

**Interim Leadership Group**  
**Meeting in Public**  
**Date: Tuesday 4 February 2014**  
**Time: 10.30am - 12.30pm**  
**Venue: Voluntary Action LeicesterShire Offices**  
**A G E N D A**

10.30	1. Welcome and Introductions	Vijay Sharma	
	2. Declarations of Interest		
10.40	3. Action notes: Update from the last Meeting (4 December 2013)	Vijay Sharma	
	3.1 Matters Arising (4 December 2013)	Vijay Sharma	
10.50	4. Healthwatch Issues to consider after the Reference and LLR meetings		
	4.1 NHS England -Leicestershire and Lincolnshire Primary Care Strategy Stakeholder Event	Vandna Gohil	Paper 1
	4.2 PLACE Update	Sue Staples	Paper 2
11.10	5. Setting Healthwatch Leicestershire Priorities: Final Report and presentation.	Jackie Woodhouse	Paper 3
11.30	6. Adults & Communities Protocol update	Ivan Liburd	Paper 4
	7. Update from Establishing Substantive Healthwatch Leadership Task Group	John Baker	Paper 5
	8. Healthwatch Interim Chair’s Report January 2014	Vijay Sharma	Paper 6
	9. Healthwatch Director’s overview report January 2014	Vandna Gohil	Paper 7
	10. Finance Report Q3 & Year End Prediction 2013/14	Kevan Liles	Paper 8
12.10	11. Questions from members of the Public		
12.30	12. Close meeting to members of the public		

**Interim Leadership Group Members:**

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

**Date of Healthwatch Leicestershire Board meetings:**

**Wednesday 5th March 10.30am - 12.30pm**

**Monday 31<sup>st</sup> March 2014, 10.30am - 12.30pm TBC**

## Healthwatch Representatives - Feedback Report

Paper 1

<b>Name of Meeting: NHS England - Leicestershire and Lincolnshire Primary Care Strategy Stakeholder Event</b>	<b>Date of Meeting: 16/01/14</b>
<b>Report by: Barbara Czyznikowska/ Vandna Gohil</b>	
<b>Attendees or Organisations present: LAD Team, City CCG, West Leicestershire CCG, East Leicestershire &amp; Rutland CCG, Lincolnshire CCG &amp; others</b>	

### Matters discussed and agreements:

1. The event was organised by NHS England-Leicestershire and Lincolnshire Area Team, which works with the seven CCGs, local authorities, district councils, Public Health England, Health Education East Midlands, four local Healthwatch bodies and the NHS Trust Development Authority.
2. The main aim of the event was to present the draft Primary Care Strategy and to seek that the vision for primary care is consistent with the stakeholders' own strategies and commissioning plans.
3. Attendees were presented with the current vision of the strategy is based upon four essential elements: quality, access, innovation, and value for money.
4. The draft paper is aligned with the recent national guidance, to include:
  - NHS England Call to Action
  - The Improving General Practice Call to Action
  - The Community Pharmacy Call to Action
  - Everyone Counts: Planning for Patients 2014/2015 to 2018/19
5. The proposed draft underlines the six ambitions, and there are based on a feedback received from the previous stakeholder event held in summer and further work done by the production teams. There are as follows:



**5.1 Ambition One:**

Reduce Unjustified Variation in the quality of the services received by patients and in the funding level received by providers for delivering the same service including:

- better use of estate from which primary care services are delivered,
- optimising the skill mix across all primary care service providers,
- modern models of integrated working designed around the patient,
- implementation of equitable funding mechanisms

**5.2 Ambition Two:**

Reduce Unjustifiable Inequalities in access to services and health outcomes, which will be supported by:

- commissioning across pathways (e.g. LD, homeless etc)
- federated models of delivery across independent contractors
- modern models of integrated working designed around the patient

**5.3 Ambition Three:**

Having access to the right service in a timely manner through better information and improved access.

**5.4 Ambition Four:**

Empowered Patients & the Public through

- Choice
- Expert Patients
- Friends and Family Test

**5.5 Ambition Five:**

Early diagnosis and/or preventing people from dying prematurely through screening and access.

**5.6 Ambition Six:**

Enhancing the quality of life for people with Long Term Conditions

- Commissioning Across Pathways (e.g. diabetes)
- Palliative Care
- Modern models of integrated working designed around the patient

6. Opportunity was given to provide comments on the vision and the key ambitions of the strategy through an interactive session 'Market Place', where attendees were discussed their ideas/solutions on the proposed strategy.
7. Collated feedback will be shared with local stakeholders by end of January, where there will be further opportunity to feed back on the proposed new operating models.
8. The agreed strategy should be ready for publication by 14<sup>th</sup> February 2014



**Actions for Healthwatch (if any)**

1. Further HW input for if required.

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



<b>Name of Meeting:</b> Interim Leadership Group meeting
<b>Date of Meeting:</b> 4 <sup>th</sup> February 2014
<b>Subject:</b> PLACE
<b>Author:</b> Sue Staples
<b>Status:</b> For Approval

### Summary Overview

The Enter & View and Safeguarding group met on the 9<sup>th</sup> January 2014. The group discussed the invitation to Training and 3 options were discussed re Healthwatch involvement in order to formulate an agreed joint Healthwatch response.

The group recommends that from the options in the report there is no change from that of the Position Statement 2<sup>nd</sup> November that Healthwatch support and assist the promotion of the PLACE assessment process by advertising training by providing information to members on the website /e news bulletins etc.

Following the discussion at the County Reference group on the 22<sup>nd</sup> January the Report has been checked for any known inaccuracies

The Centre for PLACE HSCI (health and Social Care Information Centre) confirmed on the 23<sup>rd</sup> January that the correspondence Healthwatch received from them sent on 17<sup>th</sup> December 2013 was correct and **that there are no expenses paid to volunteers.**

Leicestershire Partnership Trust confirmed on the same day that there were no expenses paid to volunteers to support the PLACE process and there were no local arrangements or funds available to do so and that travel distance this year a disadvantage

### Recommendations

#### The meeting is asked to:

1. To note and agree the above recommendation and point 6.
2. Keep the PLACE process and Healthwatches role within it under regular review through the Enter & View and safeguarding Group and through the new Healthwatch Boards

## HEALTHWATCH RESPONSE TO PLACE TRAINING OFFER 2014

1. Further to the Healthwatch PLACE position statement update 2<sup>nd</sup> November 2013 (attached) agreed by each ILG in 2013 the group was asked to consider a Healthwatch response to letter re PLACE training sent to and received by all Primary PLACE contacts (including Healthwatch) from the PLACE centre on the 17<sup>th</sup> December Liz Tebbutt Quality & Assurance Manager NHS Horizons sent 27<sup>th</sup> December 2013 respectively (and was forwarded to Sue Staples by the HW Director on 7 January 2014 following seasonal absence)
2. The group members (made up from representatives from LLR) discussed the LLR Healthwatch position in relation to our present position statement 2013 and the agreement made within this and that this would be kept under review and considered for the next round of PLACE Assessments.
3. Therefore the group discussed the invitation to Training and 3 options were discussed re Healthwatch involvement in order to formulate an agreed joint Healthwatch response.
4. This response was based on earlier discussions and the updated Position Statement of 2<sup>nd</sup> November and **3 options** were considered, these were:
  1. Healthwatch to do nothing active in support of PLACE Assessments
  2. Healthwatch to take on an active role in the process -fielding volunteers for PLACE assessors and taking /responsibility for PLACE assessment, related costs, staff time and actively seek volunteers.
  3. Healthwatch to support and assist the promotion of the PLACE Assessment process e.g. advertise training by providing information to members on the website /e news bulletins etc.
5. **Option 3 was agreed in line with our present position statement.** The County chair, City Chair and the Rutland representatives ratified this although in making that agreement asked to seek an early response from their Chair and report back to the Healthwatch Director so that a reply could be sent to the letter as soon as possible.
6. In appraising the options above it should be noted that:
  1. Any individual/Healthwatch member or otherwise has the right to participate in PLACE assessments, however HW members taking part in PLACE assessments would be encouraged to register their involvement with the HW Staff lead - Micheal Smith.
  2. Healthwatch will NOT pay any expenses incurred by individuals/members undertaking this activity these must be claimed directly from the provider and NO admin support will be provided by HWL.

3. Although the training is free **the provider pays no travel expenses**, and attendees/ assessors must fund themselves.
4. The Place assessor training offered at present is at distant venues therefore considerable travelling is required (Leeds, London, Bristol, or Birmingham)
7. The group is mindful of the importance of PLACE as a non-clinical inspection process and any local Healthwatch role within it. It will keep the situation under regular review. Following this round of assessments it is expected that (as clarified at the meeting on October 25th) there will be new guidelines issued by DOH & HWE and when these are received the three Healthwatch Boards will then consider any future decisions.



## Healthwatch Leicestershire Priorities Consultation

<b>Name of Meeting: Healthwatch Leicestershire Board Meeting</b>
<b>Date of Meeting: 4<sup>th</sup> February 2014</b>
<b>Subject: Healthwatch Leicestershire Priorities Consultation</b>
<b>Author: Research Team</b>
<b>Status: For approval</b>

### Summary Overview

- An introduction to the consultation on Healthwatch Leicestershire priorities
- An overview of the methodology used in the consultation
- Key priorities identified through the consultation
- What do these priorities mean? Examples of specific issues highlighted under each priority
- Conclusions and Recommendations
- Appendix A: Questionnaire
- Appendix B: Demographic Profile of Respondents
- Appendix C: Engagement Event Reports
- Appendix D: Priorities and Issues for Consideration

### Recommendations

#### The meeting is asked to:

1. Consider the following priorities for Healthwatch Leicestershire:
  - Improving the links between health and social care
  - Improving Mental Health Care
  - Early Diagnosis of Disease
  - Support for People with Long Term Conditions
  - Care for Older People
  - Support for Patients being discharged from Hospital

2. To re-affirm the following target groups for Healthwatch Leicestershire
  1. BME service users
  2. Children and Young People
  3. Rurally Isolated
  4. Working Parents
3. Note that this report will be used to inform the development of Healthwatch Leicestershire work plan for 2014-15. Following the approval of the priorities next steps are:
  1. Mapping existing work and gaps for the Healthwatch Leicestershire Board meeting on 5<sup>th</sup> March.
  2. Developing work plan to build on existing work in these priority areas and opportunities for joint working with stakeholders
  3. Work plan signed off on 31<sup>st</sup> March 2014

# Healthwatch Leicestershire Priorities Consultation: Report of Findings

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## Introduction

4. Healthwatch Leicestershire has been engaged in consultation with patients, stakeholders and members of the public to identify key issues, which will inform Healthwatch's priorities and the development of the 2014-15 work plan. The results of this consultation will be summarised in this report and used to highlight:
  - Key overall issues experienced by service users and communities in health and social care throughout Leicestershire
  - Local issues, both for specific geographical areas, and for discrete groups of users of health and social care services
5. This report provides:
  - An overview of the methodology used in the consultation
  - Key priorities identified through the consultation
  - What do these priorities mean? Examples of specific issues highlighted under each priority
  - Conclusions and recommendations

