Healthwatch Rutland (HWR) Board Meeting in Public

6th December 2022, online

Present: Janet Underwood, Jacqui Darlington (JD), Caroline Spark, Una Ozga
In attendance: Tracey Allan-Jones, Amy Crawford
Members of the public: Joan Edwards, Jean Denyer (JDe),
Guest Speakers: Howard Ford (Anticipatory Care) Sammie Le-Corre (Anticipatory Care)
Apologies: Kay Jacques

		Action
1	**Welcome and Apologies** Apologies were received from Kay Jacques	
2	**Declarations of Interest** None	
3	**Anticipatory Care** Presentation regarding Anticipatory Care by Howard Ford and Sammi Le-Corre. The NHS Long-Term Plan announced the 'Ageing Well' programme with 3 components: • Urgent Community Response • Enhanced Health in Care Homes • Anticipatory Care There has been a delay in delivering the Anticipatory Care part of the program. Anticipatory Care will be proactive and personalised health and care for targeted patients who live with multiple long-term conditions. It will be delivered through Multi-Disciplinary Teams (MDTs) in local communities. The MDT will intervene proactively and holistically while the patient is at home. This should reduce the use of unplanned care and exacerbations of ill health. In Rutland, this will be rolled out through the Rise Team and tailored to Rutland. A pilot will initially focus on dementia and cognitive problems and should be implemented from April 2023. JD: Are you including those with learning disabilities when you look at people with cognitive problems? Early onset dementia is often hard to diagnose for those with learning disabilities, is their care being considered? SLC: There are no exclusion criteria in this so we are making sure we have input from various services in Rutland. We will take your point back to the steering group to make connections with learning disability services. UO: You mentioned using the Aristotle system to identify patients for the pilot, what is Aristotle? SLC: It is a clinical system that reads patient information across many sources. GDPR is taken into consideration. Generic information can	

	be gathered i.e., how many patients live with a particular condition such as COPD. UO: How will the clinic function? HF: Precise details aren't known. The Rutland project group will be meeting to discuss dates and venues. It will be a hub of different services. Patients will come and talk to different people. Information will be brought together for the action plan for that person. TAJ: How are people at risk of dementia identified if they don't already have a flag on the GP system? Without a dementia diagnosis flag, how effective can Aristotle be in this? SLC: Aristotle is not sensitive enough to pick this up, so the GPs have done a manual search through clinical records. We will work with IT support to identify a more specific search that will pick up flags. TAJ: Transport is an issue in Rutland - could various community venues be used instead of a central hub? HF: That can be considered. TAJ: Will this work be linked in with the Family Hub? Janet Dowling is the project manager for Rutland. HF: I'll follow this up. JD: Not everyone codes the same way on patients' notes, I'm worried that people will fall through the gap. JU: HWR has just surveyed people living with dementia and their carers. One of the major emerging themes is when a carer is suddenly taken ill. This highlights a glaring gap in the care provision. Have you got means of safeguarding the cared for when a carer becomes ill? Would this be part of the program? HF: Recognising crises and identifying them is part of the work, this is one of the big differences we are hoping to make. Question set by the Anticipatory Care team: How can engagement happen? TAJ: Anticipatory Care doesn't mean much to people, it is meaningful and meaningless at the same time. Some members of HWR did not understand the term at first so the public might not either. Branding and terminology are very important. Talking to patients with lived experience may help. JD: Have you had any input from non-NHS personnel in terms of using words and phrasing to make it plain and easy to understand? SLC: The Anticipatory Care Team work closely with other professionals who are non-NHS. We are aiming to make it more accessible but have not gotten to that stage yet. We will evaluate how people have found the process. JD: It's a shame the public has not been involved earlier. TAJ: You mention that the GP will make pre-contact before the Anticipatory Care team gets involved but communication is not always a strong point in GP practices.	

	UO: Some people's health issues might be aided by different housing etc, and some things may not be achievable. HF: We need to be realistic about what is achievable and make the communications clear so we are not raising expectations. TAJ: HWR will share the results from the dementia work with the Anticipatory Care Team. Thanks were given to SLC and HF for their informative presentation.	TA-J
4	**Minutes of Board Meeting October 2022** CS and UO accepted the minutes as a true and accurate record.	
5	**Minutes Matters Arising** TAJ circulated the standing orders. The outstanding question about the desirable size of the board, numbers can be discussed in more detail at a board development session – potentially being planned for February. This will be in person in the evening, at 6:30 pm at the King Centre. Thursdays will be avoided. Action TAJ, circulate possible dates. AC is responsible for updating the declaration of interest forms. Most of the board did this in March within the Volunteer Agreement (VA). The policy has been sent to JD to update and to other Board members who have not filled out the VA. TAJ has circulated the Dentistry paper, action closed. The joint working agreement with HWLL has still not been received. TAJ will continue to follow up.	TAJ AC TAJ
6	**Governance** A discussion was had about the times and format (face-to-face or virtual) of future board meetings in public. It was agreed that Board Meetings should continue in March, June, September and December. TAJ will put a board meeting in the diary for March at 6:30 pm and will add the format discussion to the agenda for the Board Development meeting.	TAJ
7	**Carers Centre Work in Rutland** JD gave an update, explaining that the Carers Centre has had very little presence In Rutland before. They have now started a new regular weekly support group, 'Together we Care' in Oakham. Carers help to choose the agenda. The group usually have invited speakers twice during the month and the JD runs the other sessions. The group takes place at St Joseph's Catholic Church in Oakham from 1-2:30 pm. The Carer attends alone. About 15 people are interested in the group and approximately 6 attend. Healthwatch Rutland can attend in the new year.	

