

Paper 1: Minutes of Healthwatch Rutland (HWR) board meeting (virtual via Zoom)

Tuesday 8th June 2020

Present: Dr Janet Underwood (JU), Jacqui Darlington (JD), Caroline Spark (CS), Kay Jaques (KJ)

In attendance: Tracey Allan-Jones (TA-J) Ellen Thomas (ET)

Guest speaker, Karen Kibblewhite, Head of Commissioning Rutland County Council (KK)

No.	Item	Action
1	<p>Welcome and introductions:</p> <p>Karen Kibblewhite introduced herself to those attending and vice versa.</p>	
2	<p>Declarations of Interest</p> <p>None declared.</p>	
3	<p>Matters Arising:</p> <p>At the June board meeting Lee Brentnall from East Midlands Ambulance Service (EMAS) had invited HWR board members and volunteers to visit the EMAS control centre to get a better understanding of central operations and despatch. This was cancelled due to the Covid-19 lockdown.</p> <p>ET had worked with Healthwatch Leicester/Leicestershire (HWLL) engaging with renal patients attending haemodialysis sessions in Loughborough, using Thames Ambulance Services patient transport. The final report had been published by HWLL.</p>	<p>ET to send report to JU</p>
4	<p>Healthwatch Rutland during Coronavirus</p> <p>TA-J gave an overview of how HWR had been operating during lockdown. All staff continued to work from home with office ‘phone diverted to staff mobile phone. There would be no face-to-face engagement for the foreseeable future and virtual methods would be employed for meetings and public engagement where possible.</p>	

	<p>HWR had worked closely with local Clinical Commissioning Groups (CCGs) and HWLL to gather peoples' experiences of care during Covid-19 lockdown via an LLR-wide survey. The survey closed on June 7 and an LLR report would be published by the CCGs in July. HWR would later publish a Rutland-only report looking at how Rutland peoples' experiences matched or differed from Leicester City and County.</p>	
<p>5</p>	<p>Covid-19 measures in Rutland care homes</p> <p>Guest speaker, Karen Kibblewhite, gave an overview of Rutland County Council's Covid-19 response to care homes during the pandemic.</p> <ul style="list-style-type: none"> • There are eleven care homes in Rutland; two care for people with learning disabilities and nine care for the elderly. • So far there had only been one serious outbreak of Covid-19 within Rutland care homes and overall the county had been lucky, with low infection numbers. • Weekly telephone calls were taking place through which RCC offered support to both care homes and domiciliary care providers during the pandemic. Many of these calls had focused on the supply of personal protective equipment (PPE). This was a national and ongoing issue. • There has been an effort to source PPE locally in addition to claiming emergency supplies. • In addition to the annual rate uplift in April, care providers had received a lump sum in May to help with additional costs resulting from pandemic measures. • The Rutland Primary Care Network had made arrangements for regular clinical support to be available for each care home. • Pulse oximeters had been provided to all care homes to measure blood oxygen levels, permitting carers to better assess signs of deterioration and to communicate this to doctors and nurses if needed. • Additional training had been rolled out for enhanced infection control and procedures for donning and removing PPE • Home test kits were available but initially only for the elderly care home residents. 7 out of 9 of these had ordered the kits for residents and staff. • Rutland had received an infection control grant, 75% of which had been sent directly to care homes to ensure that extra staff could be recruited to provide resilience if some staff needed to self-isolate. It is also to ensure that public transport is used by 	

