

**Paper 1. Minutes: Healthwatch Rutland (HWR) virtual Board
Meeting in public
8th June 2021, 6:30pm**

Present: Janet Underwood (Chair), Jacqui Darlington, Caroline Spark
In attendance: Tracey Allan-Jones, Amy Crawford (minutes), Kate Holt

From LLR Clinical Commissioning Groups: Andy Williams, Jo Ryder, Sue Venables
From Leicestershire Partnership Trust: John Edwards, Jo Scordellis, Mark Powell
From Oakham Medical Practice: Dr Ryszard Bietzk, Dr Lucy Pearson

Cllr Rosemary Powell, Ann Jenkins, Cllr Alan Walters, Cllr Sam Harvey, Kathy Reynolds, Pippa Gorman, Judith Gilboy, Daphne Murphy, Jacqueline Towl, Andrew Nebel, Jennifer Fenelon.

Item No.	Item	Action
1,	<p>Welcome and Apologies</p> <p>Janet Underwood welcomed everyone to the meeting. A special welcome was extended to the members of the Leicester Partnership Trust and the Clinical Commissioning Groups (CCG). There were no apologies.</p>	
2.	<p>Declarations of interest</p> <p>There were no declarations of interest.</p>	
3.	<p>Step up to Greater Mental Health Consultation</p> <p>Andy Williams explained that this is a consultation on mental health provision in Leicestershire, Leicester and Rutland on behalf of Leicestershire Partnership Trust. A video outlining the proposals was shown.</p> <p>Some of the highlighted proposals are:</p> <ul style="list-style-type: none"> • Online advice hub with self-help and guidance. • 24/7 Central Access Point, reached by phone or text. • Crisis Cafés increasing from 3 to 25, venues to be decided, delivered by the voluntary sector. • Expand Triage Car services. • Mental Health Urgent Care Hub, this was set up in the pandemic and will be developed. • Acute Mental Health Liaison Service. Extra support at A and E and on hospital wards. • Bringing teams together that support vulnerable people into one service. • Improve planned care nearer to where people live. 	

	<ul style="list-style-type: none"> • Bring teams together into 8 new treatment and recovery teams that will work in local areas to support adults, working alongside further 8 teams working with mental health needs of older people. This includes peri-natal and post-natal support and those with personality disorders, psychosis and memory problems. <p>Mark Powell wanted to encourage as many people as possible to contribute to the consultation over the next few months.</p> <p>Janet Underwood asked a question that had been submitted from a member of the public: ‘Could you define the difference between mental health and mental illness, please’.</p> <p>Jo Scordellis , explained that mental health is a continuum. It becomes a mental illness in relation to the amount of distress we feel and how much it impacts our life.</p> <p>Jacqui Darlington commented that, that doesn’t seem to answer the question about what is the difference between mental health and mental illness.</p> <p>Jo Scordellis responded that there are different diagnostic criteria but if people feel distress because of their psychological state, so they can’t live the life they want to, that would be mental illness.</p> <p>Andy Williams commented that in the past the service was aimed at severe and enduring mental illness and recently we have started thinking much more broadly about wellbeing; mental and physical health are increasingly seen as much more integrated.</p> <p>Cllr Alan Walters asked whether the consultation information would be shared using other methods in addition to digitally.</p> <p>Sue Venables said the intention was to supplement digital means with more face-to-face involvement, the distribution of hardcopies, direct marketing and community magazines.</p> <p>Alan Walters welcomed the Urgent Care Hub in Leicester but asked how would people in Rutland be helped.</p> <p>John Edwards stated there is difficulty in replicating the hub in multiple places. The hub is at the Bradgate Unit at the Glenfield Site with good transport links. There will be Community Crisis Teams working locally and Crisis Cafes in Rutland.</p> <p>Alan Walters asked where the 8 treatment recovery teams and 8 treatment teams for older people will be located and what help would be available in Rutland.</p> <p>John Edwards said there will be an attempt to align the 8 teams to physical health teams, bringing together mental and physical together. Rutland would be served through the Rutland and Melton team which would operate in the neighbourhood area of Rutland.</p>	
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	<p>Judith Gilboy noted low numbers of mental health staff and increased mental health awareness, asked what services are available and how successfully these will be staffed.</p> <p>Mark Powell acknowledged workforce challenges. LPT is working with local and regional educational establishments to encourage people to work in LPT. This involves building successful relationships and offering different training packages. This will take a while. LPT will also work with the community and voluntary sector.</p> <p>John Edwards added that there is increased investment in mental health. Bringing teams together will mean better ways of working. People will also be encouraged to see what they can do for themselves. Different tools and web products will be offered.</p> <p>Kay Jacques suggested that such web products are an issue for a lot of people.</p> <p>John Edwards said there will be a telephone service and strengthened local services to overcome this.</p> <p>Kay Jacques suggested that multidisciplinary team working might mean the most appropriate person would not be allocated to patients.</p> <p>John Edwards said LPT would try to match each patient with the most appropriately skilled member of staff.</p> <p>Jo Scordellis said that learning from each team member promotes more skilful interventions. Communication is key to service users.</p>	
<p>4.</p>	<p>Working together to improve access to Oakham Medical Practice (OMP)</p> <p>OMP have met with the Patient Participation Group and HWR to discuss the problems accessing appointments reported by patients and their plans for improvement.</p> <p>Dr Bietzk stated that, in relation to the last agenda item, OMP will be shortly holding Mental Health Practitioner interviews to provide an additional resource at the practice.</p> <p>Dr Bietzk and Dr Pearson showed a presentation (attached) highlights of which included:</p> <ul style="list-style-type: none"> • The population continues to grow, the practice now has 16,000 patients and the Rutland population is older than the national average. • 4 GPs have left, 3 more have been recruited. There is a shortage of GPs nationally. • The pandemic has had a significant effect on the practice with GPs covering the COVID-19 vaccination centre, the hot COVID hub and the Minor Injury Unit, taking them away from the surgery. In addition, some staff have needed to take sick leave which has added strain on the Practice. 	