	JU: It would be good to have some provision for the cared for whilst the carers go to their group. JDe mentioned Lavender Mills and also that it would be good for the local authority to provide this. Action for AC to find out more about Lavender Mills and let the board know. JD further updated that a new dementia communication group has been started by the Carers Centre. This is not every month but JD will keep us updated.	AC
8	**Updates** **8.1 Annual Meeting (AM)** The AM report is on the website. The quick poll on the day, asking people to state their top three health and care priorities, identified: services closer to home; GP access; access to NHS Dentistry. In the past 4 years, the priorities have been transport, GP access and care closer to home. HWR will be moving on to looking at 'NHS Communications' after the dementia project. **8.2 System Overview and Patient Flow** There are bottlenecks and pressures right across the Integrated Care system. The System expects a bad winter with flu; COVID-19 and Strep A in children are bringing extra pressure. Nurses in UHL and LPT have not voted to strike but may have to assist out of the area with extra patients diverted in to LLR. EMAS staff have voted to strike. There remains a risk that, if the midwives in UHL vote to strike, other UHL nurses can legitimately strike as 'sympathetic workers'. JDe works in social care and has noticed that some care homes have closed due to rising costs, causing problems for the residents. TAJ said that Healthwatch England is encouraging Local HW to ensure balance by highlighting good news stories from patients both to service providers and to the public. **8.3 Update from Leicester Royal Infirmary Enter and View** TAJ gave an update on the Enter and View at the LRI Emergency Department that took place over two days in September. Thanks were extended to the volunteers who helped. The report is with UHL to fact-check. HWR will share this when available. Headlines: - 139 patients responded, 3 people were from Rutland. - 4 out of 5 people sought help elsewhere before going to ED. Many people tried but failed to see a GP first or had been referred by their GP to ED - The ED was a busy, confusing environment. People did not understand the electronic number system. 73% said their check-in experience was poor. There was not much space for wheelchairs.	

	- There did not seem to be much support for those who do not have English as a first language. HWR and HWLL will revisit in a year to see if any of the recommendations are followed up. **8.4 Outreach and Enter and View plans** **Outreach** Ryhall Library: This provided a good opportunity to talk to mothers and children. The Explorer Scouts: We looked at what services to use in certain health scenarios. The group also discussed and identified potential questions to ask other young people about their health experiences. The Congregational Hall Oakham: Lunches are restarting. HWR is welcome to pop in at any time to discuss projects etc. North Luffenham Parish Council: Attendance here was well received. HWR can now share our newsletter on their website. Rutland Voluntary & Community Sector Network: These meetings have restarted and AC had an opportunity to tell the group about the work of HWR. AC to attend the Ukrainian drop-in in Oakham in December. **Enter and View (E and V)** AC had an initial meeting with DHU regarding visit to Oakham Urgent Care Centre. This will take place on the 12th of Jan from 6:30-9 pm and Saturday the 14th from 10-12 noon and 12-2 pm. A pre-meeting of the volunteer team will be organised before the visit – action AC. AC is meeting Lincolnshire HW to explore joint E and V to Stamford Minor Injuries Unit.	AC
9	**Healthwatch Rutland Manager Update** Paper 3 was taken as read and TAJ pulled out some highlights. - The dementia survey closed on the 30th of November. Rutland made up 10% of responses which is good as we only comprise around 3% of LLR population. HWR are meeting with HWLL to discuss the report. - EMAS response times for crews to attend a category 1 emergency now average 15 minutes (worse than other neighbouring rural areas). The mean target is 7 minutes. In this respect the poor response time is creating an inequality in emergency access and this has been raised again as an issue by TAJ both to Rutland Integrated Delivery Board and EMAS Operations Managers.	
10	**Questions from the public** N/A	
11	**Any Other Business**	

	UO commented that it would be useful if Rutland Health made the enhanced access information on the website more comprehensive and understandable, and that the X-ray machine at Rutland Memorial Hospital has been broken since June. TAJ updated that the X-ray machine repairs were being chased up by the ICB currently.	
12	**Date of next meeting** TBC, March	