

**Healthwatch Leicestershire Reference Group
Wednesday 28 August 2013
Action Notes**

Present:	Bev Gillman (BG)	Kevin Blanks (KB)
	John Baker (JB)	Fiona Barber (FB)
	Eric Charlesworth (EC)	Kay Hallam (KH)
	Vandna Gohil (VH) – Healthwatch Director	Vijay Sharma (VS) – Interim Chair
	Geoff Smith (GS) *	Lucy Smith (LS)
	Sue Staples (SMS)	Richard Akers (RA)
	Colin Headley (CH)	
	Dave Kirkwood (DK)	Angela Riley (AR) (Notetaker)

***Geoff Smith joined the meeting at 11.00am**

Apologies: Bernard Greaves (BG)

1. Welcome & Introductions

VS welcomed everyone and gave a special welcome to Kay Hallam, Colin Headley and Dave Kirkwood.

2& 3 Action Notes and Matters Arising from the last meeting on 24 July 2013

The Action Notes and Matters arising from the last meeting on 24 July 2013 are set out below.

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No	Heading	Details	Action / Timescale	Outcome /Updates
2.1	JSNA Board	<p>a) JB updated the group and explained that the papers for this meeting were received on the day giving no chance to read the papers in advance. John has forwarded papers to relevant reps and is looking for feedback which he will feed in at the next meeting on 9th December 2013</p> <p>b) Health Strategy – Stakeholder and public involvement event will take place in January.</p>	<p>a) All reps who have received this information to feedback to John in time for the meeting on 9th December</p> <p>b) VG will follow up to find out more information on this.</p>	<p>In progress</p> <p>VG spoke with Janine Dellar 11/9/13 & has been invited onto the project team for event planning</p>
2.2	District Councils Chief Executive Network	<p>The meeting noted that there were numerous meetings and forums at District level that it would be beneficial for HWL to attend.</p> <p>The Chief Executive Network is advised by the District Health leads so a decision needs to be taken what level HWL should be involved.</p> <p>Additional information: KB has represented HWL (and previously</p>	<p>a) HWL now has a recognised association with three of the seven District Councils across Leicestershire (H&BBC, O&WBC and Blaby DC) and KB and Ivan Liburd are to make a presentation to the Harborough DC Health and Wellbeing Partnership on 11 Sept.</p> <p>Meetings with the Health Leads of Charnwood BC,</p>	<p>a) See KB paper – agenda item 3.5 Paper 6</p>

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		<p>Leicestershire LINK) on the Hinckley & Bosworth Borough Council Health and Wellbeing Partnership since 28 September 2012. He attended the first Health Leads meeting for District Councils and Public Health on 10 October 2012 to make a presentation on the change from LINK to Healthwatch. KB presented to the Oadby & Wigston Borough Council Health and Wellbeing Board on 11 December 2012 and was subsequently co-opted as a member of the Board representing HWL. KB is also now a HWL representative on the O&WBC Equality and Diversity Forum.</p>	<p>Melton BC and North West Leics will follow.</p> <p>b) A report is to be submitted to the next meeting by MS mapping all the forums and meetings taking place in the Districts. The report is to include</p> <ul style="list-style-type: none"> • List of Health Leads both Councillors and Officers • List of all the Meetings taking place in each district • How HWL can take part in these forums/meetings • Reasons for HW involvement at each meeting/forum 	<p>b) See MS report agenda item 6</p>
2.3	Enter & View Task Group	<p>SMS, VS & Philip Parkinson are meeting later this week regarding Enter & View working group. Following on from this meeting a report will be presented to the next ILG meeting on 30th September.</p>	<p>A full report can be submitted to the next Reference Group meeting on being Enter and View ready by SMS, VS</p> <p>ILG to receive report on Enter & View (incorporating Safeguarding)</p>	<p>SMS and VS working on paper for ILG meeting 30th September</p>

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2.4	Quarterly Meetings with Stakeholders	<p>Meetings dates for the following stakeholder meetings were confirmed they are as follows</p> <p>UHL 2 October 2013 8 January 2014 2 April 2014 9 July 2014</p> <p>LPT 3 October 2013 9 January 2014 10 April 2014 10 July 2014</p> <p>County Council 21 October 2013 13 January 2014 14 April 2014 14 July 2014</p>	Need to clarify and confirm the protocol for HW representatives attendance at LPT meetings	<p>Upcoming Events</p> <p>UHL 2nd October LCC 21st October EMAS 21st October LPT 30th October Protocol in progress</p>
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4-7 Reps Report and Updates

