

PUBLIC MEETING
Healthwatch Leicester & Leicestershire Advisory Board (HAB) Meeting
held on Thursday 9th July 10am.
Held online through Microsoft Teams

Present: Harsha Kotecha (Chair) HW Leicester & Leicestershire HAB Chair
Micheal Smith (LHM) HW Leicester & Leicestershire Manager
Mukesh Barot (MB) HW Leicester & Leicestershire Deputy Manager
Mark Farmer (MF) HW Leicester & Leicestershire HAB Member
Shireen Bharuchi (SB) HW Leicester & Leicestershire HAB Member
Rita Patel (RP) HW Leicester & Leicestershire HAB Member
Joe Johal (JJ) HW Leicester & Leicestershire HAB Member

Attending: Richard Morris(RM) Deputy Director of People and Innovation LLR CCG
Alisdair Ritchie (AR) Volunteer

Item No		Action
1.	<u>Welcome and Apologies</u>	
	The Chair welcomed members to the meeting. Our guest speakers for the meeting are - <ul style="list-style-type: none"> Richard Morris - Deputy Director of People and Innovation - Leicester, Leicestershire and Rutland CCG (joining the meeting at 10.30am) No apologies were received for the meeting	
2.	<u>Declarations of Interests</u>	
	No declarations of interest to be noted.	
3.	<u>Actions from previous meeting</u>	
	Item 5 (28.04.20) - Meeting with Domiciliary Care Leads in City and County arranged for next week to discuss work priority	
4.	<u>Meeting and representation</u>	
	Chair lead a discussion on meeting HAB members were due to attend across City and County. HAB members raised their concerns about NHS strategic meetings that have not been taking place and the loss of oversight and scrutiny. Due to the changes across the Health and Care services locally, the Chair suggested a review of the meetings attended and also highlighting new meetings where representation is needed.	Chair will review representative arrangements with HAB and LHM

Item No		Action
	Chair discussed how training and support can be reviewed with HAB members and will discuss this further at the same time	Chair will review with HAB members training needs
5.	<u>Guest speaker</u>	
	<p>RM discussed how the Covid 19 Pandemic had impacted on Health services locally and how Clinical Commissioning Groups (CCG) have brought together their governance strategy and policy. (Following on from January HAB presentation)</p> <p>Across Leicester, Leicestershire and Rutland CCGs the commissioning strategy is guided by 10 underlying principles. The most significant for HWLL is the principle on Patient Engagement and Co-design.</p> <p>The shift in governance is looking to reduce bureaucracy and has shifted the work streams across what was the three CCGs into 9-10 Design Cell structures, which is hoped will drive better service review.</p> <p>Chair and HAB members sought reassurance for HWLL representation at the key points in the new Cell structure.</p> <p>RM assured the HAB that HWLL would continue to be a key partner within the new structures and would work with us to review representative positions. He also commented on how the engagement with communities had dropped off during the national lockdown but that HW and the CCGs had been working closely on the Covid 19 patient and also that they were working closely with the council of Faiths to improve community messaging.</p> <p>MF highlighted the need to streamline the process of engagement and concerns about engagement overload with such a high level of surveys currently running from many different organisations and institutions.</p> <p>RM discussed that through lockdown much more online interaction had taken place and in the Covid 19 survey this was highlighted as an improvement from the patient's perspective.</p> <p>Both RM and HAB members agreed that moving more patient interaction to a digital platform needs to be representative and appropriate.</p> <p>RM confirmed that -</p> <ol style="list-style-type: none"> 1. The dynamic with the Health and Wellbeing Board need to reframe how the CCGs and Councils work together. 2. To tackle the over engagement, there needs to be a single local engagement strategy 3. He will share the 10 principles document for the LHM to share with the HAB 4. Following on the Covid 19 survey, there will be a more detailed discussion in themed workshops. Chair and LHM are a part of a working group with CCG colleagues and provider colleagues to design these. <p>MF raised his concerns on how Mental health services will be supported through this review.</p> <p>RM agreed this is an ongoing conversation however as with all services, there are financial restraints. The CCG is committed to meeting the MH investment</p>	LHM to receive and share 10 principles with HAB members

