

**Interim Leadership Group  
Meeting in Public  
Date: Monday 30 September 2013  
Time: 11.00 - 1.00pm**

**Venue: Voluntary Action LeicesterShire Offices**

**A G E N D A**

<b>11.00</b>	1. Welcome and Introductions	Vijay Sharma	
	2. Declarations of Interest		
<b>11.10</b>	3. Action notes: Update from the last meeting (2 September 2013)	Vijay Sharma	Paper 1
<b>11.30</b>	<b>4. Healthwatch Representatives' Reports Issues to consider after the Reference and LLR meetings</b>		
	4.1 Urgent Care Board	Dr Pepperman	Oral report
	LPT update 4.2 Meeting with Professor Chiddick 4.3 Other updates	Vijay Sharma	Paper 2
	4.4 Kettering General Hospital Update (also see Directors report paras 17 -18)	Vandna Gohil	Oral report
	4.5 Peaker Park Care Village (also see Directors report paras19 -24)	Vandna Gohil	Oral report
	4.6 LCC OSC Adults & Communities	Fiona Barber	Paper 8
<b>11.45</b>	5. Update on HW Representation at Stakeholder meetings	Vijay Sharma	Oral report
<b>11.50</b>	6. Enter & View and Safeguarding Working Group	Sue Staples & Micheal Smith	Paper 3 To follow
<b>12.00</b>	7. A Healthwatch for CYP	Vince Attwood & Vandna Gohil	Paper 4
<b>12.10</b>	8. Healthwatch Interim Chair's Report	Vijay Sharma	Paper 5
<b>12.20</b>	9. Healthwatch Director's overview report	Vandna Gohil	Paper 6

12.30	10. Finance update	Kevan Liles	Paper 7
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: Monday 4 November 2013 11.00am - 1.00pm**

### **B Agenda**

**1.00 - 1.30**

<b>1.00</b>	Healthwatch staff welfare	Kevan Liles, VAL CEO
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### **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

<b>Name of Meeting: Interim Leadership Group</b>
<b>Date of Meeting: 30 September 2013</b>
<b>Subject: A Healthwatch for CYP</b>
<b>Authors: Vince Attwood and Vandna Gohil</b>
<b>Status: For Information and Agreement</b>

### Summary Overview

This paper sets out the following:

1. A strategic approach for developing a Healthwatch that engages with Children and Young People with a rationale and recommendations outlined under four headings.

2. In addition, it is suggested that Healthwatch Leicestershire supports the Children's Manifesto that has been developed by a core group independent VCS groups working with children and families. The report can be found at:

<http://www.valonline.org.uk/childrens-manifesto>

Paper copies of the Manifesto will be available at the meeting and posted to members.

### Recommendations

#### The meeting is asked to:

1. Agree the recommendations outlined in the 'Going Forward' section of the paper points 11- 15.
2. Endorse and sign up as a signatory to the Children's Manifesto.
3. Note the meeting outcome at para 16.

## Briefing document Children, Young People

### **Healthwatch Overview**

1. Healthwatch is the new consumer champion for both health and social care, gathering knowledge, information and opinion, influencing policy and commissioning decisions, monitoring quality, and reporting concerns to inspectors and regulators.
2. Healthwatch aims to give Leicestershire citizens and communities a stronger voice to influence and challenge how health and social care services are provided within the locality. Its creation reflects patients and the public at the heart of health and social care services.
3. The Health and Social Care Act 2012 sets out the powers and duties of Healthwatch. It has a national body - Healthwatch England established in 2012 under the Care Quality Commission. At the local level, Healthwatch Leicestershire was established and took on its full powers in April 2013.
4. The Department of Health funds Leicestershire County Council to commission Healthwatch Leicestershire and the Local Authority is responsible for monitoring the effectiveness of the service and ensuring value for money.
5. Local Healthwatch must carry out the following activities:-
  - Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services, including asking providers for information which they must make available to you;
  - Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
  - Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
  - Provide advice and information about access to local care services so choices can be made about local care services;
  - Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and
  - Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

### **Healthwatch and CYP**

6. Local Involvement Networks (LINKs - Healthwatch predecessor) had been heavily criticised for not engaging with children and young people. Whilst a few good examples existed, most LINKs did not achieve any tangible success.
7. In the Local Government and Public Involvement in Health Act 2007, which

established LINKs, it clearly excludes LINKs from any involvement with children and young peoples social care services, some felt this lead to confusion for LINKs and a lack of focus on engagement for children and young people. Previously LINKs only had a remit to look into health matters for children and young people.

8. Working with children and young people has been highlighted as a priority for Healthwatch due to a systemic failure of LINKs to engage with children and young people. Healthwatch is also expected to be informed on the social care services of children as well as adults, which was not a previous expectation.
9. **Healthwatch now has a remit to look into health and social care matters for children and young people.** (Local Healthwatch do not have the power to “Enter and View” premises where services relating to local authorities social services functions are being carried out for people under the age of 18.)
10. Healthwatch Leicestershire has two seats on the Health and Well Being Board and is keen to develop as close a working relationship with the Children and Young People Commissioning Board.

### **Going forward**

#### **Collaborative working**

11. We would want to develop a strong, collaborative working relationship. This will ensure when priorities converge we can look at how we can work together effectively.

#### **Young People’s Healthwatch**

12. HWL to bring together a working group to develop these strategies which should include young people and professional working with young people.
13. Setting up a young Healthwatch group, This group will look at:  
A network of young peoples groups to actively seek specialist advice from, including children in care council, young carers group, young people with disabilities, BME groups, mental health groups, etc.

#### **Young People’s HW Champion**

14. An adult within the Healthwatch setup who will champion the needs of young people and ensure they are heard

#### **Targeted Campaign**

15. Targeted campaign aimed at young people. To include both independent and cared for.

#### **Feedback from LCC Children and Young People Commissioning Board ( CYP CB) ( 24 September)**

16. Vince Attwood and Healthwatch Director gave a presentation to the CYP CB and received very helpful suggestions for how we can work in collaboration using the members on the commissioning board to disseminate information, and support a targeted approach.

## Paper 5

<b>Name of Meeting: Interim Leadership Group</b>
<b>Date of Meeting: Monday 30 September 2013</b>
<b>Subject: Interim Chair's Report</b>
<b>Author: Vijay Sharma</b>
<b>Status: For information</b>

### Summary Overview

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

### Leicestershire County Council

1. After a series of formal and informal contact with John Sinnott the Chief Executive of Leicestershire County Council regarding Healthwatch representative participation on 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.
2. 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 Healthwatch representatives to be described as participating observers at of the Clinical Commissioning Group Boards.

### **Leicestershire and Lincolnshire NHS England**

3. Approach David Sharp Director Leicestershire and Lincolnshire NHS England for support with establishing research facility.
4. Philip Parkinson, interim Chair Leicester Healthwatch and myself wrote to Dr David Sharp to seek financial support for Healthwatch Leicester and Leicestershire to establish our own research facility through securing the services of an experienced Performance Analyst.
5. The idea is for this person to support small Healthwatch support team to build research facility.
6. I am pleased to report that Dr Sharp is prepared to support the request in principle, for up to 52 days and has put us in contact with GEM to assist us in securing an appropriate person. Next steps are to move promptly to bring appropriate resource on board.

### **Actions for Healthwatch Leicestershire County Council Protocols**

7. The Interim Healthwatch Leadership group to accept the suggested way of working for the Healthwatch Leicestershire representative Members on the Leicestershire County Council Health Overview and Scrutiny Committee and Adults and Communities Overview and Scrutiny Committee.
8. Future Healthwatch Board to review these arrangements in the new year and seek to formalise them.
9. Note the adoption of the concept of Healthwatch representatives as participating observers at the Clinical Commissioning Groups.
10. Adopt the concept of Healthwatch representatives as Participating Observers on the Boards of UHL, LPT and EMAS request accordingly.