4.1	West Leicestershire CCG	a) BG fed back that during her attendance at the meeting she was not allowed to ask the questions that she had and she felt that this meeting allowed the least patient involvement.	a) no action	
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		<p>b) As a result of the attendance at this meeting BG has been invited onto the Urgent Care Services Transition Stakeholder Group UCST) which covers OOH and NHS 111 Bev will keep the group updated.</p> <p>Loughborough Hospital Ward Closure</p> <p>c) BG updated the group on the above. It was confirmed that this closure will result in there being only 24 beds left, in this community hospital. While no staff redundancies will be made due to the distance that staff will need to travel due to re-location it may force them into resigning from their posts. BG wants to find out if any other members of the public have struggled to access a bed at the Hospital.</p> <p>EC explained that ward closures affect multiple aspects of health care including re-habilitation UHL papers show that over the last 5 months 295 people needed non-acute beds.</p>	<p>b) BG to continually update the Group</p> <p>c) BG to write to the Loughborough Echo and request others experiences of accessing a bed at the hospital</p> <p>HW team to email HW members and ask for their experiences of accessing services at Loughborough Hospital to gather evidence. Ivan Liburd to collate information and feed into the research</p> <p>VS to write to WLCCG Board Chair to inform them of the issues identified</p>	<p>b) See BG Report agenda item 3.7 Paper 8</p> <p>c) BG to update at the meeting</p>
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4.2	WLCCG review of Community Health Services in Ashby	<p>KB presented a written report and summary paper on the public consultation meeting of July 17 and the extensive discussion of models and options for improved community health services in Ashby and its surroundings. In addition, VS updated the group around a response received from Sue Cavill – Head of Customer Communications and Engagement GEMCSU</p> <p>There were concerns around this response specifically around the sentence ‘If they decide to propose substantive changes to the way services are delivered, there will be a public consultation, and this is likely to take place in October’.</p>	<p>VS to write to ask for more time to be given so reps have more chance of being included in the meeting at the beginning and throughout the process.</p> <p>Request another seat at the programme board for input from a rep to cover Social Care issues</p> <p>Clarification was needed as to what were classed as ‘Substantive changes’.</p> <p>Draft to be reviewed by KB, BG and JB</p>	In progress
4.3	Heath & Wellbeing Development Session	<p>KB gave an oral report on the HWB development session held for members on 7 August. There was a presentation by NICE on how its guidance can support the delivery of the JHWS. Workshops were held to consider what actions can be taken to develop and improve the work of the HWB, including</p>		

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		being more challenging of member organisations in the achievement of their agreed objectives.		
4.4	Hinckley & Bosworth Health & Wellbeing Partnership (subgroup)	KB presented a written report on a meeting of members of the H&B HWB Partnership to assess the WLCCG proactive care in the community package.		
4.5	Health Leads Meeting with District Council and Public Health	<p>a) KB and Micheal Smith attended this meeting at Blaby Council Offices to update them on HWL and explain its proposed new role in partnership with District Councils, through their Health Leads.</p> <p>b) KB and FB advertised in the HWL Newsletter to recruit HW Ambassadors to work with District Councils and so far have received interest from one person. Tried to recruit HW ambassadors and so far have received interest from one person.</p>	<p>a) KB followed up with a meeting with the Health Lead of Blaby DC and has secured an agreement to work together.</p> <p>b) Since the meeting another Healthwatch Leicestershire Member has expressed an interest in the Ambassador role to work with Harborough DC.</p>	<p>a) KB to update</p> <p>b) See agenda item 6 – paper 10 to follow</p>
4.6	NHS 111 & Out of Hours Urgent care services LLR Task and Finish Group	KB presented two written reports on the work of the HW LLR Task and Finish Group.	KB and BG from HWL and PP and MP from HW Leicester have now been	See BG paper agenda item 3.7 paper 8

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		VS thanked KB for his work on this.	invited to join the ELRCCG-led Urgent Care Services Transition (UCST) Programme Board, which has its inaugural meeting on 11 September.	
4.7	Review of PLACE	<p>a) RA fed back that there was a need for more PLACE assessors and identified some flaws to the assessment process</p> <p>b) Micheal Smith and EC are due to meet with HW England for guidance on relationship between PLACE and HW.</p>	<p>a) Action was for EC/SMS to suggest criteria and have input to create a job role for PLACE reps following feedback event on 10 July 2013 – outstanding since June 2013</p> <p>b) Detailed report to be presented at 30th September meeting.</p>	<p>a) CORRECTION: Action a) is to be incorporated into Enter & View, Safeguarding PLACE paper from SMS / MS under action b)</p> <p>b) SMS & MS working on paper for ILG meeting 30th September</p>
4.8	Substantive HW Task Group	<p>JB updated the group that adverts will be going into the county local papers as well as the Leicester Mercury for a new Chair on 9th September 2013 with interviews due to take place on 9th October.</p> <p>HW Member involvement in the</p>	Update at next meeting.	Job application pack online 16 th September 2013

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		<p>panel will be undertaken through open invitation and selected at random.</p> <p>Vice Chair and Board Members Job Descriptions are under development.</p>		
4.9	Francis and Winterbourne Task Group	This task group is due to meet again and a paper will be presented to the ILG		GS discussing the future of this group with interim chairs and reps
4.10	Dementia Task Group Workstream 3&4	RA presented a feedback report on Dementia workstreams 3 & 4	No action is required at present	Next meeting 18 th November 2013
4.11	Carers Task Group	Feedback report on the Carers Task Group was given to the group	No action is required at present	Next Meeting 2 nd October 2013

