

Minutes Healthwatch Leicestershire Board Meeting in Public

Thursday 12 November 2015

Present : Rick Moore- Chair : Gillian Adams - Vice Chair : Fiona Barber : Sue Staples : Pat Fraser MBE : Anne Collier: Mina Rodgers:: Alistair Wood : Chris Faircliffe and Vandna Gohil

Apologies : Narendra Waghela and John Baker **In attendance :** Gemma Barrow and Ivan Liburd **Members of the public :** Gerry Schofield and Alice Schofield

Item No.	Agenda Item	Summary Discussion with Action/Outcomes
2015.11.01	Welcome & Introductions	<ol style="list-style-type: none"> 1. Rick gave a warm welcome to the members that came to the meeting in public and asked them to raise any points of interest through the course of the meeting. 2. In noting the apologies for the meeting, members were told that John Baker who recently was co-opted to the Board had met with the Chair and Director for his induction. The website and strategic plan executive summary document had been updated accordingly.
2015.11.02	Declaration of interest in respect of today's agenda	<ol style="list-style-type: none"> 3. None reported at the meeting
2015.11.03	Minutes of 16 July 2015	<ol style="list-style-type: none"> 4. The minutes were agreed as a true and accurate record.
2015.11.04	Actions Update 16 July 2015	<ol style="list-style-type: none"> 5. Minute 2015.07.02 - The office to check that all conflict of Interest records are up to date.
2015.11.05	Questions from the public	<ol style="list-style-type: none"> 6. There were no prior questions submitted for the Chair's consideration. 7. In the absence of questions the Chair reported on the Health Overview Scrutiny Committee (HOSC) meeting (11 November) where he presented HWL's annual review. 8. The meeting noted progress on the ' Ophthalmology Action Plan' that was as a direct result of HWL's 'Four Days at LRI' report. 9. The report sites ' UHL also recognises and agree with Healthwatch colleagues that the clinical environment is poor, busy and crowded....' 10. HOSC members agreed to receive further update on the action plan on the progress to make ' the whole experience for patients and staff... more efficient and

		<p>comfortable.'</p> <p>11. HWL to include this example as a case study for service review for Commissioners and HWE including the presentation of the HWL report to UHL.</p> <p>12. The HOSC report was tabled as a background paper for members at the meeting.</p> <p>13. Gillian informed the meeting of the new care models programme is committed to supporting best practice in the way vanguards communicate and engage with patients, local people and staff. Following feedback from the vanguard communications and engagement leads, NHS England are holding an event on 18 November 2015 for them to come together. They expect approximately 150 guests, i.e. two from each of the 50 vanguards. - mostly communication and engagement leads from the vanguards, some director level. Also, senior level communication leads from the Department of Health's 15 Arm's length bodies. The event will take place at The Kia Oval, London.</p> <p>14. The agenda has been developed with the vanguards and will focus on five key areas:</p> <ul style="list-style-type: none"> • Evaluation - why is it important and how can the new care models team support the vanguards to do it? • Clinical engagement - current best practice, new ideas and local case studies • Consulting on service change - latest advice, best practice and local case studies • Developing a narrative - looking at the language we use to explain how the vanguards will improve care and benefit patients and staff • Sharing - how can we best support the vanguards to share best practice amongst themselves and across the wider NHS and care service? <p>15. NHS England was keen for a local Healthwatch to showcase their work and what work they are doing to develop their New Models of Care locally.</p> <p>16. HWL was approached to present at this event informed by the survey return</p>
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		<p>conducted by HWE on level of engagement and involvement by local Healthwatch in the vanguards. HWL evidence and insight from 12 hours at A&E and 'Fours Days at LRI' were referenced in the LLR Urgent and Emergency Care Vanguard submission and this has not happened in other areas.</p> <p>17. Gillian will be representing HWL at the event and deliver the presentation showcasing not only HWL's work but also tips for how the vanguards can engage with their local Healthwatch.</p> <p>18. The cost of travel will be met by HWE.</p>
2015.11.06	Carers Reference Group Update	<p>19. Pat Fraser, presented the update report and the meeting noted that There have been three meetings (14 May, 3 September and 29 October) with a good attendance from the provider and statutory sector alongside carer representatives.</p> <p>20. The meeting noted that two key reports were discussed by the CRG at its September meeting which gave members the opportunity to understand some of the operational issues related to hospital discharge. Unsafe Discharge for vulnerable people - This is the HWL report which the Board has already discussed and Frail Older People Customer Insight project - the report outlined the findings of research undertaken earlier this year within the Better Care Together Frail and Older People work stream, the findings of which impact on the Better Care Fund Plan. Both papers displayed similar themes and highlight the need for honest information to manage the expectations for all parties (patients/carers/family/practitioners).</p> <p>21. Pat reported that progress on the awareness session for specialist discharge team is pending and that a small group will take this forward (on cost neutral basis for HWL). Once this work is completed, an update report to UHL Trust Board can be given.</p> <p>22. In the course of the discussion about the importance of carers Alistair was asked to prepare a note that could be used by HWL CCG reps (Sue and Fiona) to better understand how Carers issues are promoted, sign posted and championed by GPs.</p>