### **Performance Analyst support from Leicestershire and Lincolnshire NHS England**

11. The Interim Leadership Group is requested to note the support of Dr David Sharp Director NHS Local Area Team.
12. The future Healthwatch Board to review the effective working of this role.

<b>Name of Meeting: Interim Leadership Group</b>
<b>Date of Meeting: 30 September 2013</b>
<b>Subject: Director's Overview Report</b>
<b>Author: Vandna Gohil</b>
<b>Status: For Information and comment</b>

**Summary Overview**

This paper provides the Interim Leadership Group with an overview of the work and activities undertaken by the HW Leicestershire staff team for September 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.
2. Comment on the detail and content of the report.
3. Agree to receive future reports.



## **Introduction**

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

<b>Vandna Gohil - Healthwatch Director</b>
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## **Presentation to LCC Children and Young People Commissioning Board (24 September 2013)**

2. Together with Vince Attwood, we gave a briefing and presentation to the Leicestershire's Children and Young People's Board. The presentation is summarised in the paper 'A Healthwatch for CYP' ( see paper 4 on the agenda).

## **LPT AGM (7 September 2013)**

3. A full report on HW Director's attendance to the above event has been prepared and submitted to LLR meeting for discussion on 25<sup>th</sup> September 2013.

## **Chair's Recruitment Update**

4. A comprehensive application pack has been developed with inputs from the Substantive Leadership Group. The pack outlined the following :
  - Introduction; Letter to candidates; Application and selection ;Role description ; Person specification ; Applying for the role ; Application timetable ; Frequently asked question.
5. An update will be given at the meeting on interest and applications received.

## **Board Members Selection process**

6. A plan for the recruitment of the 6 board members is in development to ensure that the Board reflects both individual members and VCS organisations. The Autumn programme of events is an opportunity to promote HW and build the membership.

## **East Midlands Regional Healthwatch meeting (11 September 2013)**

7. The Director attended the meeting which includes Chairs and CEO's (all with deputising ability) of all EM Local Healthwatch. Healthwatch England rep with Local Government Association rep.
8. The purpose of the meetings are as follows:
  - To identify issues shared in common, solve problems and offer collective experience and mutual support
  - To identify and plan workshops and learning across the East Midlands

- To develop a mandates for a collective approach to working with CCG's and other partners such as EMAS. To ensure a common approach to individual relationships, to give the confidence and backing, and greater voice, of a network.
  - To discuss key topics and encourage active learning plus share information to equip LHW providers with confidence
  - To agree protocols for working together and addressing cross border issues
  - To address regional and sub regional services that are commissioned and agree LHW leads regionally or sub regionally where appropriate and helpful
  - To support two way dialogue between LHW and HWE
9. The Chairing for the meetings are rotated across the LHW Chairs in alphabetical order with the lead Chair undertaking the agenda planning based on identified issues, have the authority to delegate leadership roles on behalf of the regional LHW providers where appropriate and in dealing with regional and sub-regional issues.
  10. In the East Midlands Community Development Foundation (CDF) are providing secretariat support to March 2014 and HW England are looking at resources to support the on-going development of the Regional networks.
  11. Following the analysis of a short questionnaire, CDF will be running Four Workshops on topics identified by the Local Healthwatch and in consultation with LA Commissioners, the following themes were selected for the initial four CDF- supported workshops under the umbrella of 'How Healthy is your Healthwatch':
    - 8 October 2013 - Building a credible HW
    - 19 November 2013 - Data Collection and capturing evidence
    - 14 January 2014 - Effective Challenging of services
    - 6 March 2024 - Building relationships with CCG's and other partners
  12. HW Leicestershire Interim Chair, the HW Director and HW Leicestershire staff team will be attending these workshops and feedback will be provided at future meetings.
  13. The HW Director is attending the ' Outcomes and Impact Development Tool' event on 26 September 2013 organised by the LGA.
  14. Cross Boarder / working with neighbouring Healthwatch protocol has been one topic discussed at the meeting and a very helpful paper has been produced as a template guide for use by other LHW. This will be circulated once the originators have finalised the form. The template can be adopted for bi-lateral working and building relationships.

15. Membership to HAPIA (successor body to NALM) was also discussed and this will be an agenda item at the meeting as members wanted to better understand the relationship with HW England and HAPIA.
16. The new EMAS CEO is to be invited to attend the meeting of the network so that a co-ordinated and collective perspective can be developed.

#### **Meeting with Healthwatch Northants (11 September 2013)**

17. 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).
18. 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. In addition and
  - HW Director to write to ELR CCG on a similar vein to ascertain what assurances they are seeking regarding KGH improvements.

#### **Prime Life Limited**

19. HW Leicestershire and HW Rutland team established the following approach to gain an informed understanding regarding the article that appeared in the Leicester Mercury on 14 September into Peaker Park in Market Harborough and Rutland Care Village;
20. **Approach Leicestershire County Council** - We wanted to corroborate the information from the Leicester Mercury article about the LCC withdrawing their contract by contacting senior staff at Adult and Communities who provided the following:
  - LCC gave notice to Peaker Park Ltd a month ago to terminate their contact with Peaker Park Ltd.
  - Primelife issued a comms release to say that they didn't want to contract with LCC
  - LCC had already a suspension of place to Peaker Park due to the on going and sustained failure to correct on going quality concerns.
  - These concerns were ones that Leics Links had also raised previously
  - There was a meeting of residents and relatives on the 19 Sept with LCC staff attending at Peaker Park to give existing residents the choice to make if they wish to remain or assist them to move if they want to.
  - We contacted the Managing Director of Peaker Park Ltd and were told that HW could attend on a different day and not on the 19th.
  - LCC are happy for HW to attend the meeting on the 19<sup>th</sup> September and Ivan Liburd went as an observer. An update at LLR meeting on 25<sup>th</sup> September will be provided.

21. **Approach Rutland County Council** to ask for an update on Prime Life Ltd as far as Rutland Care Village was concerned.

22. We spoke to Adult Social Care Manager at RCC who has said the following:

- RCC are working with CQC regarding concerns raised
- RCC made their own observations and have investigated individual cases which are reflected in the report
- Since report made official, RCC have spoken to residents at Rutland Care Village and relatives
- RCC continuing to work with Rutland Care Village to make improvements, highlighted in inspection report
- Quality assurance and safeguarding key elements working in liaison with RCC contract manager

23. **Approach to central CQC team** on their plan for Rutland Care Village.

- We are following up with CQC and awaiting a call back/update.

24. Healthwatch was not contacted by the CQC in relation their visits and neither were we contacted by Adult Social Care commissioning departments at LCC or RCC.

#### **Telecall with central CQC Team ( 5 September)**

25. Further to the decision at last LLR the HW Director spoke to Tim Birtwistle and got in principle agreement that he would follow up HW invitation to attend meetings with local authority and safe guarding leads having noted that the LAs were not adverse to this. Further details are awaited on the agenda.

#### **LCC commissioners ( 4 September)**

26. With VAL's CEO the HW Director met with the commissioners to provide an update on HW Leicestershire progress and developments against the implementation plan. It was noted that the work to establish the permanent Board, consultation on strategic priorities, launch of membership programme and relationships with commissioning departments was behind schedule.

#### **NHS Leicestershire County and Rutland (19 September)**

27. A meeting with dr Mike McHugh, Consultant in Public Health took place to explore the possibility of a representative from Healthwatch being involved in the Quality and Clinical Governance Committee at some level. The Potential remit of Healthwatch representative is to:

- oversee the quality and clinical governance aspect of public health commissioned clinical services e.g. sexual health services, substance misuse services. Quality and clinical governance covers clinical

effectiveness, safety and patient experience.