Further Agenda Items

5.	Chair's Update	<p>Leicestershire County Council</p> <p>VS explained that she is having ongoing correspondence with the Chief Executive of Leicestershire County Council on the form of representation and participation at the Health OSC and the Adults and Communities OSC. VS has also emailed Cllr Ernie White regarding a seat on the HWB</p>		Refer to Chairs Update agenda item 4 paper 9
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		<p>Integrated Commissioning Board.</p> <p>ELRCCG VS has been in touch with Sue Cavill – Head of Customer Communications and Engagement GEMCSU who confirmed that they are running a public consultation about proposals for the future of minor injury and minor illness services in East Leicestershire and Rutland. This consultation is due to start in September</p> <p>WLCCG VS has request that the WLCCG Board allow the current HWL representative to be allowed to sit at the table and be entitled to ask questions and contribute as discussions unfold. This follows a conversation between VS and Ket Chudasama, Assistant Director of Corporate Affairs at WLCCG. VS explained that the difference between the lay person who has been appointed by WLCCG and the Healthwatch Representative is that at the moment the lay person is a member of the WLCCG</p>		
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		<p>Board and the HW representative isn't.</p> <p>The WLCCG Board next meet on 10th September 2013 and will discuss this request. It was noted by members that WLCCG are the only CCG that have no HW involvement.</p>		
6.	Directors Report	<p>VG updated the group</p> <p>Signposting AR presented the Signposting report and identified the key issues signposting has identified.</p> <p>Feedback was received from the members around the content of this report to make it more useful to the members.</p>	<p>a) AR to change report to include City and County figures to show the differences</p> <p>b) Website needs to be clearer around the signposting service we offer</p> <p>AR to get details around the Hydrotherapy pool issue identified in the report and forward to the appropriate Rep</p> <p>Include dates for examples provided, details of action, names</p>	<p>a) Update at meeting</p> <p>b) Update at meeting</p> <p>c) No action required</p> <p>d) Advisors have been</p>

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		FB and MS are looking at reviewing this process and an update will be made at the next meeting	<p>of who passed to etc</p> <p>Ensure all callers who are feeding back Health Issues and Concerns if they have made a complaint and monitor</p> <p>c) FB and MS to update reference group at the next meeting.</p>	<p>informed and final mapping of process to take place at MS / FB meeting on 30th September</p> <p>c) FB / MS meeting 30th September</p>
7.	Draft Priorities Plan	<p>Presentation delivered by MS and Nick Mills on the progress of the Priorities plan.</p> <p>7 Consultation events to run from October to Mid November there will be an event in each district lasting for 2 hours. We are looking for members to attend the event and present at these events. Members gave suggestions on ways of working during the events.</p> <p>The dates for these events need to be out in the public arena as soon as possible to ensure maximum participation.</p>	<p>a) Members to be available to talk at events and promote and publicise the events in their areas.</p> <p>b) Dates of events to be released as soon as possible and widely promoted.</p>	<p>a) Complete</p> <p>b) JD to update before meeting</p>

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		<p>Members felt that a simple Q&A sheet on what HW is and what it does would be helpful for these events as well as across the public Arena</p> <p>Members had numerous suggestions of people who should be invited to these events</p>	<p>c)DK to email Micheal with some example Questions for us to use in this Q&A list.</p> <p>d)All members to Email MS with details of people they felt would be useful to attend these events. Micheal.s@healthwatchleics.co.uk</p>	<p>c) Complete</p> <p>d) None received at moment – update at meeting</p>
8.1	Membership of HAPIA (formerly NALM)	GS explained that HAPIA offers membership to individuals and Healthwatches. A proposal was made for HWL to become a member	VS to take a request for membership to the ILG	ILG discussed
8.2	Car Parking at UHL	After the submission of the three written reports by KB and much discussion it was felt that some more research and evidence gathering was required before a more detailed recommendation could be made on this issue.	Add to agenda of next Reference Group Meeting with a detailed paper to update Facts and Figures around car parking across UHL sites.	Deferred to future meeting
8.3	St Mary's Birthing Unit, Melton Mowbray	SMS explained that this was not a stand-alone issue and needed to be looked at in account of the Maternity Review. This review will be looking to HWL for involvement in the consultation.		Completed

Date of next meeting

Healthwatch Representatives - Feedback Report

Paper 2

Name of Meeting: LCC Health Overview and Scrutiny Committee	Date of Meeting: 11 th September 2013
Report by: Geoffrey Smith	
Attendees or Organisations present: LCC elected members and officers, UHL, LPT, CCGs Copies of the papers of the meeting are available from HWL	

Matters discussed and agreements

Improving emergency care - to provide assurance to the HOSC - presentations from the CCGs outlining the problems, present performance, winter planning and the ways in which they are being addressed, the roll-out of NHS111 in Leicestershire and the approach to improving minor injury and illness services (including arrangements for consultation with the public).

UHL Accident and Emergency plans - presentation by UHL to inform the Committee of the plans, the transfer of some outpatient clinics to the Leicester General Hospital and their implications for car parking and public transport. The Committee agreed that, in line with the City Council and in the light of UHL's undertaking to engage with service users, LCC would accept continuing engagement with UHL as the plans developed rather than insisting on a full consultation which might delay implementation.

NHS England Review of Congenital Heart Disease services - the progress of the new review and its implications were covered by the papers presented.

Strategic Review of Adult Preventative Mental Health Services in Leicestershire - the progress of the review and the present consultations were outlined.

Protocol with Healthwatch - The Committee approved the protocol which sets out the working arrangements to facilitate the partnership in scrutiny between Healthwatch and the OSC.

Actions for Healthwatch (if any)

1. To assist the HOSC in monitoring the performance of Emergency Care, NHS 111.
2. To offer publicity and participation in the consultations on Minor Injury and Minor Illness services.
3. To prepare to participate in any local discussions of the Congenital Heart Disease review.
4. To consider the Strategic Review of Adult Preventative Mental Health Services and take part in the consultations.
5. To keep the working of the Protocol under review.