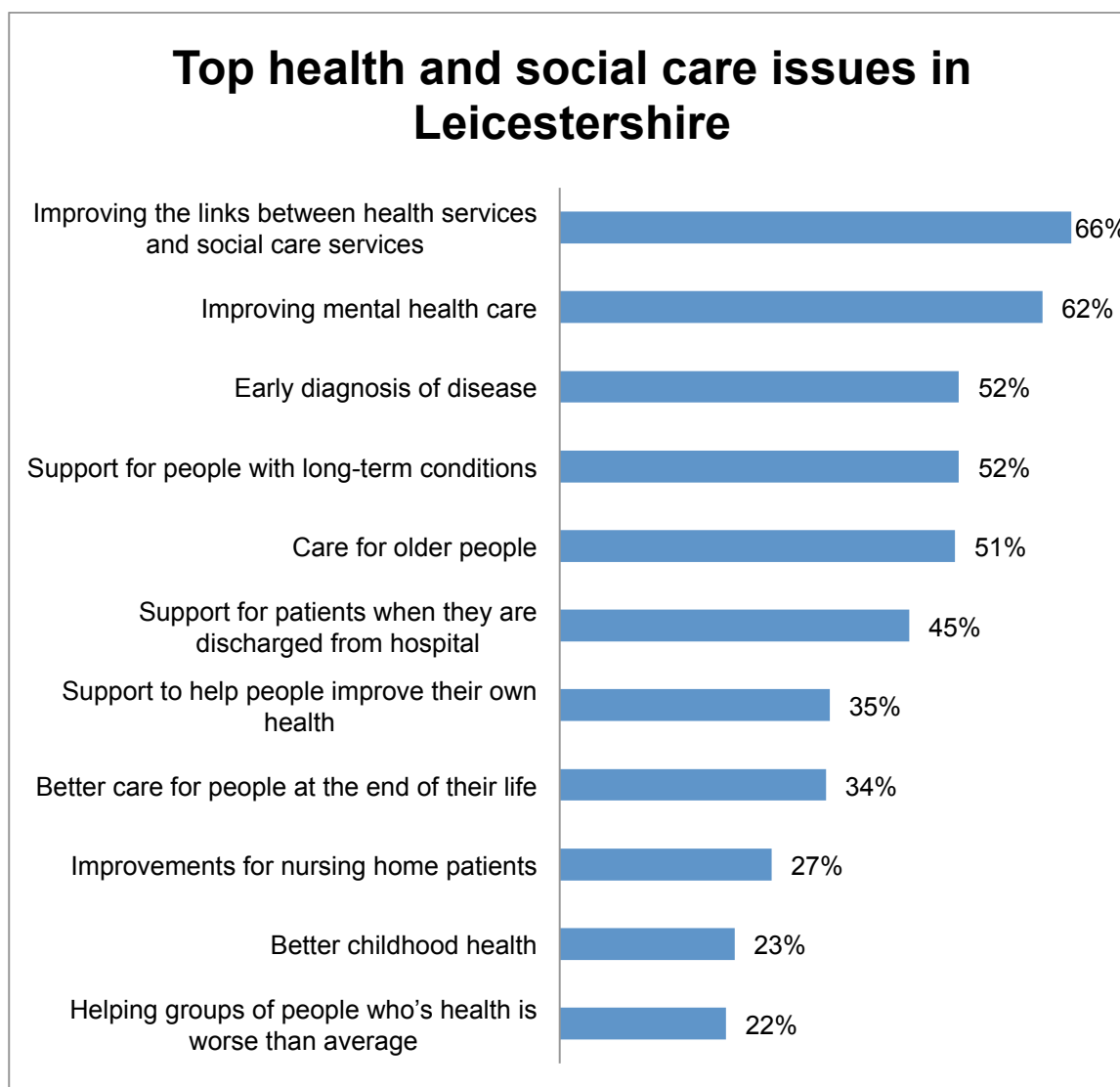
## Methodology

6. The methodology for this consultation was developed in conversation with the Healthwatch Leicestershire Interim Leadership Group. The consultation was to be combined with a programme to promote awareness of local Healthwatch and a membership drive.
7. The public would be consulted through a combination of:
  - Consultation events in each of the seven Leicestershire districts
  - An online survey
  - Hard copies of the survey in strategic locations
8. The consultation material were developed to allow patients and the public to drive the agenda, whilst also providing links into other priorities identified by key statutory bodies with whom Healthwatch will be working. To get this balance two key areas of information were required:
  - Local health and social care issues identified through open-ended questions followed by;
  - Identification of key existing statutory priorities on a structured multiple choice questionnaire
9. This design allowed respondents to identify their own specific issues relating to health and social care purely from experience, followed by a more structured section in which respondents would pick from a list of existing statutory priorities.
10. The selection of priorities for the multiple choice questionnaire was made following analysis of existing priorities of key local health and social care strategies, including;

- Leicestershire's Health & Wellbeing Strategy 2013-16
  - West Leicestershire and East Leicestershire & Rutland CCG priorities
  - Joint Strategic Needs Assessment - 2012 priorities
  - Adults and Communities Business Plan 2012/13
  - Leicestershire Partnership NHS Trust Integrated Business Plan 2012-17
11. In developing the structure part of the questionnaire, the intention was to identify where there is common ground within the overarching strategies. There are, of course, many other more focussed strategies e.g. the Supporting the Health & Wellbeing of Carers Strategy and we will be taking greater account of these strategies/plans depending on which issues emerge as key concerns from the consultation. The questionnaire itself can be found as Appendix A.
12. Consultation events were held in all seven districts in Leicestershire, each at different times in the day. In addition the consultation exercise was made into an online questionnaire for members of the public who could not attend the events. This online form was then promoted to a variety of groups under-represented in the consultation at the interim stage, including children and young people. Targeted sources included:
- The Jitty (Leicestershire website for young people)
  - Leicestershire Youth Councils
  - Children's Centres in all districts
  - Service users with learning disabilities
13. Whilst these approaches produced limited engagement, they did establish links between Healthwatch and key agencies working with Children and Young People. Healthwatch is in process of developing a network to further encourage engagement by this under-represented group.
14. The interim report was also circulated to stakeholders for comments. Responses were:
- Leicestershire County Council noted that this report would form part of their proposal for 'Better Care Together' funding.
  - University Hospitals of Leicester noted that the themes of 'joined up care' and 'discharge from hospital' were likely to be addressed in their annual plan.

## Results of the Consultation

15. 187 respondents completed the priorities questionnaire. The demographic profile of this sample can be found as Appendix B. Each respondent was asked to select up to five priorities, which reflected their perception of the biggest health and social care issues in Leicestershire. This exercise produced the following result:



16. The top two issues, identified by respondents were **improving the links between health and social care** and **improving mental health care** services. Three further issues received votes from half of respondents: **Early diagnosis of disease, Support for People with long-term conditions, Care for older people**. The issue just below the top five, **Support for patients when they are discharged from hospital**, included a number of issues relating to the integration of health and social care.

## What Do These Priorities Mean?

17. Respondents were first asked to identify the biggest issues in health and social care in Leicestershire from their own perspective. This was consistent in the online questionnaire and at the local engagement events. The key aim of this method was to ensure that respondents raised their own concerns before choosing their five priorities.
18. A number of issues were raised through the open comments that did not relate to the priorities list, but which could be considered to be 'cross-cutting' themes relating to Healthwatch involvement in all priorities. For example, the issue of ensuring that patient voice is heard was raised repeatedly throughout the consultation. This referred to both the design of services and the interactions of individual patients with health professionals to ensure high quality care.
19. There was also some difference between the comments made in response to the questionnaire and those made in discussion groups at the engagement events. Key issues, such as access to Mental Health services and integrated care, were raised in both forums, but the events were notable for raising a greater breadth of issues.
20. To illustrate this, the overall issues raised at engagement events can be categorised as:

### **Problems of access to services**

- Availability of services locally – cuts/reductions in local services, increasing centralisation of services e.g. walk-in centres
- Capacity of services e.g. GPs
- Transport to access services (especially rural areas)
- Waiting time for referrals
- Securing GP appointments
- Continuity of care

### **Issues relating to co-ordination of one or more services**

- Co-ordination of individuals healthcare between different services/professionals
- Links between GP and other health services
- Lack of joined up approach with social care services, particularly discharge arrangements and delays in setting up care packages

### **Clarity and availability of information**

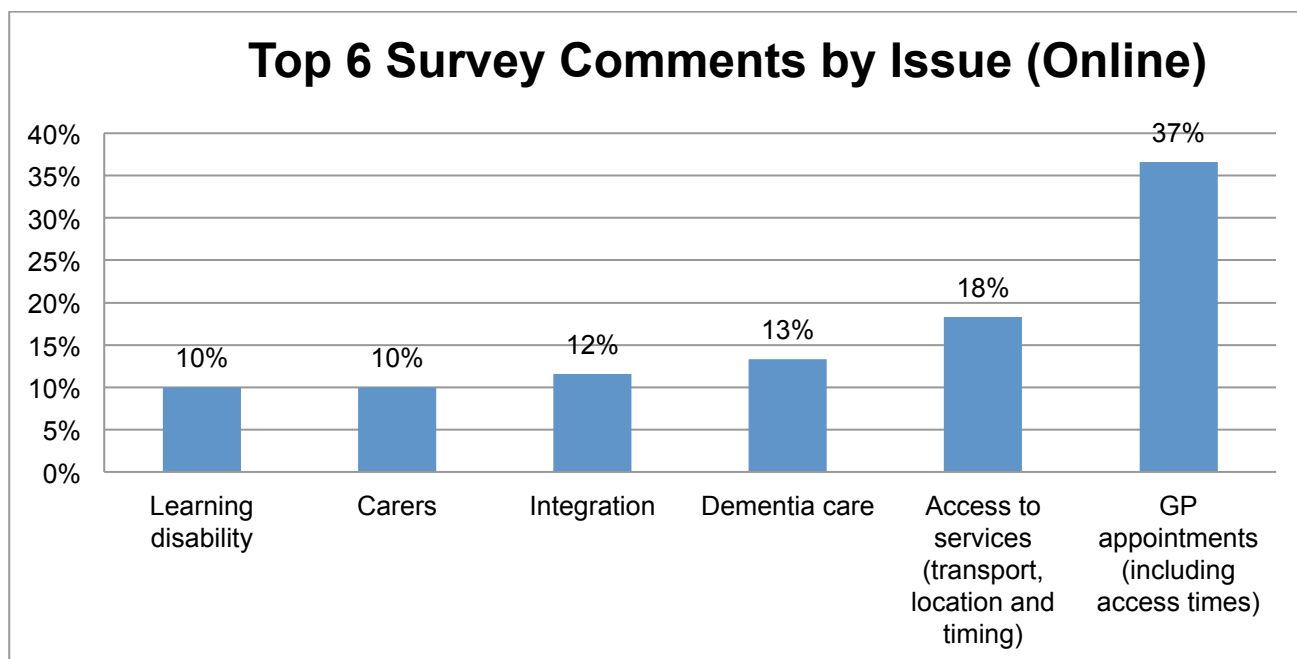
- Patients getting the right information
- Improved information for families and carers about social care services
- Access to local information points
- Information following discharge from hospital and other services

### **Voice and advocacy for all patients, particularly vulnerable service users**

- Advocacy for vulnerable patients e.g. elderly patients, mental health
- Concern over patient voice in hospitals
- Healthwatch as an important mechanism for patient voice, which needs to extend its reach
- Staff attitudes, including response to equalities issues

The full event reports can be seen in Appendix C.

21. In contrast, the comments made on the survey related to a number of cross-cutting issues:



22. The following section will provide an overview of the comments made both at the events and to the questionnaire, relating to each of the five priorities in turn. The key aim in this analysis is to highlight the issues raised in relation to each priority and highlight issues that span between different priorities.

## **Priority No 1: Improving the links between health and social care (66%)**

23. The issue of the links between health and social care was raised frequently in relation to information sharing within the NHS, with external care providers and other statutory services.

24. This generally related to the transition and transfer between services including:

- Integration of GPs and other health services
- Discharge from hospital
- Transition from children to adult services

25. Specific problems included:

- Delays in setting up aftercare
- Unclear or missing patient information



- Professionals not coordinating services (e.g. transport)
- Patient or family needs not taken into account
- Respite care and support for carers

26. For example:

*“Social Services and Health not working together to provide home-care for children with complex disabilities. Direct Payments doesn't pay for health tasks and the only alternative is agency, which is not appropriate for children with learning disabilities.”*

27. The issue was raised in the response to the questionnaire and at events in:

- Blaby District Engagement Event
- Hinckley and Bosworth District Engagement event
- Oadby and Wigston Engagement event
- Charnwood Engagement event
- North West Leicestershire Engagement event

## **Priority No 2: Improving Mental Health Care (62%)**

28. Key issue:

- Access to services

29. Specific problems:

- Availability of local services
- Long waiting times for diagnosis and referral, both for adult mental health referrals and CAMHS, including GP reluctance to refer patients
- Information and advocacy for patients and carers
- GP services for people with mental health issues
- Mental health not being afforded the same priority as other health issues
- Co-ordination with other health services
- Specific concerns about mental health services for young people

30. Raised in:

- All Districts

31. Concerns about mental health issues, in particular access to mental health services, were also reflected in some of the individual comments in the online survey. For example, a parent trying to access Children and Adolescent Mental Health Services (CAMHS) in Loughborough had found services:

*“extremely difficult to access as they are woefully understaffed. It is difficult to get an appointment with CAMHS, but even when you do, they often don't have the resources to help, e.g. access to [Cognitive Behavioural Therapy] CBT etc; trying to get in touch with them is a farce - they promise to call back but don't. Was promised a referral for a second opinion - took the Dr 9*

*months to remember to refer! It took many phone calls, none of which were returned and ultimately a trip to the GP who chased up the issue to get the referral. Meanwhile my son was suffering. I have friends with suicidal children who cannot get access to CAMHS because it is not deemed 'urgent' enough. What is more urgent than your child wanting to kill themselves?*

### Priority No 3: Early Diagnosis of Disease (52%)

#### 32. Key issues

- Patient voice

#### 33. Specific issues

- Perceived lack of patient voice in GP consultations
- Barriers to further treatment and waiting times for referral
- Perceived reluctance to refer to mental health services
- Barriers to communication (e.g. languages, professionals not always able to communicate with patients with learning disabilities)

#### 34. Raised in

- All districts

35. There were a wide variety of comments relating to this priority including points about the importance of access to primary care, the need for patient concerns to be considered seriously and addressed promptly. This latter point related to wider concerns about patient voice with the health system, for example:

*“GP's not taking patients symptoms seriously and turning them away only to return 2 weeks later and have to fight for proper examination, diagnosis and treatment.”*

36. Respondents were concerned by their experience of not being listened to in primary care, both for themselves and for groups who may require assistance to have their voice heard. The comments relating to this priority also overlapped with other areas, including children and young people and mental health. For example:

*“My major concern as a parent of a child with ASD, and one who has requested an autism/Asperger assessment as an adult with dyslexia is the importance of a diagnosis of Aspergers, ASD, dyslexia, learning difficulties in school age children before they reach high school at 11yrs. If these difficulties were addressed and diagnosed earlier by educational psychologists, then many behavioural problems that occur as a result of no interventions in place could be prevented”*

37. Equally there was concern that diagnosis and treatment for some groups was hampered by a lack of understanding of the patient needs. For example, in relation to the needs of asylum seekers:

*“...there seems to be little understanding of the barriers (language/culture/ previous experiences/ reasons for fleeing their homeland (usually torture, fear of FGM, persecution and violence). I am also concerned by the horrific figures for maternal health and complications of at birth for this group.”*

38. The comments relating to this priority indicated that respondents were most concerned that their needs were acknowledged and addressed promptly, with proper feedback to patient and carers as appropriate.

