

**healthwatch**

# Healthwatch Rutland

Annual Report 2017-18



- The Healthwatch Service for Rutland was provided by Healthwatch Rutland Community Interest Company (HWRCIC) from 1<sup>st</sup> April 2014 until 31<sup>st</sup> March 2018.
- This is its fourth and concluding report and summarises its contribution to Rutland from its start-up in 2014.
- The company continues to operate for the benefit of Rutland residents under the name “Rutland First” and details can be found at [www.rutlandfirst.co.uk](http://www.rutlandfirst.co.uk)
- Connected Together CIC of Northamptonshire was awarded the contract for the Healthwatch Rutland service from 1<sup>st</sup> April 2018, and its contact details are provided at the end of this report.

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## Message from our Chair



Dear Rutland Resident

This is the fourth and final report from Healthwatch Rutland Community Interest company.

These last four years have offered fantastic opportunities to serve the Rutland community and this report summarises what we have achieved on your behalf.

Many challenges still lie ahead for Rutland, especially as health and social care are at a crossroads both nationally and locally within Leicester, Leicestershire and Rutland. So, more than ever, the public's voice must be at the heart of the changes to come.

Our two excellent members of staff, our Board and our 30 volunteers have worked enthusiastically and tirelessly to achieve the results set out in this report. I want to thank them for achieving so much towards improving services.

I hope you enjoy reading this report and will be heartened by it. It has been a privilege to serve the people of Rutland and we wish Connected Together well in continuing this work.

Jennifer Fenelon

Chair 2014-18



- Highlights from our year



This year we've reached 2250 people on social media

An icon showing a smartphone and a laptop, both with an '@' symbol on their screens, representing social media.

Our **30** volunteers helped us with everything from local events to Enter and View Visits

An icon showing several white hands raised, symbolizing volunteers or community support.

We visited **11** local services

An icon showing a white silhouette of a person standing next to a white building with a cross on top, representing a local service or hospital.

Our reports have tackled issues ranging from Care Homes to long term health and social care plans

An icon of a white stethoscope, representing healthcare or medical services.

**Hello** **Hi**

We've spoken to **750** People about Primary Care

An icon showing two white speech bubbles, one containing the word 'Hello' and the other 'Hi', representing communication or speaking.

We've given **66** people information and advice

An icon of a white compass rose with the letters N, S, E, and W, representing navigation or direction.

# Who we were & what we did for you



## Healthwatch

Healthwatch is a national network spread over all local authorities in England. It aims to put the patient and public voice at the heart of all health and social care services.

From 2014-18 Healthwatch Rutland Community Interest Company provided this service to Rutland residents. In addition to our two staff, our board of 10 members and 30 volunteers were all from Rutland and its fringes.

We knew that you wanted services that meet the specific needs of Rutland and, by listening, we hope we understood what they were.

### Our purpose

People everywhere want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

We gathered first-hand experiences from the people of Rutland and developed them into recommendations for health and social care commissioners and providers.

The information we share helps them make important decisions about your local services.

As well as championing your views locally, we also shared your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

Find out more at [www.healthwatch.co.uk](http://www.healthwatch.co.uk)

### Our Focus

We worked for all of Rutland but, in particular, we ensured that we represented the voices of the seldom heard, the vulnerable, and those in isolated communities.

### What we did for you

In this report we give examples of what you told us and what we then did about it.

We know that our work was appreciated because, in September

2017, Rutland residents voted overwhelmingly to keep a separate Healthwatch - both *for* Rutland and based *in* Rutland.

The range of topics we covered over the past four years includes :-

- Dementia
- Young People’s Mental Health
- Quality of Care
- Primary care and community services
- Ambulances- emergency and non-emergency
- Services for the disabled
- Care Homes
- Long Term Conditions
- Dentistry
- Pharmacy services
- End of Life Care
- Carers
- Military Veterans
- Urgent and Emergency services
- 5 year Plans -What services people need and want for the 21<sup>st</sup> Century

## **What did all this mean for you?**

In the remainder of this report we describe what you said to us on these topics and what happened as a result.



