

**Interim Leadership Group
Meeting in Public
Date: Monday 4 November 2013
Time: 11.00am - 1.00pm**

Venue: Voluntary Action LeicesterShire Offices

A G E N D A

11.00	1. Welcome and Introductions	Vijay Sharma	
	2. Declarations of Interest		
11.10	3. Action notes: Update from the last Meeting (30 September 2013)	Vijay Sharma	
11.20	Healthwatch Representatives' Reports - Issues to consider after the Reference and LLR meetings		
	4.1 LPT & Quality Improvement Assurance Oversight Group Updates	John Baker, Fiona Barber & Sue Staples	Oral report
	4.2 Urgent Care Board	Dr Pepperman	Oral report
	4.3 Kettering General Hospital Update	Ivan Liburd	Paper 1
	4.4 Prime Life Update	Ivan Liburd	Paper 2
11.40	5. Press and PR Policy	Dave Kirkwood & Stephanie Hollis	Paper 3
11.45	6. Make Your Voice Count Update	Micheal Smith	Oral report
11.55	7. Update from Establishing Substantive Healthwatch Leadership Task Group	John Baker	Paper 4
12.05	8. Healthwatch Interim Chair's Report	Vijay Sharma	Paper 5
12.15	9. Healthwatch Director's overview report	Vandna Gohil	Paper 6
12.25	10. Six Month Finance Report	Kevan Liles	Paper 7 to follow
12.35	11. Review and agree actions	Ivan Liburd	
12.40	12. Questions from members of the Public	Vijay Sharma	
1.00	Close meeting to members of the public		

Date of next meeting:

Wednesday 4th December 2013, 11am - 1pm

Monday 27th January 2014, 11am - 1pm

Interim Leadership Group Members:

- Vijay Sharma - Interim Chair
- John Baker
- Sue Staples
- Lucy Smith
- Fiona Barber
- Vince Attwood

Staff Members in attendance:

- Kevan Liles, CEO, Voluntary Action Leicester
- Vandna Gohil - Healthwatch Director
- Micheal Smith - Outreach Leader
- Ivan Liburd - Policy and Partnerships Officer
- Jenny Darlow - Outreach Officer
- Stephanie Hollis - Communications Officer

Healthwatch Leicestershire Interim Leadership Group Meeting
Monday 30th September 2013
ACTION NOTES Update

Present:	Vijay Sharma (VS) - Chair Lucy Smith (LS) Vince Attwood (VA) Bernard Greaves (BG) Kevan Liles (KL) - Voluntary Action Leicestershire	John Baker (JB) Fiona Barber (FB) Vandna Gohil (VG) - HW Director Ivan Liburd (IL) -HW Policy & Partnerships Officer Sue Staples (SS)
Public	Kevin Blanks (KB) - HW Member	Geoffrey Smith (GS) - HW Member
Apologies:	Micheal Smith (MS) - HW Outreach Leader	Mike Pepperman (MP) - HW Member

1. **Welcome and introductions**
VS welcomed everyone to the meeting, including members of the public.

Item No	Heading	Details	Action	Outcome/Updates
2.	Declarations of Interest	VG asked members of the meeting if they could submit their interests by the end of the day (Monday 30 September) or state that they have no declarations of Interest.	ILG members to provide declarations of interest to the office by the end of September.	Reminder email sent 24 th October 2013.
3.	Notes from the last meeting and Actions	<p>VG updated the group on the actions from the last meeting held on 2 September 2013.</p> <p>The 3-way protocol between HWL, HWBB and OSC has now been agreed.</p> <p>VG informed the ILG that all 3 Healthwatch's would be joining HAPIA at a cost of £50 per year to be shared on a pro-rotas basis across all 3 Healthwatches.</p> <p>The task group for the substantive board will meet to discuss the co-options to the board and how best this should happen.</p>	IL to confirm signatures for the 3-way protocol between HWL, HWBB and OSC.	IL sent the interim Chairs signature to Rosemary Palmer and in response has received the final document, which has been circulated to ILG members.

4.	Urgent Care Board	In Dr Peppermans absence his paper was noted. This meeting also noted that the Chairs of Healthwatch Leicester, Leicestershire and Rutland drafted a letter that will be sent to various stakeholders to highlight Healthwatch's concern over urgent care at the LRI and ask stakeholders to develop a joint action plan.	(a). VG to send the letter to HW members. (b). VS also indicated the intention to press release the letter.	Vijay to update at the meeting.
4.1	Leicestershire Partnership Trust Update - Meeting with Professor Chiddick	Vijay Sharma and Phillip Parkinson met with the Chair of LPT to discuss the CQC warning notices and compliance notices issued to LPT in relation to concerns over the Bradgate unit. It was noted that JB is a representative on the Quality Improvement Assurance Oversight Group.	An action for all HW staff and members is to keep a watching brief on the progress of LPT and to regularly update the ILG.	
4.2	Leicestershire Partnership Trust Update - Other	FB informed the ILG that the Quality Improvement Assurance Oversight Group will meet		

	updates	fortnightly and that actions are already taking place for example, two senior nurses have been recruited.		
4.3	Kettering General Hospital Update	<p>The Director of Healthwatch LLR and the interim Chairs of Healthwatch Leicestershire and Rutland held a meeting with the new CEO of Healthwatch Northamptonshire to discuss the issues concerning Kettering General Hospital. HW Northamptonshire is drafting a joint letter to Nene and Corby CCG's setting out concerns.</p> <p>FB asks if Kettering General Hospital is a trust and if so, what is the Trust Development Authority doing to actively support the Hospital.</p>	<p>(a). SH to put another call for evidence of issues regarding Kettering General on the website.</p> <p>(b). VG to establish contact with all neighboring Healthwatch.</p>	<p>(a). Completed</p> <p>(b). VG will discuss HWE guidance with regard to neighboring Healthwatch.</p>
4.4	Peaker Park Care village	<p>The ILG were concerned that no prior notification of visits by the CQC were communicated to HWL.</p> <p>FB suggested the need to work together more effectively with the CQC and to ask the Adults and Communities Director to support our approach with the</p>	<p>(a). IL to approach Rutland County Council for an update on Prime Life Ltd as far as Rutland Care Village is concerned.</p> <p>(b). VG schedule quarterly meetings with FB, SS and Tim Birtwistle/ CQC.</p>	<p>(a). HW Rutland has been asked to provide an update on the work surrounding Rutland Care Village.</p> <p>(b). Pending</p>