## **Priority No 4: Support for People with Long Term Conditions (52%)**

39. Key issue:

- Developing care plans with patients and carers
- Ensuring support for carers

40. Specific issues:

- Concerns over patient dignity
- Occasions where professionals did not listen to patients and carers
- Variable standard of care for patients with long-term conditions
- Lack of adequate support and respite for carers

41. The NHS defines a long-term condition as ‘a health problem that can’t be cured but can be controlled by medication or other therapies’. One of the most frequently cited examples of this in the survey was dementia care, relating both to the understanding of these conditions by professionals, and to the concerns raised over patient and carer voice in terms of joint planning of care:

*“Adult social care- need for greater understanding and specialism, working with people with dementia and their carers”*

*“People with learning disabilities and dementia are particularly vulnerable (to being discharged from hospital prematurely)”*

42. A related issue frequently raised through the consultation was that carers were facing increasingly challenging conditions. This was a cross-cutting issue: key issues for carers related to those caring for people with long-term conditions, but were equally relevant to carers of older people or disabled children.

## **Priority No 5: Care for Older People (51%)**

43. Key issues:

- Patient voice
- Care packages and aftercare

44. Specific problems:

- Concern that vulnerable patients, including elderly people, are not listened to, particularly in relation to care in hospitals
- Support following discharge from hospital, for example delays in setting up care packages
- Withdrawal of local services/centralisation of services presenting particular access difficulties for elderly patients
- Long waits for transport for elderly patients to and from hospital appointments
- Reductions in duration and quality of home care services
- Reduced eligibility for social care

45. Raised in:

- All districts

46. This priority raised a number of cross-cutting issues relating to standards and availability of care, and the links between health services and other services such as transport. The cost of care was a key issue, both for those looking to purchase care and those who were concerned about the increasing demands on the care system caused by an ageing population.

*“High cost of home care, the council used to leave you with a little bit of income, now I have to use all my income.”*

47. Other users also highlighted that the standard of care available through agencies was increasingly variable.

*“(Care) agencies find it difficult to recruit and retain staff which has a direct impact on service users who are vulnerable and benefit from continuity of care*

*“(There is) variance in care that carers are able to offer according to which Agency they are with: this should be standardised.”*

48. Equally tightened eligibility criteria also had an impact in this area:

*“The variation in the amount of respite and home care that seems to be available. Those that “shout loudest” appear to have an advantage. If you appear to be coping then that’s OK.”*

## Recommendations

49. The consultation has produced five priorities, all of which noted the need to integrate health and social care services. These are number of cross cutting issues between these priorities, outlined in the table shown in Appendix D. Equally, a sixth category, support for patients being discharged from hospital also has strong common themes with several of the top five priorities,
- Improving the links between health and social care (66%)
  - Improving Mental Health Care (62%)
  - Early Diagnosis of Disease (52%)
  - Support for People with Long Term Conditions (52%)
  - Care for Older People (51%)
  - Support for Patients being discharged from Hospital (45%)
50. It is therefore recommended that these six are considered as the Healthwatch Leicestershire priorities
51. Two of these were clear leaders. It is therefore recommended that ensuring closer links better health services and care packages and ensuring access to mental health services should be considered the immediate priorities.
52. However, one of the three remaining priorities, better care for older people, also has strong links to the integration of social care and health services. The consultation has revealed some general issues for older people in relation to integrated care packages, but some scoping is recommended to understand the landscape of this issue. An initial literature search of research in this area would provide an overview of barriers and best practice
53. Healthwatch England has identified four groups to target through outreach and engagement. Whilst some of the priorities identified will be more relevant to some of these groups than others, it is recommended that the priorities are considered in relation to the needs and experiences of these groups, requiring additional engagement work at both an outreach and policy level, as well as focused research work. The identified groups are:
- BME service users
  - Children and Young People
  - Rurally Isolated
  - Working Parents
54. Additionally, gaps in the demographic profile show a clear lack of engagement amongst men and children and young people. Some initial engagement work is planned with children and young people and some contacts have been made through the additional engagement work to boost survey responses: it is recommended these contacts are maintained to increase engagement and promote Healthwatch to children and young people groups
55. It is recommended that engagement programmes target men in the coming year.
56. Healthwatch needs to ensure that these priorities remain relevant to users of health and social care through work to establish what these issues mean in

different parts of county and for different users. It is therefore recommended that work is undertaken to establish more detailed qualitative understandings of these priorities through policy, engagement and research work. It is recommended that these priorities are subject to review in Autumn 2014 through local engagement.

57. Initial scoping work on issues for patients in continuing care is already in progress, through research with VCS groups and stakeholders. Whilst this work is in the early stages, emerging findings would appear to suggest a continuing issue for investigation.

## Next Steps

58. This report will be used to inform the development of Healthwatch Leicestershire work plan for 2014-15. Following the approval of the priorities next steps are:
4. Mapping existing work and gaps for the Healthwatch Leicestershire board meeting on 5<sup>th</sup> March.
  5. Developing work plan to build on existing work in these priority areas and opportunities for joint working with stakeholders
  6. Work plan signed off on 31<sup>st</sup> March 2014



### Priorities Questionnaire

Healthwatch Leicestershire is an organisation that gives a voice to people using health and social care services. We listen to local issues and act on your behalf to let service providers know your views and concerns about services.

We are asking residents throughout the county to tell us what issues they have with health and social care services. The information will help set five key local issues that will be the focus of our work to improve the services in Leicestershire.

**Please complete this questionnaire to tell us about any issues or concerns you have with the health and social care services you receive.**

**1 For you personally, what are the biggest health and social care issues in your local area?** Please attach additional sheets if needed to describe your issues.

## 2 What are the 5 most important health and social care issues in Leicestershire overall, in your opinion? Please pick 5 issues from the following list:

- |  |   |
|--|---|
| <input type="checkbox"/> Improving mental health care                                | <input type="checkbox"/> Support for patients when they are discharged from hospital          |
| <input type="checkbox"/> Better care for people at the end of their life             | <input type="checkbox"/> Support for people with long-term conditions                         |
| <input type="checkbox"/> Improvements for nursing home patients                      | <input type="checkbox"/> Support to help people improve their own health                      |
| <input type="checkbox"/> Helping groups of people whose health is worse than average | <input type="checkbox"/> Early diagnosis of disease   |
| <input type="checkbox"/> Better childhood health                                     | <input type="checkbox"/> Improving the links between health services and social care services |
| <input type="checkbox"/> Care for older people                                       |   |

**To make sure that we are asking a wide range of people in Leicestershire we would be grateful if you could provide a few details about yourself. This information will be confidential.**

## 3 What is your gender?

- ☐ Male
- ☐ Female

## 4 What is your age?

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Upto 18 | <input type="checkbox"/> 45 - 54     |
| <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 55 - 64     |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 65 - 74     |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 75 or older |

## 5 What is your ethnic group?

- |  |  |
|--|--|
| <input type="checkbox"/> White British                   | <input type="checkbox"/> Asian British     |
| <input type="checkbox"/> White Irish                     | <input type="checkbox"/> Asian Indian      |
| <input type="checkbox"/> White Gypsy or Irish Travellers | <input type="checkbox"/> Asian Pakistani   |
| <input type="checkbox"/> White other                     | <input type="checkbox"/> Asian Bangladeshi |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Asian Chinese     |
| <input type="checkbox"/> Mixed White and Black African   | <input type="checkbox"/> Asian Other       |
| <input type="checkbox"/> Mixed White and Asian           | <input type="checkbox"/> Black African     |
| <input type="checkbox"/> Mixed other                     | <input type="checkbox"/> Black Caribbean   |
|  | <input type="checkbox"/> Black other       |
|  | <input type="checkbox"/> Other             |

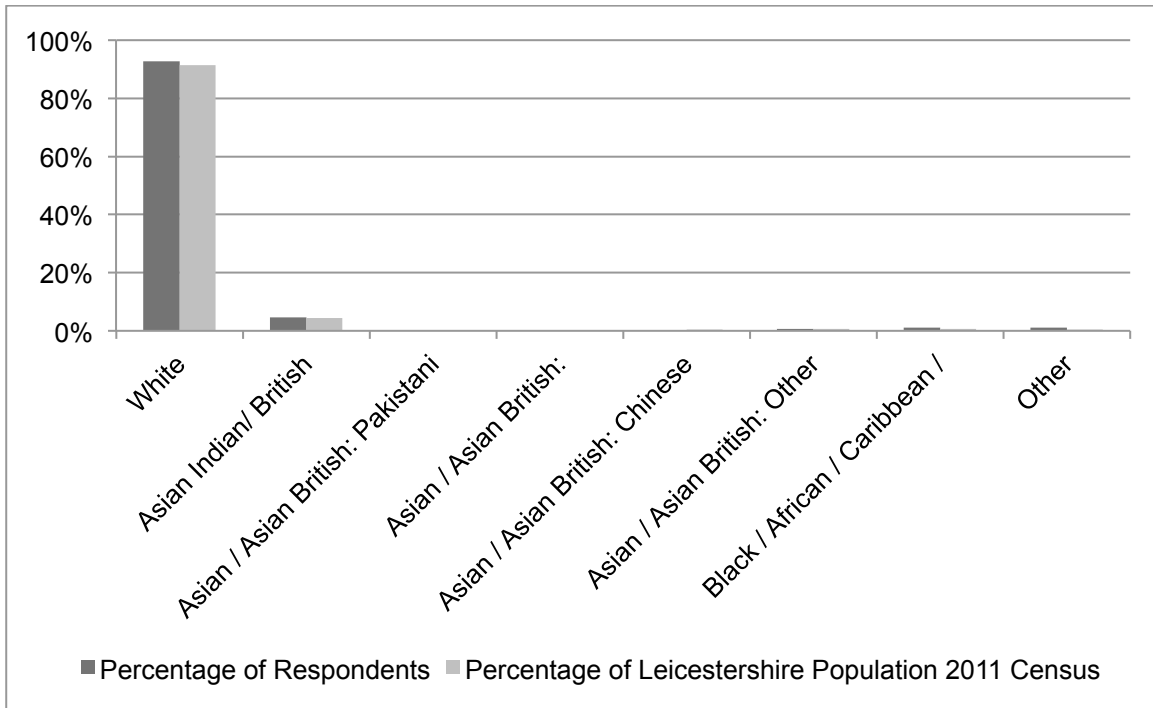
## 6 Please enter the first five characters of your postcode

