PAPER B

Minutes of the Annual Meeting of Healthwatch Rutland held on Friday 15th September 2017, at the Rutland Community Hub (Voluntary Action Rutland), Land's End Way, Oakham LE15 6RB.

17.56 Programme for the day

Jennifer Fenelon, Chair of Healthwatch Rutland, welcomed 70 members of Healthwatch and the public to this its fourth annual meeting. She and Board Members were delighted at the continued interest and support from so many members of the public in Rutland. Members of the Board introduced themselves as follows:

Bart Hellyer

Miles Williamson-Noble

Nicola Darby

Jennifer Fenelon

Judith Worthington

Christine Stanesby

Bart Taylor-Harris

Sarah Press

Apologies were received from Board Members Sean Williams & Jacqueline Darlington

Jennifer Fenelon outlined the programme for the day which would cover:

1. Formal presentation of Annual Report, Accounts, Election of Board Members and Report of the Audit Committee
2. What have we done? The year past & the year to come, Sarah Iveson, CEO Healthwatch Rutland would present the work of Healthwatch in the past year and key issues for the year ahead. Because Ambulance transport access times continued to cause concern among Rutland People, Mark Gregory, Divisional Manager of East Midlands Ambulance Service had kindly agreed to give a presentation on the new national access standards and how these are likely to affect response times in Rutland
3. Open Forum – Questions from the public to Board Members and Public
4. Round table Discussion of key issues which had been raised by the public throughout the year. The following had been chosen:

    a. Mental Health

    b. Meeting future Health and Social Care needs in Rutland

    c. Primary and Community Care

    d. Emergency Care; 111, Urgent Care & Transport

    e. Services for Disabled People

17.57 Formal presentation of Annual Report, Accounts, Election of Board Members and Report of the Audit Committee

17.57 (a) Annual Report

Jennifer Fenelon formally presented the statutory report of the Board for the financial years 2016-17 which had been distributed to a number of organisations including Healthwatch England and would be available both in hard copy and electronically. A copy will be available on the Healthwatch Rutland website.

17.57 (b) Annual Accounts 2016-17

Abbreviated accounts for the year ended March 2017 were circulated with full accounts available on request. It was noted that the accounts had been inspected by Lamin and White of Oakham and found to be in order for submission to Companies House.

17.57 (c) Election of Board Members.

The Board of Healthwatch recommended creation of the post of Deputy Chair. This was agreed by the membership. Miles Williamson-Noble had indicated he would be happy to serve in that capacity and this was acceptable to Members of the Board. Miles Williamson-Noble then assumed the chair for the election of Board Members.

He explained that, apart from Jennifer Fenelon, all Board Members' terms of office are current and none falls due for election. All are happy to continue in office.

Only one Board member, Jennifer Fenelon, falls due for re-election this year and sought re-election for a further term. There were no other nominations. Jennifer Fenelon was re-elected to the Board for a further term.

17.57 (d) Report of the Audit Committee

Jennifer Fenelon reassumed the chair and informed members that an Audit Committee had been established under the Chairmanship of Sean Williams. Despite governance being already strong, the Board believed this would further strengthen Board oversight of business. A report setting out the terms of reference and work programme of the committee was received and noted.

17.58. The year past & the year to come

Sarah Iveson, CEO of Healthwatch Rutland, presented the work of Healthwatch Rutland during the preceding year as well as key issues being picked up in 2017-18. A copy of her presentation is attached as an appendix to the minutes.

Miles Williamson-Noble reported that the result of the plebiscite on whether Healthwatch Rutland should amalgamate with Leicester and Leicestershire had come through that morning. There had been an overwhelming vote in favour of retaining a stand-alone Healthwatch Rutland.

17.59 Ambulance service revised access targets

Mark Gregory, Divisional Manager LLR, East Midlands Ambulance Service, reflected on the delays experienced by Rutland people in waiting for emergency ambulances and went on to give a presentation about the new national access targets which he believed would benefit Rutland. Members welcomed his presentation but were concerned that data on the

effectiveness in Rutland would not be available until the new year. A copy of his presentation is appended to the minutes.

17.60 Discussion Forum

A discussion forum was held to answer questions from members and the public. The ambulance presentation provoked a great deal of discussion and questions.