# Your views on health and care



## Listening to people's experiences

### - examples of what you said and what we did

Our principal objective was to give voice to the views of Rutland people to those responsible for commissioning and delivering health and social care services. Over the years we developed a wide network of organisations and individuals who keep us informed about what people think of services.

While primary services are local to Rutland, hospital services are scattered over several counties. We therefore joined forces with our neighbouring Healthwatch to gather views on these shared services. Examples of topics raised with us:-

#### □ **Dementia**

**You said** - Through one-to-one conversations and a series of conferences, those with dementia, their carers and professionals told us of serious delays and disjointed services. Dementia is a particular challenge for our ageing population in Rutland.

**We did** - Led by volunteer Margaret Demaine, we gathered people's experiences into a major report with 10 major recommendations for improving services. We were then invited to join the CCG Dementia strategy group. The report is now published and is very welcome, as are local developments such as the Admiral Nurse.

#### □ **Young People's Mental Health**

**You said** - 1000 of our young people told us that their mental health was their most urgent priority. They wanted early help and an end to the stigma of mental health - and they wanted action *now*.

**We did** - Led by our Young People's Lead Volunteer, Ann Williams, the young people and our volunteers raised public awareness. Dragons' Dens, a YouTube film made with professional film makers and much more caught the public imagination and Rutland became known as a national leader, receiving personal praise from the Duchess of Cambridge.

The project has now moved into delivery and a major project to introduce early help into all schools in Rutland is underway led by Rutland First( [www.rutlandfirst.co.uk](http://www.rutlandfirst.co.uk)) .

## **Quality of Care**

**You said** - You told us of your concerns about many provider services which we shared with the Care Quality Commission (CQC)

**We did** - We were invited to submit your experiences to formal Care Quality Commission (CQC) inspections and to sit on groups overseeing action to put things right. These included University Hospitals of Leicester, Peterborough Hospital, Leicestershire Partnership Trust, Kettering Hospital, Out of Hours Services, ambulance services, care homes and more. We also give our views formally in Trusts' quality accounts.

## **Primary care and community services**

**You said** - You told us you had concern about primary and community services, especially access to primary care in Oakham and unresponsive mental health services. Our Pharmacy Lead, Brian Godfrey, led our input into the national review of community pharmacy services

**We did** - In 2016 we surveyed the whole Rutland population and received a huge response and a fund of very helpful views which we took to commissioners and providers.

## **Ambulances**

**You said**- that delays in ambulance response Times for both urgent and non-urgent transport is a huge problem

**We did** - Our team led by volunteer Phil Hurford, worked closely with the urgent and non- urgent ambulance services both at Regional and local level and held a major listening event. We have seen improvements but more remains to be done.

## **Services for the disabled**

**You said** - You encountered worrying problems affecting those with physical disability.

Conditions in the Neurological Rehabilitation Unit at Leicester General were unacceptable. Also plans to require young disabled people to move to care homes to save money became a national cause for concern which is ongoing.

**We did** - Our team led by volunteer and Board Member, Bart Hellyer, has worked tirelessly to raise the issues with those who take decisions about them.

## **Care Homes**

**You said** - You told us that ensuring our elderly people are properly cared for is a big concern in Rutland where there is great demand for care home places.

**We did** - We completed the challenge of carrying out an "Enter & View" in every care home in Rutland. Our team of Accredited Representatives led by volunteer and Board Member, Bart Taylor-Harris, completed these reviews and was preparing to go around

for a second time.

We have also worked with providers on: falls as a major cause of hospital admission in the community, and transfers home from hospital.

### **Long Term Conditions**

**You said** - that many of your friends and family are suffering from long term conditions such as cancer, stroke, diabetes etc and need support.

**We did** - We carried out a project seeking the views of Rutland people on their experiences. Later in this report we include an article by a stroke victim describing his experiences in his own words.