**Thank you for taking your time to fill in this questionnaire**

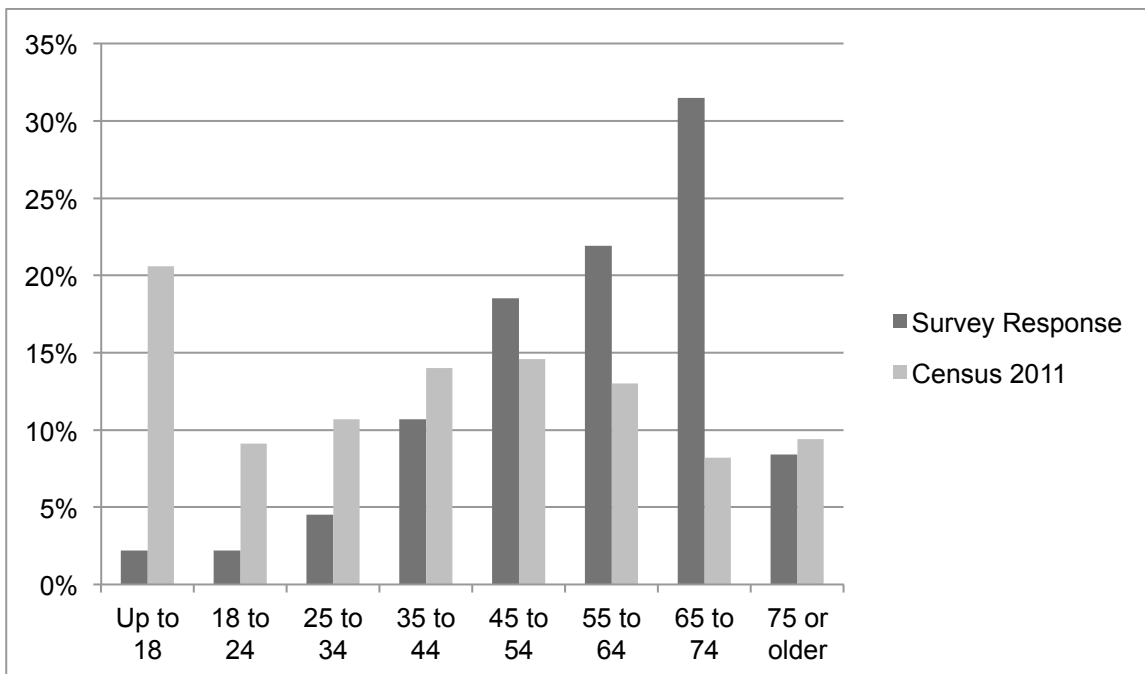


## Appendix B: Demographic Profile of Respondents

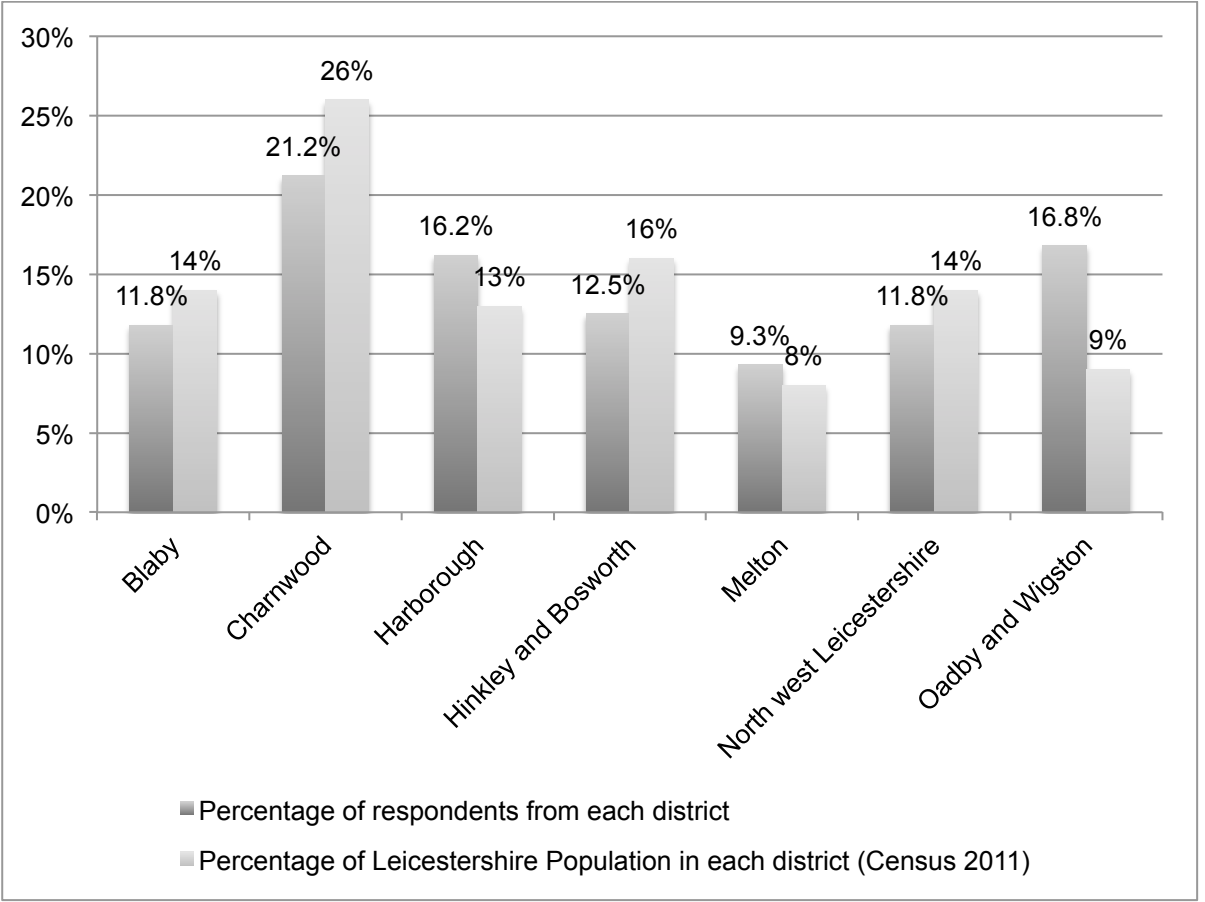
### Ethnic Group



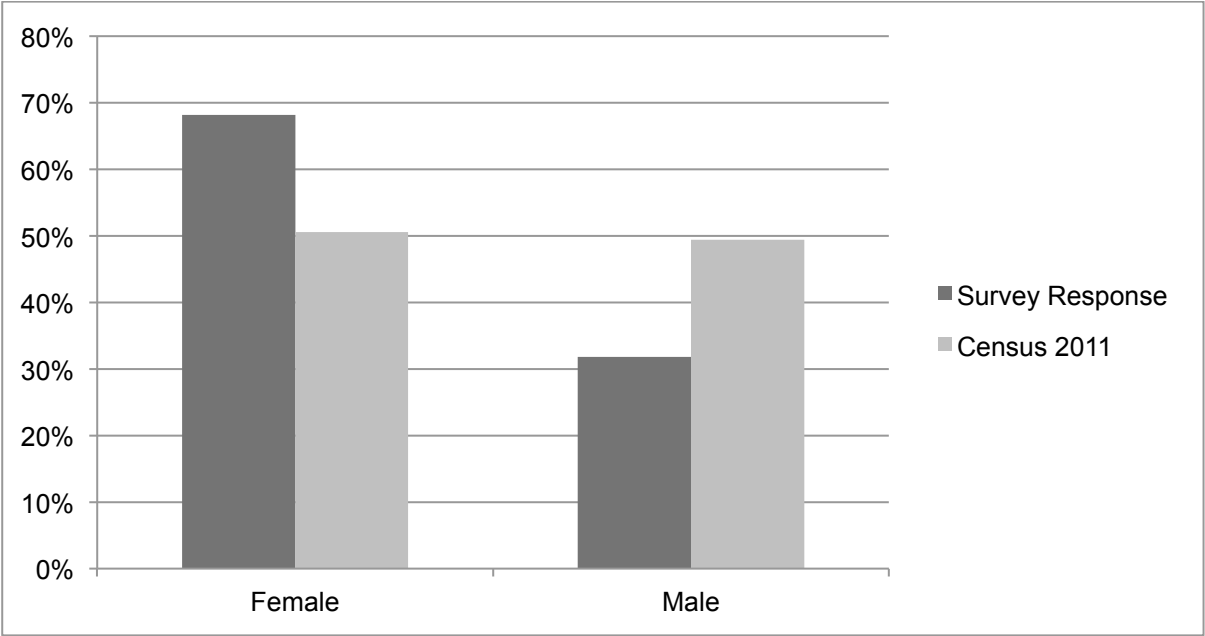
### Age Structure



Area response



Sex



## Appendix C: Engagement Event Reports

### ***Melton District***

Key issues raised:

**Mental Health services:** a number of concerns were raised about the availability and standard of mental health services in Melton and surrounding districts. This was highlighted as an issue for adults, children and young people. Diagnosis and waiting times were a concern, with a highlighted 10-16 week wait for an appointment, and a noted reluctance of GPs to refer patients. A further problem was a lack of available information for parents and carers.

**'Joined-up' services:** a number of comments noted that health and social care services in the district were not properly linked with other services. This was a broad area of concern and included examples of transport to and from appointments (a particular issue in rural areas), as well as links to housing.

A connected issue was the integration of health and social care services and ensuring a smooth process for discharge from hospital.

**Local health services:** the issue of services available in Melton District itself was raised in connection to a number of perceived shortcomings including:

- St Mary's Hospital- no Accident and Emergency, under-16 physiotherapy, attendees felt that the resources that were there were not fully utilised
- Uncertainty over the future of the minor injuries unit
- Closure of ambulance station
- No urgent care after 5pm
- Cuts to health and social care services

The point raised was that the available services appeared to be shrinking, and that services were increasingly centralised.

### **Other issues:**

- Maternity and Health Visitors - service in Melton should be shown as best practice
- Availability of a NHS dentist
- Concerns over the capacity of health and social care services given the predicted growth in population of the area
- Difficulty in obtaining shingles vaccine
- The importance of communication and information for patients, including Healthwatch's role in this.

## ***Harborough District***

Key issues:

**General Practitioners (appointments):** A number of issues were raised in relation to GPs, including the length of waiting times at GP surgeries, length of appointments and corresponding problems of delays caused by overrunning appointments, and booking arrangements. Additionally some respondents noted that there were no emergency appointments available at their GP, and that at some surgeries there could be a 1-2 week wait to see a named doctor.

A separate concern was the lack of GP services for people with learning disabilities, diabetes and Mental Health issues.

**Local health services:** capacity and access for local health services was a concern for delegates including the reduced capacity of the Cottage Hospital, Lutterworth, which no longer treats minor injuries, and the delays to St Luke's Hospital. A wider concern was that the area is expected to experience a growth in population and some residents are worried whether the health infrastructure will be able to cope.

Attendees noted they frequently had to attend appointments in Leicester at either the General or Glenfield hospitals and some had difficulty accessing these venues. A connected point was that reduced eligibility for free transport had restricted access and some had difficulty in accessing direct public transport.

**Social care and carers:** two connected issues were discussed in relation in social care. Firstly, the standard of paid care was criticised, with attendees noting that care workers were often inexperienced, visit times were too short and the overall standard of care did often not meet expectations.

Secondly, issues were raised in relation to the demands on carers, particularly as cutbacks in social care services and reduced eligibility were putting increased pressure on them. It was noted that this could have a detrimental effect on their own health, as carers frequently put their own wellbeing behind that of the person they are caring for.

**Mental Health:** community mental health services had been moved to Melton from Oadby without consulting users. Attendees had concerns over the information and advocacy available for users, as it was felt that the process of getting support could be quite difficult and intimidating.

### **Other points raised:**

- Discharge from hospital
- Continuity of care
- Waiting times for physiotherapy
- Access for Gypsies and Travellers
- Services meeting the needs of people with learning disabilities

## ***Oadby and Wigston***

Key issues raised:

**General Practitioners (appointments):** All groups raised issues about their GP, with one group complimentary about the service provided by Bushloe surgery. However, the other groups raised a number of issues, including difficulty in securing appointments (chiefly relating to the telephone booking system) and opening hours for working people.

**Coordination of health services:** several groups felt that their healthcare was not co-ordinated between different consultants and professionals. Examples included having to repeatedly explain conditions to different doctors and consultants, having to make separate appointments and take more time off work.

One group also felt that GP's should have a wider role in the coordination of the NHS with other parts of health and social care including services offered by the Voluntary and Community Sector, and social care information and services.

**Discharge from hospital:** this included discharge from hospital for people in a variety of different circumstances, but general issues highlighted included:

- Needs coordination with other services (e.g. transport)
- Patient and family need clear information
- Patients should not be discharged too soon
- Process should take patient needs into account (e.g. time of discharge)

**Social care (cost and information):** attendees noted some general concerns over social care, such as the cost and capacity of the service. Specific concerns included:

- Lack of clarity and information in personalisation
- Reduced eligibility for care packages
- Home carers- 15 mins for an appointment is inadequate

**Other points raised:**

- Use of technology for information and booking (both supportive and critical comments)
- Staff attitude and importance of approachable professionals
- Cuts to mental health services
- Transport to appointments
- Cuts to day care services
- Difficulty of access to NHS dentists

**Local issues raised:**

- Hydrotherapy pool not working for some time
- Supportive comments for the stroke unit and Oadby drop-in centre

## ***Hinckley and Bosworth District***

### Key issues raised

**Improved information:** A number of issues were raised in relation to improving information for patients including out of date on-street signposting; signposting to the right services, access to local information points and the need for better information provided in GP surgeries, hospitals and in the media

**Local health services:** Concerns were raised about the lack of, or reduction in, services locally, specifically;

- Out of hours/urgent care services.
- Interpreting services
- Services for people with hearing difficulties

**‘Joined-up services’:** A number of comments were made about discharge arrangements and the lack of links with social care services, for example ensuring that, sometimes vulnerable, patients are discharged to somewhere safe and arrangements are made to facilitate re-ablement. The need for more effective information sharing/communication between health and social care services was also highlighted.

**Mental health referrals, assessment and support:** Issues relating to mental health services were raised by a number of people. Particular concerns were around long waiting times for mental health referrals and similarly for CAMHS services; travel to Nottingham for IAPT services

**Hospital care:** A range of concerns were discussed relating to care and treatment in hospitals, including the treatment of vulnerable patients and the potential role of advocates; weekend care and treatment, the quality of food and transport to and from hospital

### **Other issues:**

- Access to transport to services, especially in rural areas
- Service failure to address equality issues, for example some GPs refusing to refer transgender patients
- Insufficient support and respite for carers

## ***Blaby District***

Key issues raised:

**Discharge:** this topic included discharge from hospital and other services, the crucial aspect being links between services, clear planning and information. For example when being discharged from the psychologist, patients need clear information on where to go in time of crisis. Likewise, discharge from hospital needs clear planning and information for families.

**General Practitioners:** key issues included appointment booking systems and continuity of care. Booking systems were criticised due to the early morning system and the waiting this entailed, which was considered both inconvenient and costly.