		CQC.	<p>(c). E & V Task Group to invite Tim Birtwistle to one of their meetings.</p> <p>(d). VG to ask the Adults and Communities Director to support our approach with the CQC.</p>	<p>(c). Pending</p> <p>(d). VG to discuss with FB as member lead.</p>
4.5	LCC OSC Adults & Communities	<p>FB informed the ILG that HWL have representation on the Advisory Prevention Board that will look to reduce demand of more costly interventions/ services.</p> <p>FB has asked ILG to be aware that a contribution to the Prevention and Early Intervention Project Advisory Board maybe requested. Also HWL maybe requested to contribute to the Joint Complaints Handling Workshop Group.</p> <p>It was noted that IL has asked for contributions to the Adult Mental Health Preventative Services Consultation.</p> <p>There was a discussion around</p>	VG to provide an overview of the task and finish groups for HWL as well as those carried over from the LINKs.	Defer to next meeting

		the reigniting of the Mental Health Task Group.		
5.	Update on HW Representation at stakeholder meetings	JB represents all three Healthwatch's on the Quality Improvement Assurance Oversight Group. FB is the deputy and then representation would fall to the interim chairs.		
6.	Enter & View Safeguarding Working Group	<p>ST asked the ILG to note the report that was circulated especially the time table, to note and offer comment on the draft TOR, application form and job role and to note the position statement on PLACE.</p> <p>There was a discussion around next steps and that the group should highlight HWL as an independent body that will set out its own plans regarding E&V and then share them with the authorities.</p>	<p>(a). VS said the priority should be given to get HWL E&V ready.</p> <p>(b). SS to send out training dates with application forms.</p> <p>(c). E&V Task Group to have a conversation with HWL members that are active on the PLACE programme to confirm HW's position.</p>	Sue Staples to update at the meeting.
7.	A Healthwatch for CYP	VA and VG produced a paper that set out a strategic approach for developing a HWL that engages with CYP with a rationale and recommendations. See paper	ILG requested to endorse the Children's Manifesto on behalf of HWL.	IL has confirmed with Tricia Reynolds that the ILG has agreed to endorse the Children's Manifesto for HWL. The logo will be

		<p>section 11 - 15 for recommendations agreed by ILG.</p> <p>VG introduced the Children's Manifesto that was developed by city and county VCS organisations.</p>		placed on to the final document.
8.	Healthwatch Interim Chair's Report	<p>VS directs the ILG to the Chairs report previously circulated.</p> <p>An approach to David Sharp, Director of Leicestershire and Lincolnshire NHS has been made for support in establishing research systems. He has agreed to provide a member of staff as resource for 52 days to support HW work.</p>		
9.	Healthwatch Directors Overview Report	<p>VS asked the ILG to take a page-by-page look at the Directors report. Discussions were had around representation, the substantive board task group, cross border protocols, commissioners and advocacy.</p> <p>There was a suggestion to send Simon Lawrence a copy of the</p>	<p>(a). SH to place an advert in the e-news to ask for a rep for the Quality and Clinical Governance Committee.</p> <p>(b). MS to find out which contract Power Advocacy is delivering on.</p>	<p>(a). See agenda item 9.</p> <p>(b) PoHwer advocacy deliver the NHS complaints advocacy contract for Leicester, Leicestershire and Rutland. The only area</p>

		Director's report and that HWL should meet Power Advocacy every six months.	(c). Directors report agreed to be received on a regular basis.	in the East Midlands they don't cover is Northamptonshire.
10.	Finance Update	Kevan Liles produced a finance report that was previously circulated.	KL to produce a six-month mid-year finance report at the next ILG meeting to include the spend to date and the variance.	See agenda item 10.
11.	Review and agree actions	VS suggested that due to time, this be completed out of the meeting.		
12.	Questions from members of the public	<p>(a). GS - Did the TDA reply to the letter that Healthwatch sent to them and was this shared with Eric Charlseworth?</p> <p>(b). GS The presentation that IL delivered to the County Cabinet was not shared with representatives on the HWB and Scrutiny Committee and therefore left representatives unaware of what was delivered.</p> <p>(c). GS The update from the LCC OSC Adult and Communities was not reported</p>	<p>(a). VG to follow up</p> <p>(b). As good practice members and staff should share information relevant</p> <p>(c). VS reports should come to the ILG first</p>	<p>(a). Completed</p> <p>(b). On going</p>

		<p>at the Reference Group meeting, why?</p> <p>(d). GS members of the Quorn PPG are asking HWL to gather/ find out more details about the imminent closure of the Neuro Physio service for Stroke and other patients at Loughborough Epinal Way Hospital.</p> <p>(e). KB welcomed the CYP report and asked if colleagues were aware of the District Champion work? Also is there a system in place to capture the voice of CYP?</p> <p>(f). KB sought clarification regarding the support team reference in the Chairs report.</p> <p>(g). KB queried the suggestion in the HW Directors report to VCS member recruitment to the future Board.</p>	<p>(d). VS suggested that this could be placed in the e-news</p> <p>(e). ILG will link the work streams together and through planning ensure that a mechanism is in place to capture all voices.</p> <p>(f). VG explained the way that HWL buy in staff support from other teams</p> <p>(g). JB board members are recruited from members</p>	
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Name of Meeting: Interim Leicestershire Group
Date of Meeting: 4th November 2013
Subject: Kettering General Hospital
Authors: Ivan Liburd
Status: For Information

Summary Overview

This paper is to update the LLR group about the work of Healthwatch Leicestershire regarding Kettering General Hospital. The paper provides background context, contact with HW Northamptonshire and notes from a meeting attended in Kettering.

The meeting is asked to:

1. Note the paper
2. Maintain a watching brief

Briefing document Kettering General Hospital

Background

1. The CQC presented enforcement action against Kettering General Hospital NHS Foundation Trust to protect the health, safety and welfare of people using this service after their visits on the 7th, 8th & 11th March 2013. The enforcement action was for the area of 'Assessing and monitoring the quality of service provision'. KGH also needed to take action for 'Cleanliness and infection control' & 'Supporting workers'.
2. On the 16th May 2013, a Healthwatch Rutland member highlighted an article in the Health Services Journal pointing out the CQC concerns about KGH. Through Healthwatch staff we concerns was raised with regional CQC managers and through Healthwatch Northamptonshire we asked what action they were taking in response to the issues raised by the CQC. At a subsequent meeting with the CQC on 12 July, Healthwatch raised their concern about CQC reporting of cross-boundary issues, the CQC regional manager took this back.
3. The CQC visited KGH on the 17th, 18th, & 19th June and failed on outcomes 4- (People should get safe and appropriate care that meets their needs and supports their rights), Outcome 7- (People should be protected from abuse and staff should respect their human rights) and Outcome 14 - (Staff should be properly trained and supervised, and have the chance to develop and improve their skills). An enforcement action was taken for 'Standards of providing care, treatment and support that meets people's needs'.

Discussions between Healthwatch Leicestershire & Healthwatch Northamptonshire

4. Initially there were difficulties in contacting Healthwatch Northamptonshire however after initial contact through the Healthwatch Northamptonshire office, we began contact with their Kettering General Hospital Work group Chair. A response from this work group was presented to the Joint Leicester, Leicestershire and Rutland meeting in June.
5. A meeting was convened between the Interim Chairs of HW Leicestershire and HW Rutland and the new CEO of Healthwatch Northants to discuss the issues concerning Kettering General Hospital (KGH).
6. The main outcomes from the meeting is for HW Northants to draft a joint letter to Nene and Corby CCG setting out concerns following the CQC reports, lack of leadership, an analysis of the action plans, ask for

assurances and how CCGs are holding KGH to account. Rosie Newbigging CEO of HW Northamptonshire did this on the 30th September. A response was received on the 2nd October from Peter Boylon Director of Nursing and Quality.

