

Healthwatch Rutland (HWR) Board Meeting in Public

6th March 2023, online

Present: Janet Underwood, Jacqui Darlington, Caroline Spark, Una Ozga

In attendance: Tracey Allan-Jones, Amy Crawford

Members of the public: Phil Marston, Miles Williamson-Noble, Susie Sanderson, Jacqueline Towl, Diane Ellison, Hayleigh Kicks, Andrew Nebel

Guest Speakers: Rachna Vyas and team; Helen Mather, Tasneem Lakdawala, Nisha Patel, Deborah Mitchell, Rachel Dewar, Kerry Kaur, Mayur Patel

Apologies: Kay Jacques

		Action
1	<p>Welcome and Apologies</p> <p>Apologies were received from Kay Jacques</p>	
2	<p>Declarations of Interest</p> <p>None</p>	
3	<p>Transforming Health and Care in LLR over the next five years</p> <p>Guest speaker Rachna Vyas, Chief Operating Officer of the Leicester, Leicestershire and Rutland Integrated Care Board delivered a presentation (see appendix A).</p> <p><i>Questions/comments from attendees:</i></p> <p>JU: Can you update us about urgent care especially at Rutland Memorial Hospital?</p> <p>ICB response: Changes to the services that have occurred must be reviewed for example Primary Care is now offering enhanced access and there are other extended services. So, we need to review this. Same-day care pathways are complex and complicated. If somebody cannot access them at the lower levels they are passed to a more acute service and presenting at ED. We need to simplify that pathway for people. We need to establish the new offers for 2023/24 and we need to retain the out-of-hours hubs and the same applies to Oakham Minor Injuries Unit. Although we have been served notice from the providers of the Oakham Minor Injuries Unit, the ICB is committed to the continuation of Minor Injuries care, and we are in talks with providers about delivering that service. The X-ray machine is also fixed. Rurality is something we are bearing in mind. A home visiting and falls service is also available. It all needs to be considered.</p> <p>UO: How will people be informed of the changes you are making in urgent and emergency care?</p> <p>ICB response: Patients will continue to ring the usual numbers, but the changes will be happening behind the scenes. When a patient rings 999 there is now a mixed team and they can send the service to a patient's home instead of the patient always being taken to the ED.</p>	

The services are provided in the patient's home and there is a low readmission rate from this. Ambulance category 2 response times are improving due to this new way of working.

JD: When you mention long-term care it feels like you are just talking about the elderly. Does this include those with disabilities?

ICB response: Long-term conditions care are not based on age it is based on the number of diseases or conditions you have. It is more to do with complexity.

MWN: How do you make sure you incorporate the Integrated Care Board strategy with Rutland County Council plans? Can more private facilities be utilised to bring down NHS waiting lists?

Plans need to be more detailed for true public engagement and services such as dialysis could be provided at Rutland Memorial Hospital.

ICB response: The ICB are working closely with Rutland County Council and are aligned in our work. We work hand in hand with Councillor Harvey. We are also looking to form a Rutland Collaborative which should also help with cross-border issues. Private providers of care are already being utilised to bring down waiting lists. Patients can still go privately if they wish. A new Prehab service is running for those on hospital waiting lists to help manage symptoms and keep them fit and well until their operation. In Rutland for the last 18 months, cardio and respiratory investigations have been done locally so that diagnoses go with the patient when they go for care. Rehab classes are also offered locally. The ICB is looking at what can be provided by Rutland Memorial such as dermatology and ophthalmology etc.

AN: Is cross-border integration on your radar? Hopefully going forward what is offered at Stamford and Rutland hospital can be complimentary to what is offered at Rutland Memorial Hospital.

Also in terms of patient data being shared across the system is Palantir being used?

ICB response: We can't plan services that only sit within LLR as it would not work for Rutland Patients. So the ICB works with Peterborough and Lincolnshire. Peterborough and Stamford also have a North Place Collaborative and LLR are part of that. In terms of services, there may be some cross over but hopefully no gaps.

The ICB is also looking to form provider collaboratives looking at service specialities and who can offer what.

Summary Care Record is being utilised across services for sharing of patient information but this needs to be embedded.

TA-J made 3 comments - We have not seen any reference to children in your presentation today.