17.61 Round Table Discussions

Miles Williamson-Noble chaired the round table discussion session and each group was given the task of identifying two or three key issues and the changes which each group would like to see to address each. The following is a summary of their recommendations:

Mental Health,

1. It was agreed the focus should be on prevention and early support and the need to challenge the stigma and discrimination often experienced by people with mental health problems.
2. There was concern about the lack of information generally regarding what services are available and how people go about accessing them. This is particularly of concern for young people, those making the transition from children's to adult's services and also for older people who are increasingly experiencing mental health problems.
3. The current training in schools e.g. resilience training/mindfulness should be ongoing and shared throughout the school with pupils, teachers and parents to create a whole school ethos and better understanding of the issues.

Emergency Care,

1. Urgent Care is not understood (this was said clearly in the Primary Care Survey) – the CCG need to do more to educate the public.
2. Confusion as to what health provision is available out of hours in Rutland.
3. They thought it would be useful for an evaluation to be undertaken of the 111 service (that changed this year).

Meeting future Health & Social Care needs

1. Unacceptable variation between general practice in Uppingham and Empingham on the one hand and Oakham on the other revealed by the Primary Care survey; a general agreement that it is the culture from the top that is key rather than workload.
2. The role of HW in raising standards: view from the top at Empingham is that a HW survey is welcomed, taken very seriously and all the stops pulled out to remedy issues.
3. The value of volunteers delivering services in the community e.g. UppWatch, a model to be shared.

Primary & Community Care

1. People want two things in Oakham – firstly they want choice as the Oakham Medical Practice is a monopoly. Secondly they want increased capacity to cope with the rising population. It was noted that numbers at OMP had remained static but that new people were going to Uppingham and Empingham. It was felt that another Surgery is required.

2. People felt that improved administration & new/better ways of working at OMP would help matters greatly in the short run.
3. People wanted to see in the STP a plan for primary, intermediate, rehabilitation and community services across Rutland which brought the services that were economically viable to Rutland and provided an integrated range of services to meet peoples' different needs. This was missing and the suggestion that "Home First" would be the only alternative to acute hospital care was not felt to be realistic or acceptable and would result in more people being readmitted to hospital.

Services for Disabled People

1. Disabled children. Much of the discussion revolved around services to disabled children. It was suggested there are about 400 disabled young people. Difficulties can occur here, often with children with life limiting conditions. For obvious reasons, service provision needs to be as prompt as possible.

   Funding and provision can be difficult with the "crossover" from children's to adult services. This has been a weak area nationally for many years where a seamless transfer of support has often been the exception rather than the rule. Not helped by the fact this can be at different ages and/or different sources – usually at 18, but sometimes other ages – 16, 21 or even 25 for those in education. RCC indicates awareness of this and is doing all it can to facilitate transition. The suggestion of a "Lifetime Pathway" of support would be a good way of overcoming this.

2. Autism. In Rutland, RCC specialised educational provision in 2 schools. Distinction between these is artificial. RCC indicates it is moving towards bespoke type support for the child. More generally the "person centred" approach re autism services is beginning to develop. Overall the provision of services to children has developed more in recent years and continues to do so. It seems there is good focus on this.

3. In contrast, services to many older disabled people in the community don't seem so well focused (services in care homes or for specific groups not discussed). The "bespoke" approach does not seem apparent here.

   The removal of the warden service some years ago from sheltered housing seems to have left a gap in sources of on tap small scale, easily and quickly available help for small problems of the older disabled, not necessarily IT savvy, generation, which do not warrant calling out social services or other formal help.

   For those in their own homes, there can be greater isolation, exacerbating this. Suggests the community agent concept not working well. Could not greater use be made of local village voluntary sources,

4. Disabled equipment (wheelchairs etc); a greater database on adequacy of provision is needed here.

17.62 Conclusion

Miles Williamson-Noble rounded up the day on behalf of the Board by thanking everyone for their extremely helpful contributions and looked forward to their continuing support in the coming year.

Appendix 1. Presentation from Mark Gregory, EMAS

EMAS Profile

- Resident population: 4.8 million people
- Area covered: 6,425 square miles
- Annual Budget: £147million

- Emergency unscheduled care for Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire and Rutland

- 2 Emergency Operations Control Centres at Nottingham and Lincoln

- Our accident and emergency crews responded to over 776,000 emergency calls last year – a new call every 40 seconds!

Emergency care | Urgent care | We care

About the Trust

NHS East Midlands Ambulance Service NHS Trust

- Rutland target population 37,400 (2011 Census)
- 404 A&E staff in 2017 (Emergency Care Practitioners, Paramedics, Technicians, Emergency Care Assistants)
- 50-60 A&E vehicles (fast response vehicle, ambulance & air ambulance)
- Ambulance stations across L&R - 9

Emergency care | Urgent care | We care

Reporting standards – Pre ARP

- Pre July 2017 all Ambulance Services were monitored against key metrics based against percentages
- These were;
  - Red 1 – 75% target in 8 minute response, immediately life threatening calls
  - Red 2 - 75% target in 8 minute response, life threatening calls
  - Red 19 – 95% target in 19 minutes for conveyed patients
- Blunt tool to monitor by. Does not link to clinical outcomes.
- Didn't truly measure success or failure.