7. HWL Director wrote a letter on 26th September to ELR CCG on a similar vein to ascertain what assurances they are seeking regarding KGH improvements. Particularly in relation to care and welfare of people who use their services and safeguarding people who use services. A response was received on 3rd October from Dave Briggs, Managing Director, which stated that in September they had received assurances from the lead commissioners that immediate actions would be put in place following the enforcement notice. These actions are being monitored through the Clinical Quality Review meetings with lead commissioners and are reported to the governing bodies of the commissioners.

Healthwatch Northamptonshire Advisory Council Meeting - KGH

8. Ivan Liburd on behalf of Healthwatch Leicestershire, Healthwatch Leicester and Healthwatch Rutland attended the Healthwatch Northamptonshire Advisory Council Meeting on the 3rd October. Director of Nursing Clare Culpin Kettering General Hospital was on the agenda to update meeting on the progress with the action plan agreed with Care Quality Commission. The information below captures the brief update provided at the meeting.
 - Fiona Wise has been appointed the interim CEO of KGH.
 - KGH are rolling out a programme to redesign the care plan monitoring and on the named CQC visit they witnessed the process of this programme in its infancy stage. KGH are confident that by the time all their nurses are fully trained with the new procedures that the individual care plans process will be more efficient. There is no national tool for care planning or a national standard on care planning.
 - CQC visited KGH 25 & 26 September; the report was due at the end of the October, however this is not yet publically available.
9. KGH have said that the areas that CQC reported as needing work were already areas that had been identified by KGH. They carry out self-assessments and internal unannounced visits. KGH admit that there are issues with the front door and the back door. 50% of this is due to areas such as ED and bed availability. Every child that goes through the ED department has their file reviewed by a paediatric nurse. If a child is potentially at risk, an appropriate process is commenced.

10. KGH have launched a campaign called 'I Will...' which is lead by nursing. Also there is now a patient safety lead in all departments.
11. There are two wards that deal with Dementia, which will become one dedicated stroke unit. KGH are currently advertising for a lead on dementia development, as they realise this is an area that they need help.

Name of Meeting: Interim Leicestershire Group
Date of Meeting: 4 November 2013
Subject: Prime Life Ltd
Authors: Ivan Liburd
Status: For Information

Summary Overview

Prime Life Ltd provides a number of services in Leicestershire for Adults and the Elderly. An overview of the current published reports on the CQC website has found no issues within any of the inspection reports regarding Prime Life Ltd other than Peaker Park that is already on Healthwatch Leicestershire's radar.

As from 14th November onwards Leicestershire County Council (LCC) will not place anyone else at the Peaker Park home. Any resident that are funded by LCC has the chose to stay at Peaker Park with continued funding by LCC or for LCC to look for an alterative placement. Those that remain will be reviewed on an annual basis and have an individual place assessment/ contract.

For reference, below is a visual list of the CQC inspections on Prime Life Ltd services in Leicestershire.

The meeting is asked to:

- 1. Note the paper**
- 2. Maintain a watching brief**

Prime Life Ltd
CQC Inspection Results Leicestershire

Peaker Park Care Village,

The report from the CQC that was published on the 9th October 2013 failed Peaker Park on the following standards. You can view the full report at <http://www.cqc.org.uk/directory/1-248176680>

Cleanliness and infection control - Action needed

The provider was not meeting this standard. People were not consistently protected from the risk of infection because appropriate guidance was not always followed.

Management of medicines - Action needed

The provider was not meeting this standard.

People were not protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines.

Assessing and monitoring the quality of service provision - Action needed

The provider was not meeting this standard.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others but these were not effective.

Below is a visual overview of the other Prime Life facilities in Leicestershire. There are no other top line issues that have been found by the CQC.

Acorn Close, 2, Cotton Mill Crescent, Shepshed, LE12 9DR

CQC checks (Latest report published on 8 November 2012)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment & support that meets people's needs
- ✓ Caring for people safely & protecting them from harm
- ✓ Staffing
- ✓ Management

Old Station Close, 1, Old Station Close, Shepshed, LE12 9NJ

CQC checks (Latest report published on 12 September 2012)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment & support that meets people's needs
- ✓ Caring for people safely & protecting them from harm
- ✓ Staffing
- ✓ Management

White Acres, 15, Leicester Road, Shepshed, LE12 9DF

CQC checks (Latest report published on 15 November 2012)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment & support that meets people's needs
- ✓ Caring for people safely & protecting them from harm
- ✓ Staffing
- ✓ Management

Brockshill Woodlands Cottages & Brockshill Woodlands, Briar Walk, Oadby, LE2 5UF

CQC checks (Latest report published on 22 June 2012)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment & support that meets people's needs
- ✓ Caring for people safely & protecting them from harm
- ✓ Staffing
- ✓ Management

Charnwood Oaks, Sullington Road, Shepshed, LE12 9JG

CQC checks (Latest report published on 13 July 2013)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment & support that meets people's needs
- ✓ Caring for people safely & protecting them from harm
- ✓ Staffing
- ✓ Management

Holmes Court & Holmes House, Kenilworth Road, South Wigston, LE18 4UF

CQC checks (Latest report published on 5 March 2013)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment & support that meets people's needs
- ✓ Caring for people safely & protecting them from harm
- ✓ Staffing
- ✓ Management

Peaker Park Care Village, Trojan Place, Market Harborough, LE16 7FP

CQC checks (Latest report published on 9 October 2013)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment & support that meets people's needs
- ✗ Caring for people safely & protecting them from harm
- ✓ Staffing
- ✗ Management

Name of Meeting: Healthwatch Leicestershire Interim Leadership Group
Date of Meeting: 4 November 2013
Subject: Review communications and media activity
Authors: Dave Kirkwood & Stephanie Hollis
Status: For Approval and Information

Summary Overview

I had a constructive meeting, (on 1st October) with Stephanie Hollis and colleagues where we reviewed the current communications plan and discussed the need to increase HWL's public profile by use of all local media outlets, print, radio, TV and social media. We agreed there was a need for a policy document, which I agreed to draft. Also that it would be helpful if the ILG could be provided with a monthly review of media and communications activity to include what releases had been sent out and what coverage had resulted.

The meeting is asked to note that in putting the Press and PR policy into practice that reference to existing protocols with stakeholders and the code of conduct will also be observed at a practical operational level.