28. The committee will meet every 1-2 months to consider reports from providers covering various aspects of quality-clinical effectiveness, safety and patient experience. This will stimulate discussion leading to actions geared towards improving quality of services.
29. The expectation is that a Healthwatch representative would be in a good position to contribute to the discussions and to sense check the work and decisions of the committee from a patient perspective. The membership of the Quality and Clinical Governance Board will be as follows:-
  - Director of Public Health
  - Representative of Chief Executive's Department (Legal Services)
  - Representative of Adults and Communities Department
  - Representative of Corporate Procurement Unit
  - Consultant in Public Health (with medical expertise)
  - Medical Director of the Leicestershire and Lincolnshire Area Team (co-opted)
  - Representative from Children's and Young People's services
  - Other members will be co-opted as appropriate and membership will be reviewed regularly.
30. The terms of reference of the committee have been provided and the next meeting takes place on 5 November, 2 pm at County Hall.

#### **UHL AGM ( 19 September )**

31. Healthwatches of Leicester, Leicestershire & Rutland attended UHL's AGM held at The Big Shed in Leicester. The event was well serviced by a large number of stalls promoting NHS services and was also well attended by members of the public. Healthwatch staff and volunteers (from LLR) were on hand to not only promote Healthwatch but also to talk to people about issues they wished to raise. These issues have now been registered and will be dealt with appropriately.

#### **Working with the Interim Chair and Members**

32. The HW Director is in regular and frequent contact with the Interim Chair by phone, email and in person to provide information and support. In addition, engagement with HW representatives and ILG members is undertaken with a view to keep these exchanges timely, efficient and effective for all parties.

<b>Ivan Liburd - Policy and Partnerships</b>
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#### **Leicestershire's Future Consultation**

33. Healthwatch Leicestershire have consulted their members to gather views and experiences in order to respond to the Leicestershire Future's Budget Consultation. The response was submitted on Friday

13th September 2013 and summarised the concerns raised by 60 respondents to our survey.

34. Healthwatch Leicestershire is asking the County Council to:

- Communicate new changes of services to the public and to provide a time to adjust to the delivery of new services
- To protect older people services, mental health services and children social care services whilst understanding the importance of all services in communities and for residents
- To work collaboratively with various partners to deliver effective joined up services including commissioning and integration of services
- To have a focus on the prevention of long-term health issues that have a heavy cost implication

35. The full report can be found under the news section of the website. <http://www.healthwatchleicestershire.co.uk/news/article/your-response-leicestershires-future>

#### **Protocol Between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire**

36. The protocol includes a number of working principles of how the three bodies will work together to improve outcomes for the people of Leicestershire.
37. The protocol was considered by the Health and Wellbeing Board at its meeting on 5th September 2013 and the Health Overview Scrutiny Committee considered it on 11th September 2013. All three bodies have now approved the protocol noting the amendment as ‘participating observer’ status at CCG meeting.
38. The Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch Leicestershire all share an interest in ensuring that there are effective arrangements in place so that the services provided meet the identified needs of local people

#### **Adult Preventative Mental Health Services Consultation**

39. Healthwatch Leicestershire are inviting members to be part of the response to the current consultation on Adult Preventative Mental Health Services. Responses will need to be completed by Friday 27th September 2013.
40. Leicestershire County Council has recently reviewed their adult preventative mental health services. The purpose of the review was to establish how effective these services are at helping people recover from mental ill health or to maintain good mental

health. The County Council is asking for feedback on their proposed changes to the Befriending services and the social drop in sessions. The main proposals are as follows:

41. Instead of the existing Social Drop - In and Befriending Services they are proposing to: Decommission existing befriending services for adults with mental health conditions (making use of alternative provision for one-to-support), provide Social Drop - in's accessible to all people over 18 with mental health conditions other than dementia and make provision for in-reach work into black and minority ethnic communities and people living in rural areas, as well as peer support development.
42. The consultation is from Thursday 18th July to Friday 18th October 2013.

#### **Harborough District Council Health and Wellbeing Partnership: Stakeholder and Partners Network Event**

43. Ivan Liburd and Kevin Blanks presented at the Harborough District Council Health and Wellbeing Partnership, stakeholder event. The event took place on the 11th September in Market Harborough and allowed Healthwatch Leicestershire an opportunity to be introduced to the Health and Wellbeing Partnership members. Harborough District Council gave an overview of their Strategy and action Plan for Harborough District. There was also a presentation on the Public Health Toolkit and an opportunity to attend future training dates.
44. The presentation was well received and subsequently HWL has had interest from attendees Alec Browne and Marianne Boyle to become Healthwatch Ambassadors/ Champions.

#### **Leicestershire County Council Cabinet Members**

45. On the 11th September 2013 at County Hall, Ivan Liburd gave a presentation to the County Council Cabinet Members in a briefing session held just before the cabinet meeting. This presentation was requested by the Cabinet in order to get an overview of Healthwatch Leicestershire. Members were very interested, some of which were involved with Patient Participation Groups but yet had not heard of Healthwatch Leicestershire.
46. The session was hosted by Cllr Ernie White and the session also shared presentations from the NHS and a joint presentation from East & West Leicestershire CCG's.

<b>Micheal Smith - Outreach Team Leader</b>
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**CQC teleconference ( 19 September)**

47. Participated in CQC teleconference, discussing Healthwatch local working with NHS advocacy. CQC are looking at how they can work with NHS advocacy services in the future. Due to recent obstacles locally the Outreach Team Leader requested CQC discuss with LGA about guidelines for information sharing, when NHS advocacy is not commissioned through HW. Nationally NHS advocacy is working best when it is commissioned through HW.

**Disclosure and Barring Service Checks (DBS)**

48. After receiving confirmation from HWE that Authorised representatives will need DBS checks, the Outreach team Leader set up a process for DBS checks to be completed through the umbrella organisation used by VAL to complete DBS checks. We have asked a number of Enter & View group members to complete a trail run, to ensure the process is correct.

<b>Angela Riley - Advisor</b>
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49. Before reviewing the figures for the signposting service in Leicestershire there are some database development issues that have affected the figures which may in turn show inconsistencies.
50. At the beginning of Healthwatch a basic database was created to capture all new membership and signposting calls. As the work of the team and the signposting service has developed the database has developed. Many of the categories that we now report against were different at the start of Healthwatch and not all of the historical data has been changed to reflect the new categories. The Advisor will be working on this on an on-going basis to ensure accuracy of data.
51. We have also imported contacts that were formerly listed under LINK to the new database and again there are elements of the database that we now capture that were not included in the import of the data such as if the member is an individual, VCS etc. Where possible this will be changed as the data clean up continues but it will mean that figures showing now under certain categories will change in the future.
52. There are also some software issues that are affecting the extraction of the information across two platforms which is causing the corruption of some records and affecting the data's accuracy. The Advisor is working with the IT department at VAL to iron out these issues and create more accurate data.



## Signposting

53. The signposting service for Leicestershire has been running since Healthwatch began on 1<sup>st</sup> April 2013. Some data relating to the type of calls that we are receiving are as follows. This is for information captured up to 20<sup>th</sup> September 2013.

Count of Month of Call	
Row Labels	Total
April	25
May	38
June	30
July	30
August	28
September	18
<b>Grand Total</b>	<b>139</b>

54. The number of calls received on the helpline has been pretty consistent on a month by month basis.

Count of Type of enq	
Row Labels	Total
Health Issues and Concerns	24
HW Involvement	1376
Signposting	23
Signposting - Dentist	113
Social Care Issues and Concerns	9
<b>Grand Total</b>	<b>1546</b>

55. The types of calls we receive have recently been re-categorised into 5 specific types shown above. 4 of the above categories came into play around 2 months ago with the Signposting - Dentist category being created 2 weeks ago to enable us to extract the differing signposting tasks we are doing on the helpline. This new categorisation and the historic data clean up exercise may result in these figures changing in the future when the correct classification is attached to each call.

## Membership

56. Healthwatch involvement captures the people who have requested to receive information from Healthwatch or who wish to be a Healthwatch member.