		<p>23. Pat reported that there had been good feedback from the attendees to the meeting - the focus being strategic and that attendance at the meetings had been helped with HWL staff team promoting the group.</p> <p>24. The meeting g noted an in-depth review of the work plan is to take place prior to the next meeting in December.</p> <p>25. Pat will also be attending the Enter & View task group meetings to embedded Carers issues inform the programme.</p>
2015.11.07	Enter and View & Safeguarding Update	<p>26. Sue presented the update highlighting that the team have been continuing with the program of Enter & View visits for 2015/16 and have conducted three visits during July-September.</p> <ul style="list-style-type: none"> • Barrow Health Centre on Tuesday 7 July 2015. The Enter & View Team made ten recommendations to the practice and the responses from the practice are included in the report. On 2 October, The Care Quality Commission (CQC) put Barrow Health Centre into special measures. The CQC findings mirrored some of our findings as patients found that the staff were efficient, helpful and caring but some patients found it difficult to get through on the telephone to make appointments. The CQC will be revisiting the surgery in December. • The Surgery, Ashby on Thursday 9 July 2015. The Enter & View Team made seven recommendations to the surgery and we have included the response from the surgery in the report. <p>27. Our Ambulance Handovers at Leicestershire Royal Infirmary Enter & View report was presented to the Health and Wellbeing Board on the 16 July. With regard to the ambulance handovers, it was noted that the new Emergency Floor at the Leicester Royal Infirmary would be completed in 18 months and this would resolve a number of the issues relating to physical facilities. The University Hospitals of Leicester NHS Trust would consider what actions could be taken during the period before the new Emergency Floor was in place.</p>

		<p>28. Rick commented that at HOSC a query was made regarding 'Announced' and 'Unannounced' visits and that a note to HOSC members setting out the difference and HWL's policy on visits would be helpful.</p>
2015.11.08	Wymeswold Court Care Home report	<p>29. The third Enter & View is Wymeswold Court Care Home that took place on Thursday 24 September 2015.</p> <p>30. The Board received the report that made four recommendations with a response from the Home in the report.</p> <p>31. The next meeting of the Enter & View and Safeguarding Working Group is on 23 November 2015. The group will be looking over the work plan and visit schedule.</p> <p>32. The next two planned visits to community hospitals/ wards will take place in Quarter 4 and we will have achieved the target for the programme.</p>
2015.11.09	Social Care Operations Group Update	<p>33. Fiona informed the meeting that to co-ordinate activities on the social care front as so much is going and given the importance of overlaps between carers and adult social care, the two lead Board members (Pat and Fiona) agreed a new approach of working together under the broader umbrella of integration.</p> <p>34. The aim of the group is to share and exchange information ensuring better scrutiny of service developments as well as giving HWL an informed perspective. Mina and Anne also invited to join the group.</p>
2015.11.10	SIMTEGR8 Project Update	<p>35. Vandna reported that in August, the Project Board reviewed plans and recruitment to replace the researcher, following the departure of the full time Researcher in July 2015.</p> <p>36. The Project Board agreed to prioritise two pathways based on the metrics required by the Better Care Fund evaluation team at Leicestershire County Council (LCC).</p> <p>37. The prioritised schemes were 'Older Persons Unit' (OPU) and 'ICRS (Night Nursing service)' (scheme leads workshops held on 11 September) followed by '7 Days Services in Primary Care' and 'Rapid Response Falls Service' and that the scheme leads workshops were on 29 October)</p>

		<p>38. HWL have been organising the first Patient Perspective workshops for the Older Persons Unit (OPU) and ICRS (night nursing service) due to take place on 10 November with several Board members taking part to provide an informed and expert patient perspective.</p> <p>39. HWL will be capturing the experience of people who have experience and insights to inform our work on capturing patient and carers views about the effectiveness of the alternative pathways to emergency admissions.</p>
2015.11.11	Adults & Communities - Social Care strategy consultation response	<p>40. Fiona referred to the Adult Social Care Strategy currently for consultation that is been based on four 4 principles;</p> <ul style="list-style-type: none"> • Providing support to the right person at the right time • Providing the person with the right support • Providing support for the person working with the right partners • Providing support at the right place but also recognising that some people may need access to a specialist environment. <p>41. A briefing paper that sets out the additional documents to support the Adult Social Care strategy was tabled for information.</p> <p>42. She urged Board members to read the consultation document and submit a response as individuals and also to provide any inputs to her by 17 November as she is preparing HWL's response by the closing date 20 November 2015 .</p>
2015.11.12	Road to Recovery Insight report	<p>43. Ivan introduced the report with a focus on the origins of the project as the covering report set out the recommendations and next steps.</p> <p>44. Sue commented that the report was 'excellent' and that it was easily accessible, digestable and that it was thought provoking. It highlights a marginalised community and the stigma they experienced.</p> <p>45. The Board noted that the report was being presented by the Chair to HWBB on 17 November.</p>

