Healthwatch Rutland (HWR) Board Meeting in Public 5/3/24

Draft Minutes

Present: Janet Underwood (Chair)(JU), Jacqui Darlington (Vice-Chair) (JD), Andrew Nebel (AN)

In attendance: Tracey Allan-Jones (TAJ), Hollie Hughes (HH)

Members of the public: Phil Marston

Apologies: Kay Jaques (KJ)

Guest Speakers:

Dr Caroline Trevithick (CT) Interim Chief Executive of the Leicester, Leicestershire and Rutland Integrated Care Board (ICB)

Debra Mitchell, Assistant Director of Transformation and Integration and Rutland Place Lead

Sammi Le Corre (SLC), Senior Transformation and Integration manager

		Action
1	**Welcome** Janet Underwood (JU) opened the meeting with a welcome to our guest speakers, Caroline, Debra and Sammi from the Integrated Care Board. The Chair welcomed Andrew Nebel, although a volunteer for Healthwatch Rutland for some time now, this was his first meeting as a board member. AN introduced himself, he has lived in Rutland since 1985 and since retiring from work in 2009 has been interested in the health system. AN would like to help the community of Rutland get the best healthcare, which it deserves. JD introduced herself as Vice Chair of Healthwatch Rutland and interested in anything which is carer focused. She is also interested in learning and physical disabilities and autism. JD has a son who has special needs. Tracey Allan-Jones introduced herself as Healthwatch Rutland Manager and Hollie Hughes introduced herself as the Community Engagement Officer for Healthwatch Rutland.	
2	**Declarations of Interest** None	

3	**Minutes of Board Meeting, January 8th, 2024** (Paper 1) Minutes from the previous meeting were agreed to be true and accurate.	
4	**Matters Arising** EMAS quarterly meetings: Previous minutes had noted that these meetings had stalled. TA-J has now agreed with Susanna Ashton, LLR EMAS Divisional Director, that HWR will continue contact through the Rutland Integrated Delivery Group instead. TAJ advised that IMP data feed is now up and running to Healthwatch England and an annual overview of feedback to HWR will be provided to the board outside of the meeting. HH updated that the Stakeholder Perceptions Report had been circulated to the board and will be used internally as an aid to our self-improvement and planning.	**TAJ**
5	**Guest presentation** *Staying well in Rutland: how can our local NHS help?* Dr Caroline Trevithick (CT) introduced herself as the Interim Chief Executive for the Leicester, Leicestershire, and Rutland Integrated Care Board (ICB) and was the Chief Nurse prior to that. CT thanked Healthwatch Rutland for the opportunity to say hello and listen to the challenges that need to be bought to her attention. CT also commented that JU does a good job through the Integrated Care Board of raising issues and that TAJ brings quality points through the System Quality Group, so there are very good links between ICB and HWR. Debra Mitchell (DM) introduced herself as the Place Lead for Rutland; her role is linking with all partners, including Healthwatch, around the agenda for health and care for the residents of Rutland. DM has frequent meetings with JU and TAJ working jointly with the Health and Wellbeing Board and progressing work locally through sub groups. Sammi Le Corre (SLC) introduced herself as a Support Officer within the Integration and Transformation Directorate of the ICB, predominantly working within the long-term conditions team. SLC looks at how to keep people well and also works with Rutland on the Dying Well priorities within the Joint Strategic Health and Wellbeing plan. *The slides presented by SLC are attached as appendix 1.*	

CT thanked SLC for her presentation and opened the meeting to questions.

JU started with questions submitted to HWR prior to the meeting.

