

Healthwatch Leicester and Healthwatch Leicestershire Advisory Board

30 March 2021 – Online – Microsoft Teams

Public Board Meeting Agenda

1. Welcome and Apologies.

Shireen Bharuchi, Joe Johal

2. Attendance

Harsha Kotecha (Chair), Mark Farmer, Kash Bhayani, Mukesh Barot and Elizabeth Learoyd.

The meeting was quorate.

3. Minutes and Action log from Public Board Meeting held on 22 December 2021

Minutes approved.

Action Log:

- It was agreed that we would start a new action log from April.

4. Work Programme Project Update

Reports had been circulated to members and the Chair asked for comments and feedback so that the reports could be finalised and circulated in the public domain. There were reports and update reports on

- Access to Urgent Mental Health Services
- Veterans & Mental Health
- Long Term Health Conditions
- Safeguarding & Ethnic Minorities status update
- Domiciliary Care status update

It has been a challenge to complete the Domiciliary care and Safeguarding projects during the pandemic as we need to be able to contact service users directly and need the local authority to support us. The team had requested an extension to the project deadline to reach out to the local authority and other care providers.

The HAB agreed an extension of six months for both.

Members praised the team for the hard work to complete the reports within the tight deadline.

Members also noted the difficulties faced with engaging the population when completing the projects and this is evidenced in the low number of participants but the stories behind the numbers give a rich insight into service user experiences.

5. Intelligence/Feedback update

HAB members have struggled with the online SNAP link. It's difficult to keep track of updates and action. It was agreed that members produce a highlight report instead on monthly basis and share that with the Chair.

HAB reports were received.

Harsha reported:

Soft intel from patients who are still experiencing problems accessing GPs. This is despite NHS repeatedly saying that it is open. Harsha has continued to escalate the issue with the CCG.

GP practices across Leicester and Leicestershire are operating slightly different triaging processes. This seems to be adding more confusion to the patients in accessing GPs.

The initial concern around vaccine hesitancy seems to be turning around and introduction of pop-up vaccine hubs supported by communities is proving successful.

UHL is now moving into the restoration and recovery phase and is prioritising patients based on clinical needs. UHL will explore getting support from the private sector as well as primary care in this phase.

The UHL trust board has an interim Chairman starting on 19th April.

Harsha had spoken to the Director of Public Health in the city with a view to working more closely with the department.

Mark reported that:

- LPT they are getting ready to launch the Step up to Great Mental Health consultation
- There is some concern from dementia services users as some services were stood down during the first wave of the pandemic.
- The Peepul Centre had a specific vaccine clinic for learning disabilities. This clinic had longer slots, flash mobs and staff dressed as superheroes to make the getting the vaccine less daunting.
- There's a lot of change at LPT and Mark is involved in the recruitment process.

Mark is chairs the People's Council at LPT and a question was raised about a conflict and Mark does not think there is.

6. Decisions to be made by the Advisory Board

The HAB had met several times to discuss the intel received from various sources which included the Health and Wellbeing board, the CRM and conversations with members of the public. The HAB agreed on the new priorities as

- New Models of care - reviewing the some of the changes to accessing services because of the pandemic. This would be a collaborative project with Healthwatch Rutland. This project would hold focus group meetings to gather experiences.

- Male Suicide - an area of concern local focusing on BAME and LGBT communities
- Rough Sleepers - to understand the experiences of rough sleepers

Project proposals together with the decision-making matrix to be shared with HAB when available.

6a. Escalation to HW England/CQC

None

6b. Publish a report/ agree a recommendation made in a report

None

6c. Request information from commissioners/ providers

None

6d. Which premises to Enter and View and when

Due to ongoing restrictions and the pandemic, we are currently unable to carry out this function. ECS is reviewing how we can carry out this function safely in the future. In the meantime, some of our volunteers are involved in a desktop review of GP website to see how patient friendly the websites are.

6e. Decision about subcontracting/ commissioned work.

None

6f. Whether to report a matter concerning your activities to another person

None

6g. Which health and social care services HW is looking at for priority project

Discussed above.

6h. Refer a matter to Overview and Scrutiny committee

None

7. Breach/s of the decision-making process

None

8. Health and Social Care Issues from the public

None

9. Any other business

None