Recommendations

1. Approve the policy
2. Agree to receive regular media activity reports
3. Review operational practice with new Board

Healthwatch Leicestershire Media Management Policy

Introduction

1. The central thesis of Healthwatch Leicestershire's media management policy is that if we are to promote and develop our objectives it is necessary for all those who use or are interested in Health and Social Care to know exactly where we fit into the overall scene, what we do, that there is a need for what we do, that we are competent, effective and reliable, and that those we seek to serve value what we provide for them. Effective use of media opportunities (both pro-active and reactive) is a way to achieve this and also provides a means for us to protect as well as enhance our public image.
2. In addition, good media relations provide an opportunity for us to educate those in the community who have had little contact with (or interest in) health and social care an understanding of current issues and opportunities to influence present practice and planning for future change.
3. The community in this sense includes patients, users of social services, their carers, relatives and neighbours; statutory agencies; corporate bodies; other charities with similar aims; elected representatives as well as 'the general public'.
4. This document provides a framework for maximising Healthwatch Leicestershire's ability to promote the views, needs and well-being of those who live in the county in a variety of media outlets.
5. It supports the aims and statements of value contained in the Governance papers of both Healthwatch Leicestershire and Voluntary Action Leicestershire.
6. It requires all who work for or volunteer with Healthwatch Leicestershire in any capacity to recognise the value of informing the public about our activities and aspirations, and to develop an awareness of media opportunities within our activities.
7. Healthwatch Leicestershire will enable staff and volunteers to develop appropriate skills, and will include media relations in its induction programme. (See point 36 below)

Media Opportunities

8. "The Media" is much wider than just the local paper or local radio station. The phrase encompasses a wide variety of opportunities to communicate a message to a wide audience.

9. Some examples are Newspapers, Free sheets, Magazines, Community, newspapers, Radio, Television, Posters, Leaflets, The Annual Report, The Internet (web site, social media)
10. Many of the categories in point 9 sub-divide, for example a newspaper have a variety of feature writers and specialist correspondents in addition to its “news” staff.
11. Different media respond more readily to certain factors. E.g. television producers always prefer moving pictures when illustrating a story.

Making Contact With The Media

12. The general principle is that only managers and project organisers may initiate Healthwatch Leicestershire’s contacts with the media.
13. They should restrict themselves solely to their own area of activity, and refer up if a journalist wants to extend the range of a conversation beyond that area.
14. Other staff and volunteers who identify a media opportunity, or detect media interest, should inform their manager or project organiser.
15. Only the Chair or Director should initiate Media contacts relating to matters of Healthwatch Leicestershire policy and external relations.
16. All approaches to or from the media should be logged, and copies of press releases, and statements and any other material should be kept for reference.
17. The Chair and Director should be informed of all approaches to or from the media.
18. The Chair, Director and the communications officer should be given a copy of all press releases and any other relevant material in advance of its distribution.

Talking to the media

19. In response to a Healthwatch Leicestershire press release:-
20. Whenever possible the author of the press release should be available to comment.
21. If this is not possible the caller should be referred to the Chair or Director.

22. No one else should offer any comment without prior permission, except to confirm basic matters of fact (dates of events, spelling of names etc).
23. In response to an unsolicited approach from a journalist, which includes enquiries about press releases issued by Healthwatch England or other Healthwatches:
24. The views of Healthwatch Leicestershire can be expressed subject to the guidelines in 12, 13 and 16 above.
25. The Chair and Director should be informed of all approaches and the action taken.

Monitoring

26. It is important that we know what we have said, (and what has been said about us) in the media.
27. We also need to evaluate the effectiveness of our press releases etc., and to determine which of our projects and activities are of interest to journalists and producers.
28. All staff and volunteers should look out for and collect references to Healthwatch Leicestershire in the media. This applies especially to local & community publications & radio and also social media where staff members are less likely to have seen them.
29. Press cuttings should be sent to the Communications Officer
30. Anyone taking part in a radio or television broadcast should try to arrange for it to be recorded, and a copy sent to the Communications Officer. (Note: It is not likely that the broadcaster will be prepared to offer this facility).
31. In the absence of a recording, a note of the broadcast's content should be sent to the Communications Officer

Supporting staff and volunteers for work with the media

32. It is essential that we all 'sing from the same hymn sheet' and provide consistent messages to the media.
33. The communications officer should collect and collate position statements from managers and project leaders about current issues relating to Healthwatch Leicestershire's sphere of interest and projects. These should be as concise as possible and use language appropriate for a lay audience.

34. Position statements should be kept under constant review so that they remain relevant and up to date. The responsibility for this should rest with the original author.
35. Collectively, these statements will become the 'message book' which should be made available to all those who are mandated to speak on behalf of Healthwatch Leicestershire both in the media and in other public environments.
36. Training must be provided for those who are new to working in media and public relations and refreshers should be offered to those with experience from time to time.

Name of Meeting: Interim Leicestershire Group
Date of Meeting: 4 November October 2013
Subject: Update on recruitment of Chair and Board Members
Author: John Baker and Vandna Gohil
Status: For information

Summary Overview

This paper provides an update on establishing the substantive HW Leicestershire Board with the appointment of the Chair and election of the Board members.

The members of the Task group are: John Baker - Chair of Group, Kevan Liles, Geoff Smith, Colin Headley, Vijay Sharma and Vandna Gohil.

Recommendations**The meeting is asked to:**

1. Note the extension of interim arrangements to end no later than March 2014
2. Note the Board members recruitment timelines
3. Note the re-run of Chair's appointment campaign
4. Note the dates for ILG meetings.

Background and Context

1. The ILG have delegated responsibility to the Substantive HW Task Group to establish the permanent Board and as previously reported to members the name, size and composition of the Healthwatch Leicestershire Board (HWL Board) of 12 members as follows:
 - Independent Chair
 - 2 x Vice Chairs,
 - 4 x Board members,
 - VAL Trustee,
 - HW Director,
 - 3 co-options (to be recruited by the Board once in place)
- In addition HW Chairs from Rutland and Leicester would be invited as non voting ex-officio members
- The Chair would be unpaid with out of pocket expenses reimbursed.

Review of Chair recruitment

2. The Task Group met on 30th September to review the applications received for the position of HW Leicestershire Chair. They agreed that due to the absence of any suitable applications for the Chair's role the process for the Board should proceed and that the interim arrangements would be extended to end March 2014 with the Interim Chair's agreement to ensure continuity and stability.
3. To enable this to happen and to accommodate planned absences John Baker and Fiona Barber have agreed to act as Vice Chairs to share the workload to end March 2014. This arrangement mirrors the structure of HWL permanent Board.
4. In relation to the Board members' recruitment, the elections for the 6 member places will take place during October - November aligned to the public meetings and consultation of identifying strategic priorities.
5. The Task group also noted the following:
 - a) That consideration should be given to one Board member who should be a champion for liaising with voluntary and community sector.
 - b) Further work to 'flesh out' the roles of HWL, VAL and also wherever these overlap to be advanced.
 - c) Invite recommendations from the Reference group and the ILG for the 3 co-opted members although the decision will be the new Board.

Board member Role description

6. The Task Group have agreed the Board members' Nomination pack; this describes the functions of Healthwatch, arrangements with VAL as the contract holder together with the role and responsibilities of the Chair.