Question 1: *Priority 4 of the Rutland place delivery plan is ensuring equitable access for all Rutland residents and patients. Rutland residents have long been requesting more diagnostics and outpatient clinics in Rutland and digital interoperability between UHL LPT and other non LLR acute providers such as NWAFT for a long time, certainly since the HWR 2021 survey – What Matters to You? The feeling is that we haven't seen much progress on them, why not? And how quickly can you introduce these things? Also, we have long been promised video consultations at hospital or in a surgery with consultants from Leicester or Peterborough.*

DM: The ICB is committed to providing as much care as possible locally. We do not have the ability to provide everything locally for various reasons such as not being clinically appropriate or safe. However, in terms of diagnostics that have been developed since the 2021 survey - 24-hour Blood Pressure monitoring, 24-hour ECG and Spirometry have been in place in Rutland for longer than anywhere else within Leicester, Leicestershire, and Rutland (LLR). Thet started with the 12 Days of Christmas grant initiative and have continued. Initially based at Empingham GP Surgery, the services are now moving to Uppingham Surgery. There was a time when there was no X-ray machine available at Rutland Memorial Hospital, but it has since been fixed and is open 2 days per week. One of the main reasons is availability of LLR radiographers. Also, the demand in Rutland varies with some patients choosing to go across borders, so that demand does not warrant X-ray facilities 5 days per week. In terms of local outpatients there's a piece of work currently running across LLR by the Planned Care Partnership, looking at diagnostics, outpatients, day patients and inpatients across the system in each area. They will then develop a strategy based on those needs.

There is also a high-level plan in Rutland for a clean room with options for locations and how to fund the capital being assessed. This is difficult because demand is not sufficient for a full-time clean room facility – perhaps more like 1 day per week for some minor surgeries that do not require full anaesthetic.

DM reported that interoperability is difficult with organisations outside of the system, but they are working with the GP practices so that they get the right information back (for example, if you have your diagnostics outside of LLR and inpatient care within LLR). This is a national problem, but particularly impacts Rutland due to the amount of cross border care. Some of the work which the ICB does with the Integrated Delivery Group will pick that up.

DM continued, to say that video conferencing started before COVID, then fell off the agenda, but phone consultations were used during COVID and have continued. There are no video clinics happening currently apart from some work in dermatology. There are no updates on this, but DM will feedback comments to the Planned Care Partnership.

JU added that the view she had heard from one patient was that people who are hearing impaired can find a telephone conversation difficult whereas a video consultation could be clearer with body language etc. There is a risk of a health inequity.

***Question 2**: The pandemic and subsequent enquiry has proved that the country was woefully unprepared for a SARS type virus, however, we applaud the LLR swift and efficient role out of the vaccine. Could you tell us what lessons have been learnt and what preparations have been made to keep LLR people safe when the next pandemic arrives? Related to this, what are the ongoing plans for COVID-19 vaccines, especially for the clinically vulnerable?*

CT: The Joint Committee on Vaccination and Immunisation (JCVI) is the national team which determines who is eligible. They direct the ICB to ensure those people get the vaccine. Eligible cohorts for Spring 2024 are:

- Adults aged 75+ (including those who turn 75 by 30/6/24
- Residents in care homes for older adults
- Individuals aged 6 months and over who are immune suppressed.

Visits to older adult care homes and eligible house bound patients will begin on the 15th April. All other cohorts will begin on the 22nd April and end on the 30th June.

CT does not know the plans beyond spring.
Regarding learning from the pandemic, first we have to acknowledge that hopefully it is a once in a lifetime pandemic. There were plans in place for flu outbreaks. What are the points we

	now need to monitor for early identification? Each system is required to have surge planning as part of the process for each round of vaccination, in case numbers start to increase locally or nationally. They also have a contingency of equipment and provision so they can mobilise services in a different way. CT could not comment on a national response to the pandemic but locally they have learnt and are thinking about how they can factor points into surge planning. *JD: The initial COVID vaccination programme was very slow to get carers involved; they were willing to vaccinate the people we care for as vulnerable but not the carers. This is the same again now, vaccinating the vulnerable people but not the unpaid carers. Who is going to care for the cared for when carers get ill?* CT: Frustrations have previously been shared in not being able to devise a programme that was local to our need. Because this is a nationally led programme which is informed by data as to who the most vulnerable are, there are constraints. CT raises concerns and tries to influence points vocally, but the JCVI determine eligibility. CT would like to open it up to people whom we know it makes sense to vaccinate, but to provide the vaccination to anyone else would be outside of the license, which puts clinicians in a very difficult position. *AN: The pandemic has happened, are we now wise and are we looking at the things which didn't go well and looking at weaknesses and making sure we have remedies in place? It will be something which will occur again.* CT responded that we dealt with COVID as a major incident and our mechanisms for reviewing major incidents look at what went well, what we want more of and what didn't go well, to direct planning. Part of this involves local surveillance and monitoring so that we know what is going on on our patch. For Leicester City for example they stayed in lockdown for longer than anywhere in the country. Could we have done something differently if we'd have looked at our own numbers? We have fed this into our emergency response processes so it isn't just the positive, it's also the negative. *TAJ: Rutland has a problem with unmet need for dental access. One of the points on the slide talking about Prevention was that it's your job to provide capacity and access and our job as patients and the public to attend. The challenge is, where is the capacity in dental? The HWR recent dental poll has shown that 59% of people*	

