

# Healthwatch Leicester and Healthwatch Leicestershire Advisory Board

29 June 2021 – Online

## Agenda

### 1. Welcome and Apologies.

Apologies were received from Joe Johal.

### 2. Attendance

Harsha Kotecha (Chair), Mark Farmer, Kash Bhayani, Mukesh Barot and Shireen Bharuchi

The meeting was quorate.

### 3. Minutes and Action Log from Public Board Meeting held on 30 March 2021

Minutes approved.

### 4. Work Programme Project Update

Mukesh reported that a lot of work had been completed to ensure that the written proposals for the upcoming work programme had SMART objectives and Key Performance Indicators. The HAB acknowledged and thanked Mukesh and the team for the hard work in completing the plans.

The projects/work programme are:

- Impact of Covid - New Models of Care. The purpose is to gauge public opinion of how they are accessing health and social care services now and the impact of the changes. The first area of focus is around GP access. Two online sessions have been organised in July to facilitate the conversation and understand the experiences of the public.
- Male Suicide. An insight into why rates are higher in men.
- Homelessness and Rough sleepers. Establishing the experiences of rough sleepers when accessing health and social care and ensuring that their voice is heard. A part of the project will be to ensure that rough sleepers are aware of the services specifically available to them. HWLL will collaborate with the local authority.
- Domiciliary Care status update – due to the risk of Covid access to service users was restricted. The Local Authority said it would support the distribution of the survey. Jackie Owen will be working on this.
- The Safeguarding project continues with support from Becky and the local authority.
- The BAME Connect project is continuing and Mukesh is looking to establish a health slot on local radio.

The team is planning a summer roadshow to engage with the population across the City and County and will use the survey and questionnaire to support this work.

The two special projects were identified through our online events in February and conversations with the local authority. These are:

- Access to Dentistry.
- Social Isolation and Loneliness.

Mukesh also provided a staffing update

- Jackie Owens – will be joining the team as a Project Officer.
- Shirin Shahid – joined the team as the BAME/Seldom Heard and Inclusion Officer.

Volunteers have completed the desktop review of GP websites across Leicester and Leicestershire to see how patient-friendly they are. The volunteers had a questionnaire to complete for each site they visited, scoring the site on how easy the information was to access and whether it was up to date.

## **5. Intelligence/Feedback update**

Harsha reported:

### **Leicester Hospitals**

- Leicester Hospitals has introduced The Rainbow Badge initiative to provide an opportunity for staff to promote the message that UHL offers open, non-judgmental, and inclusive care for adults, children, young people, and their families who identify as LGBTQ+. There are plans to launch a network later in the year.
- The interim Chair is in place, John McDonald, from Sherwood Forest NHS Trust.
- The recruitment for the CEO has started.
- The UHL Chair has confirmed the appointment of two additional NEDs to strengthen financial and governance experience within UHL's Trust Board.
- UHL offers substantial care in staff wellbeing.
- Leicester Hospitals is trialling a remote Covid ward. This is a way of staying at home and being monitored remotely. Patients can perform observations on themselves using the equipment provided by the hospital and send the values to clinicians. Consultants do the 'rounds' virtually.
- At UHL, a Non-Executive Director will have responsibility for carer issues. They are reviewing the Carers' Charter.
- As we move to the Recovery and Restoration phase, Professor Dias conducted a study of patients on the Orthopaedic waiting list, 3939 patients. Of the 1030 questionnaires sent out, 891 replied. Most are happy for the treatment to happen as soon as it is safe to do so.

The study highlighted:

- Not having a clear point of contact
- Not being updated on their appointments
- Not knowing what self-help and support is available

As a result of this study, UHL is now piloting the 3 Cs approach

- Concern - hear the patient's concern
- Cope - provide tools to cope
- Catch up - improve two-way communication

Harsha reiterated to UHL the importance of keeping patients informed about any delays in their care in order to manage their expectations.

At the meeting about Reconfiguration, Harsha queried what was meant by the Hospital Standardisation programme and asked for reassurance about public involvement once the work starts.