### **Dentistry**

**You said** - It was still difficult to secure an NHS dentist and out of hours care remained a problem.

**We did** - We worked with the Regional Dental Committee and NHS England, and a new dental practice with out of hours care has been established in Oakham to meet the growing population. We have also worked with them on disabled access and care home support.

### **End of Life Care**

**You said** - Services for those at the end of life are individually good but collectively not as well co-ordinated as they could be.

**We did** - We worked with the CCGs and Hospice UK to develop a project to listen to people's experiences of care at the end of their lives. We hope this will proceed, as it will provide invaluable information in a very sensitive area.

### **Carers**

**You said** - Carers tend not to complain much but provide a huge amount of care which exceeds that provided by statutory services. We know they need support themselves.

**We did** - We worked with Carers UK to listen to the concerns of carers and our volunteer and board member, Jacqui Darlington, spent a great deal of time listening to carers' concerns.

### **Military Veterans**

**You said** - The military community and its veterans represent a significant part of the Rutland community, but their needs are not always fully understood.

**We did** - Led by Sarah Iveson, Miles Williamson-Noble and Alf Dewis, we worked with the military, veterans and with Rutland County Council to secure funding for a Veterans' Support Officer. We have also listened to the families of serving personnel. We have made links between this work and our work on young people's mental health

and GP access issues.

## □ **Urgent and Emergency services**

**You said** - It is not always clear what services are available in an emergency.

**We did** - We have worked with the CCG helping re-design a range of services from prevention and self-care to full blown A & E services.

## □ **5 Year Plans – services for the 21<sup>st</sup> Century**

**You said** - Rutland has a growing number of elderly people often living in isolated communities, and we listened to their concerns. They told us they want a range of evidence-based services providing a mix of care delivered closer to home.

While people welcomed services in their homes, they also felt there was a need for a range of “step down” beds to help the frail out of hospital, as well as local out-patient and diagnostic ambulatory services which would prevent the long haul to Glenfield or LRI. People told us how stressful these long journeys could be.

We also received very strong views from those in need of continuing health care about their desire to live independent lives at home with personal budgets.

**We did** - We have worked with a wide range of Better Care Together and STP groups planning the future. Jennifer Fenelon chaired the LLR Patient Involvement Group and Christine Stanesby, volunteer and board member has chaired the Alliance (moving care out of UHL) Patient Group. Additionally, we joined a large number of working groups to bring the Rutland patient voice to the planning process.

We gathered together the views and questions of over 300 people, and submitted them as a report to the three CCGs in March 2017. Work continues as the STP plan nears completion.



Rutland people give their response to the Leicester, Leicestershire & Rutland draft Sustainability and Transformation Plan (STP)

**QUESTIONS OAKHAM CASTLE 08.12.16**

March 2017



## 2017 Focus on Care homes - What care home residents told us

Over a 12 month period from December 2016 to December 2017, Healthwatch Rutland undertook Enter and View visits to 9 Care and Residential Homes in Rutland.

We would like to thank the residents, their families and friends, and the staff at the care homes we visited. Their insights and views allowed us to make recommendations for improvements, and to share 'best practice' to other care homes in our county.

The following themes were identified, and where possible these issues were shared with health and social care commissioners, and the service providers to help make improvements to the lives of care home residents.

For example

1. We were told there was variability in the availability of meaningful activity programmes between care homes. Where possible, we shared the best practice we saw with service providers who had less activities available.
2. We were told that support from Rutland GPs was excellent. One care home (which accesses GP services outside Rutland) raised issues over the service they received. We raised these concerns with the CQC and CCGs across our borders.
3. We were told that provision of dental services in care homes was a problem. We took these concerns to the Local Dental Network who are now preparing a business case for the provision of dental services in care homes across our region.
4. We were able to make recommendations for minor improvements in décor in a number of care homes following comments from residents and their families.
5. We were able to make recommendations for minor changes to security and disabled access following observations made by our volunteers.





## Focus on people living with Long Term Conditions

The number of people living at home with long term conditions is increasing substantially, especially in Rutland.