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Percentiles

- Typical Red 1 performance for Rutland

- Red 1 – 30-50%
- Red 2 – c50-75%
- Red 19 – 80-85%

- Percentile Times

Average
- Red 1 – 14 minutes
- Red 2 – 16 minutes
- Red 19 - 30 minutes

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Why ARP?

- Increased demand on the Ambulance Service
- Little / No increase in front lines services
- Time frames over-ruling patient care
- High diverting figures with crews on blues
- Patients not been conveyed for longer periods whilst RRV's were considered to be giving care …….

The journey to improving patient care begins

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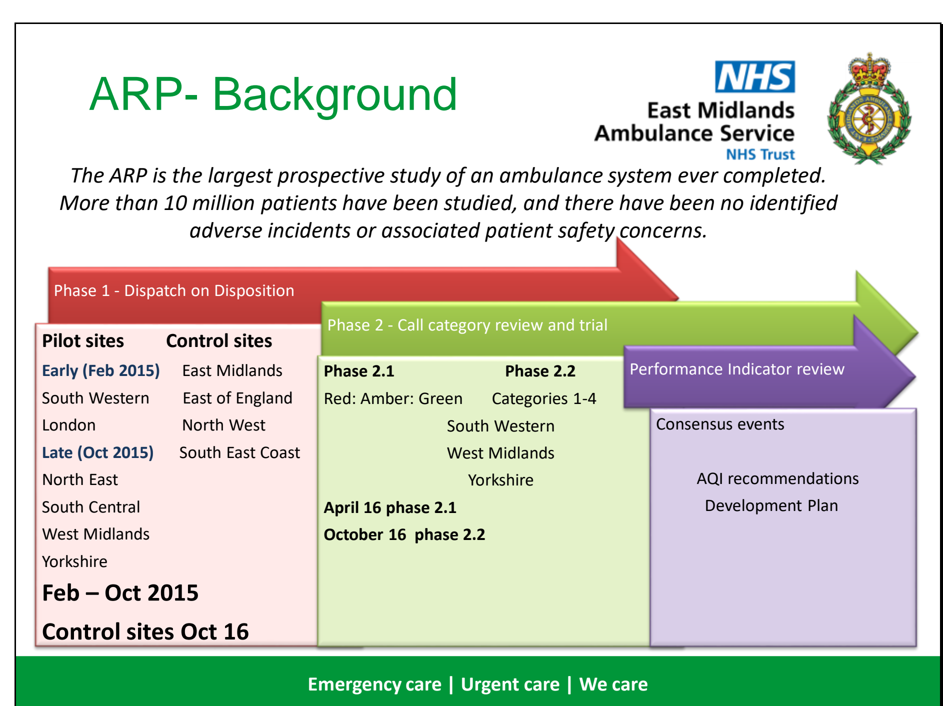

ARP Proposed Standards

Category of call	The average (mean) will be less than	9 out of 10 will arrive in less than (90th percentile)
Life threatening Category 1	7 minutes	15 minutes
Emergency Category 2	18 minutes	40 minutes
Urgent Category 3		120 minutes
Less urgent Category 4		180 minutes

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What is the 90th Percentile and Mean

The **percentile** is each of the 100 equal groups into which a population can be divided according to the distribution of values of a particular variable

To find the 90th Percentile first we need to put the times in chronological order:
1.36, 2.23, 4.37, 4.42, 5.25, 8.01, 8.36, 9.05, 10.50, 14.12

In this example the 90th percentile would be the 9th number, if there were 100 numbers it would be the 90th number.

1.36, 2.23, 4.37, 4.42, 5.25, 8.01, 8.36, 9.05, **10.50,** 14.12

Therefore 10.50 is the 90th percentile.

