

Healthwatch Advisory Board (HAB) Meeting held in public.

Tuesday 28 November 2023, 6pm – 8pm

Online – Microsoft Teams

MINUTES

1. Welcome and apologies

Attendance:

Harsha Kotecha (Chair), Kash Bhayani, Mark Farmer, Alex Partner (who joined later), Gemma Barrow (HWLL Manager), Riyaadh Mussa (Information, Advice and Data Officer), Hardip Chohan (Head of Operations and Services, VAL), Sarah Carter (Communities Business Partner, Leicestershire County Council).

Apologies: Jo Johal

2. Declarations of Interest

No declarations of interest were noted.

3. Minutes and Action Log from Public Board Meeting held on 26th September 2023

KB noted that on page 3 of the minutes, the word “first” needs amending from the “adult social care scrutiny” section. Otherwise, the minutes were approved for accuracy.

The action log remains unchanged.

4. Work Programme Project Update

Access and Communications

a. Asylum Seekers

GB reported that the visits to the asylum seeker hotels have now been completed. The board has received the county report for sign-off later in the meeting. The city report is being reviewed by SERCO and they will add a response by the end of next week. The reports will be sent to the relevant bodies – the local authorities, SERCO and other relevant teams.

GB shared that some issues were dealt with in real time (i.e. issues with sanitary towels, and hygiene) rather than waiting for the report to come out. She also stated that as part of the city work, the team visited the Leicester City of Sanctuary groups, to speak with people who may not have been at the hotel at the time of their initial visits.

The work with asylum seekers was conducted in partnership with the Mental Health Leads at Leicestershire Partnership NHS Trust (LPT), who are keeping good relations with the

contacts at the hotels. Last week they emailed for advice after asylum seekers had some issues with urgent care centres they had visited.

b. LGBTQ+ Project

The LGBTQ+ community was identified as one of our target groups last year, and after GB met with Trade Sexual Health to talk through health and social care issues and concerns for the community, a survey was put together, which will subsequently be followed with focus group work. The survey was put together in collaboration with Trade Sexual Health and looked over and adjusted by HWE to ensure that it is robust and we are getting good insights into issues and concerns. The survey will be promoted through our own networks as well as through the LGBT Centre.

c. Social Care Project

The social care project has not changed since the last update, we have a plan in place to get it going from January, starting with our engagement officers talking with people within the social care setting that have been identified.

5. Chairs Update

HK has attended the ICB, the Health and Care Partnership, Health and Wellbeing and the UHL Board meetings.

University Hospitals of Leicester NHS Trust (UHL)

The CEO of UHL, Richard Mitchell, is now also the joint CEO of University Hospitals of Northamptonshire since the beginning of November 2023. The UHL has devised its 7-year strategy, with contributions from members of the public as well as stakeholders. The strategy is about leading in healthcare and being trusted in partnerships, with an operational plan that sits underneath it. HK has spoken with UHL about how we can support the trusted partnership aspect of the plan, as we work with many communities across Leicester and Leicestershire.

Integrated Care Board (ICB)

The CEO has now retired from the ICB, with Caroline Trevithick appointed as the CEO. New systems (across the city and county) have been put in place that change how people access primary care; there is a new cloud-based telephone system, with the hope that the system will enable practices to better manage the "8am rush", with the expectation that practices will no longer advise patients to call back the next day, instead signposting them to somewhere more appropriate. The system will also tell service users how long the queue is and gives an option to ask the practice to call them back. The ICB has informed us that there are just a handful of practices not using this system. HK suggested that, after Christmas, we could send out a poll to see how well the new system is working. GB added that RM is tracking all the feedback we get regarding GPs and access issues.

There has been an increase in MMR and shingles outbreaks across the city and county, the ICB has responded by conducting training with practices in recognising MMR on different skin colours, as it may not present in the same way. The ICB are waiting on guidance from NHS England for supporting patients and children, which they will then share with us. The MMR vaccine uptake is down, with one of the key problems raised being the fact that the vaccine currently contains gelatine, which may not be appropriate for all the population. Work is being done to increase the number of gelatine-free vaccines available.

