

Healthwatch Rutland Virtual Board Meeting in Public

7 December 2021, 6.30-8.30pm

Present: Janet Underwood (Chair), Jacqui Darlington (Vice Chair), Caroline Spark

In attendance: Tracey Allan-Jones, Amy Crawford, Una Ozga, Richard Lyne (EMAS), Gary Brown (EMAS), Mike Sandys (Public Health), Jacqueline Towl

Apologies: Kay Jacques, Jean and Barry Henson, Jean Denyer, Dr Leon Roberts

		Action
1	The Chair welcomed attendees and apologies were received	
2	<p>Declarations of Interests</p> <p>Janet Underwood’s declaration that she is a patient at Oakham Medical Practice was noted.</p>	
3	<p>Presentation from East Midlands Ambulance Service (EMAS)</p> <p>Richard Lyne, Leicester, Leicestershire and Rutland (LLR) Regional Director: <i>How EMAS co-ordinates with other health and care services: from major incidents to everyday accidents and illnesses.</i></p> <ul style="list-style-type: none"> - EMAS is a category 1 responder under part 1 of the Civil Contingencies Act. - EMAS are part of the Leicester, Leicestershire and Rutland (LLR) Resilience Forum along with other category 1 responders who meet to develop major incident plans etc. - An urgent and emergency care strategic coordination diagram was shown. Patients are at the centre of the flow. - Health and social care partners come together daily to look at how the system is working, and where the demands are. - EMAS figures for conveyance to hospital are 43%. Different pathways have been developed, looking at what is best for the patient, which might not always be taking them to an Emergency Department (ED). - All categories are triaged, category 1 and category 2 are life threatening categories. <p>General update Gary Brown, Non-Executive Director</p> <p>Today’s call-out volume is 20% greater than Christmas two years ago. There are more demands on the service. Even though the volumes are higher EMAS are taking less people to hospital. EMAS are not getting to callouts as quickly as they would like but are continuously working on this. EMAS are still experiencing people calling when they do not need to, so the public are asked to</p>	

