**Meeting of Healthwatch City of London Board Meeting in Public**

**Date and Time:** Friday 14th May 13:00 – 15:00

**Venue:** Zoom

**Chair:** Gail Beer

**Present:** Trustees: Trustees: Chair: Gail Beer (GB), (SS), Malcolm Waters (MW), Steve Stevenson (SS), Sean Lee (SL),Lynn Strother (LS). Staff In attendance: Teri Anderson (TA), Paul Coles (PC), Rachel Cleave (RC). Guest Speaker Chris Pocklington, Director of Group Operations, Barts Health (CP). Members of the Public

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| **Item** | **Issue** | **Action** | **Owner** | **Date for Resolution** |
| 1 | **Welcome, introductions and apologies. Declaration of conflicts of interest.** | Welcome by Chair.  Apologies from Salma Khatun, Janet Porter, Stuart Mackenzie, Cynthia White  No new declarations of conflicts of interest | GB | N/A |
| 2 | **Minutes of the previous meeting. Attachment A** | The minutes of the previous meeting were approved. | GB | 14/05/21 |
| 3 | **Matters Arising: Not covered by the agenda.**  Public engagement within the Integrated Care System-HWCoL to be integral in developing and enabling resident participation-PC/RC. | PC described HWCoL’s involvement in the new Patient and Public Enabler Group; a sub-committee of the new Integrated Care Board (ICB). The first workshop has been held with a further workshop scheduled for June. The outputs of these will form the basis of public engagement within the new ICB.  The Patient and Public Enabler Group will evidence the ICB’s commitment to public engagement, providing strategic leadership on public engagement and enabling co-production with the public. When new services are proposed, or service changes recommended, they will ensure the new City and Hackney Integrated Care Partnership involves the public in the developments.  SS informed the Board that he felt users of services are now as involved as professionals. Next week the Neighbourhoods’ Group will be starting co-production training for members of the public and the more junior officers to enable a greater understanding of what co--production means.  GB informed the Board that she had raised HWCoL’s concerns regarding public engagement in the new IC structures with Corporation of London. There are a number of different pieces of public engagement and involvement in co-production and other programmes which feel disconnected and overlap.  Public engagement needs to be closely monitored within the context of the emerging structures to make sure all voices are heard and not lost. |  |  |
| 4 | **HWCoL Board meeting in Public action Log: to note.** | Actions from the last meeting were completed. |  |  |
| 5 | **Chair Update** | GB informed the meeting that the agenda covers all the areas of current activity. |  |  |
| 6 | **General Manager update**  Paul Coles | PC updated the Board on the Shoreditch Park and City Primary Care Network (PCN) Engagement project with HW Hackney. This has been in progress since January.    Both HealthWatches have been commissioned to carry out engagement with patients and residents of The City and Shoreditch Park area, (population of approximately 60,000). The project includes identifying the services they would like to see available from their GP Practice, how patients prefer to be contacted and peoples experiences during Covid-19. An online survey and follow up focus groups were the tools used to engage with the patients and residents. The survey generated over a thousand responses with 300 from Neaman Practice patients of which 280 were City residents. Initial results from the survey and focus groups will be shared with the Shoreditch Park and City Primary Care Network (PCN) on 25th May. Residents and patients identified childhood obesity services as their key priority.  HWCoL has received a grant from **Hackney Council** for Voluntary Service (HCVS) to carry out outreach to CoL voluntary sector organisations and residents. The project involves engaging with residents and City organisations on the Neighbourhood Forum for Shoreditch Park and City and then developing recommendations on the structures and the support needed to ensure the full involvement of City VCS organisations in the Neighbourhood Forum. HWCoL are committed to complete the project within 4 months with final report being available July 2021.  Work has commenced on the completion of the Healthwatch England (HWE) Quality Framework as part of HWCoL’s on-going organisational development. The completed framework will be reviewed by the Board in September.  HWCoL’s Annual survey seeking views on HWCoL’s performance during the last year was launched on 13th May | PC  PC  PC | 25th May 2021 |
| 7 | **Recovery of services at Barts NHS Trust - post Covid-19**  Chris Pocklington,  Group Director Operations,  Barts Health | CP described the current situation in the Trust; and how this had improved. The Trust is now caring for fewer patients with Covid. The numbers being cared for in ITU are now in single figures from 150 at the height of wave two. The Trust has continued to undertake urgent care including surgery throughout the pandemic.  CP appraised the Board of the benefits of a group operating model as opposed to a standalone entity which he believed would have found it more difficult to cope. Over 13 thousand patients admitted with Covid were discharged safely.  Barts Health have now restarted their elective surgical programmes across the group of hospitals and have a large volume of patients to treat as the waiting list has increased during the pandemic.  CP reported that the number of patients presenting for emergency and unplanned care has increased.  Clinicians are concerned that people are presenting with illnesses very late on and that this will increase the backlog of those they need to treat. Plans are in place to manage this.  Barts Health have worked with the independent sector to create capacity and enhance ability to look after elective patients as quickly as possible.  