Healthwatch Representatives - Feedback Report

Paper 3

Name of Meeting: Special Health Overview and Scrutiny Committee	Date of Meeting: 12th September 2013
Report by: Geoffrey Smith	
Attendees or Organisations present: LCC members and officers, HWL Interim Chair, CCGs, LPT, LAMP Copies of the papers of the meeting are available from HWL	

Matters discussed and agreements

The meeting was called to review the serious concerns over the on-going problems in the LPT Bradgate Unit, media and other reports, the report of the CQC, the CQC warning notices, the actions of the Quality Assurance Group and the subsequent NHS Risk Summit, the LPT action plan to put things right in a sustainable way, and the establishment of a Quality Improvement Oversight Group (on which HWLLR is represented).

The Committee expressed its disquiet that the problems had persisted and sought assurance that the actions already taken together with the LPT plans and their implementation would deliver the necessary results.

LPT gave a frank, open and honest admission of their failings, in the context of their acceptance of the principles of candour and transparency. The CCG outlined how it had approached the problems.

Healthwatch contributed evidence, including information provided by LAMP.

The Committee has asked for a further report in three months so that it can assess progress.

Actions for Healthwatch (if any)

1. To work in collaboration with HW Leicester and HW Rutland, ask its representatives at the Quality Improvement Oversight Group and at the LPT Board to monitor and report on progress to keep HWL informed.
2. To maintain and develop contacts with voluntary sector and patient-led groups so that as much evidence as possible can be available to assist Healthwatch as the partner of the HOSC.
3. To consider undertaking Enter and View visits to the Bradgate Unit as soon as the team is ready to do so.

Please return completed form to info@healthwatchleics.co.uk.



Healthwatch Representatives - Feedback Report

Paper 4

Name of Meeting: West Leicestershire Clinical Commissioning Group(WLCCG) Board	Date of Meeting: 10 th Sept 13
Report by: Beverly Gillman	
Attendees or Organisations present: WLCCG Board members, 2 Patient Champions and public, including a councillor and a commercial rep.	

Matters discussed and agreements

Public Participation:

- A paper re Public Participation at the Board meetings will be brought to the October Board meeting. By this point a new Lay member will also have been appointed.
- The CCG have had their quarterly 'Milestones' assessment by the NHS Local Area Team (LAT). They were congratulated on the way the organization has been set up: they now need to show that they are 'getting results'!

Performance:

The Balanced Scorecard received from the LAT showed all areas 'green-rated' with the exception of:

- Good Quality Care - amber/green for George Elliot & Burton Hospitals, Leicestershire Partnership Trust, University Hospitals Leicester & East Midlands Ambulance Service. (EMAS are hoping to be hitting all their targets by Quarter 4.) (Quite a long list!)
- A&E - Red/amber for University Hospitals Leicester
It was agreed that more external reviews would be pointless as everyone knows what the problems are. WL were not happy with the UHL action plan.
- Arriva Patient Transport (non-urgent) were rated Red in all their Key Performance Indicators(KPIs)

Financial:

- The CCG may have to use all their reserves to break even at the end of the Financial Year, although a slight improvement had occurred in Month 5.
- At present most departments are meeting their targets with regard to Quality, Innovation, Productivity and Prevention (QIPP) savings.



- The CCG is required to do a refresh of their 3-year plan with regard to the handover of NHS money to Public Health. They may need to save £18M by 2015.

Loughborough Hospital:

The CCG are still intending to close a ward; though I sensed that not everyone was completely happy about this. (I may be wrong!) It was stated that they need to get on and decide exactly what extra services would be provided within the resultant space. (There is a 20-week wait for physiotherapy at Loughborough Hospital!) It was pointed out that this is a commissioning problem that the CCG must sort.

I sent in 11 questions: some of which were answered at the beginning of the meeting and some at the relevant paper.

These included:

- In the performance report it was stated that 1 WL patient waited on a trolley for over 12 hours in A&E between April and July this year. I thought this was appalling and asked what explanation had been given.
The chairman replied that, on receiving my question, he had rung University Hospitals Leicester to find out the answer. Credit to him. Apparently this was a patient with mental health problems who was eventually sent to Manchester as no nearer bed could be found. I did wonder why no-one had bothered to ask previously to this!
- I suggested that, rather than close another ward, they should open the extra ward and offer to take bed-blocking patients out of University Hospitals Leicester - paid for to some extent by UHL - as this would help solve the ED problems. My suggestion caused some amusement.
- Patients can deteriorate when left in UHL and therefore present further problems for rehabilitation. You admit that you do not have sufficient community services to care for people in their own homes. Does this not indicate that more beds are required in the community hospitals? Some discussion but no clear answer was received.
- Would it not be possible to do more minor operations - requiring perhaps a one-night stay - in the community hospitals? Apparently not, due to safety issues.
- LPT are currently investigating 4 serious incidents relating to the administration of Electro - Convulsive Therapy (ECT) occurring on 28th January, 22nd March, 9th April and 21st May 2013. I asked how, with 4 such incidents, it can be claimed that there were robust policies and procedures in place to deliver a safe, high quality service? I am assured that these policies have been instigated following these events.



Actions for Healthwatch (if any)

Continue to monitor:

1. the public reaction to the closure of the ward in Loughborough Hospital
2. UHL, LPT, EMAS & Arriva performances
3. George Elliot and Burton hospitals.