Continuity of care related both to seeing the same GP and ensuring transition between GP services and other services. Attendees noted that they were frequently repeating case histories and consultants often seemed unaware of their other conditions.

**Transport:** the general issue of transport was raised in relation to several different modes. Parking was raised as an issue due to costs and uncertainty over waiting time. Equally public transport connectivity was raised as an issue.

**Improved information on social care:** social care services were praised for their delivery- for example the six week care package was described as 'brilliant'- but the bureaucracy surrounding the service was criticised. In particular families and carers needed clearer information on judging between available services and the financial arrangements for personal budgets.

Care in the community and respite for carers were also mentioned as important issues.

**Feedback and involvement:** attendees were keen to emphasise the importance of Healthwatch both as a mechanism for sharing information and promoting patient voice.

In particular there were some suggestions made which would enable Healthwatch to improve its reach locally:

- Local press
- Free papers
- Parish newsletters
- Information on carers budgets

### **Other issues:**

- Access to and information on mental health services
- Restarting the neurology task group, with particular reference to Parkinson's Disease
- Support for the district befriending services for older people, which currently has an uncertain future.

## ***Charnwood District***

### Key issues

**Local services:** Concerns about Loughborough Hospital and the Urgent Care Centre were the most frequently mentioned issues in Charnwood

**Loughborough hospital:** Many comments were made querying why services, for example physiotherapy services, were being withdrawn from Loughborough hospital, especially when it is a relatively new hospital. The withdrawal of services at the hospital has resulted in elderly patients being sent to Melton and Coalville to access services. People felt that the long term plans for the hospital should be communicated.

**Urgent Care Centre:** There was significant dissatisfaction with the services available at the Urgent Care Centre, for example restricted x-ray services and limited availability of a doctor. Comments reflected confusion about the remit of the centre and why it was no longer a walk-in centre. A number of people talked about the impact on A & E services when there is a lack of a viable local alternative.

**Mental health services:** Concerns were expressed about access to services, the communication and coordination of community mental health services with primary care and mental health services not being afforded the same priority as other NHS services

**Information/communication:** A number of issues were raised within this broad theme including breakdown in communication about patients needs during hospital care; getting the right information to patients; patients being listened to.

**'Joined-up' care:** Comments were made about delays in setting up homecare packages following discharge from hospital and the breakdown in communication between hospitals and aftercare services

### **Other issues:**

- Insufficient support for carers
- Transport – long waits for transport for elderly patients to and from hospital appointments
- Withdrawal of Liverpool Care Pathway – what will replace it?
- Access to GPs/consistency of GP and waiting time for appointments
- Home care services being reduced; fifteen minute appointments completely inadequate
- Weekend care in hospitals/increased deaths
- Non-urgent waiting list for neurology
- 'Rationing' of cataract operations



## ***North West Leicestershire District***

### Key issues

**Young people with mental health issues:** A wide range of concerns were raised in relation to mental health services for young people including, waiting lists for diagnosis; access to services; lack of adult advocates, lack of signposting and support for young carers to promote mental health resilience.

**‘Joined-up’ services:** A number of comments made reflected concerns about the need for a more holistic approach to patients’ health and social care needs. Issues were raised about the transfer or transition between GPs, health and social care services and there were gaps in transition between adult and children’s health services and social care.

**Information/communication:** The issues highlighted in relation to this theme were, broadly, around information for patients and patient voice. These included ensuring that patients have access to timely and relevant information; patient centred signposting; confusion arising from the proliferation of organisations and concerns that some patients, for example elderly patients, are not listened to or their views not sought.

**Care for vulnerable patients in hospitals:** Some general comments were made about staff behaviour, lack of dignity for patients and the need for personal advocates for vulnerable patients

### Other issues

- Information for patients post colonoscopy
- Impact on patients, carers and families of equipment not fit for purpose e.g. hoists
- Inconsistent GP prescription practices

## **Emerging overall issues from engagement events**

The key issues highlighted through the consultation can be grouped into the following four broad themes:

### **Access to services**

- Availability of services locally – cuts/reductions in local services, increasing centralisation of services e.g. walk-in centres
- Capacity of services e.g. GPs
- Transport to access services (especially rural areas)
- Waiting time for referrals
- Securing GP appointments
- Continuity of care

### **Co-ordination of services**

- Co-ordination of individuals healthcare between different services/professionals
- Links between GP and other health services
- Lack of joined up approach with social care services, particularly discharge arrangements and delays in setting up care packages

### **Information**

- Patients getting the right information
- Improved information for families and carers about social care services
- Access to local information points
- Information following discharge from hospital and other services

### **Voice and advocacy**

- Advocacy for vulnerable patients e.g. elderly patients, mental health
- Concern over patient voice in hospitals
- Healthwatch as an important mechanism for patient voice, which needs to extend its reach
- Staff attitudes, including response to equalities issues

**Paper 4**

<b>Name of Meeting:</b> Interim Leadership Group
<b>Date of Meeting:</b> 4 <sup>th</sup> January 2014
<b>Subject:</b> Protocol between Adults & Communities and Healthwatch Leicestershire
<b>Author:</b> Ivan Liburd
<b>Status:</b> For information and discussion by Leicestershire Interim Leadership Group

**Summary Overview**

The overall aim of this document is to ensure that HWL works constructively and in partnership with Adults & Communities as appropriate.

The heading that are covered within the document are:

- Involving, Listening and Responding
- Communication between Adults & Communities & Healthwatch Leicestershire
- Co-ordination
- Working with the Media
- Confidentiality
- Enter and View
- Adults & Communities Overview and Scrutiny Committee

Please note that the Adults & Communities department has agreed the protocol.

The meeting is asked to:

1. Review and provide comments on the protocol if required
2. Adopt the protocol as working practice

**Healthwatch Leicestershire and  
Leicestershire County Council  
Adults and Communities**

**Draft**

**Protocol for Working  
Together**

# Protocol and Procedure for Partnership Working

## 1. Purpose

- 1.1 For the purposes of this document Healthwatch Leicestershire will be referred to as HWL, Leicestershire County Council Adults & Communities will be referred to as Adults and Communities.
- 1.2 HWL and Adults & Communities have both independent and separate identities and have a mutual interest in ensuring that service users, carers and the wider public have an active voice in determining the shape and delivery of social care services within their local area.
- 1.3 The signatories on this document endorse this protocol and its associated aims.
- 1.4 The overall aim of this document is to ensure that HWL works constructively and in partnership with Adults & Communities as appropriate.
- 1.5 HWL and Adults & Communities will work together to ensure:

## 1. Involving, Listening and Responding

	<b>Aim:</b>	<b>Achieved by:</b>
a	To ensure service users, carers and the wider public have the opportunity to influence and shape the planning and development of both new and existing social care services.	All Adults & Communities staff must ensure the involvement of HWL when planning, consulting and developing both new and existing services, which may be achieved by sharing documents, including advance plans, surveys, representation at meetings and joint working e.g. conferences, seminars, workshops
b	To remain sensitive to the differing needs, values and preferences of service users, carers and the wider public.	Appropriately skilled and informed staff will undertake the communication and engagement activity.
c	To ensure that service users, carers and the wider public are fully engaged and actively listened to through HWL, in the exchange of information and communication pertaining to changes and developments in service provision.	Information and communication pertaining to changes and developments in services will be: <ul style="list-style-type: none"><li>• Channelled through the Director of Adults &amp; Communities to HWL Director and copied to the Policy and Partnerships Officer for HWL.</li></ul>

## 2. Communication between Adults & Communities & Healthwatch Leicestershire

	<b>Aim:</b>	<b>Achieved by:</b>
a	To have clear lines of communication between HWL and Adults &	The Director and the nominated lead are the first point of contact for the Adults and

	Communities.	Communities Department.
b	To signpost requests and ensure appropriate contact with relevant managers	The nominated contacts will signpost requests to the relevant Adults & Communities staff and monitor their actions.
c	To develop opportunities for joint working and forward planning of issues of joint interest	The nominated contacts for Adults and Communities and HWL will meet/ have regular contact with the Policy and Partnerships Officer or Director to discuss joint opportunities.
d	To hold quarterly meetings between the Director of Adults & Communities and HWL representatives.	The quarterly meetings between the Director of Adults & Communities and/or their nominated representative and those of HWL. These meetings will identify current and forthcoming issues of interest including how HWL can contribute to the ongoing planning of Adults & Communities. HWL to ensure personal interests of representatives are declared when relevant to the topics under discussion.
e	To annually review and evaluate the relationship between Adults & Communities and HWL	There will be an annual meeting between the Cabinet Lead member for Adult Social Care, the Director of Adults & Communities and/or their nominated representative, Director and Policy and Partnerships Officer and the HWL Board Chair and up to two members to review the year. This should take place in the final quarter of the financial year. Any other specific meetings will be arranged by request.

### 3. Co-ordination

	<b>Aim:</b>	<b>Achieved by:</b>
a	To ensure a response to all enquiries and correspondence	HWL will ensure that all enquiries, reports and other correspondence on issues concerning Adults & Communities are sent to the nominated person. Adults & Communities will ensure a 20 working day rule for replies to all enquiries and correspondence is adhered to. This may be waived for reasons of practicality pending discussions with HWL.
b	To ensure a full and explicit response has	Where enquiries and reports have been

	been received	received and not responded to, HWL reserve the right to refer matters to the Chief Executive of the Leicestershire County Council and the Chair of the Adults and Communities Overview & Scrutiny Committee.
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#### 4. Working with the Media

	Aim:	Achieved by:
a	To ensure positive and appropriate contact and use of the media.	Adults & Communities, providers and HWL should be made aware in advance of significant and sensitive material being released to the media. The Director and Policy and Partnerships Officer and Adults & Communities Senior Managers and HWL will inform each other of such issues.

#### 5. Confidentiality

	Aim:	Achieved by:
a	To respect confidentiality and anonymity.	HWL will take necessary steps to ensure that details of those bringing a concern or commenting on a service are anonymous unless formal permission is provided. HWL may decline to participate in any confidential meetings convened by Adults & Communities, which may be seen as compromising HWL independent status.

#### 6. Enter and View

	Aim:	Achieved by:
a	To go into health and social care premises to see and hear, first hand how services are provided.	<p>Through legislation HWL has the right in certain circumstances to enter and view health and social care premises both directly provided and commissioned for members to observe and assess the nature and quality of those services and to obtain the views of the people using those services. These services may include premises from which NHS services are provided, including:</p> <ul style="list-style-type: none"> <li>• Social Care premises</li> <li>• GP Practices.</li> <li>• Dental Practices.</li> <li>• Ophthalmic Services.</li> <li>• Pharmacy Services.</li> </ul>

		<ul style="list-style-type: none"> <li>• Hospitals.</li> <li>• Voluntary and private sector contractors who are providing services to the Trust.</li> </ul> <p>For more information contact the Healthwatch Enter and View Working Group.</p>
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## 7. Adults & Communities Overview and Scrutiny Committee

	Aim:	Achieved by:
a	To provide a representative of Healthwatch Leicestershire an opportunity to highlight the voice of the public and patients of Leicestershire	<ul style="list-style-type: none"> <li>• HWL will continue to have a named representative as an observer at the committee meetings.</li> <li>• HWL staff will continue to develop a close working relationship with executive officers and members of the department.</li> </ul>

Signed: \_\_\_\_\_  
On behalf of: Leicestershire County Council  
Adults and Communities

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
On behalf of: Healthwatch Leicestershire

Date: \_\_\_\_\_



<b>Name of Meeting:</b> Interim Leicestershire Group
<b>Date of Meeting:</b> 4 February 2014
<b>Subject:</b> Update on recruitment of Chair and Board Members
<b>Author:</b> John Baker
<b>Status:</b> For information

### Summary Overview

Vijay Sharma, the Chair of the Interim Leadership Group (ILG) asked John Baker, the former Chair of Leicestershire LINK, to form and Chair a sub-group to recommend the structure and composition of the Board and the way forward for democratic member involvement.

The sub-group consisted of Vijay, John plus Vandna Gohil, Healthwatch Director, Geoffrey Smith (member who had been heavily involved with the transition to Healthwatch), Colin Headley (member who had chaired the LINK Governance group) and Bernard Greaves (VAL Trustee and member of the ILG).

The Group had 3 key Objectives:

- 1) To recommend the Model for Leicestershire.
- 2) To recruit a Chair
- 3) To organise the election of member representation.

The group met on several update and reports to the County Reference Group, ILG meetings and Director's reports. Proposals were refined and subsequently agreed by the County Reference Group, the ILG and the Commissioning LCC.