Row Labels	Count of Client Type
Health Provider	3
Individuals	1356
Local Authority	1

MP/ Councillor	2
Social Care Provider	1
Voluntary/ community sector	13
<b>Grand Total</b>	<b>1376</b>

57. Of the above Healthwatch involvement contacts 1236 are members that were imported from the Leicestershire link with 100 new volunteers/members being recruited since Healthwatch began.

### **Collation of Information Requests**

58. Requests have been sent out to all Healthwatch members requesting their experience of the following issues.

- LRI Emergency Department new point of access service
- Experience of people attending the hospitals named in the Keogh Report

59. The Advisor is responsible for the collation of all feedback from members and has completed a report in partnership with the Communications team to the County Reference Group to show the responses received, how we have marketed the requests, lessons learned and future actions. The Sigh posting pathway work with Fiona Barber and Micheal Smith will inform future reporting.

### **Database**

60. The Advisor is working on the development of the existing database to ensure it meets the current needs of the Healthwatch Teams in the interim period until a brand new Healthwatch database is developed and rolled out to the team. This requires me to ensure we are capturing the right information and categorising the information effectively to meet ours and the Local Authorities needs.

61. The Advisor has worked on the development of a specification for the brand new Healthwatch database that we are looking to transfer all of our existing data to in the future. This database will be more detailed and store more information that we currently hold and will service all departments within the Healthwatch team including Policy and Partnerships, Engagement, Comms and signposting. We should have a quote for the new database towards the middle of October.

### **Signposting Feedback**

62. Part of the monitoring requirements of the County Council is the feedback received by Healthwatch from callers to the helpline or from members. The Advisor have developed a questionnaire that matches the outcomes outlined by our funders to ensure consistent reporting on a quarterly and annual basis. This will be reviewed with the HW Director.

63. This feedback will be gathered by contacting previous callers and seeking their feedback we will ensure that the completion of this questionnaire is as accessible as possible with it being available over the phone, by post, via the website and via survey monkey.
64. To ensure that we can get an honest response for basic signposting queries we will ensure that callers can fill it in anonymously. The more complex signposting queries that may have resulted in the caller making a complaint will need to be approached differently to ensure we can capture if a complaint was raised after being signposted to the relevant complaints process.

### **Performance Measures and Outcomes**

65. A reporting spread sheet to aid in the quarterly reporting has been devised with inputs from the team members for enter data on a regular and timely basis which can then be extracted by the HW Director to complete the quarterly reports for the Commissioners.

<b>Steph Hollis - Communications Lead</b>
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### **E news**

66. E-news is sent out fortnightly to approx. 1376 members, organisations and stakeholders. The performance of the emails is monitored after each campaign the open rate has varied from 22.9% up to 35.1% of subscribers.

### **Social media update**

67. @HealthwatchLeic is the twitter account for both Leicester and Leicestershire. The account currently has 475 followers and is growing daily. Tweets are sent out on weekly and daily basis promoting newsworthy content driving traffic to the websites.

### **Chairs recruitment campaign**

68. The recruitment campaign for the Chair launched w/c 9 September. The campaign included paid for advertising in the local press and online in Leicester Mercury, Melton Times, Hinckley Times, Loughborough Echo, Harborough Mail, Lutterworth Mail, Ashby & Coalville Times, Rutland Times and Guardian Online. The role was also promoted in the E-news, CCG membership E-news and VAL's e-briefing.

### **HWE Comms meeting (12 September 2013)**

69. HWE will change all local HW websites to the new version by December. A new 'create your own' section will soon to go live on communications centre website, allowing team members to create

posters and leaflets without the need of a graphic designer. HWE are at the early stages of developing a Customer Relationship Management tool. HWE are revisiting the HUB to understand its purpose and make it more user friendly. HW Staffordshire has worked with a third party to create a Health and Social Care Directory at no cost to themselves.

### **Communications Assistant appointment**

70. Bethany Newman Turner is the new Communications Assistant who will work alongside Stephanie Hollis on local Healthwatch. Bethany graduated with a 1<sup>st</sup> in Media and Communications from Glasgow Caledonian University. She starts on Wednesday 25 September and is on a 6 month contract.

<b>Jenny Darlow - Outreach Officer</b>
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### **Autumn Consultation Programme**

71. Seven Consultation Events have been arranged around Leicestershire which aim to engage with members of the public to identify the health and social care issues that are most important to them on a local level.
72. The events are being held at well known venues within each area chosen for their location, accessibility and ability to host such events. Each event will consist of a presentation, group discussions, a prioritising activity and an opportunity to recruit new active members. The dates are as follows
- Wednesday 23rd October, 2pm - 4pm PERA, Melton
  - Friday 25th October, 10am - 12noon, Innovation Centre, Market Harborough
  - Monday 28th October, 2013, 10am - 12 noon, Snibston Discovery Park, Coalville
  - Thursday 31st October, 2013 10am - 12 noon, Loughborough Town Hall
  - Tuesday 5th November , 2pm - 4pm, Atkins Building, Hinckley & Bosworth
  - Monday 11th November, 1.30pm - 3.30pm, Blaby District Council
  - Tuesday 12th November, 7pm - 9pm Brockhill Environment Centre, Oadby
73. Publicity for these events will be both county wide and targeted to the relevant districts and will begin week commencing 23rd September 2013. Work on the presentation and content of the events is in progress.

### **Quarterly Meetings Programme**

74. Over the past month we have established a new set of quarterly meetings with Karlie Thompson the Director of Operations at EMAS (The CEO having just stood down) and have recruited a representative from each Healthwatch (LLR). The first meeting is to be held in October and requests to members for questions go out week commencing 23rd September 2013.
75. HWL now has quarterly meetings set up with UHL, LPT, Leicestershire County Council and EMAS. The dates of the meetings with UHL and LPT have had to be changed, please find below the dates for all 4 of the meetings
- UHL - *NB: this was 2 October and is being changed to accommodate HW Rutland members attendance*
  - LPT - 30th October 2013
  - LCC - 21st October 2013
  - EMAS - 21st October 2013
76. With regard to the CCG's we have not heard back from our initial enquiries and will be chasing them up over the coming month.

#### **Annual Members and Stakeholders Event Planning Update**

77. Planning for the Annual Members and Stakeholders Event is in progress. The proposal at the moment is that the event this year will take place on the 18th December 2013. Potential venues are Leicester Racecourse or The Marriott Hotel.
78. The day will be split into 4 distinct times
- 11am - 12.30 Stakeholders opportunity to meet the new Board as the interim Leaders hand over
  - 12.30 - 2.00 Lunch & Networking
  - 2.00 - 3.30pm Members & Stakeholders opportunity to hear the keynote speech from a member of HW England and to meet the new HWL Board as the Interim Leaders hand over
  - 3.30pm - 6pm - A drop in, where members and / or stakeholders who could not make the days events can drop in and meet HWL Board, Staff and volunteers

<b>Deborah Govender - Administrator</b>
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79. The following is an summary of some of the activities undertaken by the Administrator:
80. Letter Preparation
- Anna Bradley - HW England
  - David Behan - CQC
  - David Sharp - NHS England
  - David Flory - NHS Trust Development Authority

81. Support with dissemination of the Chair Application packs.
82. Meetings arranged in August/Sept
- HW Director weekly catch up meeting with Vijay
  - Arrange meeting with Philip, Vijay, Prof Chiddick and Sam Woods
  - HW Director meeting with Dr Mike McHugh - Consultant in Public Health
83. Arrange telecalls for HW Director with
- Janine Dellar, JHWS/JSNA Stakeholder Work
  - Tim Birtwisle, Central Team CQC
84. Member Expenses
- Processed 9 volunteer expenses claims
85. Support to team with preparation for meetings and prepare reports for HW Director and Interim Chair.