Timeline for Board members recruitment process

7. The table below charts the key milestones for the Board recruitment process

Activity	Dates
1. Board nomination process launch	22 October 2013
2. Closing date for nominations	4pm on 22 November 2013
3. Election and ballot of members (postal and electronic) <i>No new members would be registered during this period</i>	2 -13 December 2013
4. Briefing meeting with new members	18 December 2013

Expression of interest for Board members

8. The election of the 6 Board members will be promoted during the autumn consultation programme so that former and new members are invited to stand for election.
9. A flier has been created to help promote the role described as
10. 'The role of the *Healthwatch Leicestershire Board* is to help determine the strategic direction for Healthwatch Leicestershire and to ensure engagement with all segments of the local population in order to provide a representative voice for as many residents and health and social care service users as possible in a way that promotes better outcomes for all.
11. *Board members will contribute fully to the work of Healthwatch, supporting the Chair and Vice Chairs in ensuring that Healthwatch Leicestershire is a robust and credible player in the local health and social care economy with appropriate levels of skills and competences to enable it to operate and deliver to the highest levels. It will be accountable to the people it serves, it's commissioners and to stakeholders.'*
12. To apply, candidates are asked to complete the following:
 - Nomination form
 - Monitoring form
 - Provide a supporting statement detailing how you meet the person specification criteria included in this document in no more 500 words
 - A skills audit

Handling the election

13. The Electoral Centre have been approached to support the election process where more than 6 nominations are received.

Appointment of the Chair

14. The Task Group at its meeting on 16 October gave consideration to re-running the Chair recruitment in parallel to the Board recruitment having reflected on the lessons learnt from the first round, a further month of Healthwatch being in place and on wider campaigns for other lay member appointments in the health and social care sector.
15. The Task Group also re-considered whether to pay the Chair and resolved that the position would remain voluntary with out of pocket expenses paid on the same terms as other Board members.
16. A new campaign for the Chair has been rolled out which includes head hunting where people are invited to either self refer or nominate others to be approached for an informal discussion. The process agreed is that all leads will be followed up after discussions with the Interim Chair have taken place.
17. Suitable candidates would then be invited to a formal meeting with the interview panel convened by end of November 2013.
18. If this process is unsuccessful, the new Board will need to plan for any future recruitment campaign.
19. The Chair's pack has been updated and is posted on the website alongside the Board members recruitment.

Conclusion

20. The Commissioners have been fully informed of developments and the Task Group will meet mid- November to review progress.
21. John Baker will Chair the ILG meeting on 4 December and Vijay Sharma the meeting on 27 January 2014.
22. ILG members are asked to note the following -3 and 31 March as dates for the new Board with the proviso that these may be subject to change.

Name of Meeting: Interim Leadership Group
Date of Meeting: Monday 4 November 2013
Subject: 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.

West Leicestershire CCG and Leicestershire Healthwatch Representative

1a. Colleagues will recall my request to the Chair and Managing Director of WLCCG to allow the Healthwatch representative to sit at the table during the Board meeting and allow him/ her to participate in the discussion to contribute patient perspective.

I am pleased to say that my request has been accepted. The term used by the Managing Director Toby Sanders in his report is that Healthwatch will be in attendance at the Board meeting.

This arrangement came into effect in October and was well received. I was given positive feedback by the Chair of WLCCG last week regarding the arrangement in terms of the offer of patient/ public perspective, objectivity and efficient use of time. Submission of written questions pertaining to the Agenda items ahead of the meeting is recommended.

UHL

1b. I have written to Richard Kilner, the Interim Chair of UHL requesting him to give consideration to allow the Healthwatch representative to sit at the table during the UHL Board meeting. Expecting a response by the end of this month.

LPT

1c. Colleagues will recall a similar request has been put to the Chair of LPT to enable Healthwatch representative to discharge his/ her responsibilities effectively. A response is expected at the end of November.

Integrated Commissioning Board (ICB)

2. I have been in discussions with Toby Sanders Managing Director WLCCG who is the current Chair of ICB and Noel Singh the project officer for the Integrated Commissioning Board regarding Leicestershire Healthwatch participation on the ICB.

Currently structures and governance arrangements for the Integration agenda in Leicestershire are in process of being reviewed.

It would be fair to say that the role of Healthwatch is accepted, consideration will be given to involving Healthwatch when the ICB is reconvened.

Integration Transformation Fund (ITF)

3. Leicestershire County Council is currently working with the two County Clinical Commissioning Groups to develop a plan for the Integration Transformation Fund (ITF).

ITF is a pooled fund which will come into effect in 2015 - 2016 and will be available to the CCGs and Local Authorities to jointly commission services which support the Integration between Health and Social Care.

Work has started to jointly develop a plan around how the funds available through ITF will be allocated.

I was contacted by Noel Singh to indicate that at the initial scoping meeting a suggestion was made to invite Healthwatch.
I am pleased to say that Geoffrey Smith has agreed to serve on the group with Fiona Barber as his deputy.

ICB and ITF

3a. It is anticipated that my conversations with Cllr Ernie White, Toby Sanders, Noel Singh and Healthwatch representative Geoffrey Smiths involvement with developing the plans for ITF will pave the way for Healthwatch to be represented on this important agenda.

4. Meeting with Leicestershire County Councilor Ernie White, Chair of the Health and Wellbeing Board on 18th of October.

This was an informal meeting covering wide ranging topics such as the Health and Social Care Integration Agenda, the Health and Wellbeing Board, the update on Healthwatch and information on the planned Leicestershire Healthwatch engagement events.

Reccomendations

The Meeting is asked to

1. Note this report at the County Reference Group 23/10/2013
2. Note this report for the ILG meeting on 4/11/2013
 - 2.a Note 1a
 - 2.b Monitor 1b
 - 2.c Healthwatch to write to the Chair of LPT seeking update for 1c
 - 2.d Monitor 2
 - 2.e Approve Geoffrey Smith's nomination with Fiona Barber as his deputy for point 3

Name of Meeting: Interim Leadership Group
Date of Meeting: 4 November
Subject: Director's Overview Report (October 2013)
Author: Vandna Gohil
Status: For Information and comment

Summary Overview

This paper provides the Interim Leadership Group with an overview of the work and activities undertaken by the HW Leicestershire (HWL) staff team for October 2013.

Please note that the Officer support provided for Reference Group, LLR meeting and ILG meetings are not reflected in the paper as well as tasks that are involved in the follow up actions.

Recommendations

The meeting is asked to:

1. Note the range of activities and work undertaken by the HW Director and Staff team during October 2013.

Introduction

1. The overview report summarises the key activities of the HW Director and Staff team under respective headings for ease of reference.

Vandna Gohil - Healthwatch Director
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Building a credible Healthwatch workshop (8 October 2013)

2. The HW Director with other staff members attended the multi stakeholder event organised with input from Healthwatch England, the Local Government Association (LGA), and the NHS Local Area Team.
3. Through creative exercises the key features of a credible Healthwatch included: strong but flexible foundations; an honest broker of information; working in appropriate partnerships effectively and making a difference using available resources.