Going forward, they will retain several the operating structures they put in place during the pandemic, especially building on the successful partnership arrangements.  The Trust is constantly refining and resetting the model which describes the potential risk of a third wave, and the range of variables are very significant. The difficulties will be that the NHS is not over supplied with capacity. There is a finite number of doctors, nurses, and kit. Putting a challenge into the system.  CP advised the Board that the financial equation is secondary to looking after patients as quickly as possible.  Operating arrangements in the hospital have been reconfigured to enable separation of Covid risk patients from non- Covid patients. This has influenced flow, reducing flexibility when allocating beds, creating complexity, and impacting on efficiency.  More importantly, the human impact has been significant. Nursing staff have had to conduct final conversations on iPads, which is distressing for all, and patients have not had the emotional support from loved ones. CP reinforced the need to follow the guidelines as they exist but hoped that the restrictions would soon end.  LS enquired about the mental health support for staff.  CP advised that the NHS have invested very heavily in intervention to support the mental health needs of staff and stressed the importance of space and time for people to recover. |  |  |
| 8 | **Neaman Practice Situation Report** | GB apprised the Board of the recent discussions and interactions with the Neaman practices following a series of complaints and issues being raised with HWCoL. Many of these issues were not new and had been raised previously but had become more acute in recent months. These included.   * the telephone system, responding to messages and getting through to the practise to book appointments. * general behaviours * Covid compliance practices.   Despite several meetings it became necessary to raise these issues formally with the practice and a letter was written to the Partners by the Chair of HWCoL  Following a meeting with HWCoL a number of confounding issue were shared.   * The change from an analogue telephone system to a voice over system; up to 20 lines are able to come in but after that the system drops callers off. * There were only four mobile phones. * Waiting for the provider to train up staff for the voice over system.   PC reported that the practice team are hoping these issues will be resolved soon and that users will see an improvement.  Outstanding issues include:   * increasing the number of appointments that can be booked online. * release appointments online earlier than midnight as people must stay awake to book these. * pre book phlebotomy appointments through the online booking system.   At the meeting with HWCoL the practice agreed to investigate this.  SS and others are undertaking some mystery shopping to see if the telephone system is improving. | PC |  |
| 9 | **Access to Podiatry Service** | GB gave summary of the issues patients have experienced with the podiatry service. Neaman Practice patients had been asked to contact to St Leonard’s for podiatry appointments, calls were diverted to Homerton Hospital which had no record of a podiatry clinic at the Neaman Practice. This left many with no appointments or access to care.  HWCoL identified that the podiatry service at the Neaman Practice did resume in November, however the clinics were not showing on the internal booking system at HUHFT as they had been removed.  Currently there is a temporary solution in place until the clinics have been added to the internal booking system, expected to take up to 6 weeks to complete.  PC updated on ongoing issues. Toenail cutting is no longer commissioned from the Podiatry service and therefore is not available at the Neaman Practice. There is no evidence of patient engagement in the change to the commissioning of Podiatry services. The criteria for closing podiatry support for patients is unclear, as the basis for the clinical assessment that the podiatry service is no longer required has not been provided. HWCoL has requested a follow up meeting with the commissioner and head of podiatry to answer HWCoL’s concerns. Toenail cutting is available from a charity for a fee of £15.  Marianne Fredericks (MF) Chair, Health and Well-being Board, shared the experiences of family members who are concerned that if their toenails are not cut regularly, they may be prevented from moving around and expressed the view that £15 to cut toenails is expensive. MF asked if it can be returned to a free service and get those who are entitled to it to take it up.  MF also enquired about podiatry services are available through Tower Hamlets Integrated Care Partnership.  PC and the team will investigate the availability of Podiatry services for residents supported by Tower Hamlets Integrated Care partnership. | PC |  |
| 10 | **Presentation on the St Leonard’s re-development**  Malcolm Waters | MW gave some background and an overview of the original project and the current activity. We at HWCoL are working together with HW Hackney to make sure local residents have a proper say in shaping the future of St Leonard’s as a redeveloped community hospital. Most of the hospital buildings date from the 1860s and 1870’s. The CCG has acknowledged that the space has been poorly utilised and that services are inconvenient for service users to access. It has been 40 years since it has been closed for inpatients, but the hospital continues to provide valuable out-patient services for City and Hackney residents.  Most of the services are provided by the trust which runs Homerton Hospital. Our strong impression is that City residents are very keen for services to still be available at St Leonard’s and not be transferred to Homerton.  A complicating factor is that the St Leonard’s site is not owned by the Homerton but by NHS Property Services (NHSPS). Homerton has expressed an interest in taking a transfer of the site, but that process has a long way to go before any final decision can be taken.  