### **Summary**

86. This is the first overview report and 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.
87. HW members are reminded that if there are any issues or concerns regarding Healthwatch Leicestershire performance or perceptions that these matters are to be raised with the Director in the first instance so that these can be discussed, reviewed and any corrective action put in place.

<b>Name of Meeting:</b> Interim Leadership Group
<b>Date of Meeting:</b> 30 September 2013
<b>Subject:</b> Enter and View and Safeguarding Work group (LLR)
<b>Author:</b> Sue Staples and Micheal Smith
<b>Status:</b> For Information

### Summary Overview

This report gives an overview of the first two meetings of the Enter and View Work Group and to inform of the key actions from this Group. It also contains information on Safeguarding.

Please note the attached appendices are DRAFT.

### Recommendations

#### The meeting is asked to:

1. Note the report.
2. To note and offer comment on the draft TOR, application form and job role.
3. Note the position statement on PLACE
4. Comment on the next steps

## **Introduction.**

1. To review the readiness of Healthwatch in Leicestershire, a Task and Finish Group was convened of previous Authorised representatives from Leicestershire LINK. The Interim Leadership groups of Leicester City and Leicestershire have agreed for the Enter and View Group to establish itself as a Work Group with Sue Staples as the nominated Chair of the Group supported by the Outreach Leader.
2. Two meetings of the Group have been held : 10 July 2013 and 5 August 2013.

## **Enter and View work group meetings.**

3. At the first meeting of the Enter and View Group, which was held with previous members of the Leicestershire LINK Enter and View group, a number of previous LINK Enter and View documents were reviewed, also a draft Terms of Reference and Authorised Representative role profile. The documents were:
  - Draft Terms of Reference (appendix 1)
  - LINK legacy to HWL
  - Leicestershire LINK Enter and View Guidelines and Standards
  - E&V application form (appendix 2)
  - Volunteer role E&V (appendix 3)
4. It was agreed that the Leicestershire LINK Enter and View Guidelines and Standards would be rebranded for Healthwatch Leicestershire. From discussion about the TOR, the group asked for the Chair to take it forward to the Interim Leadership Group, that the Enter and View Group would need to have more oversight of the recruitment process for Authorised Representatives and the Enter and View programme of Healthwatch locally.
5. At the meeting the membership of Healthwatch in Leicester City and Rutland was discussed. It was agreed to invite Healthwatch Rutland.
6. The second meeting of the Enter and View on the 5 August 2013. The group has been given the delegated responsibility for the recruitment of Authorised representatives and the oversight of Healthwatch Leicestershire's Enter and View programme. The draft Terms of Reference was discussed and amendments were suggested. This is to reflect the change in the remit of the group and the delegated responsibility. (see appendix 1)
7. After discussion with the group it was agreed that the membership of the group would include Healthwatch Leicester City.
8. A current issue with the recruitment of new Authorised representatives, is DBS checks (which has replaced CRB checks). Whilst it was a legal requirement for Authorised representatives from the Local Involvement Networks (LINKs) to have a CRB check, there is



currently no national clarity on this. The Outreach leader has been liaising with the Regional Manager to obtain clarity.

9. The group has developed a recruitment form for new Authorised representatives (see appendix 2). This will allow a better and more suitable recruitment process.

#### **DBS checks.**

10. The requirement of DBS checks on Authorised Representatives has now been received. The DBS check must be completed for all Authorised representatives. HW England is working with the Home Office to try and resolve problems with completing the DBS checks.
11. A process has been established to complete DBS checks for Healthwatch Leicester City, Leicestershire County and Rutland, using the umbrella organisation used by VAL. Enter and View group members have been approached to undertake a trail run of DBS checks and been invited to complete the paperwork.

#### **Recruitment of Authorised representatives.**

12. In the latest Healthwatch E-bulletin, an article was included, asking for any members interested in being an authorised representative to put their name forward.
13. Presently 7 members have expressed their interest in the role of Authorised representative - 4 from Leicester City, 2 from Leicestershire and 1 from Rutland.
14. The training of new Authorised representatives is to be arranged.

#### **Safeguarding**

15. Sue Staples is the Member Safeguarding lead and Micheal Smith is the Staff Safeguarding lead.
16. Safeguarding training has been agreed through the Leicester City Council for Leicester City members. The Safeguarding team in Leicestershire have been approached for similar training.
17. Sue and Micheal will be working to establish the safeguarding protocols for Healthwatch Leicester, Leicestershire and Rutland. Timescales are to be confirmed.

#### **Position statement on PLACE**

18. PLACE is a Patient- led assessment of the care environment within NHS Hospitals introduced by the Government in early 2013; it replaced PEAT. The principle purpose of the assessments is to report upon how a hospital is performing in the areas being assessed i.e. privacy & dignity, cleanliness, food and general maintenance.

19. Patients make up at least 50% of the Assessment Teams. Nationally, it is thought that Healthwatch(s) would be a "source of eager patient representatives champing at the bit to do this sort of thing". Locally, the responsibility for organising the PLACE programme, recruiting patient volunteers, providing them with training and then arranging visits has been devolved to Leicestershire NHS Partnership Trust (LPT).
20. There may very well be a further round of recruitment in the autumn and HW Leicester, Leicestershire & Rutland need to agree upon what level of involvement would be appropriate. We would certainly want to make known the opportunity of becoming involved through our e-bulletins and Newsletters - perhaps these should provide basic information about PLACE and the role of patient representatives, but point anyone interested directly to LPT who have the responsibility for the programme.

### Next steps

21. The next meeting of the Enter and View Work Group is on the 3 October 2013 at 2pm at the VAL offices.

Activity	Timescale	Lead
1. Agree recruitment form	3 October 2013	Sue Staples
2. Send recruitment form to all interested members	4 October 2013	Outreach Leader
3. Review recruitment forms and confirm members to be Authorised Representatives	By 11 October 2013	Sue Staples/Outreach Leader
4. Send DBS form to agreed members and invite to training	11 October 2013	Outreach Leader
5. Agree and plan training for Authorised Representatives	By 11 October 2013	Outreach Leader/ Other HW staff
6. Attend Safeguarding training in Leicester City	16 October 2013	Authorised Representatives/HW staff
7. Hold Enter and View training	By 31 October 2013	Outreach Leader/HW staff

## **Appendix 1**

### **Enter & View Work Group DRAFT - Terms of Reference**

#### **Introduction**

1. Healthwatch Leicestershire has in its Governance the authority to form a number of Work Groups to undertake major pieces of work within specific communities of interest. The Terms of Reference of the group will be agreed by the Task Group and the Interim Leadership Group.

#### **Purpose of the Group**

2. The purpose of the group is to undertake the recruitment of Authorised Representatives for Healthwatch Leicestershire and to plan and roll out the Enter and View programme of Healthwatch Leicestershire.

#### **Membership**

3. The members of the Enter and View Task Group will be members of Healthwatch Leicestershire (or members co-opted for specific projects). Members will have the opportunity to contribute to the role of the Work Group, either by attending the group meetings, being consulted by email, telephone or post.
4. The task group will nominate a Chairperson who will be responsible to the Interim leadership Group for the effective operation of the group and will ensure due consideration is given to both Social Care and Health issues.
5. The Group will invite specialists, in Health and Social Care, to assist with specific Enter and View visits, as required.

## **Meetings**

6. Meetings will be held as required but with a minimum of once a quarter. An agenda will be approved by the Chairperson and distributed at least 5 days prior to the meeting.
7. A quorum of 1 volunteer member and 1 Healthwatch officer is required for the group to make decisions.

## **Remit**

8. The Enter and View Work Group will identify appropriate work for the group in line with the specific criteria used by Healthwatch Leicestershire. These are
  - Whether Healthwatch Leicestershire can make a difference which will include whether this issue is already being progressed or has been dealt with elsewhere
  - Impact on the wider community and the number of individuals affected
  - Quality of Life
  - Equality and Diversity
  - National Agenda
  - Cost Effectiveness
  - Duration of the project
9. Involvement should be on the principle issue, not single person issues.

