

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

Wednesday 12 December 2018

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 (CS).

In attendance: Kate Holt (KH), Tracey Allan-Jones (TA-J), Mark Wightman (MW) Director of Strategy and Communications University Hospitals of Leicester (UHL), John Jameson, Deputy Medical Directory UHL (JJ), Karen Kibblewhite (KK), Rutland County Council

Members of the public: Kathy Reynolds (KR)

Item No.	Item	Action
1.	<p>Welcome and introductions:</p> <p>The chair, Will Pope, welcomed everyone; apologies were noted from Kirsteen McVeigh, Julie Curtis, Christine Spark, Brenda White.</p>	
2.	<p>Declarations of Interests:</p> <p>No declarations raised.</p>	
3.	<p>Minutes of previous meeting: (Paper 1)</p> <p>WP asked if everyone present approved the minutes of the previous Healthwatch Rutland Board Meeting on the 12 December 2018. All agreed and WP signed off the minutes as correct.</p> <p>There were no matters arising from the minutes.</p>	
4.	<p>The role of Strategy and Communications at UHL, followed by discussion of how UHL and HWR can work together going forward, and questions</p> <p>The Chair welcomed Mark Wightman, Director of Strategy and Communications and John Jameson, Deputy Medical Director both of University Hospitals of Leicester NHS Trust (UHL)</p>	

	<p>MW outlined the focus of the role of Strategy and Communications as ‘enabling change’ rather than ‘writing policy’, whereby the Directorate strives to keep abreast of developments across the Trust and manage the different cultures between the 3 hospitals and their departments.</p> <p>Over the past 10 years significant change has occurred in the complexity of patients’ health issues presenting to acute services. Whereas patients used to attend Accident and Emergency with a single illness or injury for instance, the pattern now is that many will be elderly, perhaps with frailty markers and have several long-term conditions that would have been exacerbated by a specific health event resulting in hospitalisation. The challenge and direction of the Strategy Directorate has thus been to ensure that staff are trained and departments are staffed appropriately with multi-disciplinary teams to properly manage and care for people with multi-morbidities.</p> <p>On working together with Healthwatch Rutland (HWR) going forward, MW expressed the view that the re-contracting processes in local Healthwatch (Leicester, Leicestershire and Rutland) had interrupted the previously smooth running of regular meetings between the UHL senior team and HWR. WP responded that communication difficulties in the summer had also been felt by HWR and that improved communications and engagement by the Better Care Team for Rutland on the hospitals reconfiguration would benefit all. He referred to the short amount of time devoted the Q&A at the November BCT engagement event in Oakham, when Rutland people had left disappointed that they had not been able to raise all their questions.</p> <p>KR understood that consultation on the hospital reconfiguration proposals was not possible at this stage, but requested that more engagement be undertaken going forward. KR felt that the time lapse between the January 2107 engagement by the Sustainability and Transformation Partnership and the latest engagement in November 2018 was an unacceptable length of time to leave the Rutland public with no involvement in the formulation of proposals.</p> <p>A general discussion about bed numbers ensued with JU and KR expressing concern that additional patient numbers through housing development and rising demand due to ageing population would render UHL further under capacity. MW advocated for viewing demand as a system-wide health and care challenge that must be tackled, rather than using bed numbers as the sole measure of capacity provision. CS referred to the effective discharge/reablement work undertake in Rutland and suggested that such work needed to be replicated throughout the rest of the Leicester & Leicestershire hospital discharge system to facilitate better bed management.</p> <p>In summary, WP thanked all present for the wide-ranging discussion and suggested that the board would frame a response to UHL with a suggested way forward to improve communication between our teams by re-instating regular HW/UHL meetings.</p>	<p>TA-J</p>
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5.	<p>Appointments</p> <p>It was proposed that Janet Underwood would take up the role of Chair of Healthwatch Rutland from 1 January 2019, nominated by WP seconded by JD.</p> <p>It was proposed that Jacqui Darlington would take up the role of Vice Chair of Healthwatch Rutland from 1 January 2019, nominated by WP, seconded by CS.</p> <p>Both proposals were carried and WP welcomed Janet and Jacqui to their new roles.</p>	
6.	<p>Reconfiguration of Level 3 Intensive Care Services at UHL.</p> <p>Paper 2, relating to the reconfiguration of Intensive Care and associated services at UHL was received and noted.</p>	
7.	<p>General Updates:</p> <p>Better Care Together (BCT) engagement event November 19: JU gave an update of the event, expressing concern that the event was finished early, and before the audience had had chance to ask all their questions. JU further felt that the BCT team were presenting a plan that had few specifics for Rutland residents and commented that there was no representation from Rutland County Council. KK responded that Mark Andrews, RCC Strategic Director for People was present to listen and observe, but was not part of the CCG's panel.</p> <p>HWR Manager Update: (Paper 3) TA-J had submitted a written update on the development and recent activities of HWR and no questions were raised.</p>	
8.	<p>Any Other Business</p> <p>JU gave an update on the request to East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) that blood pressure monitoring equipment be made available through local GP surgeries. Dr Ker had stated at a recent meeting of the ELRCCG Board that this would be progressed through the Oakham Medical Practice. JU would send a letter on behalf of HWR thanking Dr Ker.</p> <p>JU raised the issue of the Continuing Health Care, Settings of Care policy in East Leicestershire and Rutland, referring to an exchange of letters between the Equalities and Human Rights Commission and</p>	<p>JU</p> <p>JU</p>

	<p>ELRCCG, on the subject of changes to the policy made in summer 2017. JU wanted to ensure that HWR understood the outcome of the letter exchange and it was agreed that she would draft a letter for the board to send to ELRCCG requesting copies, to shed light on the matter.</p> <p>WP advised the meeting that East Midlands Ambulance Service (EMAS) had recently assigned individual Non-Exec Directors to champion each of the counties covered by EMAS. The champion for Rutland will be Gary Brown, and the board agreed that a meeting should be set up with Gary to establish a regular contact schedule... action WP/TA-J.</p> <p>KR asked how the mitigations agreed between Uppingham Surgery and ELRCCG following the closure of Ketton Branch Surgery, were being monitored. WP suggested, and the board agreed, that monitoring by HWR would continue, and a letter of follow-up should be sent to ELRCCG around Feb/Mar 2019 to seek feedback on their requirement to see progress on the mitigations agreed from the surgery, at the six month point after closure.</p>	<p>WP/TA-J</p> <p>TA-J</p>
	<p>Next Board Meeting Dates:</p> <p>11 June 2018, 6.30-8.30pm 11 September 2018 TBC Annual Meeting followed by Board Meeting</p>	