Meeting with Commissioners (11 October 2013)

4. In line with contracting arrangement the HW Director and VAL CEO met with the Commissioners to review the six months services measures report. The information collated in the report will be used to inform the presentation on HWL progress at the HWBB meeting on 8 December 2013.

Substantive Leadership Task Group (16 October 2013)

5. As reported under separate item on the agenda, the Director has been supporting the Task Group with the arrangements and planning for establishing the permanent Board. This has included revising the Chair's pack, developing the Board members pack and associated forms and liaising with colleagues for the recruitment campaign.

Quarterly meeting with Adults and Communities (21 October 2013)

6. As reported in paras 76 -77, the Director attended the first meeting with Fiona Barber and HW staff members.

County Priorities Public meetings (22 and 25 October 2013)

7. The Director has attended and delivered presentation on HWL role, remit and work to date at the Melton and Market Harborough events.

PoHwer Advocacy (24 October 2014)

8. The Outreach Leader and Hw Director met with representatives from the NHS advocacy service PoHwer, for the second time.

9. During the meeting Healthwatch raised the issue of complaint information sharing between Healthwatch and PoHwer, this will better inform Healthwatch of trends and areas of concern. As PoHwer have been establishing themselves, they felt the coming quarters are more likely to show any trends in complaints raised through them. At present they have not identified any trends.
10. Healthwatch and PoHwer discussed how they could work together and PoHwer have been invited to attend the County engagement events. This would allow any members of the public to discuss NHS complaints advocacy with their representative.
11. Healthwatch will look at working with PoHwer to deliver a drop in service based at VAL offices in the New Year. This will be a referral service for members of the public, who want to know more about NHS complaints advocacy.
12. It was agreed that a working protocol would need to be drafted, in light of the potential information sharing, going forward.

Meeting on PLACE with HWE, Department of Health and PLACE assessors (25 October 2013)

13. Further to an initial meeting arranged on 11 September to discuss Patient -Led Assessments of the Care Environment (PLACE), a follow up meeting was arranged between HW England, the lead official from the Department of Health for PLACE, three assessors who were involved in PLACE inspections for LPT and LLR Enter and View and Safeguarding lead with HW staff members on 25 October.
14. The purpose of the second meeting was to give the 3 PLACE assessors the opportunity to share their concerns and experiences with the DH official responsible for the next phase of PLACE guidance and training.
15. In preparation for the meeting, the Director briefed the HWE and DH officials and provided the PLACE position statement that had been discussed at the LLR meeting on 23 October by way of background and context. She added the caveat that the statement was agreed in principle and that a final decision would be made at the ILG meeting in December following the meeting with HWE, DH and 3 PLACE assessors update report on their meeting with Horizon and UHL.
16. In relation to outcomes from the meeting; the DH official noted a few changes that could be made to the roll out materials for the next PLACE inspections due to start in March 2014. This included changing the materials from training to ' preparing for PLACE assessments, ' and cross-referencing safeguarding in a couple of sections.

Quality Surveillance Group meeting (28 October 2013)

17. As reported by Philip Parkinson at the last LLR meeting, the HW Director has been invited to the QSG meeting and she attended the meeting on the 28 October.
18. This is an extremely important opportunity to meet with key stakeholders and partners to explore patient experience with HW being a crucial member with evidence and insight to offer.
19. In a variety of ways, the different work streams and activities of HW comes together in these meetings and the Director's future work plan will take this into account in terms of priority and planning.

Ivan Liburd - Policy and Partnerships
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Healthwatch Leicestershire responds to Mental Health Services Consultation

20. HWL responded to the Leicestershire County Council Adult Preventative Mental Health Services consultation that has a focus on Social Drop-In's and Befriending Services. The purpose of the review is to establish how effective the services were at helping people recover from mental ill health or to maintain good mental health. Healthwatch Leicestershire is asking Leicestershire County Council to consider the comments that are highlighted in the response when planning the Adult Preventative Mental Health Services.

Protocol with Adults and Communities

21. HWL is working with Amanda Price on a protocol between Healthwatch Leicestershire and Adults and Communities. A meeting was held with Amanda Price, Ivan Liburd and Vandna Gohil on Wednesday 9 October 2013 to further discuss the drafting of a refreshed protocol. The overall aim of the document is to ensure that Healthwatch Leicestershire and Adults and Communities work together in a constructive way.

Harborough District Mental Health Forum

22. Ivan Liburd gave a presentation at the Harborough District Mental Health Forum on Tuesday 22nd October 2013. The membership of the forum meeting included county council colleagues, mental health charities, carers groups, Voluntary Action South Leicestershire, Good Thinking Therapy and the job centre amongst others. Ivan promoted the benefits of joining Healthwatch and the priority event that is took place in Harborough on the 25th October 2013.

Healthwatch Northamptonshire Advisory Council Meeting

23. Ivan Liburd on behalf of Healthwatch Leicestershire, Healthwatch Leicester and Healthwatch Rutland attended the Healthwatch Northamptonshire Advisory Council Meeting on the 3rd October. The purpose was to hear the Director of Nursing Clare Culpin of Kettering General Hospital update the meeting on the progress with the action plan agreed with Care Quality Commission. Further detail can be found in the papers for the 4th November Interim Leadership Group meeting documents.

Health Overview and Scrutiny Committee

24. Ivan Liburd had meeting with Anne Mitchell on Thursday 17th October 2013 to discuss the forthcoming agenda items for the Health Overview and Scrutiny Committee meeting. This meeting is to share in advance the draft agenda allowing HWL time to consider any comments and to build the relationship between HWL and the Committee.

VCS Stakeholder group 28th October

25. Ivan Liburd met with VCS groups on Monday 28th October 2013 to discuss developing new ways to allow VCS groups to engage and feedback the issues of their service users to Healthwatch Leicestershire. He is working with the research team to understand how Healthwatch can collate and store the information gathered.

VCS Transformation of Adult Social Care Forum

26. At the newly formed Transformation of Adult Social Care Forum meeting on 9th October 2013, Ivan Liburd updated the forum on Healthwatch and promoted the public meetings taking place in the county. The forum is made up of various VCS groups and for this meeting, invited officers from both the City and County Council to update them on the latest developments within the transformation agenda.

Richard Downing County Forum, Loughborough 29th October

27. Ivan Liburd met with Richard Downing on Tuesday 29th October 2013 to promote the 'make your voice count' events. Richard facilitates the Loughborough North West Forum, which is part of Leicestershire's Forums and has agreed to share and promote Healthwatch information to the attendees of the meeting that is taking place on Wednesday 30th October 2013.

Leicestershire's Future Consultation Results

28. Healthwatch Leicestershire on behalf of their members responded the Leicestershire's Future Consultation. HWL response has been added as an annex to the County Councils wider analysis together

with the other responses to the stakeholder survey and has also included the reported in full within the results annex that can be found on the Leicestershire County Council website.