	could not get an NHS appointment in the last 12 months and 8-year-old children have never seen a dentist. What can you do to help us in Rutland to ensure that we get our fair share of the £200 million which is coming from the government's recovery plan? DM: The dental access issue is a huge one nationally and locally. DM was informed last week that 1 dental practice in Rutland is going to be reoffering NHS appointments. Unfortunately, dentists do not want NHS work. DM is trying to lobby on behalf of Rutland with commissioners so that Rutland gets its fair share. DM had invited dental commissioners to join the Integrated Delivery Group and their report would come to the next Health and Wellbeing Board. We need to work on prevention with schools, families, and the council alongside tackling the issue of provision. *TAJ also asked about progress on the Women's Hub that was mentioned on SLC's slides. HWR have reported issues around the menopause and lack of information for self-help. How far along are plans for the Women's Hub and is the Prevention work going to include menopause support which is lacking in Rutland?* DM would take the question on the Women's Hub away and respond. CT: linked the dental discussion back to SLC's presentation and talking about segmenting the population.; having a level of data that tells us about dental deprivation in Rutland is critical to help us understand the right spread for resource in dental. So, we need to make sure we have up to date data. AN: Applauded the focus on prevention and use of data to identify the spectrum of risks and anticipating the needs of the population. The problem with Rutland is that it's a small community and the use of services across the borders in other areas. The data analysis needs to look beyond LLR for example in community pharmacy, people in the east of the county may go to Stamford pharmacies. Data should be based on population rather than the place that the care is received. How can we maximise the delivery of care? DM: The ICB has looked at the data for outside of LLR for all diagnostic tests but quite a lot of activity goes outside, and patients don't all want to visit Oakham to the Rutland Memorial Hospital for tests. Patients' choice is important. We have a lot of information on patient needs now but has a way to go for detail on provision outside of LLR.	**DM**

	JU: Raised points for the team to take away; firstly, that she keeps getting invitations to sign petitions for regular breast screening for women over 70 as it is currently up to the women to make their own appointments. In relation to men with prostate cancer, JU suggested that regular PSA testing for them is important. JU also updated that HWR had undertaken Enter & View visits to Oakham Minor Injuries the previous week. The clinical lead there had stated that the Unit would not work without the X-ray facility, and also showed us the treatment rooms which are in a poor state and need to be highlighted. CT confirmed that they will take those points away. JU extended a warm thank you to the guest speakers.	
6	**Updates** ***Public listening activities - helping us to shape our work plans*** JU updated on activities to find out people's priorities to guide the HWR work focus for the next 12 months. Early indications are that GP access again is the highest priority, then NHS dentistry and finally hospital services and emergency care services are a joint 4th. A further online open group discussion was planned in conjunction with HW Leicester and Leicestershire to ask the public their views, before we set the priorities for the year. ***HWR contract extension*** TAJ advised that the HWR contract has been extended by Rutland County Council until the end of March 2025. ***Project updates: a) NHS Communications and Admin*** TAJ advised that the NHS communications and admin project has been scoped and we now understand what we want to do and how we want to do it. The presenting question is, 'what are the effects of NHS communications and administration processes on patient experiences?' We expect to use a predominantly qualitative approach through interviews and focus groups focusing on 3 service areas: 1. Referrals between primary and secondary care e.g. GP and hospital. The diagnostic pathways that people are	

following between those care areas and then discharge back from acute hospitals into GP care.
2. The processes of appointments; making and managing changes to them.
3. Back-office communications. If you have been for diagnostics, are results coming back as they should? Also, prescription management and other written communication which people receive from the services.