The ICB have also devised their Winter Plan. The ICB will speak with us before Christmas about the plan, and how we can support getting the information out to local residents. Bed capacity at UHL has increased, and for the first time in years the number of people waiting for discharge is in the double, not triple, figures.

Health and Wellbeing Board

At the board meeting last week, the COVID-19 vaccine uptake for health and care staff was discussed and what can be done to support people to take the vaccine. The uptake for the local population is also down and discussions were made about what some of the concerns are and what we might do to support them. HK has discussed with the ICB how we might support vaccine hesitancy.

6. Intelligence/ Feedback Update

Mental Health

MF attends the Collaborative Board for Mental Health which hasn't met since the last HAB meeting, and he will be away for the next meeting of this board, so has asked if someone else will be able to attend.

Crishni Waring has been appointed the joint Chair of the Leicestershire and Northamptonshire Trust Board. There have been concerns raised in the past about ensuring if there are senior management teams spread between two areas, that we retain a local focus, because there is a need to drive forward important changes. There are still challenges for dementia services, with wait times for diagnostic services remaining too high. HWLL's dementia report, and the benefit organisations have received from it, has been spoken about in different forums - MF stated that it feels like action is being taken as a result of it.

The autumn statement did have another £750 million for mental health.

GB added that LPT had their board meeting and shared an infographic, which outlined the changes in their staffing structure, which she will share with the board.

GB added that each local borough district has brought together their plans and one of the things spoken about was the duplication within the plans themselves. The Health and

Wellbeing Board have been going through each of the plans to see who's working on what and to see if there is duplication.

HK asked about Neighbourhood Mental Health Centres and how their effectiveness is being measured. MF responded that to his understanding, they are measuring the number of people they have engaged with, measuring outputs not outcomes, which may be worth raising with LPT.

Adult Social Care

KB shared the following insights from the Adult Social Care Scrutiny Committee and the Public Health Scrutiny Committee:

The CQC rated maternity services as needing improvements.

The sexual health service at the Haymarket hub is being well used, and KB stated that anyone can go and take a look at the service.

The standard Child and Adolescent Mental Health Services (CAMHS) waiting time is now 17 weeks between referral and assessment, with urgent referrals being 4 weeks, which is alarming to hear. Challenges were made by councillors and youth councillors about the lack of resources for those in crisis whilst waiting for the service. KB states that perhaps there are services available, but they could be better advertised. Though, the available services may not be up to the standard we want, such as calling 999, emergency departments, GP urgent appointments, crisis resolution and home treatment teams. A request has been made for a watch report in the New Year to see the progress.

HK added there have been discussions about doing an enter and view at some of the sites where there are services for young people. HK has raised the question with the ICB about how low-level services are being promoted and how Healthwatch can support them in promotion.

GB added that there are useful insights in the HWLL Mental Health Young Peoples report that we can utilise to find out how these mechanisms are working in practice. When we do our work plan for next year, we will look at young people's health and mental health, with our Youthwatch being formed.

MF added that the CAMHS waiting time issue, as stated by LPT, may not be as a result of lack of money but instead a lack of people wanting to work in those roles. He added that money has been set aside for promotion of what mental health services are available.

Carers

We attended the Carers Centre AGM and have been having discussions with them, building a partnership and attending events. We have a good relationship with Voluntary Action South Leicestershire (VASL) as well.

We have also met carers during engagement events and we are looking to go back out to the carers and meet up with groups in the New Year.

Dental

We have been attending the East Midlands meetings that cover all of the East Midlands Healthwatch and the dental commissioners, so we can raise any key concerns from our area, as well as hearing what they're doing to alleviate some of the issues. The NHS website has been updated to show which practices have availability, which is a step forward. However, there is still a lack of availability which is still an issue.