Adults and Communities Local Account/ Our Performance 2012/13

29. Louise Melbourne, Strategic Planning & Commissioning Officer at the County Council who has asked ILG members for general feedback on the entire document including the Healthwatch section (page 20) on the Adults and Communities local account/ 'our Performance' report. Due to timescales Ivan will be sending the plan to ILG members by correspondence.
30. We will be working with Adults and Communities to ensure we plan for next years report 2013 -14 and how Healthwatch Leicestershire can support this process having established an ongoing relationship with the department.

Micheal Smith - Outreach Team Leader

Enter and View and Safeguarding

31. The Enter and View and Safeguarding Work Group met on 3 October and agreed a number of key changes. Sue Staples has taken up the position of Work Group Chair and the Group agreed to absorb the responsibility for overseeing Safeguarding matters for Healthwatch.
32. After the member recruitment for Authorised Representative, there are 10 new potential Authorised Representatives. Each member has been sent a role profile, a recruitment form and a DBS check form to complete and return.
33. On the 11 October a training design meeting was held to discuss how to deliver the Enter and View training for Healthwatch in Leicester, Leicestershire and Rutland. A training pack is in the process of being written, which will incorporate practical exercises.
34. The training was initially planned for delivery by 31 October 2013 however this has been extended and Healthwatch is working to a deadline of being ready to undertake Enter and View visits by the 4 December 2013.
35. The dates for training for Enter and View and Safeguarding is to be held on the following dates:
 - 25th November 2013
 - 10th December 2013
 - 15th January 2013

36. We will invite all the interested members to register on one of these dates. Should we be able to train all new Authorised Representatives before January, then we can cancel the January date. Another call out to interested members for the Authorised Representatives is planned during November.

Healthwatch working with District Councils

37. After the recent call out for interested members to register for the member role of Healthwatch Ambassador, they have been sent a role profile giving more detail to the role.
38. At present 7 members have registered their interest in the role and Healthwatch is looking at how this covers the 7 districts. Interested members availability is being sought for an initial meeting in first 2 weeks in November.
39. As mentioned earlier the Policy and Partnerships Officer attended the recent Harborough District Mental Health Forum to deliver a presentation on Healthwatch.
40. After scoping the details of the Health and Wellbeing meetings in each District, Healthwatch is asking these forums for inclusion to their agenda to inform and promote involvement. We are still chasing the details of 2 of the Districts - Hinckley and Bosworth and Melton District.

Local CQC

41. Healthwatch has been asking the CQC about concerns with Care Homes in Leicestershire and Rutland. Whilst the CQC inspectors did not feel it appropriate to discuss issues before Inspection reports had been published, they did let Healthwatch know when the report was due out. This had been picked up and the report information has been distributed for further discussion.

Clywd - Hart Review Update

42. The final report from the National review is supporting a number of findings from the Healthwatch England review into NHS complaints. It has identified 4 key areas of recommendations:
- Improving quality of care - Many of these recommendations look to tackle to cause of complaints
 - Improvements in the way complaints are handled - These recommendations look to simplify the complaint process and change the attitude/training. There are also recommendations specific to Healthwatch and it's promotion of NHS complaint advocacy.
 - Greater perceived and actual independence in the complaints process - these recommendations look to address a key concern of NHS trusts handling their own complaints. Healthwatch local is encouraged to be a part of complaint process reviews locally.
 - Whistle blowing - These recommendations look to improve and encourage the process of staff raising concerns.

A full brief of the report will be produced shortly.

UHL complaints process review

43. Following the publication of the National review of NHS complaints process (Clywd-Hart Review), Healthwatch has contacted UHL to follow up their postponed Complaints review.

Signposting, Issues and Safeguarding process flowchart

44. Following an action from the Reference group, asking for more clarity and structure around how information is shared between the office and patient representatives, Fiona Baker and Healthwatch Team Leader have met and reviewed the current reporting process.
45. The internal reporting process and external reporting process has been revised and reporting frequency has been proposed. A substantive report will be submitted to the next ILG meeting in December. See appendix 1 for draft process flow.

Angela Riley - Advisor

Signposting and Membership

46. Much of this month has been spent tidying up the data stored on the HW database. We have added new categories to the database to ensure the capture and reporting of data is more accurate.
47. Two new categories have been added to the database these are HW Complaints and HW Call out response. We identified that we had no way to accurately capture the information coming in under these headings so felt that the best way to do this was by ensuring an individual category was added to the Database. This will also help us to feedback to representatives when feedback on issues is received.

HW Call Out Response

48. We have put numerous responses out to the HW membership as well as to members of the public on certain issues over the past few months. We have sought feedback on the Bradgate Unit, LRI A&E Reception Point amongst other topics.
49. This feedback was being collated on an adhoc basis as and when the call outs were made and the feedback received. To ensure that the feedback is captured and stored in one place this category has been added to the Database. This will enable us to circulate the feedback received to the relevant HW Rep in a more concise way. We have gone through all the responses we have received and logged them historically to ensure the database is up to date.

50. The HW helpline opened on 1st April 2013 and the number of calls received in the County is as follows.

Count of Month	
Row Labels	Total
April	25
May	39
June	27
July	30
August	31
September	27
October	14
Grand Total	193

51. Some of these figures have changed from the figures detailed in the last Directors report as a result of the Data cleansing exercise that has taken place. The figures show that we are receiving a consistent number of calls each month and we expect this to increase as engagement work takes place across the County raising the profile of HW and the Helpline.

52. Healthwatch Leicestershire currently has 1,398 members. This membership is broken down as follows.

Count of Client Type	
Row Labels	Total
Health Provider	6
Individuals	1348
Local Authority	6
MP/ Councillor	2
Social Care Provider	1
Stakeholder	2
Voluntary/ community sector	33
Grand Total	1398

53. After the extensive data cleansing exercise that has taken place the types of members is much more accurate as many were uncategorised or categorised incorrectly. HW Leicestershire is currently undertaking priority setting work in the County so the numbers and types of members should continue to increase.

New Healthwatch Database Development

54. The development of the new Healthwatch database is currently on hold. We have met with the VAL IT department and provided the requests from Healthwatch and we are now waiting for a full quote and detailed specification for the new database.

Press releases

- 55. *Concerns with regards to LRI Emergency department* - a press release referencing the LLR Chairs concerns with LRI ED was issued to the media on 3 October. The story was covered by BBC East Midlands on the same day and followed up by BBC Radio Leicester on 4 October.
- 56. *Consultation Events* - A rolling campaign issuing press releases to the media about the consultation events in their local area started on 30 September 2013 and will continue throughout the events. A press release is being issued after each event, reporting back to the local media about the issues and concerns raised by local people.

Advertising

- 57. *Consultation Events* - An advert promoting each consultation event has/is being placed in the local newspapers a week before the event. The last advert will appear in the Leicester Mercury promoting Blaby and Oadby and Wigston events on 7 November.