In 2018 an alliance to plan the redevelopment of the hospital was formed between the main stakeholders, that is, City & Hackney CCG (as it then was), NHSPS, the Homerton, the City Corporation and the London Borough of Hackney.  The alliance set up a Project Group to oversee the preparation of a Business Case for the redevelopment. The first part of this process is the preparation of a Strategic Outline Case (SOC). This has been broken down into three phases and is currently only part way through phase one.  External consultants called Attain were engaged to carry out Phase 1a, which was to assess the demand over the next 5 to 10 years for the services currently provided at St Leonard’s and the capacity of the current buildings to meet that demand. Attain’s report on Phase 1a was completed in draft by January 2020 and they concluded that there was a “compelling case” for change.  Progress was then stalled for unclear reasons – Covid may have something to do with this. Meetings of the Project Group coordinating the process were suspended and Attain’s draft report was left in limbo awaiting sign-off.  Things only began to unfreeze in February 2020 when Attain’s report was signed off and meetings of the Project Group resumed. The first thing for the Project Group to do is oversee the completion of the remainder of Phase 1 (called Phase 1b). Work on this has barely begun but the intention is that it will look at how the demand for services at St Leonard’s will be affected by structural changes in the delivery of healthcare and by the impact of Covid.    HW City and HW Hackney have been concerned for some time about the lack of progress at St Leonard’s and the lack of adequate public engagement during Phase 1a. Both HW’s have been working together since February to develop a programme to give City & Hackney residents a say in creating a new community hospital which meets the needs of local people. The plans for the programme are still work in progress but the current proposals envisage:   1. A public meeting in July (ideally face to face in the Hall of St Leonard’s) where there would be a presentation on where the redevelopment plans have got to, followed by questions from the public. 2. A survey of City and Hackney residents to see what local people want from the hospital. 3. Neighbourhood-based focus groups with local residents. Separate focus groups would be set up for each of the 8 neighbourhoods which make up the City and Hackney area. The idea is that each focus group would have some professional input, including from healthcare professionals working in their neighbourhood, to enable the group to reach an informal view of the needs of that neighbourhood for services from St Leonard’s. 4. In parallel with stage 3, HW would like volunteers to come on board to capture the views of local residents who may not be reached by the survey or focus groups. 5. The two HWs would use the findings from the earlier stages to put together a draft ‘People’s Plan’ reflecting local residents’ aspirations for the services that should be delivered from a redeveloped community hospital. There would be a public consultation on the draft and, once the People’s Plan had been finalised, it would be presented to local residents in a further public meeting.   There are a number of challenges in taking this programme forward. Most immediately, there is a need to find the resources (both money and people) to carry out the programme. Secondly, there is a risk that ‘survey fatigue’ may mean that the survey and focus groups will not get sufficient resident participation to make the People’s Plan properly representative of the views of local people. Thirdly, there is a risk that the People’s Plan will not get sufficient buy-in from the Project Group to ensure that it is given adequate weight in the Phase 1b report and subsequent stages of preparing the SOC. Fourthly, there is a risk that the current process for planning the redevelopment runs out of steam e.g., because of funding pressures or disagreement between the primary stakeholders on the right way forward.  Although both HWs are conscious of the challenges, they are well aware for the future of St Leonard’s has great importance. The two HWs will therefore continue with their efforts to ensure that local people have a proper opportunity to express their views on the services and facilities they want to see at a redeveloped St Leonard’s.  GB asked whether there should be a further roundtable meeting of local health leaders to follow up on the roundtable which the two HW’s convened on 9 April. MW reported that he and PC had attended a meeting with HW Hackney earlier in the day, at which it had been decided that the next step should be to set up a meeting with the joint chairs of the Estates Enabler Group (EEG), together with Siobhan Harper, to explore the possibility of getting funding for the public engagement programme through the EEG. The view taken at the meeting was that a further meeting of the roundtable would be premature at this stage as there was a lack of clarity on funding and nothing concrete to report since the last roundtable. | MW |  |
| 11 | **COVID-19 Update-presentation** | RC provided an update on the availability of PCR tests and confirmed that PCR testing is currently available at 65a Basinghall Street. | RC |  |
| 12 | **Q4 Performance Framework**  **Report  for CoL: to note** | Main issue to note that public attendance at on-line Public Board meetings is a challenge and consideration will need to be given to addressing this. Feedback from residents attending meetings will help us to address attendance. |  |  |
| 13 | **Q4 HWCoL’s report to the CoL Health and Well-being Board:** | To note | PC |  |
| 14 | **A.O.B and Questions from the Floor**  Gail Beer | Reno Marcello, a member of the public, congratulated HWCoL on their work with the Neaman Practice. |  |  |
| 13 | **Close**  Gail Beer |  |  |  |