We were also involved in the Oral Health JSNA work that Leicestershire County Council has been doing, where we provided our reports and any insights we had. We are going to attend the Action Group meeting in December, which GB will attend.

Outreach

GB noted that the team have been involved in many activities since we last met. We carried out our World Mental Health Day engagement at the train stations where we engaged with over 600 people, supported by LPT and VAL, handing out leaflets and information.

We were visited by the Healthwatch England (HWE) Chair, Professor David Croisdale-Appleby and the regional campaign manager, Chris Gorman, where they met some of the team and the board, and we shared some of our work and insights with them, including our asylum seekers work.

The ICB are doing a consultation exercise looking at new provision for homelessness and asylum seekers in the county. We have supported the engagement activities.

We are focussed on having good outcomes from the research and insights we gather, trying to support and guide the services.

The team are going out and trying to visit all the districts and boroughs, attending different groups, curling teams, cake and crafts chats, the Somali Festival, Charnwood Forest Group, Shepherd Wellbeing Café, Mental Health groups, leisure centres and Stakeholder Events. The team have also visited Samworth Brother sites (where we spoke with 150 people), who have put our information up on their TV screens in their cafes. The team are active on Twitter, sharing all the engagement events they are attending. In October we engaged with over 1200 people, receiving 57 feedback forms.

We will be looking at attending warm spaces as well as holding more of our Chai, Coffee, and Chat events. We have two booked; one for NHS Complaints for Bangladeshi men as well as another one with a cancer support group.

HWE are due to launch a campaign on 4 December around Winter Messaging which our new media and communications officer, Ella, will be promoting.

We have successfully recruited two new part-time outreach and engagement officers.

MF suggested a graph of what activity looks like now compared to what it was last year, displaying the increase in engagement. He also questioned how we will demonstrate to these people the difference we have made using the feedback we collect. GB stated that we are going to be putting our monthly report and impact tracker back in place, with a "You said, we did" focus - taking the pieces of feedback or enquiries we received and showcasing how we have then supported and helped.

HWE have launched a report on the Public's Perspective: The State of Health and Social Care where they mentioned the work of HWLL's report on Homelessness Discharge.

7. Which premises to Enter and View and when

HK is meeting with Dulna, the Enter and View Lead, to put together an agenda for the Enter and View Team, so they have a plan of when they're meeting and what they're doing. The January board meeting will be used to discuss Enter and view visits for next year; with focus for the year potentially being on CAMHS and young people's mental health services, as well as maternity services.

GB shared that there are seven Enter and View reports in progress, with most of them waiting for responses, before they can be published.

HWE presented an opportunity for the enter and view team to visit community diagnostic centres in the city and county (one in Hinckley and one in Leicester) and we are going to put a bid in for this funded piece of work.

The Enter and View Report on Downing Drive GP was approved by the board.

8. Decisions to be made by the Advisory Board

None.

8a. Publish a report/ agree a recommendation made in a report.

Asylum Seekers County Report

The board approved the report.

8b. Breach/s of the decision-making process.

None.

9a. Escalations to HW England/ CQC

None.

9b. Request information from commissioners/ providers

None.

9c. Whether to report a matter concerning your activities to another person.

None.

9d. Decision about subcontracting/ commissioned work.

None.

9e. Refer a matter to Overview and Scrutiny Committee.

None.

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

This will be discussed in greater detail at the HWLL away day, then reviewed in more detail in February. HK adds that it will be useful to think about mental health for children and adults, and it would be useful to do some collaborative work with the ICS on this. As well as keeping an eye on the end-of-life stage and elective care waiting lists.

11. Health and social care Issues from the Public.

None

12. Any other business.

Details of the HWLL away day. No other business was raised.

13. Date and time of next meeting.

Tuesday 23 January 2024

6pm – 8pm – Online Teams meeting

Questions from the public.

No questions were asked.