Mailshot

- 58. *Consultation events* - a letter, leaflets and A5 posters promoting the events were sent out to doctor's surgeries, Parish Councils and libraries.

Membership

- 59. Enews was sent out to the members that opt to receive emails on 1, 11 and 24 October. The main theme of October Enews was to promote the consultation events and encourage members to book on.
- 60. The printed newsletter was sent out to postal members on 17 October 2013.

Social media

- 61. @HWLeicShire is the new Twitter account for Healthwatch Leicestershire, so both Leicester and Leicestershire no longer share an account. There are now 218 followers to date since in launched on 10 October.
- 62. *Consultations events* - live tweets from each of the events are being posted with #myvoicecounts encouraging followers to engage in the conversation. The tweets have been retweeted by followers including Leicestershire County Council.

Networks

63. The press release promoting the events was emailed to CCG and LPT for inclusion in their Enewsletter out to their members. The consultation events were also promoted to VCS through VAL E-news and website.
64. An article for the winter issue of 'Be Healthy, Be Heard' magazine has been submitted. The article covers the consultation events and promotes the helpline (signposting) and membership.
65. *Harborough Shop window* - generic posters introducing and promoting Healthwatch Leicestershire were produced and displayed in a shop window in Market Harborough.

Website

66. Helpline (signposting) and membership pages on the website are being revised and will go live by end of October 2013.

Jenny Darlow - Outreach Officer
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Autumn Programme

67. October has seen Healthwatch Leicestershire begin its programme of Public Priorities Consultation Events. Throughout October and into November 7 events will be taking place, one in each district of the county.
68. To date 3 events have been held, in Melton, Market Harborough and North West Leicestershire. In total 48 people have attended the 3 events and the main issues raised have included
 - GP appointments- ease of access currently and concern over capacity
 - Given that both areas have plans for a considerable number of new houses.
 - Reductions in local hospital services (different services in Melton and Harborough and Ashby)
 - Mental health services, in particular clarity of services and training
 - For staff giving advice to vulnerable service users
 - Discharge from hospital- a need for better links with care packages
 - Carers and young carers - concern for the strain on these groups, often
 - Linked to reduced eligibility for care packages. Identified need for
 - Support for carers.
 - Joined up services between Health and Social Care
 - Equipment - is it fit for purpose, is it outdated?

- Communication and transparency
 - Person Centred Signposting
 - Obesity - no access to services in primary care that is relevant
 - Medication - lack of consistency on access to prescriptions
 - Children and Young People's Mental Health
69. There has been lively discussions at all 3 events and those attending have been very receptive to the idea of Healthwatch.
70. We have had 15 people join as members on the days.
71. We have 4 more events taking place through October and November and the information gathered from all the events will determine the focus of Healthwatch Leicestershire's work for the coming year.

UHL Quarterly Meeting

72. On Monday 21st October Healthwatch Leicestershire held it's latest quarterly meeting with John Adler (CEO of UHL) and Mark Wightman (Director of Communications UHL). The event was well attended by Healthwatch representatives from Leicester, Leicestershire and Rutland and a wide range of questions were discussed.
73. It was also agreed that going forward members questions would be submitted earlier enabling UHL to send responses to HW prior to the meeting to aid discussion. This should also leave time for more in-depth discussions around 'hot topics' as well as the opportunity for an update exchange on what is happening with both organisations in the forthcoming quarter.

EMAS Quarterly Meeting

74. The first quarterly meeting with EMAS was also held on Monday 21st October. Healthwatch Leicestershire & Healthwatch Rutland reps met with Karlie Thompson (Director of Operations, EMAS). Mick Jones and Gulnaz Katchi of EMAS. (The HW Leicester rep had to give his apologies).
75. A lot of the discussion centred around Rutland, partly due to the questions that had been submitted. Karlie Thompson will be leaving EMAS in December and so Healthwatch is now looking to hold the next meeting, in January, with Sue Noyes, Interim Chief Executive of EMAS.

Adults and Social Care Quarterly Meeting

76. Members and staff of Healthwatch Leicestershire met in October with Mick Connell and Amanda Price of the Adults & Communities Department at Leicestershire County Council. This was the first

meeting since the move to Healthwatch and was used to discuss the format of these meetings going forward.

77. The meeting was very positive and encouraging with both parties agreeing that in addition to using the meetings to discuss the questions submitted they would also be an opportunity to update each other about what will be happening in the future and to discuss any issues or topics that are relevant at the time.

LPT Quarterly Meeting

78. The first meeting with Dr Peter Green (CEO of LPT) is taking place on Wednesday 30th October 2013. Again representatives from Healthwatch Leicester, Leicestershire and Rutland will be in attendance.

Carers Task Group

79. The Carers Task Group met in October to discuss its future and to decide if it was still needed and if it is being effective. It was agreed to formalise the meetings, amend the Terms of Reference, which dated back to LINKs, and to elect 2 Deputy Chairs (this is because carers cannot always attend every meeting).
80. The election process will take place at the meeting in November and the Terms of Reference will be presented to the ILG for approval. The work plan for the group was discussed and has been prioritised. The Carers Charter Sub Group has been reconvened on a temporary basis to review what progress has been made by the signatories since March 2013 and if any follow up action is needed.

Deborah Govender - Administrator

81. The following is a summary of some of the activities undertaken by the Administrator:
82. Letter Preparation
- Letter dated 30 Sept to Mr Adler, Dr Miller, Dr Freeman, Dr Briggs, T Sanders, Mr Connell, Ms Watson, Mrs Chambers
 - Letter dated 29 October to Prof Chiddick, Dr Kumar and Dr Miller
83. Support with dissemination of the Chair Application packs.
- First point of contact for potential applicants/send hard copies.
 - 10 people requested call back from Philip
 - Sent 7 hard copies to potential applicants (City)
 - Sent 2 copies via e-mail (City)
 - Sent 2 packs by post for County

84. Meetings arranged in October with stakeholders

- Karl Mayes and Mark Wightman
- Simon Lawrence, Sue Wilson, Julie Drake and Mike Sandys

85. Member Expenses

- Processed 10 volunteer expense claims

86. Support team with preparation for meetings and prepare reports for and Interim Chair and Director.

87. Support to Chairs - proof reading and photocopying.

Summary

88. This is the second overview report that aims to capture the highlights and key activities of the staff team. A wide range of work has and is being undertaken and it is the HW Director's role to provide staff supervision and guidance to the HW Leicestershire team in line with VAL's HR policies.

89. As Director, I am in regular contact with the Interim Chair for HWL and other Interim Chairs to ensure synergies across local HW areas. I also meet with HW Reps for catch up to ensure they are supported and informed about HWL's work.

90. I would like to take this opportunity to acknowledge the work of the HW reps, ILG members, the staff team and colleagues at VAL for their support and contribution to advance HW Leicestershire's role and remit as the consumer champion for health and social care.

Appendix 1 - Draft Issues, Safeguarding and Signposting process