The Better Care Fund (BCF) partnership wanted to hear the voice of service users to inform the planning and provision of care.

In 2017 they commissioned Healthwatch Rutland to undertake a user experience study, focussing on the care experiences of people living in the community with a long term condition/s and/or frailty and who therefore need on going health and care support. It included asking people about community and voluntary support as well as statutory services.

The project gathered the experiences of Rutland people living in the community with complex health and care needs. To do this, it captured and communicated key messages from service users, carers and front-line staff.

A number of Rutland GPs were described as “on the ball”, “interested” and “went above and beyond”

People also told us that they valued informal community support, community groups and the opportunity to remain active in their communities.

Areas for further discussion and attention included:

- Medication Reviews
- District/Community Nursing
- GPs – Continuity of Care
- Repeat Prescriptions
- Support for Life-style interventions
- Information
- Mental Health
- Speech Therapy
- Re-assessment of Needs
- Reablement
- Equipment Training
- Young people’s transition points
- Difference of experience between Carers of Adults and Parent Carers
- Working Aged Carers

In the case study overleaf John, a stroke victim, describes his experiences. Healthwatch Rutland and the Better Care Fund would like to thank John and all those who shared their experiences with this project.

## Long Term Conditions – A stroke patient’s tale

“I had emergency care second-to-none. We had a paramedic on site within 10 minutes and I was transferred to the stroke unit at Peterborough. Overnight I had a second stroke. I was given a clot-busting drug then I don't remember anything until I woke up the following day.

**“I could think clearly but I had lost the use of my right side and, to my horror, I could not understand what people were saying and I couldn’t speak.”**

I looked wildly around the room and saw a sign I knew said ‘Exit’, so I had some hope that I would regain the ability to read. I recognised that I had aphasia, but with therapy it could be improved. Time was of the essence.

**“The specialist stroke nurse visited me several times a day and just held my hand and talked to me.”**

After a day or two, I realized that I could understand some words and phrases, but I could not make any meaningful sounds myself.

After 3 or 4 weeks of physio and speech therapy I was moved to the Rehab Unit in Market Harborough. I had loaded my iPad with several apps before my stroke for my sister-in-law and these were invaluable in helping me to communicate. The biggest problem was getting anyone to understand that I had a bunch of apps on my iPad that would let me communicate.

Leaving Market Harborough six weeks later, I could walk a few paces with help, and also move my arm a little. The home care services were fantastic. They had prepared my home, putting a hospital bed in the dining room, handrails in the downstairs bathroom and gave my wife lots of advice about how to cope with me. I also had daily visits from a collection of physios, occupational therapists and carers to get me up, wash me and get me ready for bed. But more than anything they gave me the confidence that I could cope.