## **Responsibilities**

10. The principal responsibilities of the Enter and View Work Group members are:
  - All members of the group will abide by the Healthwatch Leicestershire Code of Conduct
  - Submit reports / work plans on progress to the Interim Leadership Group, these will include progress on tasks within the group.
  - Raise issues to commissioners of health and social care
  - Any issue to be taken to the Overview & Scrutiny Committee should be reported through the Interim Leadership Group
  - Submit a final report on completion of any work undertaken by the group including a financial account where appropriate.

## **Communication**

11. The Task Group Chair will be responsible for ensuring that all correspondence and reports relating to the groups work complies with the Healthwatch Leicestershire policy on Communication.

## **Finances**

12. Requests for any funding for the work of the group must be submitted to the Healthwatch Director

13. Agreed personal travelling, subsistence and care expenses are available as set out in the Expenses Policy. It is expected that where group members are employed in the first instance they will claim expenses from their employing organisations.

### **Joint Working**

14. Occasions will arise where joint working with other Healthwatches, voluntary and statutory organisations will be beneficial in addressing a common issue. Such arrangements will comply with the agreed protocols.

### **Security**

15. All the work of the group will be carried out in compliance with the Healthwatch Leicestershire governance documents.
16. Members actively engaged in projects where contact with members of the general public is required must display an approved Healthwatch identity card at all times.

### **Review**

17. This document will be reviewed after the interim period has ended and the substantive Healthwatch board has been established.

**Appendix 2**  
Healthwatch Leicestershire  
9 Newarke Street  
Leicester  
LE1 5SN  
Tel 0116 2574 999  
Fax 0116 257 5039  
info@healthwatchleics.co.uk  
www.healthwatchleicestershire.co.uk



**Draft - Application to be Healthwatch Leicestershire  
'Authorised Representative' for Enter and View**

After reading the Authorised representative role profile please answer the questions below:-

**1. Please detail the relevant experience, skills and attributes that you possess relevant to carrying out this role**

**a) Experience (i.e. - Life/Professional)**

**b) Skills (i.e. -Writing reports)**

**c) Attributes (i.e. - Attention to detail)**

**3. In applying for this role as detailed above, please describe below your reasons and expectations of wishing to become taking the role of an Authorised Enter and View representative**

4. Commitment to training - There is training you must complete before you would be able to undertake the Authorised Representative role. You must be able to commit to 1 days training.

#### 5. Declarations

Please give detail of any circumstances which may adversely affect your performance during this activity or which if made public, may adversely affect the reputation of Healthwatch

**If none write none**

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Any employment or activity which may present a conflict of interest when undertaking Enter and View activity

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#### 5. Confidentiality

All the information provided will be dealt with in strictest confidence

#### 6. Your Name, Signature, contact details (if not already given)

Name \_\_\_\_\_

Signature\_\_\_\_\_

Contact Details

Address and post code \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

E mail\_\_\_\_\_ -

Return to -----

Appendix 3

## **Enter & View Task Group Volunteer Job Role**

### **Qualities, Conduct & Behaviours**

(Taken from Healthwatch England's Recommended Training for Authorised Representatives Undertaking 'Enter & View' Activity)

#### **Qualities of a good Authorised Representative**

- An essential key to undertaking valuable 'Enter & view' is possession of the right skills and personal qualities; in essence these are the ability to;
- Communicate with others
- Listen to other
- Respect others
- Be patient - show compassion
- Work collaboratively with others as a team
- Operate in an evidence-based manner
- Be observant
- Show consideration, sensitivity and respect to all, irrespective of background, culture, ethnicity, age, gender or presenting issues
- Show dignity to service users and recognise whether others are doing likewise
- Adhere to confidentiality rules
- Be accountable for your actions
- Recognise personal limitations and when to ask for help

#### **Essential conduct and behaviours**

- Treat all people fairly and courteously, with sensitivity and respect
- Treat people with dignity, and respect their privacy
- Be as unobtrusive as possible
- Inform people, especially staff, of what you are doing at each stage of the visit
- Value people as individuals, respecting difference and diversity
- Exhibit no discriminatory behaviour
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about the



safety and well being of a service user, or if the person consents to the sharing of information

- Co-operate with requests from staff, service users, carers and their families
- Comply with all operational health and safety requirements, and with 'house rules'
- Ensure that you do not interrupt the effective delivery of health and social care services
- Do not make unreasonable requests or demands
- Recognise that the needs of people using and receiving health and social care services take priority over the visit
- Be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the visiting team.
- Dress appropriately, including consideration for infection control, e.g. no tied
- Do not accept gifts or hospitality
- Introduce yourself to people and gain an individuals agreement before talking to them
- Apply the Seven Principles of Public Life ( The Nolan Principles)
  - Selflessness
  - Integrity
  - Objectivity
  - Accountability
  - Openness
  - Honesty
  - Leadership

**Healthwatch Leicestershire Interim Leadership Group Meeting  
Monday 2<sup>nd</sup> September 2013  
ACTION NOTES UPDATE**

<b>Present:</b>	Vijay Sharma (VS) - Chair Lucy Smith (LS) Vince Attwood (VA) Bernard Greaves (BG) Ivan Liburd (IL) -HW Policy & Partnerships Officer Kevan Liles (KL) - Voluntary Action Leicestershire	John Baker (JB) Fiona Barber (FB) Stephanie Hollis (SH) - Communications Officer Vandna Gohil (VG) - HW Director Jenny Darlow (JD) - Outreach Officer
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<b>Public</b>	Kevin Blanks (KB) - HW Member Eric Charlesworth (EC) - HW Member	Geoffrey Smith (GS) - HW Member
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<b>Apologies:</b>	Micheal Smith (MS) - HW Outreach Leader	Sue Staples (SS)
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**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	VS asked members of the meeting if they would like to declare any declarations of interest. VS made available her register of interest form along with Sue Staples for members of the meeting to view at any time.	ILG members to provide declarations of interest to the office by the end of September.	Gillian emailed ILG members as a reminder
3.	Notes from the last meeting and Actions	VG updated the group on the actions from the last meeting held on Wednesday 31 July 2013 and were noted by the group.	VS to bring a report to the next ILG meeting that captures the different HWL interfaces with the District both on health and social care.	Covered in Micheal Smith paper - see agenda
4.	Urgent Care Board	<p>MP provided feedback from the Urgent Care Board. The Board at present has a heavy focus on the Emergency Department, which is overall performing below target.</p> <p>There was a discussion around the Inflow Delivery Groups and how Healthwatch Leicestershire could seek involvement.</p> <p>The group noted that the 3 major local trusts (LPT, EMAS,</p>	<p>(a). ILG to consider how HW can input in to the Inflow Delivery Group. IL to look at who is at this group? Also what kind of person we may want to represent HW on this group.</p> <p>(b). ILG to consider a Task &amp; Finish Group around Emergency Care (including both inflow &amp; outflow/ admission &amp;</p>	<p>(a). IL is following this up with Mike Pepperman. To update at next meeting.</p> <p>(b). VS &amp; ILG to keep a watching brief on this matter. Referred to LLR meeting for discussion.</p>

		& UHL) all having new CEO's and LPT having a new senior manager team.	discharge of patients).	
5.	Leicestershire Partnership Trust	<p>VS discussed the summary that LPT had released regarding the Risk Summit on the 29<sup>th</sup> August 2013, which subsequently led to HW Leicester, HW Leicestershire and HW Rutland putting out a joint press release regarding the Bradgate Unit.</p> <p>VS &amp; PP continue to seek a meeting with LPT around the Bradgate Unit.</p> <p>The group noted the LPT Annual General Meeting is on 7<sup>th</sup> Sept and HW will have a stall at the event.</p>	<p>(a). VS to arrange a meeting with LPT to discuss the Bradgate Unit.</p> <p>(b). VS Review the situation with LPT before the ILG takes any further action.</p> <p>(c). HW staff to be briefed to gather evidence of public LPT experiences at the LPT AGM.</p> <p>(d). BG &amp; VG to attend the LPT AGM on 7<sup>th</sup> Sept.</p> <p>(e). ILG to consider a strategy pulling different issues together.</p>	<p>(a) &amp; (b) see Chairs report</p> <p>(c) &amp; (d) Completed, event report on LLR agenda</p> <p>(e) Keep a watching brief.</p>
6.	Update on HW Representation at Stakeholder meetings	<p>It was noted that Fiona Barber is now the HW Leicestershire representative on the Staying Healthy Board.</p> <p>Mike Pepperman is a representative on the Urgent Care Board, The Redesign of</p>		