	<ul style="list-style-type: none"> • The CCG have assessed the Practice and raised no concerns. The cancer pathway has been reviewed and there was no evidence of cases being missed. Prevalence of disease is higher than national rates, demonstrating that illnesses has been identified. There are issues with access, but the service is meeting clinical targets well and patient feedback about the quality of care is positive. • Ways need to be found to encourage patients to take up appointments with the wide range of clinical practitioners available rather than just wanting an appointment with a GP. • It is difficult to keep front-line staff who feel under pressure and from high levels of demand, and in some cases, abusive language. They are doing their best under difficult circumstances. Training has been stepped up to help front-line staff navigate patients to the best practitioner to meet their need. • Specific ratios of face-to-face and online appointments are in place to offer choice. • OMP is working to improve communication and has set up a twitter account. A new website with clearer information is due to be launched on 21/6/21. <p>Janet Underwood thanked Doctors Bietzk and Pearson for their open and honest presentation.</p> <p>Cllr Alan Walters noted that from 2018 data, OMP was the lowest rated medical practice in Rutland so is in a difficult place. He thanked the practice for its efforts but asked how they plan to communicate to patients to improve the satisfaction score?</p> <p>Dr Lucy Pearson said she knows that staff need to be more aware of patients' feelings. A high demand on the practice means reducing the reliance on telephones. Reception staff need more care-navigation training. The practice can't always satisfy patients' needs but can give them what they need. OMP will work on in-house training and communications with patients.</p> <p>Alan Walters asked whether Rutland people attend their GP practices more and , if so, does this reinforce a need for a local plan for health and care in Rutland?</p> <p>Andy Williams said health and care partners are committed to working on a Rutland place-based health and care plan.</p> <p>Cllr Rosemary Powell asked how access to appointments will be improved.</p> <p>Dr Lucy Pearson re-iterated the pressures on the practice. Measures for improvement include care-navigating to the most appropriate team professional, recruitment of 3 doctors and a mental health practitioner.</p>	
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	JU stated her thanks to Oakham Medical Practice and stated that HWR are here to help them.	
5.	<p>Proposal by the Chair that Mrs Kay Jacques re-join the HWR Advisory Board</p> <p>Seconded by Jacqui Darlington</p> <p>KJ was re-elected.</p>	
6.	<p>Minutes of Board Meeting March 2021 (paper 1)</p> <p>Jacqui Darlington and Janet Underwood confirmed that they were a true and accurate record.</p>	
7.	<p>Matters Arising</p> <p><i>Action rolled over from December meeting - JU to highlight reports of problems accessing appointments at Oakham Medical Practice with Primary Care Commissioning Committee. Resulting meeting with Ian Potter had not taken place. Janet informed that she had raised the issue at the regular CCG/local Healthwatch review meeting with Andy Williams instead. Action closed.</i></p> <p><i>Action rolled over from March meeting - Jean Denyer had expressed interest in receiving a copy of the Inequalities Framework, once the task and finish group had completed its work. Action JU.</i></p>	JU
8	<p>Updates</p> <p>JU gave an update on the <i>Leicester Hospitals Acute and Maternity consultation</i>.</p> <p>A document of Findings has been put into the public domain and the Decision-Making Business Case was published that day. JU had asked the CCG why the public had not been given an earlier opportunity to review the documents before the Clinical Commissioning Groups' governing body meeting in public that day where the DMBC had been approved.</p> <p>The CCG governing body approved unanimously many proposals: moving from three hospitals to two hospitals; a treatment centre at Glenfield Hospital; a primary care hub at Leicester General Hospital (LGH); the use of new technologies for consultations but with the proviso that face-to-face appointments should be available; the closure of Leicester General haemodialysis unit and a new facility at Glenfield; hydrotherapy in community facilities; LRI maternity hospital; relocation of St. Marys midwife led unit to LGH for a trial period of 3 years rather 1; and a new children's hospital.</p> <p>JU stated that at the end of the meeting there was a commitment made by the Governing Body for ongoing public engagement and communication.</p>	