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Healthwatch Representatives - Feedback Report

Paper 5

Name of Meeting: Oadby and Wigston BC Health and Wellbeing Board	Date of Meeting: Tuesday 10 October 2013
Report by: Kevin Blanks	
Attendees or Organisations present: Councillors, Heads of services, Leisure services, Children's services, LCC Library Services, Healthwatch Leicestershire	
Matters discussed and agreements <ol style="list-style-type: none"> 1. Books on Prescription presentation: The LCC initiative was reviewed, suggestions for audio books were made along with the recruitment of local readers and some translations. 2. Update on Council Outcomes: <ol style="list-style-type: none"> (a) Alzheimer's Society 'Memory Adviser Service' presentation to Residents' Forum (b) Budget allocations for community-based projects (c) The District Councils' Health and Housing Offer (d) The 'Four Ways to Warmth' initiative 3. Equality and Diversity Forum - Sarah Dickinson Chair of HWB and KB of HWL would represent the HWB. First meeting 1 October 4. Healthwatch Update - KB gave an update on progress and activity, particularly the development of the Healthwatch Leicestershire offer to District Councils 5. Draft 'Health Professionals' Directory of Local Services: it was agreed that the printed format was useful for some purposes but that an easily accessible online format was desirable, especially for the purposes of GPs 6. Updates from ELRCCG and Local GPs. Neither attended and the chair was asked to enquire if alternative meeting times could improve attendance from these important partners. 7. Next meeting - 10 December 2013 	
Actions for Healthwatch (if any) <ol style="list-style-type: none"> 1. To continue to provide representation on the Oadby and Wigston HWB 2. To develop the relationship to include the Healthwatch Offer to the District Councils 	

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Healthwatch Representatives - Feedback Report

Paper 7

Name of Meeting: ELR CCG Board meeting	Date of Meeting: 10 September 2013
Report by: Eric Charlesworth	
Attendees or Organisations present: Board members and 2 members of the public	

Matters discussed and agreements

1. Under matters arising HW representative raised the position of finances being transferred from Health to Social care
2. Review update on St Luke's. Hospital Mkt. Harborough. Following public concern re seeming delay in the building of this new development, explanation given re the change in National NHS procedures to which the CCG had had to comply. Matters currently awaiting next stage of approval from the Local Area Team prior to final approval by NHS England.
3. Paper C. Patient and Public Engagement Group. New group is to be established to assist the CCG in ensuring the Public and Patient engagement in future planning and review of services. HW representatives have been engaged in this set of proposals and will have a place on the new group. HW to ensure its communication systems are improved to avoid duplication and to ensure the new process can build upon the evidence basis required by HW Local.
4. Review by the Accountable Officer to ensure re the developments of ELRCCG meet with the Local Area Teams checkpoint areas have revealed ELRCCG population are experiencing good quality care & is taking appropriate steps to address quality and performance issues to ensure pts. Rights, achieving services within financial plans. New Planned care Board has commenced to agree work streams for the next 5 years. Options for delivery of elective services from Community Hospitals, being considered and will commence public engagement in September.
5. Review of Maternity Services has been commissioned and has a HW member representing the views of ELR patients.
6. Minor injuries services have a number of establishments across the areas. Current review of these services and the effectiveness is being considered as a means of improving these services and looking at future services. HW to await the outcome of the National Clinical Advisory Team (NCAT) who provide clinical reassurance 'of reconfiguration plans. Once received public consultation will be undertaken.
7. Discussion on Winterbourne. Patient, carers and service users will be undertaken in autumn 2013.
8. Serious Incident reports (reviewed) actions taken.
9. Implications following the Francis Report (Mid Staffordshire) on ELR services



reviewed.

10. Kettering General Hosp. As the result of a formal request for this item to be placed on the agenda by the HW representative. Following further concerns, a significant discussion followed. **ACTION** .HW to monitor and take appropriate action to ensure the independence of HW role but also to ensure that responses are obtained from the parties and that communication at the highest level is undertaken and maintained. Internal HW communications and accountability systems to be reviewed.

11. Paper J Involving and informing- CCG's approach to communications and Engagement. Excellent paper which can be used by HW as a template to assist the CCG in achieving its public and patient involvement in their health services.

12. Integrated Care Pilot. This is a new service based on National guidelines for having intense support to assist difficult or problem cases to integrate the Health and Social care services. Considerable discussion on the effectiveness and the cost implications. Further reviews to be undertaken

Actions for Healthwatch (if any).

See item 10

Board papers can be read on the ELR CCG website.

Eric Charlesworth.

11/09/2013

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Healthwatch Representatives - Feedback Report

Paper 8

Name of Meeting: Combined Clinical Commissioning Groups NHS111/Out of Hours Stakeholder Group	Date of Meeting: 11 th Sept 2013
Report by: Beverly Gillman	
Attendees or Organisations present: see text	

Matters discussed and agreements

The 3 Leicestershire Clinical Commissioning Groups (CCGs) have set up a combined 'Urgent Care Services Transition Stakeholder Group' consisting of Patients & Patient reps. Present were chairs of 4 PPGs - 2 WL, 1 EL&R and 1 City. (Although those invited covered a wide range of organizations, there were almost as many apologies as attendees.)

This group will report to the Urgent Care Services Transition Board. A member of that Board will attend the meetings of the stakeholder group. Although a combined Board, each CCG will be checking their own services, with a report going to the Commissioning Collaborative in November.

I asked if there was a patient rep on the main Board: the answer was 'no'. It was felt very strongly, by all present, that this was essential. It was finally agreed that we would ask for a patient rep to be in attendance at all the Board meetings.

