

PAPER A: Minutes of a meeting in public of the Healthwatch Rutland Board held on 17th January 2018, at the Rutland Community Hub, Land's End Way, Oakham LE15 6RB

Present

Healthwatch Rutland (HWR) Board: Jennifer Fenelon, Chair

Judy Worthington

Bart Hellyer

Bart Taylor-Harris

Miles Williamson-Noble, Deputy Chair

Sean Williams
Christine Stanesby

In attendance from HWR: Sarah Iveson

Tracey Allan-Jones

HWR Volunteers: Christine Spark

Janet Underwood

Ann Williams

Other Organisations, HWR members and

members of the public:

Tim Sacks, ELRCCG

Emma Casteleijn, ELRCCG Jim Bosworth, ELRCCG Sandra Taylor, RCC Barry Read, Rutland CA

Amelia Seymour, Chair Youth Council

18.01 Welcome and apologies for absence

The Chair welcomed Board Members, volunteers, members of other organisations and the public. Apologies were received from Jacqui Darlington and Nicola Darby.

18.02 Declarations of interest

None received.

18.03 Minutes of the previous meetings

The minutes of the previous meeting held on November 8th 2017 were received and agreed as a correct record.

18.04 Progress Log

The progress log was received and noted.

With regard to emergency and non-emergency patient transport provided by EMAS and TASL respectively, Miles Williamson-Noble observed that the public generally do not fully



understand the differences. He suggested that a simple overview of the differences between them and when the public should invoke which service, could be sent out by RCC along with the council tax. It was noted that a guide to transport services had been prepared by Healthwatch Rutland in conjunction with Rutland County Council but that its publication had been delayed until clarification was received on TASL eligibility criteria.

18.05 Matters Arising not covered by the agenda / progress log

None raised.

18.06 Spotlight on Primary Care Services in Rutland

(a) General Practice

The Chair welcomed Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland CCG (ELRCCG) who presented an overview of the future planning for primary care services in Rutland (presentation slides attached to minute book in A1).

Tim Sacks went on to answer questions put during the subsequent discussion and clarified that although Rutland population is growing, projections do not indicate that another GP practice is warranted. It is clear that some surgery premises are not big enough and investment will be required to develop new, more suitable buildings, but this will be managed within the existing four Rutland GP practice contracts.

Tim Sacks went on to stress that patient intelligence, including facts gleaned from the Primary Care Survey, highlight that Rutland people believe that GP primary care is good and they are not generally concerned about quality of outcomes, but they are concerned about access to GP services. Access to appointments is the single biggest patient concern nationally and also at Oakham Medical Practice. He described how locality plans will extend access by combining out-of-hours GP and urgent care services into a continuum of primary care that effectively extends GP care across evening and weekends.

In the short term, activities are already underway to improve collaborative working between GP practices. Additional funding is available in 2018 which will be contingent on practices providing more data to the CCG on GP appointment supply and demand. This data would then be used to inform the health locality plans and proposals for buildings and estate.

In response to questions about how the proposed new primary care model will handle the management of patients with complex conditions, Tim Sacks acknowledged that continuity of care makes a positive difference to outcomes. With the direction of travel towards the creation of local Multi-Disciplinary Teams (MDT) it is envisaged that longer consultations from within a team of clinicians could be provided where necessary for complex conditions. Whilst a single GP may the focal point for a patient with complex care needs, it does not necessarily follow that that GP has to be the person available for every appointment.



The Chair thanked Tim Sacks warmly for presenting to the meeting and discussion of issues and future plans.

(b) Mental Health

The Chair welcomed Jim Bosworth, Associate Director for Commissioning and Contracting, ELRCCG, who gave an overview of the Mental Health STP Workstream (paper attached to minute book in A2).

Jim Bosworth explained that the recent Healthier in Mind engagement of over a 1000 people across Leicester, Leicestershire and Rutland (LLR) concurred with the findings of the Healthwatch Rutland Primary Care Survey – that mental health services are inadequate and need improvement.

To improve the mental health of people in LLR the Sustainability and Transformation Plan, Mental Health Workstream focuses on four ambitions: Prevention, Specialist Support, Targeted early Support, and Emergency Support.

On 'Prevention' he noted that efforts to prevent youth mental health issues developing into adult or life-long conditions had resulted in increased investment in CAMHS and early intervention services. To date little data is available on the outcomes of this increased investment and detailed planning is contained in the Children's workstream.

On 'Specialist Support' the plans expect a movement towards fewer mental health teams with better clarity of purpose to help patients travel through simpler, defined pathways. Better crisis response and recovery care via home treatment would aim to reduce long inpatient stays. Sarah Iveson asked if there was a potential language gap between patients and clinicians/practitioners. He agreed that definitions of terms such as 'mild' 'moderate' 'crisis' are perceived differently. A 'moderate' anxiety or depression as defined by mental health staff may be defined as a 'crisis' by an individual who is desperate for help and cannot access it. Equally, the word 'crisis' to staff is likely to imply more extreme situations such as psychotic episodes /suicide risk constituting medical emergency or threat to life.

The Chair thanked Jim Bosworth warmly for presenting to the meeting and welcomed his agreement to encourage colleagues in Leicester Partnership Trust to engage with the HWR Board's efforts to clarify how mental health care issues highlighted in the Primary Care Survey can best be tackled.

18.07 Leicester, Leicestershire and Rutland (LLR) Sustainability and Transformation Plan (STP) and associated projects

(a) **STP**:

It was reported by the Chair that the second draft of the STP for LLR was still being prepared. The Chair had early sight of the changes, but was not at liberty to share any information as all is still confidential at this stage.



(b) Continuing Health Care (CHC) / Settings of Care Policy

The Public Accounts Committee report on Continuing Healthcare is expected at any time.

18.08 Healthwatch Rutland Community Interest company Governance & contract 2017

- (a) Management Accounts to October 2017 were received and noted.
- (b) The tender for the Healthwatch Rutland contract had been submitted in November as required and the Board expected to be informed of the outcome on 29th January 2018.

18.09 Chief Executive Update

A report was presented by Sarah Iveson, CEO, covering the following topics;

Task Groups:

East Midlands Ambulance Service Non-emergency patient transport Adult Mental Health Rutland Primary Care Survey Long Term Conditions

Potential Future Projects

End of Life
Maternity
Young Healthwatch Rutland
Complaints Processes

Listen and Watch Groups

Dental
Care Homes
Carers
Military
Physical Disability
Pharmacy

Working Groups

Sustainability and Transformation Plans (STP)
Young Peoples' Mental Health
Enter and View
Information Technology
Cross Border Liaison



Engagement Signposting Governance

The report is attached to the minute book as agenda Paper E.

18.10 Questions from members of the public

None raised.

18.11 Any Other Business

In response to the news that a new NHS dental practice for routine and urgent treatment had opened in Oakham (JDRM Dental Care Ltd in Melton Road), Bart Hellyer requested that Healthwatch staff check out accessibility for those with a disability to the premises.

18.12 Dates for future HWR Board Meetings in public during 2018

- Friday March 16th (later changed to Thursday 15th March)
- Wednesday May 16th
- Friday July 13th
- (Wednesday 19th September provisionally, Annual Meeting, venue TBA)
- Wednesday November 14th

All Board meetings will take place in Tinwell Room of Rutland Community Hub from 1.30 to 4pm unless otherwise stated.