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6.	<u>Work Programme Project Updates</u>	
	<p>CCG/HW Patient Survey LHM delivered a presentation to the HAB members on the Covid 19 patient survey. (Presentation available on request) This represented a significant pool of insight with 835 survey responses in Leicester and Leicestershire. It was noted that a high percentage of responses were from County residents (68%) there for the demographic diversity of Leicester City was not truly represented in the findings. The survey highlighted that using online platforms was felt to be largely positive but that it should not become the online method of consultation. Some communities are not digitally engagement for many reasons, and this has already been identified as an area of further work. Significant attention should be given to the sensory deprived. Many residents delayed seeking treatment during lockdown, which could present further drain on services further down the line. The wide-ranging impact of the Covid lockdown on resident’s mental health is a concern and may have a significant impact on all NHS and Social care services.</p> <p>BAME Connect MB presented to the HAB members, setting out the objectives of the engagement work to better understand how BAME communities can be communicated with. He explained how the reference group has started to meet and set out its key goals. RM commented how the CCG has moving away from relying on written information. Videos from local GPs in different languages have been shared successfully. MB confirmed the involvement of key engagement colleagues from the CCG and hospital trust. MF congratulated MB on the work and welcomed the more creative approach. The need to ensure County engagement was raised. SB shared her concerns on misinformation being shared on WhatsApp, so any messages need to be clear. AR spoke on his support given during lockdown. He approached the LHM to offer his support to HWLL. During his furlough from his role at Warwick University, he has liaised with De Montfort Uni and we’ve met with heads of the Psychology department and the Stephen Lawrence Centre. In discussions we are looking at -</p> <ul style="list-style-type: none"> • Joint working opportunities with DMU • How the Stephen Lawrence Centre can link into the BAME Connect work • Possibility of HWLL supporting the development of MSc and PhD curriculum <p>AR discussed with the HAB members a possible bid into the National Lottery. This would be for Community Champions linked into the BAME Connect project. MF felt that any HWLL bid should have a steering group and more time for review.</p>	<p>AR to work with LHM to finish and</p>

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	<p>All HAB members voted on submitting the bid and it was agreed with a majority</p> <p>Mental Health Services at Crisis</p> <p>MF presented the draft Work priority paper and asked all HAB members to send any comments or suggestions to LHM</p> <p>Chair advised the board that RP was taking on the HAB lead for the Domiciliary Care work priority and asked LHM to arrange a meeting to discuss this and set out the Priority paper.</p>	<p>submit the NL bid</p> <p>LHM to receive comments and update the priority paper.</p> <p>LHM to arrange meeting with RP to discuss</p>
7.	<u>Annual report.</u>	
	<p>LHM presented the Annual report to the HAB members.</p> <p>Chair thanked LHM for the report and asked that the report now be published.</p>	LHM to publish annual report
8.	<u>Chairs actions</u>	
	No chairs actions to take forward	
9.	<u>Meetings update</u>	
	<p>Due to the time restrictions the Chair asked the reports to be noted and any comments to be shared with the LHM.</p> <p>MF raised the issue of the budget deficit at UHL and asked if the CEO could be invited to the development session at the end of July.</p> <p>JJ had to leave the meeting and asked LHM to share recording of the meeting</p> <p>HAB members discussed the different formats of the meeting reports used in the papers and agreed the need for a consistent format. Chair advised she is using the template set out by LHM previously and advised the ECS are looking to set up an online form for HAB members to be able to complete through SNAP survey.</p>	<p>LHM to contact UHL to invite CEO to next development session</p> <p>LHM to share recording of meeting</p> <p>LHM to look into setting up online meeting form</p>
10.	<u>A.O.B.</u>	
	LHM raised with HAB members his involvement with the NHS E&I review into Adult Acute Care services. This is a Midland wide review and is a pilot for NHS E&I nationally. LHM thought this would be more suitable for a HAB member to attend.	LHM to share information on Adult Acute Care Review

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	<p>LHM will share information on the review for HAB members to consider attending.</p> <p>MF highlighted a new service being trailed by LPT picking up attendees at A&E.</p> <p>RP highlighted the volunteer expense of attending meetings from home. Feeling that a small recompense would be appropriate. MF agreed feeling this a barrier to attendance at meetings.</p> <p>LHM advised that under the current expense policy, any out of pocket expense would be covered and can be claimed through the normal expense process. ECS would not be offering any stipend to cover internet or electricity usage at HAB members home. RP explained that through other volunteer roles she has been given 16p per minute for meetings and this should be considered.</p> <p>LHM will raise the matter with ECS, through ECS HW managers meeting.</p> <p>LHM raised with HAB members about planning for the Annual Public meeting. He suggested that the next HAB meeting in public be turned into the Annual APM. HAB members felt that due to the current lockdown that it was not a suitable time to hold the meeting and should be reviewed at a later date.</p> <p>Chair asked the LHM to ensure that HAB member Declarations of interest be reviewed on an annual basis.</p>	<p>LHM to raise concerns from HAB on payment for meetings at home.</p> <p>LHM to diarise annual review of Declarations of interest</p>
11.	<u>Date and time of the next public meeting</u>	
	<p>25th August</p> <p>27th October</p> <p>December TBC</p> <p>23rd February</p>	