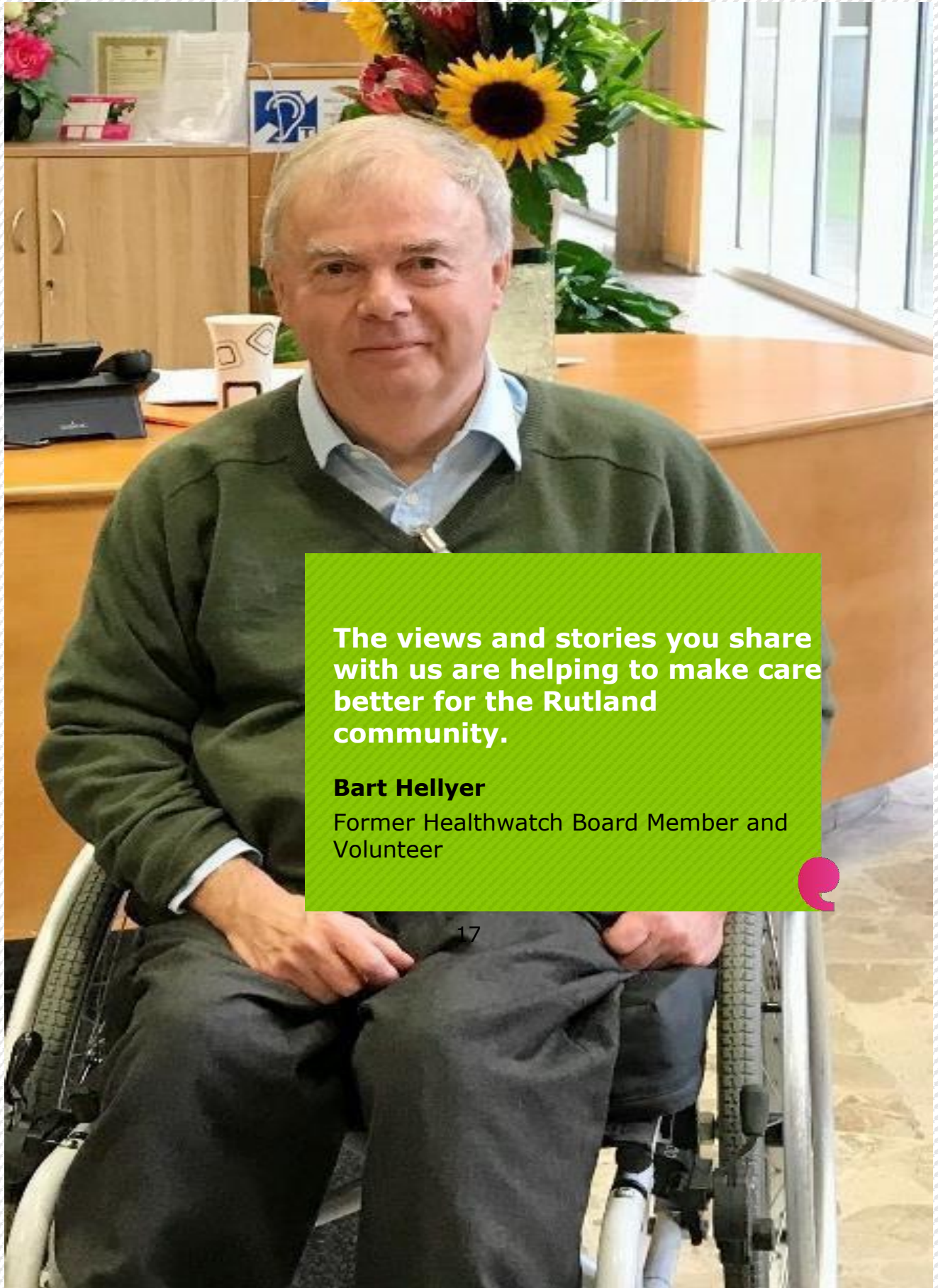
After 6 weeks at home all this help stopped. The home physios and occupational therapist managed to get me some 6 x 1hr sessions at Leicester General, for which I was grateful, but it was not enough.

**“Losing the ability to communicate is devastating.”**



If you can only do ONE thing to help the long-term affected make it COMMUNICATIONS. If you can communicate you can ask for help. If you can't then you are trapped in a failing body and descend into depression.”





The views and stories you share with us are helping to make care better for the Rutland community.

**Bart Hellyer**

Former Healthwatch Board Member and Volunteer

**We helped you find the answers**



## How we have helped the community get the information they need

We raised the profile of Healthwatch Rutland, so that people knew what we did and how we could help, by:

- + Attending local events such as the Rutland Show and Choices Unlimited.
- + Presenting at Parish and Town Councils, and local groups such as the Parkinson's Support Group in Stamford.
- + Placing hard copy marketing information (leaflets etc) in local GPs, pharmacies and dentists.
- + Updating and improving our website.
- + Increasing our social media presence on Facebook and Twitter.

We worked with Carers UK during Carers Week, attending all Rutland GP practices alongside Carers UK. We were able to give people information to help them make informed choices about their care and the care of the people they support.

A care home manager wanted help for a 95 year old immobile resident who had been refused transport to Peterborough Hospital. The GP said it was vital and we helped get it fixed for her and others as the new contract bedded in.