2015.11.13	Dentist Quick Poll	<p>46. Ivan introduced the latest Quick Poll survey findings and reminded the meeting that the Quick Survey tool is designed to support Healthwatch Leicestershire's work plan and the HWL board priority work streams.</p> <p>47. The Polls allow local people to share their opinions and experiences of health and social care and provide an opportunity to inform and input in to the work of HWL. This also enables engagement with HWL members who do not have access/ use of the internet and is a rapid way to gather feedback from patients and the public about their experiences of treatment in a quick and digestible manner.</p> <p>48. The surveys questions and reports are produced on a bi-monthly basis and provides a source of intelligence to 'dig deeper' on certain areas.</p> <p>49. The Board agreed to continue with the Quick Polls noting information on how the insights would be used.</p>
2015.11.14	Better Care Together - Public Consultation	<p>50. Vandna tabled a statement on the progress towards the public consultation on the LLR Better Care Together programme provided by tMry Barber the Programme Director as follows:</p> <p>51. 'We have now received feedback on our proposals and plans for the elements of Better Care Together that require public consultation from NHS England, our Patient and Public Involvement representatives and from the boards of our Partners. Following this, we think there's still a little work to do on some of the detail evidence supporting the proposals, and to make sure we give the public the best possible opportunity to engage, we would like to spend a few more weeks developing the business case for change. As a result we won't be starting our public consultation at the end of November 2015 but will target to do so in early 2016. Feedback, in particular from NHS England has been overwhelmingly positive about the progress we've made and they are supportive of the overall Better Care Together programme and what it sets out to achieve. Aspects of the programme that do not require public consultation will continue to be deployed. Despite the positive feedback it is important that we get all the</p>

		<p>detailed elements of the programme in order before consulting with the public. The consultation is now due to begin in Spring 2016.'</p> <p>52. The Board noted the statement and expressed concerns on the delay notwithstanding that plans were being implemented.</p> <p>53. HWL PPAG members (Fiona, Mina and Alistair) reported on the pre- consultation business case timeline was 11 December and noted the lack of Patient and Public involvement.</p> <p>54. Rick informed the meeting that he had a telephone call with Kaye Burnett, BCT Chair on the 16 November.</p>
2015.11.15	Influencing Stakeholders - Discussion	<p>55. Chris led the discussion by the Board on how HWL remains focussed on key issues an also how each member is kept informed of insights gleaned from attending meetings.</p> <p>56. All members engaged in the discussion and agreed the following;</p> <ul style="list-style-type: none"> • HWL has a broad remit and therefore should not focus too narrowly on either Urgent Care or Prevention at the expense of other issues and concerns • Our role is not to problem solve but act as the consumer champion • Our to speak with one voice and identify what is going on and provide scrutiny <p>57. It was agreed that all Board members circulate notes from meetings attended using the revised feedback template so that everyone was informed in a timely manner.</p>
2015.11.16	Information Exchange and updates	<p>58. Anne reported that she is attending meetings of the Learning Disabilities Partnership Board and that there will be HWL input required in the new year. As a member of the Winterbourne Action Group she is going to be an observer on the Care and Treatment review.</p> <p>59. Chris reported that the easy read version of the JSNA was available and that Board members should read this.</p> <p>60. He reported on the Quarterly meeting with</p>

		<p>the Dr Peter Miller CEO of LPT and that it was a constructive and positive meeting. The issue of workforce development in relation to the 5 year Better Care Together programme was highlighted as a key risk in relation to getting the right people at the right place at the right time. Plans were in place to address this.</p> <p>61. As a member on LIIPS (Leicestershire Improvement, Innovation and Patient Safety unit), Chris reported that LIIPS aims to facilitate improvement in the quality and safety of healthcare in Leicester, Leicestershire and Rutland by connecting people across health and academia with expertise and passion in the practice and science of improvement. It is a collaboration between frontline professionals and patients committed to building a community with patient-centred values at its heart, working together to improve patient care.</p> <p>62. Chris invited interest from other Board members/volunteers in this project to contact him.</p> <p>63. Gillian reported that she had attended the UHL Trust Board meeting and that there was a new format for length of reports (7 pages). She had also attended the WL CCG meeting with Fiona.</p> <p>64. Sue tabled her feedback from the LLR Vanguard visit (14 October). She highlighted that PPI was not mentioned and that this was important as part of the communications and engagement strategy</p> <p>65. The meeting agreed that Sue should continue to be the HWL lead on the Flow /Future group noting that resources for involvement were being sought by New Care Model team.</p>
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The meeting was closed to the public at 12.30 for the B Agenda .

Date of next meeting Board meeting in public : Thursday, 21st January 2016