### Recommendations :

The meeting is asked to

1. Note the report.

### **A summary overview on the appointment for the Chair:**

1. The Board would consist of 12 people, of which 6 would be elected members of which 2 would become vice- chairs, an appointed Chair, 3 external co-opted members to represent key areas of interest and to be chosen by the rest of the Board with recommendations from the Task Group , the Healthwatch Director and a Trustee from VAL.
2. **Campaign 1** for the Chair's recruitment commenced on 9 -22 September 2013 using the Leicester Mercury and local press in the County. Unfortunately there was only one expression of interest and that individual did not fit the criteria. The group then decided not to advertise again but to embark on- a "soft" head hunt approach. This also did not produce interested candidates. At this point, Vijay Sharma and John Baker(who had both declared that they would not be going forward for election) agreed to continue upto March 2014 and that the New Board would consider how to progress with the position of Chair.
3. **Campaign 2** ran from 7 - 29 November 2013 and several people were approached by the Task Group. Alongside this, the Chair's role was actively promoted through the consultation events across the County and a flier was widely disseminated.
4. At the end of this campaign, one eligible candiage came forward. Thus at the end of November a panel consisting of Vijay, John, Kevan Liles (VAL C.E.O.) and Linda Jones (VAL Chair) met the candidate and unanimously agreed he would make an excellent Chair. The candidate in the interview raised the issue of the City role being remunerated and asked why parity was not the case. The Panel agreed to offer the role to the candidate as advertised.
5. In early December, Kevan Liles on behalf of the Panel made a provisional offer (subject to references) to the candidate. At this stage, the candidate asked for consideration of remuneration.
6. In discussions with the ILG Chair it was agreed that the sub-group should meet with the ILG ( 8<sup>th</sup> January 2014) to discuss the way forward. The meeting unanimously agreed the following.
  - That along with information on other appointments both in the voluntary sector and the non-executive sector, it was apparent that in order to gain the best candidates with the right experience it is necessary to remunerate.
  - Therefore the meeting decided to remunerate the same level as the City Healthwath Chair role.
  - The meeting decided it would be inappropriate to offer the selected candidate the remuneration as the position had not been advertised,
  - It was agreed to re-advertise the position along with a revised job specification.
  - The Commissioners have been fully informed on developments.

7. **Campaign 3** commenced on 16 - 29 January 2014 using the same media plus P.R.. The candidates will be interviewed by the same panel on 4<sup>th</sup> February 2014. If this campaign is not successful the process for appointment of the Chair will then revert to the new Board to progress.

#### **Board election update**

8. The election of the member contingent of the Board was successfully completed in December and a programme of induction and training commences on 17<sup>th</sup> February 2014 so that they are ready take their full place at the first meeting of the Healthwatch Leicestershire Board on 5th March 2014. The co-opted members ( up to 3) still need to be identified and appointed.

Paper 6

<b>Name of Meeting:</b> County Interim Leadership Group
<b>Date of Meeting:</b> Tuesday 4 February
<b>Subject:</b> Chair's Report
<b>Author:</b> Vijay Sharma
<b>Status:</b> For Information

#### **Summary Overview**

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

#### **Recommendations**

**The meeting is asked to:**

1. To note and report
2. Ask the new Board to consider the with the recommendations on page 4.

## **Introduction**

1. Following the invitation to be Interim Chair for Healthwatch Leicestershire from April 2013 my priority, in consultation with John Baker, Sue Staples, Geoffrey Smith and other colleagues was to put in place:

## **Interim Structures**

2. Put together an Interim Leadership Group (ILG) to provide Leadership and Governance.
3. I am pleased that Fiona Barber, Lucy Smith, Vince Attwood responded positively to an invitation to join John Baker and Sue Staples on the ILG. Bernard Greaves represented VAL. All these colleagues have provided invaluable insight and support.
4. County Reference Group (CRG) was established to scrutinise and receive reports on the current issues in the Health and Social Care through Healthwatch Member representation on various Boards.
5. Thanks to Beverly Gillman, Kevin Blanks, Eric Charlesworth, Richard Akers and Geoffrey Smith for their support in continuing to represent Healthwatch on various Boards and provide patient/user voice and perspective.
6. The County Support Group members - Dave Kirkwood, Paul Ward, Colin Hadley and Bernard Greaves joined the CRG at the start of the Phase 2. All three colleagues offered support with Communication plans and Governance matters.

## **Leicestershire, Leicester and Rutland Reference Group (LLR)**

7. Philip Parkinson and myself initiated the lunchtime LLR meeting to provide a forum for information exchange and joined up response, if appropriate, on common issues particularly with regard to the Providers.

## **Establishment of the Permanent Board and Chair recruitment**

8. Following a number of workshops in late spring/summer John Baker was invited to Chair a Task Group consisting of Geoffrey Smith, Colin Hadley, Kevan Liles, Vandna Gohil and myself to develop plans for the permanent Board structure and Chair recruitment.

## **Work Programme**

9. Detailed reports on Healthwatch Leicestershire work programme have been submitted by Vandna Gohil, Healthwatch Director to the Interim Leadership Group monthly meetings over the last few months.
10. The Interim Leadership Group has concentrated on escalated Health and Social care issues and the Future structure. Progress is documented in my reports to the ILG dated 13th July 2013, 30th September 2013 and 4th

November 2013 along with the oral updates to the ILG and County Reference Group Meetings. I would like to highlight the following areas:

### **Healthwatch Participating Observers**

11. Healthwatch representatives have been accorded the status of participating observers on the County CCGs, UHL, LPT and County Health OSC and Adult and Communities OSC.
12. This is an important development as it facilitates effective contribution and challenge to the Boards without the Board membership and voting rights.

### **Health and Social Care Issues**

13. Wide ranging Health and Social Care issues have been picked up and responded to.
14. Leicestershire Partnership Trust, University Hospital Leicester Emergency Department and related matters, Kettering General Hospital and Peaker Park Care Home performance have featured high on the ILG Agenda and require ongoing scrutiny.

### **Leicestershire County Engagement Events**

15. Engagement events in the autumn of 2013 were an important piece of work.
16. A detailed report was presented to the ILG on the 4th December 2013 meeting and a follow up appears on today's Agenda.
17. These events helped to raise the awareness of Healthwatch Leicestershire, helped drive the Healthwatch Membership recruitment and share plans for the future Board /Chair recruitment.
18. Above all, it provided a vital listening and evidence building opportunity through meeting patients, users, families and carers.

### **Substantive Board and Chair recruitment**

19. I am pleased to note that the Healthwatch Membership has elected 6 Members to the new Board and the Chair recruitment exercise is nearing completion. A detailed report appears elsewhere on the Agenda. See agenda item 7 paper 5.

### **Conclusion**

20. As this is my last meeting as Interim Chair, I would like to thank all my colleagues on the ILG, CRG, Support group, Vandna Gohil and all the Healthwatch Staff for their support, commitment and hard work. My involvement with Healthwatch has further reinforced the need and value of patient/user voice. I am heartened by the Stakeholders willingness to engage with Healthwatch and the support, passion and commitment of the

volunteer Healthwatch members.

## **Recommendations**

The Leicestershire Healthwatch Board is recommended to consider :

1. Review and confirm Healthwatch representation on ALL Boards ranging from County Health and Wellbeing Board, Health and Adult and Communities OSC, Integrated Commissioning Board, Integration Executive, Better Care Together work streams, Provider Trusts, County CCGs, Quality Surveillance Group, Urgent Care Working Group to name a few.
2. Vandna Gohil, Healthwatch Director to compile a comprehensive list of Healthwatch Representation on ALL Boards and Bodies for Healthwatch Board to consider.
3. It is vital that the feedback coming out of engagement events is carefully collated, shared with the relevant stakeholder, actions monitored and progress shared with Healthwatch members.
4. Healthwatch will be held to account for its responses to patient and user feedback.
5. Healthwatch Board to consider actively involving Healthwatch Members who had submitted Expressions of Interest in the run up to the Board election.

<b>Name of Meeting: Interim Leadership Group</b>
<b>Date of Meeting: 4 February 2014</b>
<b>Subject: Director's Overview Report (December 2013 and January 2014)</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 (HWL) staff team for December 2013 and January 2014.

Please note that the Officer support provided for Reference Group, Leicester, Leicestershire and Rutland (LLR) meeting and Interim Leadership Group (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 December 2013 and January 2014.
2. Note the use of the HWL Consultation on Priorities Interim report for the BCT bid. ( para 5)
3. Note the developments in paras 51 -152



## 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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## Relationships, Influence and Engagements with County Council

### County Health and Wellbeing Board (5 December 2013)

2. Healthwatch Leicestershire was invited to give a presentation on progress to date to the meeting. The presentation was well received and there was much interest by members and stakeholders on the priorities and also the meeting noted the developments and that good relationships have been formed with CCGs and other partners.

### Integration Transformation Fund in Leicestershire (12 December 2013) County Council Better Care Fund Group meeting 23 January 2014

3. Represented HW at the meetings to develop and inform the County Councils bid alongside Geoff Smith as HW member to ensure that public and patient involvement is reflected in the planning and delivery of the bid.  
In June 2013 the Government announced the introduction of the Better Care Fund (BCF), (previously known as the integrated Transformation fund - ITF) - *'a single pooled budget of £3.8 billion for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities'*.
4. The national aim of the BCF is to act as a catalyst for the integration of health and social care, providing an opportunity to transform care so that people receive better integrated care and support. It is also acknowledged as a way of helping to deal with demographic changes in adult social care and the policy and legislative changes associated with the introduction of the Care and Support Bill.
5. The Interim findings from the Leicestershire Healthwatch Autumn programme is being used as an evidence base for the plan and the final report will also be included.
6. The HWBB will sign off the bid at its meeting on 13 February 2014 with the draft submission also going for approval to WL CCG and ELR CCG on 11 February 2014.

**Leicestershire County Council Quarterly Meeting, Mick Connell and Amanda Watson (13 January 2014)**

7. Attended the meeting - See para 60 and 61 for details

**Meeting with County Officials - Mike Sandys - Public Health England, Julie Drake - CYP, Sue Wilson - Adults and Communities (15 January 2014)**

8. A regular series of meeting has been established with senior officials for information exchange and collaborative working

**JSNA event Planning Meeting ( 24 January 2014)**

9. Jenny and I attended the workshop session and the outcome is that HW Leicestershire is a partner in the JSNA event being held on 24 February with the new Chair as panel speaker.
10. HW members have been allocated 50 places ( 50%) of places and Jenny is leading on the targeted approach to promote take up of these places.

**Meeting with Commissioners on Service measure and outcome 2014/15 (29 January 2014)**

11. A draft outcomes framework is being developed using the LGA and HWE Toolkit with an initial meeting to review this with the Commissioner. A revised version reflecting early feedback will be presented to the HWL Board meeting in March.

**Relationships, Influence and Engagements with NHS Local Area Team**

**Leicestershire Quality Surveillance Group (9 December 2013)**

12. Attended the bi-monthly meeting with the Interim Chairs ( Philip Parkinson, Jennifer Fenelon) and HW members Eric Charlesworth and Sue Staples.

**Meeting with David Sharp, (18 December 2013)**

13. With the Interim Chair for HW Leicester, HW Rutland, Eric Charlesworth and Geoff Smith we discussed the emerging issues from local Healthwatch.

14. A report on dental enquiries is being collated to send to him identifying the issues and concerns we have recorded from our sign posting service.

## **Evidence and Insights**

### **UHL- CQC Inspection Meeting with Fiona Allison (9 January 2014)**

15. With the Interim Chairs and members - Eric Charlesworth, Geoff Smith and Mike Pepperman meet review evidence to submit to the CQC for their inspection of UHL. The staff team analysed the data from sign posting and also questions from members to provide the basis of the submission prepared and circulated to LLR meeting 22 January 2014.

## **East Midlands networking**

### **Healthwatch Regional Meeting (14 January 2014)**

16. Attended the bi-monthly meetings where relationships with EMAS was the key topic of discussion. Complaints and the Cywld Hart review will be on the agenda for the next meeting on the work LLR is doing on this will be fed in.

### **VCS and Healthwatch representatives on Health and Wellbeing Boards (21 January 2014)**

17. This was an event organised by ONE East Midlands with presentations from County Council and the LGA>

## **Governance**

18. Oversaw the staff team and Interim Chair's support for the January ILG, County Reference Group Meeting and LLR Reference Group Meetings alongside induction and orientation development programme for the new Board and Chair's recruitment.

<b>Ivan Liburd - Policy and Partnerships</b>
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### **Healthwatch LLR Response to the Government response to the Francis report January 2014**

19. Healthwatch Leicestershire, Leicester and Rutland (LLR) responded to the Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry: Francis report. The final report of the Mid

Staffordshire NHS Foundation Trust (Francis report) Public Inquiry was published on Wednesday 6 February 2013. The release of the report which investigated the failings into Mid Staffordshire NHS Foundation Trust; sparked an array of responses and recommendations to change the culture of the NHS and health care on a national scale.

20. An LLR response was produced that included the experiences and views of service users and residents across LLR.

#### **Adult Social Care Transformation Group 11th December 2013**

21. An update on the work of Healthwatch Leicestershire to the Adult Social Care Transformation Group was given. The meeting is attended by Voluntary and Community Sector groups and local authority officers across Leicester and Leicestershire to share information, promote partnership working and build on channels of communication with authorities and all those who attend.