A bedbound patient needed a home dental visit to deal with pain from dentures.111 referred him to us and we were able to guide him.

## Signposting

We signposted people to the services they needed by:

- + Telephone.
- + Face to Face at events and presentations.
- + Through our website, which included a 'Find a Service' function.

We work with other organisations to ensure that people have the information they need. This includes Citizen's Advice, other Local Healthwatch, PowHer, the Clinical Commissioning Groups, the Care Quality Commission and the Local Authority. Examples of issues we've helped people with over the last year include:

- Finding emergency dentists
- Non-emergency patient transport
- Home equipment
- Making complaints about services

# Making a difference together



## How your experiences helped influence change

Our second most important role was to bring the views of Rutland people to those who commission and provide services and then work with them on solutions.

Listening to the public about their concerns and views and then working with providers led to changes to services.

We were greatly hearted by the willingness of organisations to work with us to find solutions. Our Board Members and staff have been invited to sit on over 50 development groups planning services for the future.

Tim Sacks, Chief Operating Officer, East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG) said in 2017

“Working with Healthwatch Rutland we are able to ensure that the patient voice is heard and at the heart of decision making”

Examples of how these collaborations worked:

- **Emergency Ambulance response times**  
We frequently hear that, although the clinical services, and the care and compassion shown by East Midlands Ambulance Service (EMAS) staff remains excellent, the public are still concerned about response times, particularly in rural areas. We have worked closely with EMAS and by raising the profile, especially that of rural areas, EMAS has now been allocated more funds to improve response times across their area of responsibility.
  
- **Young People’s Mental Health**  
Our young people left us in no doubt that they want an improvement in support for mental health issues. Work led by Dr Ann Williams (HWR Young People’s Lead) brought national recognition of Healthwatch Rutland as a leader in the field.

The community including all schools, local authority and voluntary organisations came together to support the objective of provision of early intervention to prevent serious illness later. The work has now moved into the implementation phase and a major project is being led by Rutland First.

## □ **Primary and Community Services Survey**

Our survey raised many issues and we were grateful to the ELRCCG, and Trusts for coming to tell the public at our meetings how they are planning to address the issues raised by Rutland people.

New plans are being developed by the CCG to address GP access issues in Oakham.

A new Adult Mental Health Strategy will try to address issues of accessibility of services to local residents.

The Coordinator of Uppingham Neighbourhood Forum said:

“Healthwatch Rutland listened to anxious voices and translated them into effective messages for the attention of health and social care policy makers. An excellent example would be the recent Primary Care Survey. Well done.”

## □ **Dental**

Having heard of people’s difficulties in accessing NHS dentistry including emergency dental services, we raised this through the Local Dental Network and NHS England.

As a result, an additional 5-dentist practice and emergency services are now in place in Oakham. Jason Wong, Chair of the Leicestershire Rutland and Lincolnshire Dental Network, said of us in 2017

“ Healthwatch Rutland makes a significant contribution to our work. They provide us with the voice of the population of Rutland very well.”

## □ **Armed Forces Veterans**

We worked with Rutland County Council in seeking the views of veterans on support needed. A new support officer post has now been created for the County.

## □ **Ear Syringing**

We were told that 2 of the 3 main GP practices in Rutland had stopped providing ear syringing services, even though this was required by NHS hearing services for hearing aid wearers.

We approached the Clinical Commissioning Group (CCG) and they funded a new contract for this service, for those that have a clinical need, in all Rutland GP practices.

## □ **End of Life Care**

People valued the care their loved ones received at the end of life but many people described a lack of coordination across services for the dying. We worked with the CCG and Hospice UK and developed a proposed study to listen to people's experiences. The CCG hopes this information will help them implement their new end of life strategy.

## □ **Provider hospitals and trusts**

We were greatly heartened by the willingness of our major providers to work with us in finding solutions to a range of problems encountered by the public. We regularly met the CEOs and sat on local Trust patient involvement groups.

