healthwatch Northamptonshire

Paper 1: Minutes of Healthwatch Rutland (HWR) Board Meeting in public

Wednesday 19 September 2018
3.15 – 5.00 p.m.

Gover Centre, Rutland Community Hub, Lands' End Way, Oakham

Present:	Prof. Will Pope (WP, Interim Chair), Dr Janet Underwood (JU), Jacqui Darlington (JD), Caroline Spark (Caro S).
In attendance:	Kate Holt (KH), Tracey Allan-Jones (TA-J), Julie Curtis (JS, Minutes),
HWR Volunteers:	Christine Spark (CS), Jean Henson (JH), Barry Henson (BH)
Members of the public:	Jennifer Fenelon (JF), Keith Stevenson (KS), Sue Stevenson (SS).
Apologies:	Alf Dewis, Kirsteen McVeigh

Item No.	Item	Action
1.	**Welcome and introductions:** The chair, Will Pope, welcomed the board members, volunteers, staff and members of the public to the meeting; apologies were noted from Kirsteen McVeigh and Alf Dewis.	
2.	**Declarations of Interests:** WP asked if there were any declarations of interest – the response was none.	
3.	**Minutes of previous meeting: (Paper 1)** • Item (12/07) 7.1 The reference to "Investors in Volunteers" in section 5 of the Healthwatch Rutland Strategy had been removed, as HWR now had this accreditation through CT CIC. • Item (12/07) 9 End of Life Project discussion has been carried forward, as lack of capacity has hampered progress with this topic. • Item (12/07) 11.1 TA-J confirmed that the Full Business Case had been approved by City and West Leicestershire Clinical Commissioning Groups and that both HWR and Healthwatch LL would attempt to get around the table with UHL to discuss the	

	proposals further in order to understand if a joint position between the two Healthwatch was possible. WP asked if everyone present approved the minutes of the previous Healthwatch Rutland Board Meeting on the 12th July 2018. All agreed. WP then signed off these minutes as correct.	
4.	**Plans to rationalise Level 3 ICU at UHL** Janet Underwood gave an extremely informative presentation on proposals to reconfigure top-level Intensive Care beds across Leicester Hospital sites, with work planned to commence in October/November 2018. There was discussion about the fact that University Hospitals of Leicester Trust (UHL) had been leading on the proposals to date whereas it was suggested by JF that this role should be properly undertaken by the 3 Clinical Cmmissioning Groups. JU made the point that the law requires CCGs to consult fully with the public on major changes to service. There had not been any formal public consultation about this substantial change either in Spring 2015 when the Outline Business Case was published, in November 2017 when this deficiency had been highlighted by HWR, nor in 2018 once funding for the case was secured. It was further noted that the appendices to the Full Business Case were not in the public domain, although it was clear from the main document that much of the detail was contained therein. It was agreed that TA-J would formally request the publication of the appendices (4.1). JU further outlined public concern that if the ICU proposals were to go ahead with no public consultation, then the future case for preserving acute services at the Leicester General Hospital would be eroded. KH advised that she had sought opinion from the Consultation Institute regarding the propriety of CCGs pressing ahead without consultation. The Institute were currently looking at the details and would offer an opinion within the next few days. It was proposed that JU would attend the extraordinary meeting of the LLR Joint Health Overview and Scrutiny Committee (HOSC) on 28th September to voice the board's concern that full public consultation should be undertaken before ICU building works and ward relocations were commenced. This was agreed. In support of this TA-J would determine how best to submit formal representation from the board to the HOSC (4.2) and JU would draft a letter for submission in advance of the meeting (4.3). JF was in the process of putting together a paper about the legal and process issues of the reconfiguration, for the Better Care Together	TA-J TA-J JU

	Patient Participation and Involvement meeting on 26th September that would be attended by JU on behalf of HWR.	
5.	**Ketton Branch Closure update:** KH had attended the Primary Care Commissioning Committee (PCCC) meeting in August. The consultation on closing the Ketton branch surgery had been studied in depth and the proposed closure was approved at the meeting. All patients would be informed and all mitigations to closure offered by the Uppingham Surgery would be monitored by the CCG; in particular additional support for home visits for vulnerable people. This to be put onto the work plan and to be checked in 6 months' time (5.1). JF suggested that a letter be written referencing that we have noted that additional support will be provided by the CCG and this decision to be kept under review.	TA-J
6.	**General Updates:** ELRCCG Urgent Care Commissioning Panel East Leicestershire and Rutland CCG ran an engagement event and conducted a survey following proposals to make changes to out of hours services. At an Engagement Panel meeting in August it was agreed, supporting the majority of public opinion from the engagement, that the closure of the Urgent Care Centres at weekends and on Bank Holidays should be left as is at 7pm, rather than curtailed to 5 p.m. as proposed prior to engagement. HWR Manager Update: (Paper 3) TA-J submitted a written update on the development and recent activities of HWR and no questions were raised. **HWR Chair appointment update:** Due to little interest to date, WP agreed to continue as "Interim Chair" but is keen to be replaced by a substantive, local, Chair. Advertisements to be placed with local papers (6.1).	TA-J
7.	**Appointment of HWR Vice Chair:** Deferred to private session of Board Meeting.	
8.	**Terms of Reference: (Paper 4)** The Terms of Reference were received, noted and accepted. These to be reviewed in 12 months' time (September 2019). KH announced the Volunteers Travel Expense Policy was currently being reviewed.	