Those present agreed the Terms of Reference with the above amendment.

Ashley Davis gave a summary of the revised specification for the NHS 111 and OoH Call Handling Service. He made the point that issues raised by the Healthwatch LLR Task Group had resulted in improvements to the original specification, which now included the availability of a GP at all times in the call centre office. Unfortunately this does not include our recommendation that all Leicestershire calls should be handled by a call centre located within the county.

The group have been asked to go through the service specification for procurement in April next year. Feedback is required by the 2nd of October.

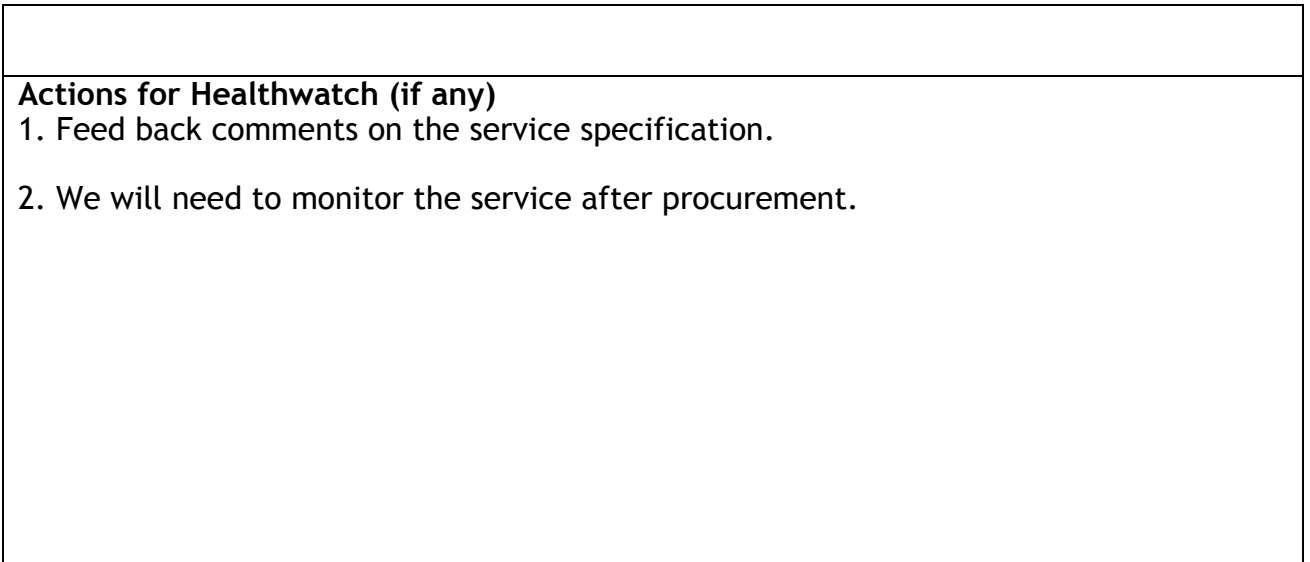


Actions for Healthwatch (if any) 1. Feed back comments on the service specification. 2. We will need to monitor the service after procurement.

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Paper 9

Name of Meeting: County Reference Group
Date of Meeting: 25 September 2013
Subject: Interim Chair's Report
Author: Vijay Sharma
Status: For information

Summary Overview

This paper provides an update and overview on the Chair's actions and activities relating to the Reference Group

Leicestershire Partnership Trust

1. Following the CQC issuing two warning notices and three CQC compliance actions to LPT, Healthwatch Leicestershire has made the following interventions:
 - Issued a joint press release with Healthwatch Leicester and Rutland expressing our concern and anxiety around the sustainability of the latest LPT responses.
 - Attended the extra ordinary Board meeting on the 29th of August.
 - Included a piece in the e-newsletter asking for LPT service users to contact us with their concerns.
 - Philip Parkinson attended a Risk Summit on behalf of the three Healthwatch. More on that in the LLR meeting to follow.
2. NHS Trust Development Authority, in partnership with local Clinical Commissioning Groups and Healthwatch have established a small group to progress, chase, monitor and provide support to the Trust Board of LPT in order that Trust can provide assurance and move forward. John Baker to represent the three Healthwatch. In John's absence Fiona Barber attended the first meeting.
3. Healthwatch Leicestershire expressed concern at the HWBB meeting on 5 September 2013.
4. On the 12 September I attended Health Overview Scrutiny Committee along with Geoffrey Smith. Geoffrey was invited to give evidence on patient experience concerning the Bradgate United.

5. A number of colleagues attended the Leicestershire Partnership AGM on Saturday the 7th of September. (see paper 5)
6. Philip Parkinson and I had a meeting with the Chair of LPT on the 17th of September.

Kettering General Hospital

7. Meeting with Rosie Newbigging, Chief Executive of the Northamptonshire Healthwatch, Jennifer Fenelon Chair HW Rutland, Vandna Gohil HW Director and myself on 11th of September. The actions from the meeting are:
 - HW Northants to draft joint letter (Leics, Peterborough, Rutland) to Nene and Corby CCG expressing concerns about the CQC repots, lack of leadership, analysis of KGH action plan and seek reassurances for how the CCG will hold KGH to account and timeframe
 - HW Leicestershire to write to ELR CCG on what action and steps they are taking with KGH.