The Mean is the same as the average and for the above example would be 6:56

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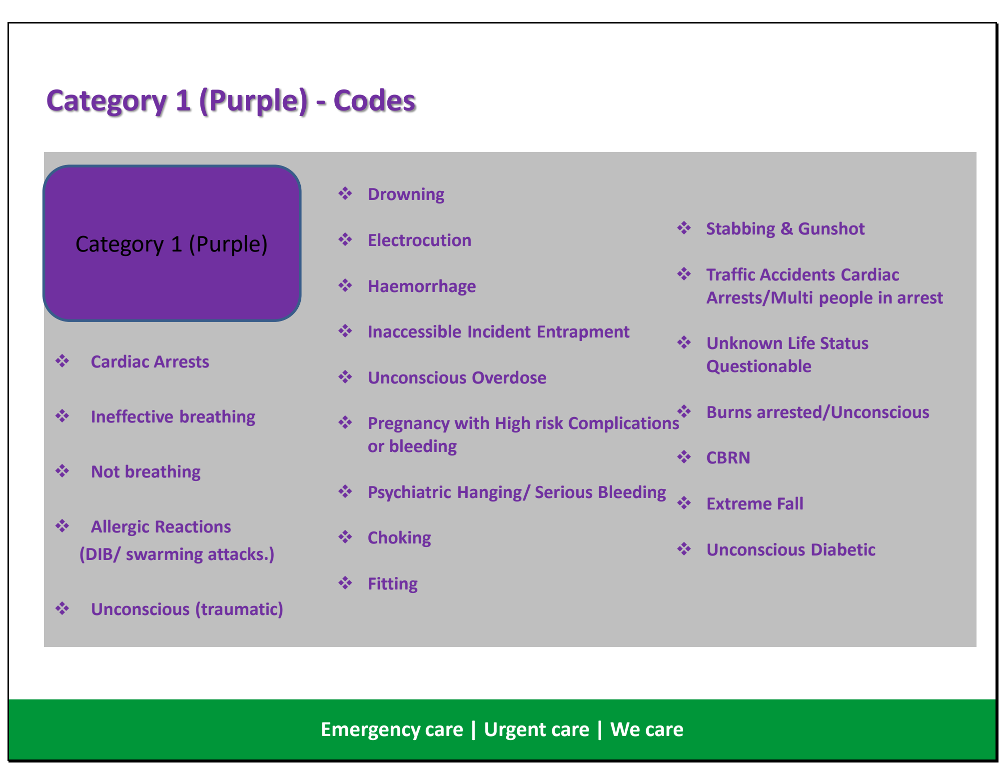
ARP Responses (Based on AMPDS v12.2)

Standard	% of activity (ORH Modelling)	Av number of responses per day (based on 1808 responses)
Category 1	9%	163
Category 2	51%	922
Category 3	35%	633
Category 4	5%	90

Emergency care | Urgent care | We care



Category 2 (Amber) - Codes

Category 2

Amber

- AAA
- Allergic reaction
- Animal Attack – Not Alert
- Assault – Serious Bleeding
- Breathing Problems
- Chest Pains
- Fitting
- Diabetic Problems
- Falls – Not alert or Serious bleeding
- Headache – CVA symptoms
- Heart Problems
- Haemorrhage
- Entrapments
- Overdose
- CVA
- RTC
- Unconscious – Effective Breathing
- IFT's
- Psychiatric
- Possible Meningitis
- Sickle Cell
- Stabbing/ Gunshot
- Burns
- CBRN

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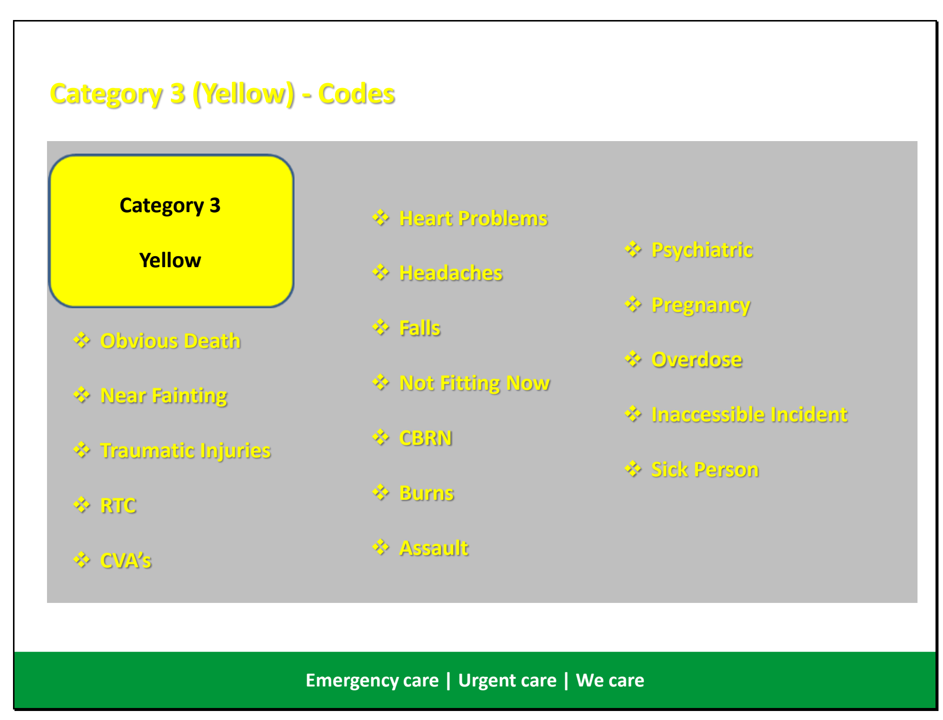