9.	**Commissioner and Provider Boards and Meetings: (Paper 5)** TA-J reported that HWR are not covering all of the boards and meetings at the moment and asked whether there were any Board Members who could take up some of these meetings? Anyone interest to contact TA-J. Due to lack of time, full discussion on this item was deferred.	
10.	**Any Other Business:** After some discussion about what progress had been made by EMAS it was agreed that KH would ask EMAS for the narrative of Developing Vision and Values and would write a letter to EMAS to ask them to "show us how this is getting better" (10.1) TA-J would circulate the Better Care Together presentation by Tim Sacks, Chief Operating Officer of ELRCCG to all (10.2 - attached). TA-J reported that Sue Venables, Communications for Better Care Together had agreed to arrange for a member of the BCT team to attend HWR Board Meetings going forward. A member of the BCT Team to be invited to the next Board Meeting (10.3). WP referred to the 'top 3 issues in health and care' that had been sought at the preceding Annual Meeting and commended all to consider the responses which would be published in the next Newsletter.	KH TA-J TA-J
11.	**Next meeting dates:** WP asked for everyone's thoughts about the frequency of the meetings for the next 12 months. Formal quarterly meetings were discussed and Caro S suggested more frequent meetings in the short term would help the new board to get up-to-speed as it becomes embedded. It was proposed by KH that formal quarterly meetings be held in public and that in-between, informal board planning meetings, could be held separately. This was agreed and dates for the next series of meetings would be circulated (11.1).	TA-J
	Next Board Meeting Date: December 2018, to be confirmed.	

Attachment: Next Steps to Better Care Together, Tim Sacks presentation, annual meeting.

Better care together

Our principles: How we will work

Work as One Team

Across boundaries, united in overcoming challenges and sharing responsibility to provide the best service and outcomes to patients. We want people to move through the system seamlessly, unaware that different organisations are working together to care for them.

High Quality, Person-Centred Care

For local people across that patch from home to hospital and back again. We want to maintain the health and wellbeing of local people, ensure the best possible outcomes for them when they need treatment or care, wherever they live throughout Leicester, Leicestershire and Rutland.

Efficiency and Best Value

To make the most of every pound we have to spend in Leicester, Leicestershire and Rutland by sharing resources, cutting duplication, waste and delay and innovating to overcome the challenges we face. This includes setting up new systems to care for people at home and in their local community, as well as using IT to share patients' records and offer new services.

Support and nurture a committed health and social care workforce

By helping staff to develop new skills and understanding, encouraging them to be the best, promoting high morale and managing talent and resources. We will be asking staff to work in different ways, in different places and with different people and organisations. We want to give them the skills and set up the system in a way that allows them to do a great job for local people.

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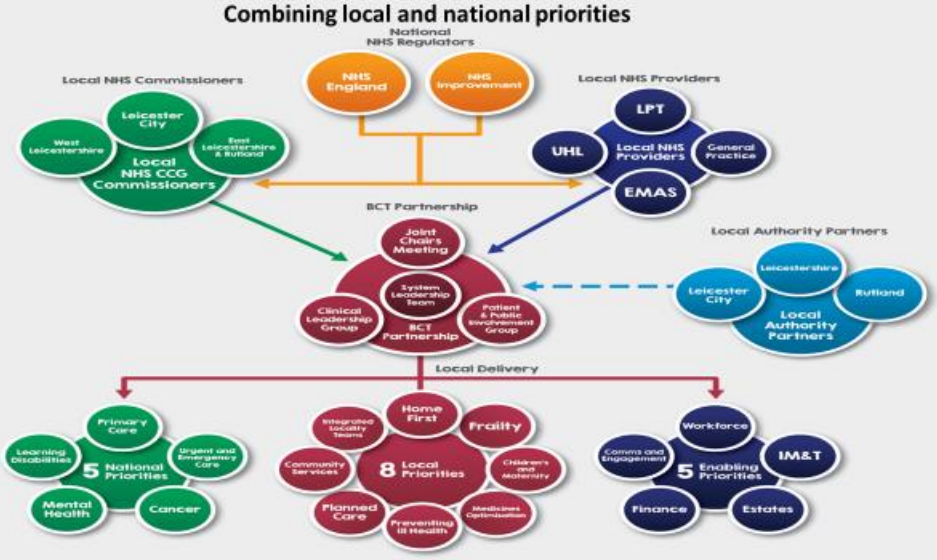
Current Leicester, Leicestershire and Rutland System Governance

Combining local and national priorities



LLR and beyond

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The NHS cannot stay the same