		E&D, The Front Door Triage.		
7.	Update on Draft Protocol on the interface between HWBB, Healthwatch and Overview and Scrutiny Committee	IL informed the group that the protocol was discussed and reviewed at the HWBB Steering Group on 19 <sup>th</sup> August, who will recommend that the HWBB approve the protocol.		The protocol was considered by the Health and Wellbeing Board at its meeting on 5th September 2013 and the Health Overview Scrutiny Committee considered it on 11th September 2013. All three bodies have now approved the protocol.
8.	Revised Healthwatch Leicestershire Code of Conduct	VG advised the group of minor changes to the Code of Conduct before it is to go on the website working practice.	The group agreed the Code of Conduct.	Completed and sent on 16 <sup>th</sup> Sept, also on website.
9.	Healthwatch Interim Chair's Report	<p>VS updated the group on the action to put a call out for volunteers regarding the relocation of patience at the LRI.</p> <p>There was a brief discussion around HW ambassadors for which Margaret Bellamy has agreed to be an ambassador for the Charnwood area.</p> <p>Brief discussion around the</p>	ILG agreed to membership of HAPIA	East Midlands HW discussed the relationship between HAPIA & HW. ILG to review membership.

		<p>recruitment of the new substantial board and chair.</p> <p>Membership to HAPIA (Healthwatch and Public Involvement Association) was proposed.</p>		
10.	Healthwatch Director's Report	VG reported on activities relating to co-ordination & progress on activities from monthly meetings, staff support, meeting with Chair and work on the substantive HW Task Group	VG, a visual map of staff and their roles for the website is in development	Mapping completed, communications to upload to website when the new comm's assistant is in post.
11.	Responses to Communications	<p>SH explained to that any responses that are received are fed through to the appropriate staff and work streams.</p> <p>A discussion was had about using the website more effectively to capture the views of the public and encourage engagement. There was talk of focusing on one key call to action per month. Also to include a joint approach of outreach work to support the call for action. Also to use localised press outlets to</p>	<p>(a). ILG to consider one key priority per month</p> <p>(b). SH to review website to provide better opportunities to capture peoples views</p> <p>(c). SH/ Staff to feedback any calls for action to the public via e-news</p> <p>(d). SH Consider using local Borough press outlets for localised issues</p>	<p>(a). In progress</p> <p>(b). SH attended a HW communications meeting and a new website is set to be in place for all HW's by the end of the year.</p> <p>(c). SH will include in e-news.</p> <p>(d). SH to progress when appropriate.</p> <p>(e). JD &amp; SH are</p>

		promote public engagement.	<p>(e). SH to consider a reprint of publicity material if stocks are low</p> <p>(f). SH to consider the re-distribution of promotional to GP practices</p>	<p>discussing what is needed for upcoming consultation events.</p> <p>(f). SH to review current strategy i.e. utilising PPG's.</p>
12.	Finance Update	<p>KL provided an update to finances and the request for more detail around underspend and allocation of funds. £28,000 was considered to be permanent underspend for this financial year.</p> <p>It was stated that money for the December event had already been budgeted for as planned activities.</p> <p>KL confirmed that underspends can be rolled over to the next financial year and not clawed back by the County Council.</p>	<p>ILG agreed underspend to be used as follows:</p> <ul style="list-style-type: none"> <li>• £3,000 for chair recruitment</li> <li>• £5,000 for communications</li> <li>• £8,000 for additional administration</li> </ul> <p>It was noted not to commit all the underspend and to leave the remainder for the Healthwatch Leicestershire Board to decide on how it is spent.</p> <p>(a). KL to circulate the staffing financial split in advance of the next meeting</p> <p>(b). KL to separate the</p>	<p>(a). &amp; (b). Completed</p> <p>(c). See agenda</p> <p>(d). See Directors report</p>

			<p>staff travel cost, board expenses and volunteer costing's</p> <p>(c). ILG to review the actual underspend for Q2</p> <p>(d). VG to update the group at the next meeting as regard to the LINK under spend</p>	
13.	Update from Establishing Substantive Healthwatch Leadership Task Group	<p>JB presented a paper to the group, which asked the group to note the developments with the recruitment of the Chair and HWL Board and to note the timelines for Chair's appointment. The role of Chair is estimated at 2 days of work.</p> <p>Timelines:</p> <ul style="list-style-type: none"> <li>Recruitment of Chair between 9<sup>th</sup> - 23<sup>rd</sup> September</li> <li>Interview date 9<sup>th</sup> Oct</li> <li>Confirm appointment by 21<sup>st</sup> Oct</li> <li>Recruit 6 board members in Nov</li> </ul>	<p>(a). SH &amp; JB to draft the advert for Chair recruitment by the 9<sup>th</sup> Sept.</p> <p>(b). Reference Group to consider the 3 co-options for ILG to consider recommendations to HWL Board.</p>	<p>(a). Completed. Chairs application pack is online and was sent out on 16<sup>th</sup> Sept. See Directors report.</p> <p>(b). See Directors report. Reference Group to discuss.</p>



14.	Autumn programme of engagement and consultation on strategic priorities and building membership	<p>VG updated the group and a paper was circulated regarding the consultation plan for Healthwatch Leicestershire priorities.</p> <p>VS Asks for the detailed dates to be circulated as soon as possible.</p>	JD to book and circulate dates for engagement events as soon as possible	See Directors report.
15.	Any Other Business	JB asked if IL could complete a stakeholder chart to understand the various work streams of stakeholders.	IL to work on a stakeholder chart	For information only - Circulated with papers.
16.	Questions from the public	<p>1. GS asks ILG to consider making recommendations to the Trust Development Authority (TDA) on the delay of the UHL chair.</p> <p>2. GS asks ILG to consider small press releases via media, radio, and newspapers to gather feedback from the public on particular issues.</p> <p>3. EC asks the ILG if a city resident can be part of the ILG.</p>	<p>(1). VS &amp; GS to draft letter to the TDA</p> <p>(2). SH to progress</p> <p>(3). JB confirmed that any member of Healthwatch Leicestershire could put their name forward to be on the future board.</p> <p>(4). SH to progress</p> <p>(5). VG noted this and confirms the staffing</p>	<p>(1). Completed</p> <p>(2). Already in process</p> <p>(4). Any new material will be branded separately</p>

		<p>4. KB states that marketing and communication publicity material had been identified, as joint HW Leicester and HW Leicestershire should be split.</p> <p>5. KB states there are 5 ILG members and 5 VAL staff in the meeting and questions the use staff resource.</p>	<p>profiles of the Healthwatch staff and why they were present.</p>	
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# Leicestershire Healthwatch - Summary Budget 2013-14

## Budget Report and Workstreamed Budget

<u>Income</u>	Annual Budget	<u>Comments</u>
Leicestershire County Council	325000	
<b>Total Income</b>	<b>325000</b>	