Leicestershire County Council

8. After a series of formal and informal contact with the Chief Executive regarding the Health and Adult and Communities OSC it has been agreed that the three way protocol offers what I have been asking for:
 - Healthwatch has an opportunity to contribute, both in writing and orally at the invitation of the Chairman, to discuss on any appropriate matters.
 - Proceed on this basis until the end of the year, at which point Healthwatch representative could contact Leicestershire County Council to consider how the arrangement has worked and whether any changes are necessary.
9. Further on the 5th of September at the Health and Wellbeing Board meeting under the item considering Protocol between Health and Wellbeing Board, Health Overview Scrutiny Committee and Healthwatch Leicestershire was approved with participating observer at of the Clinical Commissioning Group Boards.

West Leicestershire CCG

10. Waiting to hear from the CCG regarding the outcome of my request to allow Healthwatch Representative to sit at the CCG Board meeting table.

Recommendations - The meeting is asked to:

1. Refer LPT Interim Leadership Group for watching brief and regular updates.
2. Further discussion at LLR meeting on KGH and refer and refer to ILG for watching brief
3. Refer LCC to ILG for recording
4. Chase WLCCG for a formal response.

Healthwatch Leicestershire



Legal Foundation

- Local Healthwatch and Healthwatch England were established by the Health and Social Care Act 2012
- Healthwatch Leicestershire is an independent organisation that has statutory responsibilities & replaced the Local Involvement Network (Leicestershire LiNk)

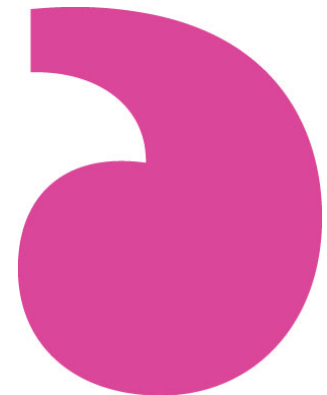




Healthwatch Leicestershire

Healthwatch Leicestershire is the new consumer champion for health and social care

It gives **YOU** - public, patients and carers a voice and a right to be heard by the commissioners (buyers) and providers of services



Healthwatch Leicestershire

- Healthwatch Leicestershire (HWL) has a statutory role on the Leicestershire Health and Wellbeing Board (HWB)
- The HWB has given HWL two places so it can speak for the public with expertise on both health services and social care services



What will Healthwatch Leicestershire do?

- We will be out in communities explaining what HWL can do for you and listening to what people want from their health and social care services
- We will provide a signposting service to inform people of the choice of health and social care services available to them and where they can access them



What more will Healthwatch Leicestershire do?

- We will work with professionals to create better services by collecting and sharing (anonymously) your experiences and views
- We will be open and transparent in the way we operate and base our work on your evidence and that of others



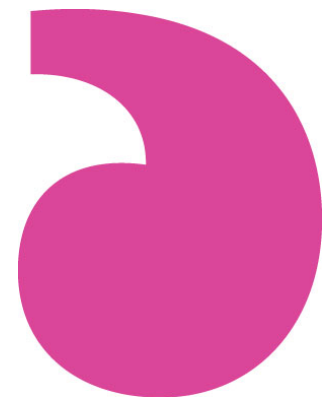
What are we doing now?





Signposting

Healthwatch Leicestershire is committed to providing the public with information and choice about health and social care services, ensuring that all communities can access the services that they need



Setting up Task Groups to Spotlight Issues



Building on good work done

- Carers support
- Social Care
- Dementia Care
- Safe & Sustainable Heart Surgery
- EMAS
- Meetings with CEOs

Setting up new groups

- Francis & Winterbourne response
- NHS 111 and Out of Hours Services
- Frail & Elderly Community Care
- Enter & View
- Maternity Review



Example 1: Carers Task Group

Working with University Hospitals of Leicester to establish a carers information area at the Leicester Royal Infirmary.

Issues

- Many carers do not know what services are available to them
- Many people become carers whilst a family member is in hospital

Outcome

- Getting information to people at the right time so that carers are supported with information and choice



Example 2: Meetings with Chief Executives

Quarterly meetings with the CEOs of UHL, LPT and the two Leicestershire CCGs to bring the voice(s) of the public directly to the ears of commissioners and providers of services

Quarterly meetings with LCC heads of Adult and Children's services who commission and provide social care

Regular meetings with the Care Quality Commission (CQC) locally and with Healthwatch England



What next?