	<p>staff as minimally as possible. The grant criteria were very strict and it may not to be used for PPE. KK suggested that Rutland homes may struggle to spend this portion of their grant. The remaining 25% of the grant could be used more flexibly, and for PPE if needed. Each care home would be required to provide explanation of how the grant would be spent.</p> <p>During discussion, all agreed that the impact of Covid-19 on Rutland care providers had been low and targeted support had helped to maintain good standards of care.</p> <p>Questions:</p> <p>JD: Do the elderly find Covid-19 testing very invasive and do you still do the tests on those without capacity to consent?</p> <p><i>KK: Consent must be sought but if someone does not have capacity to give it, the decision is made in the best interest of the person. The test would not be done if it would cause someone great distress.</i></p> <p>TAJ: Are there any plans to make grant monies available for extra support in supported living accommodation?</p> <p><i>KK: Not that I know of at present.</i></p> <p>TAJ: Can you tell us how Rutland care homes have been experiencing the rapid hospital discharge process put in place early in the pandemic?</p> <p><i>KK: We expected a higher number of rapid discharges in Rutland, but we haven't seen huge numbers. Contingency arrangements have been put in place and patients needing to isolate during reablement after discharge, can be cared for at Rutland Memorial Hospital (RMH). This contingency plan has been used twice.</i></p> <p>CS: Is testing in Care homes regular?</p> <p><i>KK: Not at present. The priority was to get an initial round of testing completed but if a case of Covid-19 were to arise, further testing for that care home would be needed. Care home staff are being encouraged to get tested themselves.</i></p> <p>JD: We are talking about residential home and key workers getting tested but what about (unpaid) home carers?</p> <p><i>KK: Covid-19 testing is open to the public who have symptoms, so carers in Rutland could attend the mobile testing van when it is next in Rutland.</i></p>	
--	--	--

	<p>JU: Can you say how many excess deaths there have there been in Rutland?</p> <p><i>KK: Not at present but national data is available by area, subject to time lags.</i></p> <p>The Chair warmly thanked KK for attending meeting.</p>	
6	<p>HWR strategic input to the LLR Health and Care system Discussion (JU)</p> <p>JU informed the board that the LLR Partnership Group had been stood down and, currently, there was a lack of clarity about what role local Healthwatch would have in strategic planning. This issue was being taken up with the commissioners on a regular basis but the Covid-19 response was currently taking priority for the Commissioning Groups.</p>	
7	<p>Verbal updates:</p> <p>Leicester Hospitals and Maternity reconfiguration</p> <p>An update on the progress of the UHL reconfiguration was given. UHL are still awaiting approval and sign off of the pre-consultation business case. HWR are monitoring the situation.</p> <p>Community Services Redesign (CSR) TA-J advised that health and care system transformation work had mostly been curtailed as staff had been reassigned to manage the pandemic response. Some work had continued on the Ageing Well element of CSR.</p> <p>HWR Primary Care Project</p> <p>30 interviews were conducted.</p> <p>The data has been analysed, many thanks to KJ and Sarah Jane Harding for coding the interview transcripts.</p> <p>Report writing was in progress and it was hoped to publish in July.</p>	
8	<p>Healthwatch Manager report</p> <p>The paper (2) was taken as read and the board noted the HWR Annual Plan (paper 3), Ambulance response report April 2020 (paper 4) and the HWR response to LPT Quality Account (paper 5).</p> <p>There was further discussion of the Rutland responses to the Covid-19 survey.</p>	

	<ul style="list-style-type: none"> • Over half of 135 respondents said they had delayed seeking medical attention • 3/4 of respondents said they were happy with initial telephone triage into GP services and want it to continue, although some people had issues getting through for an appointment • 2/3 of people were satisfied with video consultations • 3/4 were satisfied with current face to face consultations <p>Ideas for volunteer engagement were discussed:</p> <p>CS was interested in any ideas for developing village volunteering.</p> <p>JD suggested that role descriptions may need to be modified due to changes in how volunteers could engage due to Covid-19 restrictions.</p> <p>JU suggested talking to parish councils.</p> <p>KJ was concerned that we risked recruiting new volunteers without much work to give them and that it was important to adapt what we expected volunteers to contribute with the new Covid-19 way of life.</p> <p>The use of chat groups and holding sessions over ZOOM was discussed and concern was raised that virtual chats are not accessible to everyone.</p> <p>It was agreed that ET would review how volunteers could continue to engage, the role descriptions, and draft a recruitment plan, bringing suggestions to the next Ops and Planning meeting.</p>	Action ET
9	<p>Questions from the public</p> <p>None submitted</p>	
10	<p>Any Other Business</p> <p>The Annual Meeting will be held on 16th of September followed by a short board meeting in public.</p>	