#### **Francis & Winterbourne Task Group 13th December 2013**

22. Work to produce a document/ guide that is intended to be used as a prompt and reminder to assist Healthwatch staff and representatives to monitor the commissioning and delivery of health and social care is underway. Healthwatch, as the consumer champion for health and social care is the 'public conscience' for important reports such as Francis, Winterbourne, Keogh, Cavendish and Berwick, ensuring that the recommendations of these reports are implemented and not forgotten or allowed to slip 'beneath the horizon' of the Trusts, CCG Boards and Social Care. This guide will help to assist new and current volunteers and staff in formulating questions or to monitor actions within multiagency meetings.

#### **Health Overview and Scrutiny Committee**

23. A meeting with Anne Mitchell took place on 14th January 2013 to further discuss the progress on the Referral Pathway for Older People with Anxiety or Depression review. Ivan is working to deliver a small event bringing service users together with a select panel, a report and a presentation in partnership with Ben Smith of the Policy Team at VAL. Ivan has been consulting with service providers such as The Good Thinking Therapy and LAMP to gather information to assist his findings.
24. A final report will be produced by the HOSC (date TBC) and inform a wider discussion.

<b>Micheal Smith - Outreach Team Leader</b>
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### **Enter and View and Safeguarding Work Group**

- 25. After a meeting between the Chair of the E&V&S Workgroup, the Healthwatch Director and the Lead staff member, a change in the training rollout was agreed with a phased approach noting a slight delay to outline plans.
- 26. On the 13 January a training session for the Work group was completed and received positive feedback from attendees. This has highlighted a small number of improvements to be made to the training material before the second phase of training will begin.
- 27. A safeguarding issue was raised just before Christmas, through the Helpline, but this has been handled as per the Healthwatch process and taken up by the CQC.

### **NHS Complaints Review Task and Finish Group.**

- 28. Following a meeting between the Group Chair and officers from the NHS England LAT team, Healthwatch is working closely with them and they have joined the group to work together.
- 29. The Group has begun work on setting out a number of standards for how NHS complaints should be handled. This has been submitted to the LLR reference group for comment.
- 30. The group has also been in contact with Healthwatch England, to better understand the national picture around NHS complaints. Healthwatch England is keen to understand from Healthwatch Leicestershire what the local patient experience is.
- 31. Healthwatch sent out a letter to all local NHS trusts asking for their response to the Clwyd-Hart report and to date we have received responses from all trusts except LPT and WLCCG. All trust who have responded are keen to work with HW on this matter.

### **Children and Young People's (CYP) Involvement with Healthwatch**

- 32. Healthwatch officers met with FOCUS and Diversity Hub to discuss CYP engagement. From this they have submitted a proposal on CYP engagement. The proposal is currently under review as part of the work programme for next year.

33. Between April 1<sup>st</sup> and December 31<sup>st</sup> 2013 the Healthwatch Helpline Leicestershire has received a total number of 284 calls. Table 1 presents the number of calls received in the County each month; there has been a significant increase in calls over the last Healthwatch quarter (October - December 2013). The marked difference in calls received in November and December is likely due to distribution of promotional material and a number of community engagement and Outreach events that occurred during these months.
34. It is also important to note the possibility of more calls being captured as the Healthwatch Helpline 0116 2574999 has been operating 9am- 4pm Monday to Friday since mid November 2013.

Table 1.

Count of Month	Total
April	25
May	39
June	27
July	30
August	31
September	27
October	14
November	43
December	48
<b>Grand Total</b>	<b>284</b>

35. Healthwatch Leicestershire currently has 1,459 members. This membership is broken down as follows.

Count of Client Type	Total
Health Provider	6
Individuals	140
Local Authority	0
MP/ Councillor	6
Social Care Provider	2
Stakeholder	1
Voluntary/ community sector	3
	34

**Nick Mills - Policy Officer and Jackie Woodhouse - Policy and Research Officer**

### **Independent Review of Continuing Healthcare**

36. The Research Team have been talking to relevant VCS organisations, throughout December and January, about patient experience of the NHS Continuing Healthcare assessment process. Information from the VCS will be submitted to Andrea Baker, the consultant leading on the review, by 31 January for inclusion in her report to the Integrated Commissioning Board, Leicester, Leicestershire and Rutland, in February.

### **Priorities Consultation**

37. The research team have now completed the consultation to establish the key priorities for Healthwatch Leicestershire, including work to increase engagement with under-represented groups. This material has been analysed and the recommendations from the consultation being presented to the ILG on 4 February 2014.

### **Healthwatch and VCS Engagement**

38. The research team will review the methods of engagement with the VCS to ensure that VCS groups can access Healthwatch quickly and easily, and provide up to date information on the issues affecting their stakeholders.

**Steph Hollis - Communications Lead with Beth Newman- Turner**

### **Press releases**

39. December 2013- Vijay along with Chairs for Healthwatch Leicester and Rutland were asked to comment to Leicester's Hospitals deficit there comments was published in the Leicester Mercury's front page story **Leicester's hospitals set to be in deficit by £40m** on 17 December.
40. *10 January 2014* - **Permanent Board elected for Healthwatch Leicestershire.** This press release was issued to all media, the

release also highlighted that HWL are seeking a Chair.

41. On **13 January 2014** the Leicester Mercury published part of the press release about recruiting the Chair. Followed by Board announcement published in the Leicester Mercury on **15 January 2014**.
42. **13 January 2014** - BBC East Midlands Today asked to for representative from Healthwatch Leicester or Leicestershire to comment on the Proposed CQC Inspection of UHL. Philip Parkinson was available to be interviewed. The news item was broadcasted at 6.30pm on 13 January.

### Advertising

43. ***Appointment of Chair***- An advertising campaign to seek a Chair for Healthwatch Leicestershire started on w/c 13 January. The advert has appeared in the following media:

- East Midland Jobs - 13 January
- Guardian Online - 14 January
- Leicester Mercury - 14 January
- Harborough Mail, Melton Times, Hinckley Times - 15 January
- Coalville Times, Loughborough Echo - 16 Januar

### Membership

44. E-news has continued to go out to members
- **6 December 2013**- County residents make their voices heard - an article about the consultation events and the common issues emerging.
  - **10 December 2013** - Call out to members to send in their questions for the quarterly meetings
  - **10 January 2014**- Board Election Results
  - **30 January 2014** - Invite to members to the Health and Wellbeing Strategy Update. An joint event with HWL, LCC, ELR CCG, WL CCG.
45. Newsletters
- December issue was posted to members on 10 December 2013
  - Election Results issue was posted to members on 16 January 2014

### Social media

46. @HWLeicShire continues to tweet health and social care news each morning. Recently we have been promoting the new Board announcement and Chair recruitment.



## Networks

- 47. Stakeholders will have received the Enews about the new Board and Chair recruitment.
- 48. VAL weekly ebriefing has published news stories, events, Board announcement and Chair recruitment to the VCS.
- 49. HWL Brand Awareness online and postal survey will be issued through all VAL communications with VCS - forums, Enews and events. The survey will also sent to ELR & WL CCGs to ask to include in their monthly e-bulletins.

## Website

- 50. The Communications team have been working on the new website that is they hope to launch beginning of February. Dave Kirkwood has kindly proof read and provided feedback to the team.

## Other

- 51. **Brand Awareness survey** - Healthwatch Leicestershire is conducting a survey to find out if county residents and organisations have heard about them and understand what they do. The survey will go out to VCS organisations via VALs communications and events as well as on street survey with public in the 7 districts (HW Volunteers maybe asked to help). A report will be published end of March as a deliverable inn this year's implementation plan.
- 52. **Annual Review** - Planning stages for this year Annual Review has begun, with a team workshop planned on 5 February. Outcomes of the workshop and more information will be provided in the next meeting on 5 March.

<b>Jenny Darlow - Outreach Officer</b>
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- 53. During December 2013 and January 2014 Healthwatch Leicestershire has attended a number of key events across the county and into Northampton.
- 54. Events attended include
  - 'Celebrating Health research in Leicestershire, Northamptonshire & Rutland" run by NIHR CLAHRC
  - "New Year, Healthy Start" run by Leicestershire County Council's Communities & Wellbeing

- Dept at Wigston Magna Library
- CQC Listening Event at DeMontfort Hall
- Equality & Diversity Event at South Leicestershire College

55. In addition to these Healthwatch Leicestershire has been working in partnership with Leicestershire County Council, East Leicestershire & Rutland CCG and West Leicestershire CCG to plan, develop, organise and host the Leicestershire Joint Strategic Needs Assessment Event which is due to take place in February 2014.

### **UHL Quarterly Meeting**

56. The UHL Quarterly Meeting took place on the 8th January 2014. A number of questions were raised and responded to and in addition a number of 'hot topics' which included:
- The continued delay in Hospital Pharmacy prescriptions 'To Take Out'
  - The Listening into Action Projects- especially Informatics & Data Quality and Pharmacy
  - Finance in light of the deficit announcement
  - CQC Inspection (beginning Jan 13<sup>th</sup>)
  - Could Healthwatch help influence stronger collaboration between primary, secondary and social care?

### **EMAS Quarterly Meeting**

57. A meeting has been held Gulnaz Katchi, Vandna Gohil and Jenny Darlow to discuss working protocols and the structure of future quarterly meetings. Both EMAS and Healthwatch Leicestershire are now happy that these meetings will be used effectively.
58. The EMAS quarterly meeting was held on 20th January 2014 and was conducted in line with the discussion that had been held. The meeting proved to be very useful to both parties and in addition to the public questions raised there were updates on both sides and discussion around Better Patient Care, the EMAS Task Group and the protocol.
59. The next EMAS quarterly meeting is scheduled for 28th April 2014. A request for questions will be going out to Healthwatch members and members of the general public during March / April 2014.

### **Adults and Social Care Quarterly Meeting**

60. The Adults and Social Care Quarterly Meeting took place on the 13th January 2014. Better Care Together, LCC's consultation on early intervention and prevention services and The Care Bill were all discussed in addition to the public questions.
61. The next LCC quarterly meeting is scheduled for 14th April 2014. A

request for questions will be going out to Healthwatch members and members of the general public during March 2014.

### **LPT Quarterly Meeting**

62. The LPT Quarterly Meeting was held on the 9th January 2014. In addition to the public questions raised LPT informed the Healthwatch reps about the following

- HMP Leicester CQC Visit
- National Pilot to provide Mental Health nurses in courts and custody suites
- QIP update

63. A request for questions will be going out to Healthwatch members and members of the general public during March 2014 for the next meeting which is scheduled for 10th April 2014..

### **Carers Task Group**

64. The Carers Task Group was held on the 11th December 2014 and Andrew Souley from the Carers Health and Wellbeing Project gave a presentation updating the group on work to identify carers through GP surgeries. The group are now focused their attention on young carers and the transition to adult carers and carers in employment.

### **Social Care Task Group**

65. The Social Care Task Group has not met in December 2013 and January 2014 but is looking to reconvene on the 5th March 2014.

<b>Deborah Govender - Administrator</b>
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66. The following is a summary of some of the activities undertaken by the Administrator:

67. Letter Preparation dated 18 December re: Healthwatch Leicestershire Priorities Consultation: Interim Report to -

- Toby Sanders, Managing Director, West Leicestershire CCG
- Dr David Briggs, Managing Director, East Leicestershire and Rutland CCG
- Sue Cavill, Head of Communications and Engagement, East Leicestershire and Rutland CCG
- John Adler, Chief Executive, UHL
- Dr Peter Miller, Chief Executive, LPT
- Helen Thompson, Director - Families, Young People and Children, LPT

- Sue Noyes, Chief Executive, EMAS
- Lesley Hagger, Interim Director fo Children's Services, Leicestershire County Council
- Ivan Ould, Chairman, Children a d Young People's Commissioning Board, Leicestershire County Council
- Avril Lennox, Leisure Development Officer, Oadby and Wigston Borough Council
- Sandra Whiles, Chief Executive, Blaby District Council
- Anitha Pathak-Mould, Head of Community, Oadby and Wigston Borough Council
- Ronan Browne, People Manager, Melton Borough Council
- Simon Jones, Cultural Services Manager, Hinckley and Bosworth Borough Council
- Jane Wisely, Community and Recreation Manager, Harborough District Council
- Dr David Sharp, Managing Director, NHS England Leicestershire and Lincolnshire
- Julie Robinson, Head of Neighbourhood Services, Charnwood Borough Council
- Mike Sandys, Director of Public Health, Leicestershire County Council
- Julie Drake, Head of Strategy and Commissioning, Children's and Young People's Services, Leicestershire County Council
- Mick Connell, Director of Adults and Communities, Leicestershire County Council
- John Richardson, Head of Community Services, NorthWest Leicestershire District Council

68. Admin support for Chair Recruitment

- Five applications received and handling 10 enquiries.

69. Member Expenses

- Processed HWL 10 volunteer expense claims

70. Support team with preparation for meetings (LLR, City Reference, County Reference, Rutland Steering Group and County ILG) and prepare reports for Director.

**Paper 8**

<b>Name of Meeting:</b> Interim Leadership Group
<b>Date of Meeting:</b> 4 <sup>th</sup> January 2014
<b>Subject:</b> Finance Report Q3 & Year End Prediction 2013/14
<b>Author:</b> Kevan Liles
<b>Status:</b> For information and discussion by Leicestershire Interim Leadership Group

**Summary Overview**

There are two papers – the first is the Q3 position and the second is a year end prediction.