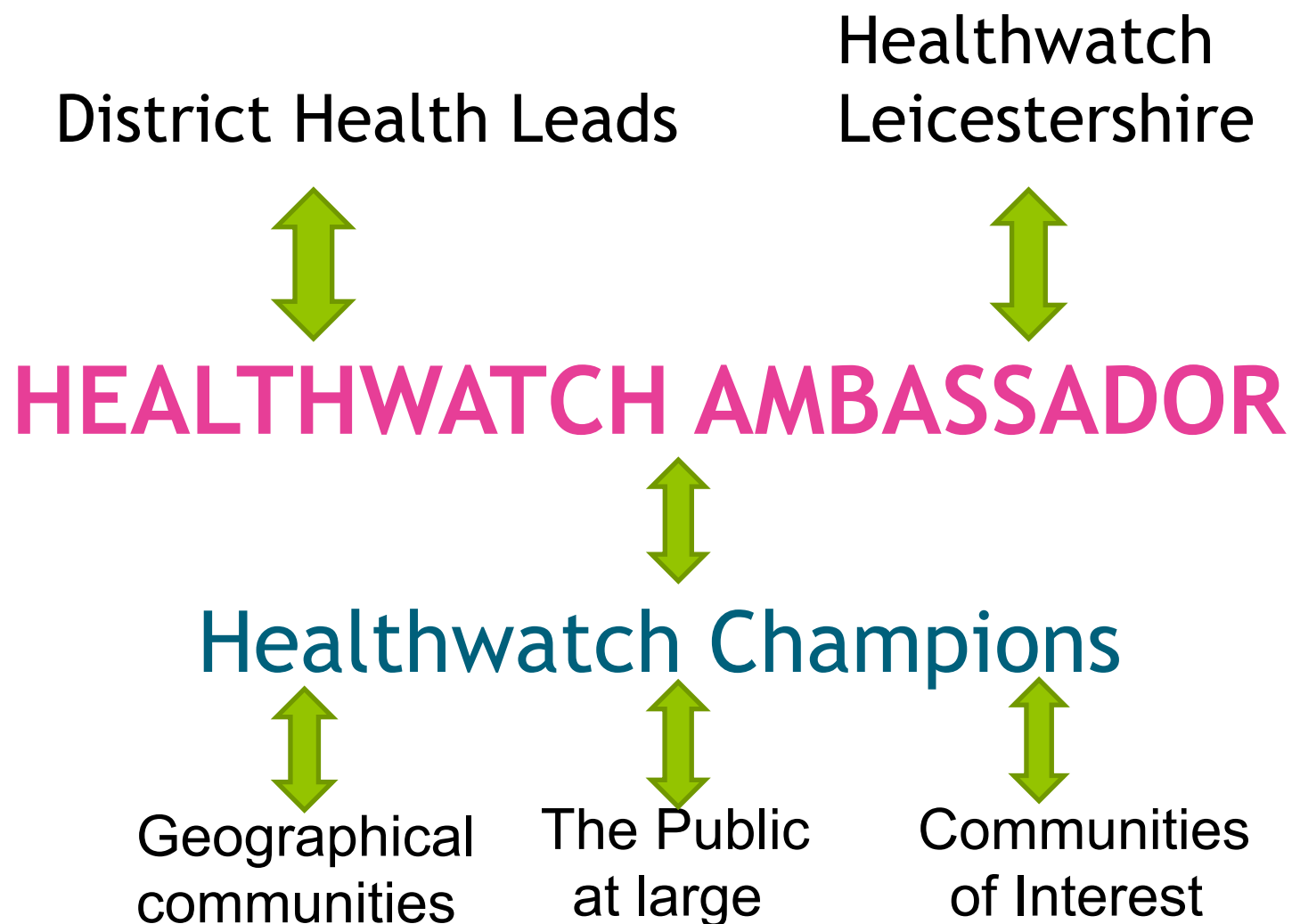
Over the coming months...

- Work with the public to set Healthwatch Leicestershire priorities
- Build Healthwatch Leicestershire Membership
- Build good relationships with District Councils and local voluntary and community services



How can Healthwatch Leicestershire work with District Councils?





Talk to us

Tel. 0116 2574 999

Email info@healthwatchleicestershire.co.uk

Website

www.healthwatchleicestershire.co.uk

Policy & Partnerships Officer: Ivan Liburd

Ivan.l@healthwatchleics.co.uk

Member Volunteer: Kevin Blanks

kevin@blanks48.freeseve.co.uk



**Healthwatch Leicestershire Interim Reference Group Meeting
Wednesday 25th September 2013
10.30am-12.30pm - Level 2 Conference Room**

A G E N D A

10.30	1. Welcome, Introductions and apologies	Vijay Sharma	
10.35	2. Review Action Notes Update from the last meeting 28 th August 2013	Vijay Sharma	Paper 1
11.00	3. Rep Reports		
	3.1 LCC Health Overview Scrutiny Committee (11 th September)	Geoff Smith	Paper 2
	3.2 Special Health Overview & Scrutiny Committee (12 th September)	Geoff Smith	Paper 3
	3.3 WLCCG Board Meeting (10 th September)	Bev Gillman	Paper 4
	3.4 Oadby & Wigston Health & Wellbeing Board (10 th October)	Kevin Blanks	Paper 5
	3.5 Market Harborough Health & Wellbeing Partnership (11 th September)	Kevin Blanks	Paper 6
	3.6 ELRCCG Board Report (10 th September)	Eric Charlesworth	Paper 7
	3.7 Combined CCG's NHS 111 / Out Of Hours Stakeholder Group (11 th September)	Bev Gillman	Paper 8
12.10	4. Chairs Update	Vijay Sharma	Paper 9
12.15	5. Items from Reference Group members None Received		
12.15	6 HW Interface at District level	Micheal Smith	Paper 10 to follow
12.25	7. Review and agree actions	Jenny Darlow	
CLOSE	Date and time of next meeting:		

There will be a Joint LLR meeting in Level 2 Conference Room with lunch from 1.00 - 2.30pm to include all representatives from the Leicester and Leicestershire Reference Groups.

Lunch available from 12.30pm

Interim Leadership Group: Vijay Sharma, Sue Staples, John Baker, Fiona Barber, Bernard Greaves, Lucy Smith and Vince Attwood

Reference Group: Richard Akers: Kevin Blanks: Alec Browne, Eric Charlesworth: Beverley Gillman: Geoff Smith: Margaret Moore