3 patient groupings will be considered: occasional users, people who use multiple services regularly and may have long term conditions and some specific care pathways e.g. dementia, cancer.

The project will run over a 6-month period with findings planned to be reported in October.

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Project updates: b) Dementia

After campaigning to bring back the memory clinic to Rutland which we succeeded in, TAJ advised that there had also been a pilot wraparound clinic run alongside the weekly memory clinic. Attempts are being made to continue the wraparound care when the funding for the co-ordinator ends at the end of March. We are pushing to keep getting information out into the community. Our MP is interested in dementia, and she will be running a campaign in May. We are supporting with an event in Uppingham on the 13th of May along with other partners.

Updates from HH on outreach:

HWR will be joining the Coffee Connect Van in Wing on the 27th March. This is a scheme which the Rural Community Council are running alongside Citizens Advice Rutland to promote local services by visiting different Rutland villages on a Wednesday to give free hot drinks and promote local support services.

Also upcoming is HH visit to Peppers Mental Health Café and a Knit and Natter group in April, followed by the Rutland library six monthly pop-ups in May and June.

	Enter & View update: HWR visited the Oakham Minor Injuries Unit the previous week, HH thanked the volunteers who supported. 3 sessions were completed there, and the data was being reviewed for the report. The website survey would continue for another week for anyone who has visited the Minor Injuries Unit in the last 12 months.	
7	**NHS Dentistry in Rutland report (paper 2) and NHS Dental Care Recovery Plan: Discussion and next steps** TAJ presented on the HWR dental poll work and the new national Dental Recovery Plan, asking for ideas on how HWR can press further to ensure that commissioners recognise the inequalities of access in Rutland. Paper%202.pptx JU stated that the dental board might be presenting a paper at the Joint Health Overview and Scrutiny Commission (HOSC) on the 27th March and if they are, could we present our data? (we may not gain permission to present.) AN: do we have LLR data on what is spent on NHS dentistry, where is it spent and for whom? Do we know plans for dental improvements in neighbouring counties? JU responded that the ICB took over responsibility for dentistry last April so we may not be able to get figures on spending and we do not know how much they received. TAJ commented in reference to AN point, and in terms of cross border, Lincolnshire will be getting dental vans and have had a strategy in place for at least a few months. There is something called 'flexible commissioning' coming along in spring which will give ICBs some power to use a certain amount of contract monies on identified areas of inequity. Regarding data – some is available through public health statistics, JD: there was mention in the HWR dental poll report about a person with special needs and that there is a special needs dentist in Melton Mowbray. TAJ commented that we have had feedback that local access to a special needs dentist is valued but also we do hear reports that there are not enough appointments there.	

	AN asked that if Lincolnshire do have the mobile dental van, would they see Rutland patients? TAJ would find out. TAJ suggested that the board could consider doing a response paper to the Dental Recovery Plan presenting the new poll evidence that we have, to submit to the regional and local dental commissioners, the LLR HOSC organisers and Rutland Scrutiny Committee. The board agreed to progress this suggestion and JU took an action to ask if HWR could be included on the agenda for the March LLR Joint HOSC meeting.	**TAJ** **JU**
10	**Any Other Business** Phil Marston (PM) gave some feedback on recent experiences: 1. PM's family member had been under the care of dermatologists who had said that they do not like video consultations due to accurate recognition of colour - the screen colour may not be accurate. 2. Postal service issue: PM's family member recently had an operation in hospital and 2 days after the procedure received the appointment via letter. 3. PM commented on the expense of receiving NHS dental treatment – a recent filling had cost £78 on the NHS. AN suggested we plan to discuss out of hours care and the referral pathways that are given by each GP practice to 111. He cited residents from the east of Rutland who had been sent long distances for care within LLR whereas they might be closer to services in Peterborough or Stamford. **Proposed dates for board meetings in public,** Locations to be confirmed**:** 4th June 2024, 6:30pm-8:30pm 2nd Sept 2024, 6:30pm-7:30pm Annual Meeting - 7th or 8th October 2024 10th December 6:30pm – 8:30pm A board development session would also be organised next month.	**TA-J**