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Without improvements	With improvements
• Health outcomes decline as services struggle to cope with increasing demand • More patients suffer health crises increasing need for emergency services • Planned care appointments are cancelled • Acute services are duplicated undermining quality and safety of care • Buildings no longer fit for purpose • More money spent on maintenance and running cost of buildings rather than patient care	• Health outcomes improve, particularly for people with long term conditions by strengthening primary and urgent care and by services working closer together • Move more services out of hospitals into the community closer to peoples' homes • Reorganise acute hospitals to remove duplication of services improving the care and safety of patients • Modernise buildings to improve patient experience and improve efficiency

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Progress we have made

- Secured £88 million to fund a new emergency department, new mental health ward for children and young people, new intensive care units and new ward at Glenfield and funding to improve GP premises
- We have a new Treatment Centre at St. Luke's in Market Harborough with services for minor injuries, x-ray, mental health, outpatients and, a GP surgery
- We have 14 integrated locality teams providing improved care for patients with long term and complex conditions
- NHS 111 now includes a clinical triage system that provides telephone advice and if necessary direct patients to the best place for treatment
- We now have a remote cancer monitoring service for prostate cancer
- We have a new test for bowel problems resulting in 70% of patients not needing a referral for bowel cancer
- We have less patients delays in their transfers of care

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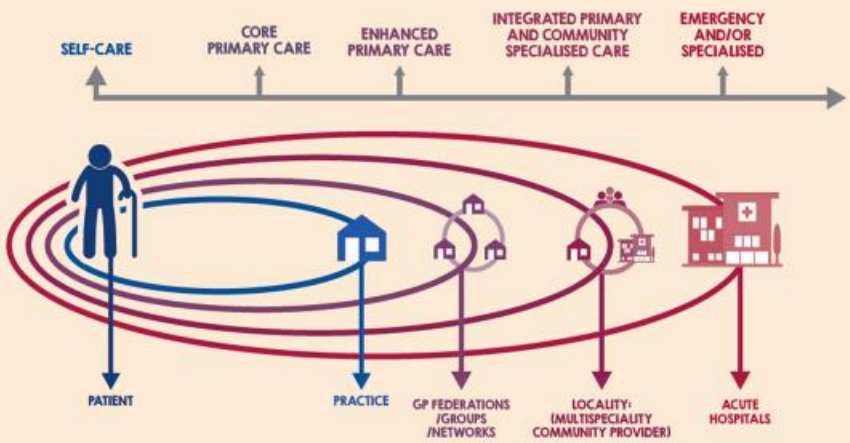
Our Model of care



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What is integrated care?
It is about operating at three different levels of 'place'

Level	Population Size	Purpose
Neighbourhood (Health Needs Neighbourhood and Localities)	30,000 to 50,000	• Deliver high quality primary care • Proactive care via integrated locality teams for defined populations and cohorts • Encouraging community development to support health, wellbeing and prevention
Place (Leicester City, Leicestershire County and Rutland)	37,000 to 610,000	• Based on upper tier authority boundaries • Delivery of specialised based integrated community services, including social care • Delivery of reablement, rehabilitation and recovery services • Prevention services at scale
System (Leicester, Leicestershire and Rutland)	1,000,000+	• System strategy, planning and implementation • Work across the system on specialist areas such as cancer, mental health and urgent care • Make best use of all our combined assets including staff and buildings • Manage performance and system finances • Establish a system framework for prevention

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Key things we are doing to improve care:

Keeping people well and out of hospital:

- **Integrated Locality Teams**
- **Primary Care access**
- **Preventing ill health**

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Key things we are doing to improve care (contd):

Providing care closer to home:

- Community Services Redesign
- Frailty pathway
- Home First services
- Planned Care pathways, efficiency and settings

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Key things we are doing to improve care (contd):

Enhancing Specialist Care:

- Mental Health
- Cancer prevention and early detection
- Learning disabilities; Person Health Budgets and short-break provision

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What is enabling improvements

- Estates
- Workforce
- Digital/IT
- Finance

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Reconfiguration of acute and maternity services

Reconfigure acute hospitals to move acute clinical services to two sites – Leicester Royal Infirmary and Glenfield Hospital and retain some non-acute health services at Leicester General Hospital. Subject to consultation

Remodel maternity services to create a new maternity hospital at the Leicester Royal Infirmary and subject to the outcome of the consultation, a mid-wife led unit at the Leicester General Hospital. We will close the birthing unit at St. Mary's Hospital, Melton Mowbray

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What does this mean for Rutland?

Health and social care partnership stronger than ever before and actively working to design improved integrated services. Progress and plans underway include:

- joint planning and delivery of health and care services and estate through a joint committee
- Community services – redesign to improve links with primary and secondary care and to deliver greater levels of integrated care close to home
- GP practices working together to deliver at scale, driving improvements for patients and supporting resilient services
- recommissioning of Rutland urgent care services with integrated GP and nurse service from April 2019

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Working in partnership with patients, carers and the public

- Listening to experiences of care and understanding what matters most using a co-design approach
- Working with communities to understand local populations through councils and voluntary sector
- Engaging and communicating at events, outreach work, digital and social media, newsletters and other ways
- Formal consultation to understand the impact of proposals to ensure that we provide the best possible care for local people

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'It's about our life, our health, our care, our family and our community'
Better care together
Leicester, Leicestershire & Rutland health and social care
Thank you
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