

**Healthwatch Rutland (HWR) Virtual Board Meeting in Public**  
**29th March 2022, 6.30-8.30 pm**

**Present:** Janet Underwood (Chair), Jacqui Darlington (Vice-Chair), Kay Jaques

**In attendance:** Tracey Allan-Jones, Amy Crawford, Una Ozga, Peter Lawson, Melissa Chesman

**Apologies:** Caroline Spark

|    |  | <b>Action</b> |
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| 1  | <p><b>Welcome and Apologies</b></p> <p>The Chair welcomed attendees and apologies were received from Caroline Spark.</p>   |               |
| 2  | <p><b>Declarations of Interest</b></p> <p>None raised.</p>   |               |
| 3  | <p><b>Minutes of Board Meeting December 2021 (paper 1)</b></p> <p>JD was happy with the minutes to be circulated and signed off via email and then brought back to the board to be ratified.</p>   |               |
| 4. | <p><b>Matters Arising</b></p> <p>4.1 Richard Lyne, who gave a presentation at the previous meeting was asked to forward his slides and also include a key to the acronyms used. These were published with the meeting minutes; closed</p> <p>4.2 JD and JU wanted details of the SEND commissioning strategy which TAJ has sent out; closed</p> <p>4.3 Updated versions of the policies have been published on the website; closed</p> <p>4.4 Regarding the question from the public, who asked about GP services in Oakham, a written response was sent. It was suggested that we were going to follow up on the GP access work which had been done previously. This action has not yet been completed due to the awaited publication of the Rutland County Council GP survey.</p>                                | TAJ/JU        |
| 5. | <p><b>Report: Your views on NHS Dental Services in Rutland</b></p> <p>JU gave a short presentation. This included some background detail of the national and local problems in NHS dentistry which are long-standing but have worsened due to the COVID-19 pandemic restrictions. Healthwatch Rutland (HWR) carried out a quick poll online and received 113 responses. These findings were published in a report in March 2022. The issues highlighted were:</p> <ul style="list-style-type: none"> <li>• Access to NHS dental care is problematic and people felt they were being pushed into private care, which they could not necessarily afford</li> <li>• People were faced with long delays in accessing care and frequent appointment cancellations</li> <li>• There were 14 positive comments</li> </ul> |               |

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|           | <p>The report was sent to stakeholders in Leicester, Leicestershire and Rutland (LLR). In the future dentistry will be commissioned by the Integrated Care System so the chief executive has been informed.</p> <p>The question was raised as to ‘Where do we go next in terms of dentistry?’</p> <p>JD pointed out that this isn’t a new situation locally or nationally.</p> <p>KJ stated that the level of NHS service is not acceptable and oral health can play a big part in people’s wider health so HWR should take this further.</p>   |  |
| <p>6.</p> | <p><b>Updates</b></p> <p><b>6.1 ICS Development</b></p> <p>The ICS aims to achieve more joined-up care. Healthwatch Rutland is an active member of the System Health and Wellbeing Partnership and will also be a non-voting participant on the ICS board (the ICB). HWR also has a place on the Rutland Health and Wellbeing Board and the Integrated Delivery Group (IDG). Rutland people are well represented in these places. The focus will be moving to care closer to home. The Health and Wellbeing Strategy and Place Led Plan are being developed.</p> <p><b>6.2 ‘Talk to the Healthwatch Chairs’</b></p> <p>HWR worked with Healthwatch Leicester and Leicestershire to run two ‘talk to the Chair’s’ sessions. 1 person from Rutland attended and 4 people from Leicester and Leicestershire. The needs that were identified from these sessions were:</p> <ul style="list-style-type: none"> <li>• Carers’ difficulties</li> <li>• Communications with the NHS</li> <li>• Remote consultations</li> <li>• Hospital signage</li> <li>• Hospital bed numbers</li> <li>• Hospital waiting lists</li> <li>• Care navigators in GP surgeries</li> <li>• Recruitment and retention of staff in the social care sector</li> <li>• Cognitive Behavioural Therapy being reduced from 12 to 8 sessions</li> </ul> <p>This input will be reviewed at the HWR Operations and Planning meeting where plans will be made for HWR’s work priorities for 2022-2023.</p> <p><b>6.3 Pharmaceutical Needs Assessment</b></p> <p>This is completed every 3 years (the current assessment being delayed by one year due to the pandemic) and it is a nationwide review of pharmacy provision. The survey is available on our website. This will lead to a needs assessment being produced and public consultation in the summer.</p> <p><b>6.4 COVID-19 update</b></p> <p>Free testing for those under 75 ends on 31<sup>st</sup> March. Over 75’s and those with weakened immune systems should still be able to access free tests. The current variant is Omicron BA.2.</p> |  |