Any underspend will be earmarked for use next financial year by HW Leicestershire (budget to be discussed in March) by the new Board.

The meeting is asked to:

1. Note the reports.

## Leicestershire Healthwatch - Quarter 3 Report 2013-14

	Q3 budget	Q3 actual	variance	% variance	Comments
	13526				
	9262				
	24012				
	25770				
	24012				
	16884				
	14712				
	2625				
<b>Total Staff Costs</b>	<b>130802</b>	<b>102005</b>	<b>28797</b>	22%	Most staff not finally appointed until end of month 2
Staff Travel County	5310	1217	4093	77%	
Staff Training	664	0	664	100%	Staff only just appointed
CYP involvement - training and support package	5625	0	5625	100%	Commissioned no invoices paid to date
IT Support	5577	3621	1956	35%	
Newsletters, Video paid advertising and publications	6102	7805	-1703	-28%	Big initial start up costs in communications
Engagement Events	7875	16709	-8834	-112%	Big initial start up costs
Quality Mark	3000	0	3000	100%	To be started when Healthwatch set up
Volunteer expenses and board expenses	4200	2688	1512	36%	Likely to be mixed in with Staff Travel above
Database development and capital IT/office equip	8300	0	8300	100%	Assessing requirements in first quarter
TUPE and recruitment	2250	1887	363	16%	HR process still in train in Q1
Development of community and volunteer training	11250		11250	100%	To be commissioned
Research and consultancy (research/expert analysis)	11250	2877	8373	74%	Will be driven by Healthwatch agreed priorities
<b>Total Direct Costs</b>	<b>71403</b>	<b>36804</b>	<b>34599</b>		
Office costs	13275	13587	-312	-2%	Costs driven by staff appointments
Other Central costs	17700	10428	7272	41%	Costs driven by staff appointments
Contingency	10570	0	10570	100%	No contingency required
<b>Total Expenditure</b>	<b>243750</b>	<b>162824</b>	<b>80926</b>	33%	

### Underspend Analysis

	Underspend	Comment
Staff Costs	28797	Increased by £7000 since last quarter - additional appointments made in quarter
CYP involvement - training and support package	5625	Will be spent as now commissioned
Quality Mark	3000	Will be spent in second half of year
Development of community and volunteer training	11250	To be commissioned
Research and consultancy (research/expert analysis)	8373	Will be driven by Healthwatch agreed priorities
Database development and capital IT/office equip	8300	Work in train - to be invoiced
	<b>65346</b>	

## Leicestershire Healthwatch - Quarter 4 predicted 2013-14

	Q4 budget	Q4 prediction	variance	% variance	Comments
<b>Total Staff Costs</b>	<b>174403</b>	<b>149556</b>	<b>24847</b>	14%	Most staff not finally appointed until end of month 2
Staff Travel County	7080	2417	4663	66%	
Staff Training	885	500	385	44%	
CYP involvement - training and support package	7500	0	7500	100%	Commissioned no invoices paid to date
IT Support	7436	5386	2050	28%	
Newsletters, Video paid advertising and publications	8136	11172	-3036	-37%	Higher than predicted costs in communications
Engagement Events	10500	23996	-13496	-129%	Large programme of engagement - needs to be budgetted for in future
Quality Mark	4000	0	4000	100%	
Volunteer expenses and board expenses	5600	3853	1747	31%	
Database development and capital IT/office equip	11067	11000	67	1%	
TUPE and recruitment	3000	1818	1182	39%	
Development of community and volunteer training	15000	0	15000	100%	
Research and consultancy (research/expert analysis)	15000	3754	11246	75%	Will be driven by Healthwatch agreed priorities
<b>Total Direct Costs</b>	<b>95204</b>	<b>63896</b>	<b>31308</b>		
Office costs	17700	20953	-3253	-18%	Costs driven by staff appointments
Other Central costs	23600	15267	8333	35%	Costs driven by staff appointments
Contingency	14093	0	14093	100%	No contingency required
<b>Total Expenditure</b>	<b>325000</b>	<b>249672</b>	<b>75328</b>	23%	

### Underspend Analysis

	Underspend	Comment
Staff Costs	24847	Reduced by £4000 since last quarter
Staff Travel	4663	Over budgetted
CYP involvement - training and support package	7500	Will be spent in second year
Quality Mark	4000	Will be spent in second year
Development of community and volunteer training	15000	To be commissioned
Research and consultancy (research/expert analysis)	11246	Will be driven by Healthwatch agreed priorities
	<u>67256</u>	

**Healthwatch Leicestershire Interim Leadership Group Meeting**  
**Monday 4<sup>th</sup> December 2013**  
**ACTION NOTES UPDATE**

<b>Present:</b>	John Baker (JB) Vice Chair	Ivan Liburd (IL) -HW Policy & Partnerships Officer
	Lucy Smith (LS)	Sue Staples (SS)
	Vince Attwood (VA)	Vandna Gohil (VG) - HW Director
	Fiona Barber (FB)	Jenny Darlow (JD) - Outreach Officer
	Jackie Woodhouse (JW) VAL Researcher	

Public	Geoffrey Smith (GS) - HW Member
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<b>Apologies:</b>	Micheal Smith (MS) - HW Outreach Leader	
	Kevan Liles (KL) - Voluntary Action Leicestershire	Vijay Sharma (VS) - Chair

**1. Welcome and introductions**

JB welcomed everyone to the meeting, including members of the public.



Item No	Heading	Details	Action	Outcome/Updates
2.	Declarations of Interest	<p>No interests declared.</p> <p>HWL may want to develop a declaration of Interest policy for clarity.</p>	(a). IL to look in to best practice policies already in existence.	Completed and deferred to new board.
3.	Notes from the last meeting and Actions	<p>Item 3.c SS to follow up the meeting with CQC in the new year.</p> <p>Item 4.3 SS attended a meeting with Prime Life and the Quality Surveillance Group. There were concerns by people within the meeting that Prime Life has 18 months of failings across their businesses with the main one being Peaker Park Care Village.</p> <p>The CQC are still monitoring Peaker Park, as is Leicestershire County Council.</p> <p>Prime Life has invited Jennifer Fenelon and SS to visit their</p>	(a). E&V task group to invite Tim Birtwistle/ CQC a meeting to discuss various issues and working practice as a matter of urgency.	(a). E&V&S group to take forward.

		organisation and their homes. This meeting will be arranged after the new year.		
4.	Issues, Signposting and Safeguarding	<p>A paper was presented by FB that sets out the suggested process of reporting information, which is, captured either face to face or through HWL telephone helpline service; and a referral process for signposting members of the public to the NHS Independent Complaints Advocacy Service delivered by POhWER.</p> <p>It was noted that the protocol with POhWER would be beneficial to HWL.</p> <p>The ILG agreed all recommendations put forward from this paper and asked for this to be reviewed after six months.</p>	(a). MS to progress referral protocol with POhWER Advocacy and to place final the final document on the website.	(a). MS and the HW advisors are developing the referral process to be implemented. A meeting with POhWER on the 29 Jan is set to discuss this further.
5.	Entre & View and Safeguarding	SS presented a paper that sets out the actions to be taken by Healthwatch members or members of the public, should they feel a safeguarding issue has been observed.	<p>(a). VG to continue to develop a flow chart that refers to Fig 1 of the paper.</p> <p>(b). SS to include the appendix as part of the</p>	(a). Final signoff of the Safeguarding policy to be done at the next E&V&S Work Group meeting on 3 Feb 2014

		<p>The ILG agreed all recommendations put forward from this paper.</p>	<p>paper on agreement of the E&amp;V Task Group.</p> <p>(c). E&amp;V task group to share the HWL safeguarding and E&amp;V policies with the CQC as best practice.</p>	<p>(b). Completed</p> <p>(c). Pending - Once the Safeguarding policy has been signed off.</p>
6.	PLACE Position Paper	<p>The paper sets out the relationship between Healthwatch Leicestershire and Patient Lead Assessment of Care Environment (PLACE).</p> <p>Healthwatch LLR, Healthwatch England and the Department of Health was held on Friday 25<sup>th</sup> October 2013. The purpose of the meeting was to clarify Healthwatch Leicester, Leicestershire and Rutland's role, responsibilities, and PLACE representatives concerns regarding Inspections.</p> <p>As part of the ILG discussion and to deliver best practice, it was agreed that those members of HWL that are also PLACE inspectors would be asked to complete a DBS check.</p>	<p>(a). E&amp;V task group to lead on the DBS checks for volunteers that are both HWL members &amp; PLACE assessors.</p> <p>(b). To notify LPT and HWE of our intention to recommend this as best practice.</p>	<p>(a). DBS checks would not be able to be completed on PLACE assessors as they do not fit the criteria for a DBS check. DBS check process in place for HWL members</p> <p>(b). Unable to take forward. See point a).</p>

		PLACE position statement was agreed.		
7.	Outreach Events - Autumn Programme	JD presented a paper that captured the learning from the recent HWL consultation events that took place in each of the seven districts. 151 people attended the events out of which 51 new members joined HWL. JD commented that almost all of the feedback from attendees was positive. The paper sets out clear examples of best practice for future events.		
8.	Setting Healthwatch Leicestershire Priorities: Interim Findings	<p>JW presented a paper that informed ILG members of the emerging findings as identified by the consultation events. The paper provided an overview of key themes that were identified across the county and district level information.</p> <p>There was a discussion around how this information is fed back to delegates and on to stakeholders and commissioners; also suggestions that this outreach work should be ongoing in some form with the development of an</p>	<p>(a). SH to prepare a press release for each district regarding the report findings and to be sent to members and attendees of the events.</p> <p>(b). JW to prepare a covering letter to send to stakeholders with the report.</p> <p>(c). IL to arrange for the report to be sent to the reference group members.</p>	<p>(a). SH Waiting for signed off report final priorities report.</p> <p>(b). Completed.</p> <p>(c). IL - The report was circulated to the reference group as part of the meeting papers.</p> <p>(d). VG has shared the interim report and findings with commissioner's and key stakeholders.</p>

		engagement plan.	(d). VG to arrange for the report to be sent to commissioners and stakeholders.	West Leicestershire CCG, East Leicestershire and Rutland CCG, UHL, LPT, EMAS, Leicestershire County Council, All severn District Councils, NHS England Leicestershire and Lincolnshire,
9.	Overview of Task & Finish Groups	<p>JD presented an overview of the current task groups that HWL are involved in. There are two groups that have not yet met under Healthwatch, these are the EMA task group and the Frail &amp; Elderly task group. There was a suggestion that the EMAS task group should meet in the new year.</p> <p>EMAS has invited HWL to visit their offices.</p>	(a). David Barsby - EMAS task group to meet in the new year and visit EMAS offices as per invite.	(a). Pending.
10.	Press and Publicity Report	<p>VG presented the Press and Publicity Report for November 2013, which highlights the work that has been delivered within the area of Press and Publicity.</p> <p>HWL will be producing a health and social care directory in the New Year via a company called</p>	(a). SH to progress the publication of a HWL directory.	(a). Waiting for a schedule from Health Care Publications.

		<p>Health Care Publications.</p> <p>There will be two directories for Leicestershire split by the CCG area. The directories will be HWL branded and will include 6 pages of editorial dedicated to Healthwatch Leicestershire content.</p>		
11.	Update from Establishing Substantive Healthwatch Leadership Task Group	<p>JB informed the ILG that the interview panel met and subsequently offered someone the position of Chair pending references and acceptance by the named person. By the end of January 2014 HWL should have a new Chair and board members in place. There were 13 nominations for six board member places. Elections are underway and will end on 13<sup>th</sup> December 2013. A communications plan is in process to announce the outcome of the new Chair.</p> <p>There was a suggestion that the new board undertake a skills audit once in place.</p>		
12.	Healthwatch Leicestershire Director's Overview Report	VG presented a report that provided the ILG with an		

	November 2013	overview of the work and activities undertaken by the HWL staff team for November 2013.		
13.	Leicestershire District Councils Housing Offer for Health and Wellbeing	<p>Sandra Whiles (CEO of Blaby District Council) gave a power point presentation outlining the Leicestershire District Councils housing offer to health. The presentation describes how district councils can support the delivery of the local health and wellbeing strategy objectives.</p> <p>The presentation was well received by the ILG and discussions took place around equity release, the cost of home adaptations and the transferring of local funding to the ITF.</p> <p>Sandra offered her support to HWL regarding issues around health and housing and asked HWL to help raise the profile of how housing can affect health.</p>		
14.	Questions from members of the Public	GS asked for assurance that HWL were aware of the UHL inspections between 14 <sup>th</sup> - 17 <sup>th</sup>	(a). VG to inform CQC that HWL would like to be involved and kept up to	(a). Completed. (b). Work in progress.

		<p>January 2014. The forthcoming public listening event may be a good place for HWL to promote how they can help.</p> <p>FB requested a system to be put in place to support HWL representatives on boards.</p>	<p>date with the events in January, in particular the public listening event.</p> <p>(b). VG/ IL Review working arrangements regarding support for HWL representatives.</p>	
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