<u>Expenditure</u>	% of spend	Total weekly Hours for County	
		204.25	
<b>Staff Costs</b>			
Healthwatch Leicester, Leicestershire and Rutland Director		15.75	Shared with Leicester and Rutland for year 1 (45%)
Healthwatch Comms Officer		13.5	Shared with Leicester and Rutland for year 1 (45%)
Healthwatch Policy and Partnerships Officer		35	
Community Research Officer		35	
Healthwatch Outreach Officer		35	
Healthwatch Advisor		35	
Healthwatch Administrator		35	
Feb-March interim staffing			
<b>Total Staff Costs</b>	<b>54%</b>	<b>174403</b>	<b>Note: This is full cost of employment not only staff salary</b>

<b>Direct Costs</b>			
Staff Travel County		7080	
Staff Training		885	
CYP involvement - training and support package		7500	
IT Support		5900	
IT recurring subscriptions		1536	
Newsletters, Video paid advertising and publications		7500	
Website development		636	
Engagement Events		10500	
Quality Mark		4000	
Volunteer expenses and board expenses		5600	
Database development and capital IT/office equip		11067	
TUPE and recruitment		3000	
Development of community and volunteer training		15000	
Research and consultancy (research/expert analysis)		15000	

<b>Total Direct Costs</b>	<b>29%</b>	<b>95204</b>	
<b>Office costs</b>	<b>5%</b>	<b>17700</b>	Office accomodation
<b>Other Central costs</b>	<b>7%</b>	<b>23600</b>	e.g. HR, Finance
<b>Contingency</b>	<b>4%</b>	<b>14093</b>	
<b>Total Expenditure</b>		<b>325000</b>	

### Work Streams

Signposting   Engagement   Governance   Representation   Policy, Evidence and Research

**21%      24%      7%      17%      31%**

	Hrs	Hrs	Hrs	Hrs	Hrs	Total Hrs
	3.15	3.15	3.15	3.15	3.15	15.75
	4.73	4.73	1.35	1.35	1.35	13.5
	0	3.5	0	14	17.5	35
	0	0	0	0	35	35
	7	21	0	7	0	35
	28	7	0	0	0	35
	7	7	7	7	7	35
<b>Total</b>	<b>50</b>	<b>46</b>	<b>12</b>	<b>33</b>	<b>64</b>	<b>204.25 per week</b>

<b>36965</b>	<b>39466</b>	<b>9465</b>	<b>28675</b>	<b>59833</b>
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1737	1617	402	1122	2202
217	202	50	140	275
0	7500	0	0	0
1448	1348	335	935	1835
307	307	307	307	307
2500	2500	0	2500	0
127	127	127	127	127
0	4000	0	3250	3250
4000	0	0	0	0
0	0	2800	2800	0
3000	4000	1356	1356	1356
600	600	600	600	600
3750	3750	3750	3750	0
0	0	0	0	15000

<b>17686</b>	<b>25951</b>	<b>9727</b>	<b>16887</b>	<b>24952</b>
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<b>4343</b>	<b>4043</b>	<b>1005</b>	<b>2805</b>	<b>5505</b>
<b>5790</b>	<b>5390</b>	<b>1340</b>	<b>3740</b>	<b>7340</b>
<b>2819</b>	<b>2819</b>	<b>2819</b>	<b>2819</b>	<b>2819</b>

<b>67602</b>	<b>77668</b>	<b>24356</b>	<b>54925</b>	<b>100449</b>	<b>325000</b>
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## Healthwatch Representatives - Feedback Report

<b>Name of Meeting: LCC OSC Adults &amp; Communities</b>	<b>Date of Meeting: 30 September 2013</b>
<b>Report by: Fiona Barber</b>	
<b>Attendees or Organisations present: LCC OSC A&amp;C members, Director of A&amp;C Mick Connell and Amanda Price A&amp;C, Simon Parsons, LCC Customer Relations Manager</b>	

### Matters discussed and agreements

There were three papers put forward for scrutiny:

- Development of a revised prevention & early intervention offer  
Covers such services as drop in's, lunch clubs and information & advice services, aiming to provide better targeting and base some services in users localities.  
LCC looking to promote independence and reduce demand for more costly interventions.  
LCC looking to set up a Project Advisory Board to help develop this work, LCC will approach HWL for representation
- Strategic review of adult preventative Mental Health services In Leicestershire  
LCC reviewed a number of services, social drop in's, befriending, VSO services. They have concluded current service provision is inequitable, current contracts are for working age adults, therefore older people are not included, the cost of social drop in's and befriending varies between providers and inequitable provision of BME specific services across the County  
There is a public consultation ongoing for this paper
- Adult Social Care Annual Complaints & Commendations report 2012-2013  
This report highlighted some welcome increase in commendations and compliments however it was noted there was more work required to capture the right information at the required level so learning could follow, the Joint Complaints protocol between LCC and LPT, UHL, Leicester City Council and the CCG's needs revisiting and a working group was being reconvened, HWL may be invited to contribute

**Actions for Healthwatch (if any)**



1. Be aware a contribution to the Prevention & Early Intervention Project Advisory Board may be requested
2. Alert members to the public consultation re Adult MH preventative services
3. Be aware LCC may ask for a contribution to the Joint Complaint handling working group

Please return completed form to [info@healthwatchleics.co.uk](mailto:info@healthwatchleics.co.uk).



<b>Name of Meeting: Interim Leadership Group</b>
<b>Date of Meeting: 30 September 2013</b>
<b>Subject: Meeting with Prof David Chiddick - Chair of Leicestershire Partnership Trust</b>
<b>Author: Vijay Sharma</b>
<b>Status: For Information</b>

### Summary Overview

Philip Parkinson Interim Chair of Leicester HW and Vijay Sharma Interim Chair of Leicestershire HW 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.

We started the meeting by making two overarching comments.

1. Healthwatches in Leicestershire, Leicester and Rutland wanted Leicestershire Partnership Trust to succeed in overcoming the shortcomings highlighted by the CQC and restore the confidence of the patients, carers and families. We want to work with LPT to help them achieve that objective.
2. We however, remain concerned about the sustainability of LPTs response to the CQC and other stakeholders and will be monitoring the progress closely and carefully.

1. As HW, we wanted to understand the mechanism and process for systematic inclusion and communication with the patients, their families and carers regarding the treatment and patient care plan.
  - 1.1 Response. Accepted the point. Report to the LPT Board in October setting out clearly laid out and understood framework on engagement and communication with the patients, carers and families.
  - 1.2 Action for HW. HW reps to look out for the report and assess its adequacy.
2. Near Misses

When and where are the near misses discussed, learning distilled and public assurance offered.

  - 2.1 Response. Acknowledged that a report capturing near misses should be discussed in the public Board section.

### 3. Care Plans

Raised the question as to why it took CQC warning notices to merge 3 or 4 patient care plans into 1. LPTs Medical Director Dr Sateesh Kumar gave a detailed explanation at the County Health Overview and Scrutiny Committee of the current situation and his plans for the merger of number of Care Plans into one patient care plan for everyone to follow.

3.1 Response. Complete agreement to amalgamate and draw up one care plan for every patient.

### 4. Translation Service

Why was the translation service not made available round the clock, when appropriate for the patient, carer and family members.

4.1 Response. Bring two translation services together, extend it to family and carers, introduce round the clock cover, around the patient need.  
Sam Woodcock to inform HW when this action is completed.

5. Service re -configurations, closures and relocations - involve LLR HW at the outset and engage in proper consultation rather than HW having to play catch up.

5.1 Response. Agreed.

6. Request for HW representative to be given the status of participating observer at the LPT Board meeting.

6.1 Response. Sympathetic to the request.

6.2 Response. Paper to LPT Board in November.

7. LPT and HW Quarterly Q&A protocol - increase the number of HW participants up to 15 maximum.

7.1 Response. Agreed.

8. LPT Non Execs not from the City or representative of the City.

8.1 Response. Take on board the comments and seek to address the gap when the opportunity presents itself in the Spring next year.

9. Action for Leicestershire Healthwatch:

9.1 Keep a watching brief on the progress on all the above listed points.

9.2 Receive regular reports at the ILG meetings

9.3 See 1.2