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|   | <p><b>6.5 Health and Wellbeing Strategy Consultation/Place-led Delivery Plan</b></p> <p>This consultation ended in January and HWR’s response is available to read (paper 4). HWR were able to join the workshops designed for more in-depth discussions for stakeholders and the voluntary sector. The Strategic Health Board will look at health and there will be a specific Mental Health Board.</p> <p><b>6.6 Volunteer Programme Update</b></p> <p>The three main volunteering roles at HWR are</p> <ul style="list-style-type: none"> <li>• Board Member</li> <li>• Enter and View, Authorised Representatives</li> <li>• Healthwatch Champions</li> </ul> <p>All volunteers are invited to attend the ops and planning group and to take part in outreach and engagement.</p> <p>The Community Healthwatch Champions programme has been signed off and JU is piloting this in Whissendine.</p> <p>In terms of the Investing in Volunteers refresh, positive feedback has been received. A big thank you was extended to all the volunteers who gave up their time to input into this process.</p> <p>If there are any outstanding volunteer agreements to be signed, please send them back to AC and be aware that we are beginning the process of updating everyone’s DBS checks.</p> <p>JD suggested that there may be an area of training that she would like to explore.</p> <p>AC will develop a volunteer drop-in social to build relationships and provide an opportunity for information sharing.</p> <p><b>6.7 Outreach: monthly drop-ins and Rutland County Show</b></p> <p>The outreach in Greetham went well and engaged 20 people.</p> <p>HWR will be holding a drop-in on Wednesday mornings from 10-12 noon monthly at Oakham Baptist Church. This will allow people to connect and engage regarding health and social care. All are welcome to drop in.</p> <p>Outreach visits for the future include the library, castle and engagements with young people. We will also look to take part in dementia action week.</p> <p>As a board and volunteers, we need to decide whether to attend the Rutland show. UO can help but it is difficult for others to commit to that weekend as it is the platinum jubilee.</p> |  |
| 7 | <p><b>Healthwatch Rutland Manager Update (paper 2)</b></p> <p>Taken as read.</p>   |  |

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| <p>8</p> | <p><b>To note:</b></p> <p>HWR review of Draft ICS Engagement Strategy (paper 3).</p> <p>HWR response to Rutland Health and Wellbeing Strategy/Place-based Plan (paper 4).</p> <p>Written response to a question at the December Board Meeting in public (paper 5).</p>  |  |
| <p>9</p> | <p><b>Questions from the public</b></p> <p>Response to questions submitted in advance of the meeting.</p> <p>Andrew Nebel sent in many questions which JU grouped and summarised and answered as follows:</p> <p>1) <i>Is the Public and Patient Involvement and Assurance Group (PPIAG) fulfilling its purpose to assure that there has been sufficient and appropriate public and patient involvement in changes to the health and care system? Is the Assurance Group at the forefront of supporting the design of changes? Are decisions being informed by multi-sourced 'business intelligence'? Does HWR have evidence of its outreach activity?</i></p> <p>HWR has had no reason to believe that the PPIAG is not fulfilling its purpose, informed by intelligence and outreach from varied sources including VCS, faith, carers groups, Healthwatch etc. The group has been asked to provide assurances on many proposals &amp; activities including:</p> <ul style="list-style-type: none"> <li>• Draft ICS Strategy</li> <li>• Draft Engagement and Involvement Strategy</li> <li>• Adequacy of COVID vaccination deployment &amp; outreach</li> <li>• Step Up to Great findings and also comms and engagement</li> <li>• Proposed high impact actions in LLR primary care</li> <li>• Findings &amp; equalities impacts of UHL reconfiguration proposals</li> </ul> <p>PPIAG's deliberations are minuted on the CCG website.</p> <p>2) <i>Have HWR received any response to our comments to place led plans and HWS strategy?</i></p> <p>HWR received thanks and acknowledgement of our points and we continue to hold the delivery of the plan to account through our involvement in the HWB.</p> <p>3) <i>Has the Rutland Plan for place-based care been discussed by the Assurance Group?</i></p> <p>HWR is not aware that the Assurance Group has, or will be asked, to assure Place Led plans. Our interpretation is that a key function of the ICS is to permit more autonomy at Place. However, it is our understanding that the Assurance Group provides assurance that public engagement has taken place at the system level. Therefore, we expect the public engagement for the Health and Wellbeing Strategy and delivery plan will continue to take place at local level.</p> <p>4) <i>Has LLR ICS appointed a senior exec responsible for digital governance and accountability and will we push for this?</i></p> |  |

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|    | <p>Alice McGee, Executive Director of People and Innovation, is responsible for digital strategy. Our understanding is that it is some time before the national drive for digital systems to have full interoperability across ICS boundaries will be fulfilled, and we have specifically asked HWB that local mitigations for weaknesses in digital communications should be put in place.</p> <p><i>5) Are the ICS and RCC acting sufficiently to overcome difficulties experienced by people living in rural areas and, if not, are we not receiving appropriate resources? Does HWR have confidence that the needs and care of Rutland residents going out of LLR will be adequately and competently cared for - especially given the Lakeside Healthcare CQC rating of 'inadequate'?</i></p> <p>HWR has consistently pointed to issues of digital exclusion, transport, the dilution of the rural voice, workforce challenges and cross -border care etc. We are pleased therefore that further understanding of inequalities in access to health and care is at the forefront of work being driven by the HWS Delivery Plan and the Joint Strategic Needs Assessment (JSNA) refresh, to further inform service delivery for rural citizens. We have been assured that the CCGs in their current form have oversight of cross border issues and they are working and collaborating on this as elective care recovery and expansion of community diagnostics progress.</p> <p><i>6) Have the public been invited to view and comment on the draft ICS engagement and involvement strategy?</i></p> <p>The draft ICS Engagement and Involvement strategy is currently out for public comment (link provided).</p> |  |
| 10 | <p><b>Any Other Business</b></p> <p>Nothing was raised.</p>  |  |
| 12 | <p><b>Date of next meeting</b></p> <p>June 14<sup>th</sup>, 2022, 6:30-8:30pm</p>  |  |