<p>question whether they need an ambulance before they make the call.</p> <p>The presentation was followed by Questions & Answers.</p> <p>Question JD: Are you not taking as many people to Leicester?</p> <p>Answer: No, we are not taking them to hospital full stop. We are avoiding people going where they do not need to go. If they can be triaged and signposted, we will do that instead. That means we can get to someone who is sicker, quicker. ‘See and treat’ onsite is something we are also trying to do.</p> <p>Question JD: This could be problematic for carers, someone with a learning disability, or people who do not speak English as a first language, especially when being triaged over the telephone. It seems like there are buzz words people should use to receive care.</p> <p>Answer: Our staff are well trained for picking up nuances in language and listening for what is not said. The clinical team in the control centre support the control desk colleagues to ensure patients are given the right care. The default position will always be sending an ambulance. We always start by assuming the worst on the pathway and then work outwards.</p> <p>Question TAJ: You mentioned Leicester but half of Rutland patients go to Peterborough or Kettering for their care. How do you understand what is happening at ED’s outside of LLR?</p> <p>Answer: The Regional Operations Manager liaises with counterparts in other regions and if an ED service is challenged, we then divert to a different hospital. We have access to regional and national systems so we can see other areas demand boards. On a national level there is the National Ambulance Coordination Centre (NACC), their role is to step in to manage at a national level if demand gets too big.</p> <p>Question UO: Are ambulances needing to be cleaned thoroughly between jobs due to COVID-19? Is this adding to the time spent at a call?</p> <p>Answer: We decontaminate the ambulance after every call. During COVID-19 the clinicians go in and do the hand over and a cleaning team goes into the ambulance and does a deep clean. Or one paramedic cleans and prepares for the next callout, whilst the other goes with the patient.</p> <p>Question AC: If people are less likely to be conveyed to hospital what happens to their care?</p> <p>Answer: Some patients can be discharged on scene. Some referrals are made due to existing links. EMAS cannot follow up, but other clinicians do. If EMAS discharge on scene they leave a leaflet.</p> <p>JU requested a copy of the slide/diagram with some explanation of the acronyms used.</p> <p><i>Action: RL to forward to HWR for inclusion with the minutes</i> (Slides attached as appendix to the minutes)</p>	<p>RL</p>
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	JU thanked Gary and Richard for attending.	
4.	<p>Rutland COVID-19 Update: Mike Sandys, Director of Public Health</p> <p>Omicron is gaining pace. To date we have four cases of the variant in Rutland. This happened a bit earlier than expected. Contact Tracing is occurring. The infection rates seem to be doubling every 5-7 days so January will be a peak.</p> <p>What is known about Omicron so far:</p> <p>Transmissibility - it is more transmissible and will become the more dominant strain.</p> <p>Vaccine Evasion- it does weaken the efficacy of the vaccine but it is still useful to get a booster dose.</p> <p>Severity of Illness- Public Health are unsure of what way it will go and will know more after Christmas.</p> <p>We do need to be cautious as the rate for COVID-19 in Rutland is currently at the highest level we have seen. The rise is largely driven by schools with 40% of the cases being the under 20's and 20% are the 40-49-year-olds who are parents of school children.</p> <p>Question TAJ: Rutland has a mobile testing van, could we have a mobile vaccination van? The walk-in availability for vaccines in Rutland is limited.</p> <p>Answer: We have explored this and the NHS think this is a good idea. So, there are no promises but it may happen!</p> <p>Question JU: I am hearing from other areas of the country that the booster booking is difficult, and even impossible at times, on the NHS website?</p> <p>Answer: I haven't heard that so I will need to check that out.</p> <p>Question JD: It is difficult to arrange two appointments together. This is difficult for carers.</p> <p>Answer: The walk-in options may be good for this.</p> <p>Thanks were given to Mike for dropping in at late notice.</p>	
5.	<p>Minutes of Board Meeting June 2021 and September 2021</p> <p>Board members were satisfied that they are a true reflection.</p>	
6.	<p>Matters Arising</p> <p><i>(Action carried over from March and June 2021 meetings)</i> JU has passed the link to the penultimate issue of the Inequality Framework to Jean Denyer. Action closed.</p> <p><i>(Action from June 2021 meeting)</i> TAJ had forwarded the information requested by Andrew Nebel on how the public can be involved with the Integrated Care Service (ICS). Action closed</p>	

	<p>(Action from June 2021 meeting) TAJ investigated Corby Urgent Care and can confirm it is providing a Walk-in service again. It is open 12 hours a day for minor injuries and illness, 8am - 8pm.</p>	
7	<p>Re-election of HWR Chair and Vice Chair</p> <p>7.1 JD proposed Janet Underwood for the re-election of Chair this was seconded by CS.</p> <p>CS proposed Jacqui Darlington for the re-election of Vice Chair this was seconded by JU.</p> <p>Both Chair and Vice Chair are confirmed in their roles.</p> <p>7.2 JU wanted to express thanks to JD for all her support. TAJ and the Board shared their thanks to Janet and Jacqui and recorded thanks to Kay and Caroline.</p> <p>Although Kay Jacques was unable to be at the meeting she was in full support of the re-election of Janet and Jacqui in the roles of Chair and Vice Chair.</p>	
8	<p>Update</p> <p>8.1 Recent Care Quality Commission (CQC) Reports:</p> <p>Leicestershire Partnership Trust (LPT) ‘requires improvement’, and some progress has been noted by inspectors over the previous rating of ‘inadequate’. They have implemented many changes in the management team and are implementing actions required by inspectors. JU is hopeful for continuing progress.</p> <p>Hamilton Services UK Renal Unit: The CQC rated this as ‘requires improvement.’ JU is trying to push for a haemodialysis unit closer to Rutland. We have 17 Haemodialysis dependent patients in Melton and Rutland. JU will continue to push for this.</p> <p>8.2 Health and Wellbeing Strategy Consultation/Place-led Delivery Plan development.</p> <p>Healthwatch Rutland (HWR) carried out the ‘What Matters to You?’ project into what Rutland people want from place led care. The ‘Future Rutland Conversation’ was also carried out and a high-level strategy has been presented to the Health and Wellbeing Board (HWB) and the Rutland Adults and Health Scrutiny Committee. A delivery plan is being formulated by the Integrated Delivery Group. Rutland County Council (RCC) are carrying out a public consultation about the Health and Wellbeing Strategy and Delivery Plan priorities. Public feedback will be taken into account before the next draft of the Strategy and Delivery Plan are presented to HWB in February 2022. The public are encouraged to read the plan and complete the survey. On the 15th of December HWR are holding an engagement event online to outline the Strategy and allow for discussion. If anyone wants to take part in the consultation but does not have digital access, they can phone 01572 722577. The consultation runs until 7th January 2022.</p>	