## **CCG**

- Harsha has highlighted GP access as a major concern.
- Booking appointments online is being reintroduced and offers more face-to-face appointments.
- HWLL has been asked by the CCG to support the gathering of patient experience at Station View Surgery. The surgery was previously on a red list.
- Harsha has been involved in the procurement of online counselling services.
- Harsha has been involved in the task group looking at communication to patients who are on the waiting list. She suggested short videos in different languages, with key messages, because local knowledge shows that documents translated in minority languages are not necessary - people do not read them.

## **Health and Wellbeing Board**

- HWLL participates in reviewing the Health and Wellbeing Strategy for the city.
- There was a development session for the HWB to review the strategy to address inequality.
- Harsha has now established regular meetings with the Health & Wellbeing Chair for both the City and County. This allows for more detailed conversations about the work of Healthwatch and how the HWB could support it.

The HAB has a working party consisting of three members to explore HWLL's position on the ICS as it develops.

## **Mark reported that:**

- There is an £18 million investment into Mental Health and as part of his role, he is ensuring that the money is spent where patients and carers feel it is most needed. Some of the money will be used to recruit more staff.
- LPT continues to have increased demand for its services.
- LPT has managed to improve its services from a low rating in the areas of Learning Disability and physical health to a better level.
- HWLL has arranged two online events to support the Step up to Great Mental Health consultation.

## **Kash reported that**

- During the recent Carers week, Healthwatch held an online event to review the Carers Charter, which UHL is currently reviewing. At the event, the Carers Passport was promoted as it has been introduced to Leicestershire later than other counties.
- The event also took the experiences of Carers.
- Kash has been attending the Suicide Audit and Prevention Group and is evaluating the need for Board representation or a member of staff. The meeting is attended by many organisations which work in the area of suicide. The group is highly effective

in producing information that informs the Suicide Strategy. However, it appears to be a very operational meeting.

- HWLL has re-established membership of the Carers Delivery Group and Kash attends this regularly.

## **6. Decisions to be made by the Advisory Board**

None

### **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**

The process was on hold due to the pandemic, but HWLL has the approval to restart. Gemma will be compiling a list for the board to consider.

### **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**

None

### **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

## Questions from the public

Kirit Mistry asked the following questions:

1. *What the take up was at the crisis café of BAME communities?*

Response

We do not have those details but can ask the providers. We can assume that some of the investment will be used to ensure that there is a crisis café in every PCN across LLR.

2. *Is the inequalities framework in the public domain and when was the public consultation?*

Response

Chair advised that it is currently being discussed at board meetings of the CCG, LPT, UHL and the Health and Wellbeing Board to seek comments and approval. She added that these are open to the public and people have the opportunity to comment at that point.

Tony Patel asked the following questions

1. *Today's meeting, I heard a lot about Carers, and I want to know if the person leading on Carers is a full-time carer and when was he appointed? I am a full-time carer for my sister, and I have to advocate for her. She cannot tell you a lot about her health needs. I was also a full-time carer for mum. So, I would like to ask Healthwatch - do they really come from a family carer background, are they full-time family carers?*

In terms of the background of board members, this is personal and not relevant to the role. HAB members take their responsibility seriously and advocate for the patient voice, which includes carers. We have recently employed a BAME/Seldom Heard Inclusion Officer and I would expect them to engage with BAME community groups.

2. *How is Healthwatch holding Leicester Hospitals to account over the work they are doing around carers and the Carers Charter? A lot of us carers feel that it has been written by professionals at the hospital. It was top-down rather than bottom-up. They have never done any engagement with carers.*

Leicester Hospitals is currently reviewing the Carers Charter and we would expect that they are going to engage with carers as part of this review. Healthwatch would be asking for assurance that UHL involves carers.

3. *You talked about a Non-Executive Director (NED) at UHL taking responsibility for carers. My understanding is that they have not appointed a NED but appointed an Executive Director to champion. Can you clarify this?*

The Chair's understanding was that there would be an Executive Director to champion carers within the workforce and also a Non-Executive Director to lead on carers for the wider population. The NED appointed for the area of work is Ian Crowe. LPT also has a NED taking responsibility for carers.

4. *The Carers Event that you held, how many family carers contributed to this meeting and how many were from the BAME community?*

The event was held during Carers Week and was attended by seven people all of whom were carers and half were from a BAME background. We plan to hold another event to attract more carers later in the year.