<p>Response to question from member of the public (paper 3) - LLR CCGs</p> <p>Mrs Reynold’s question for HWR Board meeting in public 8th June 2021</p> <p><i>Does HWR believe that the DMBC should be on the agenda for approval at Tuesday’s Extraordinary Board meeting? Did HWR ask for the meeting to be deferred until the promised public meeting on the Report of Findings had taken place and time had been make for the Joint HOSC to review the Feedback from the Consultation as resolved at the December 2020 meeting.</i></p> <p>Chair’s response to Mrs Reynold’s questions</p> <p>Mrs Reynolds initially expressed her concerns that expectations of a public meeting were set up in the Reconfiguration Consultation FAQs document and by the Joint HOSC meeting in December 2020 and these were not being met.</p> <p>JU read out the following reply:</p> <p>Our understanding from both documents is the Report of the Findings would be received and discussed by the Governing Bodies in a meeting in public. We found no mention in either document of further public consultation but the FAQ document, for example, states, <i>‘The papers for this meeting will be publicly available including the Consultation Report of Findings. We will promote the governing body meetings to enable people to attend and hear the discussions. All decisions will be made public after the governing board meetings.’</i></p> <p>HWR had expressed concerns to the CCG that the publishing of the Report of Findings just two weeks before this meeting and the DMBC on the day of the meeting did not give the public sufficient time to fully appraise, understand and question the documents. We questioned the legality of such a move with the CCG. We were informed that the CCG (and I quote) ‘has been informed by retained legal council’. We also warned the CCG that this would not be favourably received across LLR and we were told ‘the consultation provided the opportunity for the public to make “meaningful comment” on the proposals and influence the outcomes. The CCG and UHL have used the Report of Findings to inform the development of the DMBC alongside the clinical and financial cases. It is now for the CCG Governing Bodies to decide on the final proposals (if any) for enactment.’ We would have liked the CCG to have behaved more transparently and, in the spirit of public engagement, to have given people more time to fully consider the documents. This was the point of the HWR tabled question and what we planned to say at the meeting this afternoon.</p> <p>Now the documents are in the public domain, we will listen to Rutland people’s views of the plans that the CCG wish to take forward. As a member of the Joint HOSC, we hope to present these opinions at the</p>	
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	<p>next meeting in July where we will have the opportunity to scrutinise more fully and comment.</p> <p>A question from a member of the public was asked but due to the terms of reference of the meeting the Chair was not accepting open questions in this section. JU stated that HWR are happy to respond to questions by email or letter.</p> <p>Papers 2, 3 and 4 were noted.</p>	
9	<p>Healthwatch Rutland Manager Update paper 5</p> <p>The paper was taken as read.</p> <p>The ‘What Matters to you’ public engagement which is to inform the place-led planning activity was reported to be at the end of the engagement phase. Approximately 150 people had engaged in various groups including a dozen individual interviews with people that can’t connect online. HWR planned to produce the report and share the findings with the Health and Wellbeing Board that commissioned the work, in mid-July. Action TA-J.</p>	TA-J
10.	<p>Draft Annual Work Plan</p> <p>This was published as part of the papers. Volunteers helped to put this together and we are already into the plan.</p> <p>The next piece of work would be the ‘Let’s Talk Project’ working together with Healthwatch Leicester and Leicestershire, starting in June and running throughout the year.</p> <p>Flexibility has been built in to the plan as volunteers have identified five special areas of interest, and these are noted in the work plan.</p> <p>The Board approved the work plan.</p>	
11.	<p>Questions from the public</p> <p>A question from Ms K Mota-Stubbs was received after the cut-off required to address it during the meeting and the Chair advised that the question would be addressed in writing afterwards (see attached - paper 7)</p> <p>Action TA-J</p>	TA-J
12.	<p>Any other Business</p> <p>There was no other business</p>	
13.	<p>Date of next Board Meeting in public:</p> <p>Next meetings: Tuesday September 14th annual meeting 2 - 3.30pm followed by board meeting in public</p> <p>Monday December 6th 6.30-8.30pm</p>	

Signed as being a true record of the meeting:

..... Date:.....

Janet Underwood (Chair)