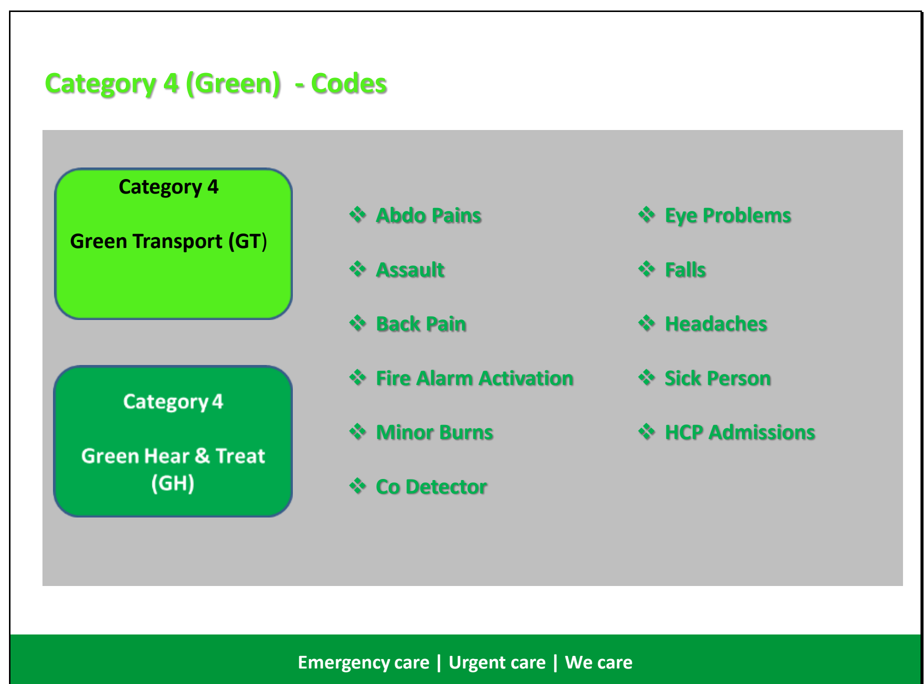

The Vision – Operating Model

- ✓ Prioritising the sickest patients, to ensure they receive the fastest response to Improve patient care and quality outcomes.
- ✓ Driving clinically and operationally efficient behaviours, so the patient gets the response they need first time and in a clinically appropriate timeframe
- ✓ Putting an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients contacting the ambulance service.

Emergency care | Urgent care | We care

Appendix 2. Sarah Iveson; the year past and the year to come

healthwatch
Rutland

2016/17 Highlights

Dementia Report
EMAS Listening Event
Transfer of Care Project
Primary Care Survey
Enter and View
Sustainability and Transformation Plans (STP)
Young People’s Mental Health
Adult Mental Health (Rutland Mental Health Forum)

Other issues included:
Dental, Carers, The Military, Cross Border Issues, Engagement, Pharmacy

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2017/18 - So Far/Ongoing

Primary Care Survey – taking issues forward
Transfer of Care Project – further work
Enter and View – Care Homes
Adult Mental Health (Rutland Mental Health Forum)
Support to the Military Community
GPs - Ear Syringing
Rutland One Public Estate
Settings of Care Policy

Other issues include:
Dental - Care Homes, Carers, Young People's Mental Health, Cross Border Issues, Pharmacy, Engagement

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2017/18 - Still to Come

Sustainability and Transformation Plans (STP)
STP Workstreams (Dementia, Home First, Carers, Primary Care)

Potential Projects:
Long Term Conditions – User Experience Project
End Of Life – The Experience in Rutland

Other issues include:
Joint working with other LHW, Dental - Care Homes, Carers, Young People's Mental Health, Cross Border Issues, Pharmacy, Changing Spaces, Engagement