	<p>8.3 LLR Joint Special Educational Needs and Disability (SEND) Commissioning Strategy</p> <p>The joint strategy had just been launched and is a collaboration between the three local authorities and the NHS. TAJ outlined the main points which are: understanding the needs of children and young people and putting in early interventions; better information and support for parents; better transition from childhood to adulthood; trying to line up services and improving flexibility tailored to people’s needs.</p> <p>JD: I do not remember seeing this being advertised/consulted on?</p> <p><i>Action:</i> TAJ to forward link to strategy details to JD and JU.</p> <p>8.4 The ‘Step Up to Great Mental Health’ Consultation</p> <p>This consultation finished in mid-August. It was run by Clinical Commissioning Groups on behalf of Leicestershire Partnership Trust and looked at changes and improvements in the delivery of adult mental health services. The large volume of feedback was independently analysed and the findings published in a report last month. People’s experiences and inputs captured during the consultation were used to inform the Decision-Making Business Case, which proposes how improvements will be implemented. These proposals are to be discussed at a meeting of the CCG Governing Body in public sometime in December.</p>	TA-J
9	<p>Healthwatch Rutland Manager Update (paper 3)</p> <p>The paper was taken as read with a couple of comments:</p> <p>8.1 HWR are updating our volunteering processes and trying to broaden our appeal and expand the roles. Una Ozga, a new volunteer, was welcomed to the meeting. HWR are also going through the Investing in Volunteers process.</p> <p>8.2 ‘Let’s Talk’ is a HWR project on the public opinions about the changes in health and care services that have occurred since the pandemic onset. The ‘Accessing GP Practice Appointments’ and ‘Hospital Visiting’ reports are available on the website.</p> <p>We expect to be undertaking more joint working with Healthwatch Leicester and Leicestershire in 2022.</p>	
10	<p>The following updated policies were noted by the board.</p> <p>HWR Decision-making policy</p> <p>HWR Strategy</p> <p>HWR Terms of Reference</p> <p><i>Action:</i> Updated versions to be published on the HWR website</p>	TA-J
11	<p>Questions from the public</p>	

	<p>11.1 A question was submitted by a member of the public asking how HWR intends to solve the problem of a lack of GPs in Oakham, particularly in reference to developments in the town? There is a lot of frustration and anger amongst the public.</p> <p>JU provided a brief verbal response stating that the problem of access is a complex issue, both locally and nationally, and not one that HWR can directly solve. But we have been flagging this issue up with the Clinical Commissioning Group (CCG), Primary Care Network (PCN), Oakham Medical Practice (OMP) and Rutland County Council (RCC) through this year and providing evidence from patients. Problems at the surgery have been occurring before COVID-19. OMP have managed to recruit 3 more GP's. The CCG have also been trying to improve things.</p> <p>HWR are planning a follow up meeting to the GP work undertaken and the member of the public who posed this question will be invited and a written response will be sent.</p>	TA-J/JU
12	<p>Close</p> <p>Next meeting:</p> <p>Dates for 2022 TBA</p>	JU

