chair of the Group run by NHSE. ○ The group did not have a sense of where they refer into as the refresh taking place in the BCT programme led to uncertainty about reporting lines. • CQC – regular meetings being re-established to discuss local issues and to look at running concurrent visits with the CQC and HW Enter and View. • Integrated Commissioning Board <ul style="list-style-type: none"> ○ Community services events taking place, HAB encouraged to attend. ○ HW need to keep a watch on the primary care networks. ○ HW have been invited to sit on the Primary Care Board which will oversee the development of networks • LPT Meetings (Mark Farmer) <ul style="list-style-type: none"> ○ Partnership Trust papers to be circulated ○ Meetings commence with a patient story and the relevant director has to outline what actions are being taken in response to issues raised. ○ Primary care mental health services are being recommissioned. ○ LPT are keen for better integration into their mental health services. ○ Performance indicators continue to be noted as poor. ○ Positive aspect is community nursing. ○ Poor performance on mental health particularly discharge 	

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	<ul style="list-style-type: none"> ○ MF met with the Trust CEO, discussed leadership challenges and advised HW want to work closely with LPT. ○ Cancelled appointments raised with Trust Director who was surprised there was not more negative feedback as there have been a greater number of cancelled appointments at LPT this year. HW can work with them to get the message out about the HW project. MS advised that the outreach team are to get patient stories but in future HW may want to do work on mental health cancelled appointments. ○ Director of Mental Health Services is still waiting for NHSE approval for capital funding for a children and young people facility. ○ Spending £1M on the Bradgate Unit to improve the environment, there are serious issues in the unit and significant challenges. ● MF met with the Director of Community Services/Older People Mental Health <ul style="list-style-type: none"> ○ Discussed single point of access ○ Discussed possibility of HW undertaking a joint project in the future ○ Older people mental health service improving ○ Discussions to be held about the number of community hospital in Leicestershire, this to be on HW radar. <p>Following discussion, it was suggested that HW should request a presentation on the community nursing redesign as the proposals are radical. It was noted that whilst a lot of discussions within the Trust are held in private, they will brief HW on these.</p> ● Quarterly meetings have been re-established with UHL Executive and HW Rutland, the purpose of these are to have an update on what they are working on and what is on their radar. ● MS/HK met with the Chair of BCT PPI group which is going through redesign. Questions were asked about where HW sits in this reconfiguration. ● An invitation has been extended to HWLL to have a seat on the BCT Senior Leadership Team Board. After discussion unanimous agreement was given for HK to become part of this group in order to be able to influence. It was also agreed that HWLL will have a seat on the BCT assurance meeting and a representative is to be agreed and communicated with BCT. 	HK/MS
7.	<u>Commissions/Consultancy Projects</u>	
	<p>As noted previously HWLL in conjunction with HW Rutland will be undertaking the STP engagement work, and alongside this will be undertaking a survey around carers and young carers. Gemma Barrow is leading this work.</p> <p>HWLL has been invited to host a team development day for Leicester maternity services. Further information will be disseminated in the future.</p>	
8.	<u>Local Issues</u>	
	<p><u>Enter and View Report</u></p> <p>The report has been completed aligned with intelligence received. Ashton Care Home is likely to need greater scrutiny from the CQC. The response from the provider is to be included.</p> <p>HAB members noted the report.</p>	

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9.	<u>Capturing Impact through Representation</u>	
	To be discussed in detail at the Business meeting. MS advised HAB that impact can be quantified by generating an action from questions raised.	
9.	<u>Training and Development</u>	
	<p>HAB to email suggestions for training to HK for further discussion.</p> <p>Previously identified training has been around media training and working together as a Board.</p> <p>A programme of training is to be agreed for HAB.</p>	
10.	<u>Any Other Business</u>	
10.1	<p><u>Kings Fund Presentation</u></p> <p>A copy of the presentation was tabled for members and MF outlined the salient points. Due to time constraints members were asked to read the presentation and any questions arising should be sent to MF (cc HK).</p> <p>The final slides identify questions for the Board and this is an area for discussion at the next meeting.</p>	HAB
10.2	<p><u>Email Addresses</u></p> <p>RP advised she is not receiving communications and email addresses to be changed to the HWLL Gmail address.</p>	AF
11.	<p><u>Date and Time of Next Meetings</u></p> <p>26 March 2019 Public Meeting 6.00 p.m. Blaby District</p> <p>MS to send out calendar of meetings, public meetings will be held 6.00 – 8.00 p.m. Public meetings will be minuted.</p>	