	<p>- We need to make sure the public is on this journey of change too and listen to feedback and enact it.</p> <p>- Changes in the system to improve patient flows are not positively affecting our Category 1 ambulance response times.</p> <p>ICB response: There are other plans also being created that encompass young people. We can come back and talk about those areas further. Communication is always difficult. We need to improve. We have picked up your concern about rural ambulance response and are looking into it.</p> <p>The Chair thanked Rachna and the team for their attendance. The team will await an invitation to attend a future meeting to talk about plans for Children's services.</p>	
4	<p>Minutes of Board Meeting December 2022</p> <p>The minutes were accepted as a true and accurate record.</p>	
5	<p>Minutes Matters Arising</p> <p><i>Actions completed and closed:</i></p> <p>Healthwatch Rutland and Leicester/shire shared dementia work – the reports are being written and will be published once completed.</p> <p>The proposed board development session has happened.</p> <p>Declaration of Interest- updated forms have been received.</p> <p>The Collaboration Agreement with HWLL has been signed.</p> <p>Advisory Board meeting dates going forward have been agreed.</p> <p>AC obtained details about Lavender Mills and shared them with the Board.</p>	
6	<p>Updates</p> <p>Oakham Urgent Care Centre – Update provided by ICB during the presentation.</p> <p>Health Inequalities in Rutland – a draft chapter for the JSNA is on the Rutland County Council website. JU stated that it is excellent. A workshop was held and attended by JU and ideas were discussed for solving inequalities and work is ongoing.</p> <p>Dementia Project – The fieldwork has been completed. Rutland is achieving a 48% diagnostic rates against the national ambition of 66.7%. Rutland engaged with 30 people living with dementia or carers of those with dementia. A Rutland-specific report is being worked on to emphasise differences in experiences across Leicester, Leicestershire and Rutland.</p> <p>New HWR signposting and feedback system</p> <p>TA-J updated that for some years Healthwatch England have encouraged local Healthwatch to use a system called CIVI for logging and tracking feedback and signposting calls. Due to withdrawal of CIVI, HWR has needed to source a new system and</p>	

	<p>have chosen 'IMP' (Information Management Patient experience). IMP will simplify the sharing of feedback with providers and push-button reporting. The new system is being implemented now and we can discuss whether we want to look at this data in future board meetings.</p> <p>Engagement and outreach</p> <p>AC reported that she had attended the following in this quarter:</p> <ul style="list-style-type: none"> • Ukrainian Drop-in, • Rutland Youth Council • Empingham Patient Participant Group Toddler group for maternity engagement. <p>HWR also had a pop-up stand at Ketton Library.</p> <p>Enter and View visits this quarter have included:</p> <ul style="list-style-type: none"> • Oakham Urgent Care Centre • Corby Urgent Care Centre <p>Stamford Minor Injuries Unit visit is planned for 13th and 15th of March.</p>	
7	<p>Healthwatch Rutland Manager Update (paper 2)</p> <p>HWR will be saying goodbye to our Engagement Officer, Amy Crawford, at the end of the month. Staff capacity will be reduced so activities will need to be prioritised. Engagement and outreach will suffer the most.</p> <p>HWR met with the Oakham Medical Practice Patient Participant Group (PPG), and we will approach other practice PPGs to see if they want to engage with us.</p> <p>The LLR dementia report has been drafted and has gone to the Dementia Program Board for response. The Rutland report is in progress.</p> <p>Leicester Royal Infirmary Emergency Department Enter and View report that we undertook with Healthwatch Leicester and Leicestershire was planned to be published on 8 March. TA-J to circulate to board and volunteers.</p> <p>The HWR board met for a development session and the Quality Assurance Framework (to check our quality and effectiveness) is being refreshed.</p> <p>Work planning has started for the next financial year. Communications will be our next project looking at people's experiences of communication with health and social care services. TA-J to bring the annual plan to the next meeting for sign-off.</p> <p>In terms of Dentistry, the offer has not changed but the NHS website has been updated so people can see where they can get care. This is a welcome change, but it does not improve Rutland's access to NHS dental care.</p> <p>Ambulance Response performance for category 1 continues to deteriorate. Work is going on around the system in terms of preclinical assessment and mental health crisis work but it is not improving the</p>	<p>TA-J</p> <p>TA-J</p>

	category 1 response for Rutland. Rutland's response times are consistently worse than in other rural areas. DM responded that work is going to be done with EMAS to understand why.	
8	<p>To note: Paper 3 Letter regarding pressures on children's services</p> <p>HWR became aware of a level of risk in children's ED and respiratory services at UHL and with CAMHS and neurodevelopmental pathways at LPT. HWR sent a letter in mid-December to Richard Mitchell (UHL chief executive) about ED and respiratory concerns. (CAMHS and neurodevelopment problems have been well flagged with providers by HWR) Richard held a meeting with JU and it was decided that the discussion should be happening at a system level. This was taken up with the chair of the System Quality Group, Caroline Trevithick. Work is ongoing. The ICB is planning a quality summit in March. HWR Have not sought a written response from UHL as the next update will be after the review. The paper was noted.</p>	
9	<p>Response to questions submitted in advance of the meeting.</p> <p>No questions were received.</p>	
10	<p>Any Other Business</p> <p>It was proposed and agreed to bring the Annual Meeting forward to the 3rd of October.</p> <p>JD has served as vice-chair for three years and with no other contenders was proposed by CS for re-election and seconded by UO. JD was duly re-elected and warmly thanked by the Chair for all her input and support.</p> <p>The chair welcomed Andrew Nebel as a new HWR volunteer.</p> <p>TA-J advised that we have become aware of difficulties when changes are made to prescribed medications during outpatient consultations. Letters/reports confirming these changes are not being sent sufficiently quickly to GPs who won't prescribe the new medication until they have received these letters. We have alerted UHL of this fact and will monitor.</p>	
11	<p>Date of next meeting</p> <p>Next meeting: June 7 2023, 6.30-8.30 pm</p>	