People told us that parking was a nightmare and also that they got lost in the grounds of LRI. They understood that direction signs had to change when a new building scheme started. UHL worked with us on trying to make it better.

Mark Wightman, Director of Communications, Integration and Engagement at University Hospitals of Leicester NHS Trust said in 2017.

“Healthwatch Rutland’s challenge is always constructive, reasoned and evidence based and, as a consequence, we take their views seriously. We would count HWR as friends but like most good friends their true value is in the fact that they praise when praise is due and point out deficiencies when necessary “

# Our people





## Our Approach

**Openness.** We prided ourselves on our openness and our very positive mission of including the public in all our decisions. We describe how we did it below. Guest speakers welcomed the opportunity of talking directly to members of the public. We were accountable to the public, and everything we did was guided by what we heard from them.

**Energy and enthusiasm of our volunteers.** As the second smallest Healthwatch, we punched well above our weight, attending over 50 different groups on a regular basis. This activity was due to the tremendous enthusiasm of our 30 volunteers to serve their local community.

## Decision making by the HWR Board

The Healthwatch Rutland Board met bimonthly. These meetings, and therefore the decisions about our work, were held in public to ensure that what we did was accountable, open and transparent. Board Members and their lead responsibilities were:-

Jennifer Fenelon- Chair

Miles Williamson-Noble - Deputy Chair

Christine Stanesby - STP (jointly with Jennifer Fenelon) and Alliance

Bart Hellyer - Disability

Judy Worthington - Quality & Regulation

Bart Taylor-Harris - Enter & View

Sarah Press- Safeguarding and Evidence

Jacqui Darlington - Carers and Special Needs

Nicola Darby - Adult Mental Health including Dementia

Sean Williams - Audit Committee



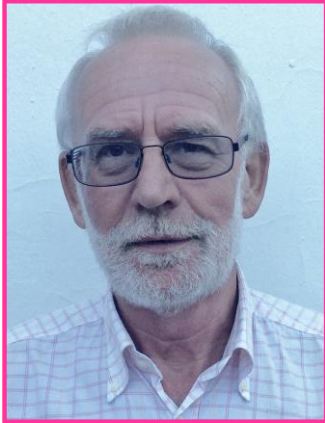
## How we involved the public

Board meetings were advertised in local media, on social media, in our newsletter and on our website. Public and guests were invited to join the Board discussions and ask questions.

We kept the public informed through the media, our website, social media, our newsletter and by going out and about.

## Enter & View

Enter and view was our formal mechanism for experiencing services directly and the work was carried out by a team of Authorised Representatives led by Board Member Bart Taylor Harris and team members listed below.



Jacqui Darlington  
Stevie Jackson  
Jennifer Fenelon  
Daphne Murphy  
Phil Hurford  
Bart Hellyer  
Christine Stanesby  
Barry Henson  
Suzie Henson-Amphlett  
Christine Spark  
Margaret Demaine  
Sarah Iveson  
Brian Godfrey  
John Brian  
Judith Phillips  
Alf Dewis  
Janet Seden  
Marion Gee

We are grateful to them all for their hard work

During 2017-18 we set ourselves, and successfully completed, the task of carrying out an “Enter & View” in each of the County’s care homes. We undertook visits to Rutland Care Village and Belton House towards the end of 2016-2017 and the remainder in 2017-18:-

Manton Hall  
Aberdeen House  
Wisteria House  
Oak House  
Chater Lodge  
Tixover House  
The Lodge Trust

In addition, we made a repeat visit to the NRU at the General Hospital in Leicester.

# Our finances period 2017 - 18



Funding received from local authority to deliver local Healthwatch statutory activities	66281
Additional income	Nil
	-----
<b>Total income</b>	<b>66281</b>
Operational costs	12217
Staffing costs	46564
Office costs	7197
	-----
<b>Total expenditure</b>	<b>65978</b>
	-----
<b>Balance carried forward</b>	<b>303</b>

# Contact Healthwatch Rutland

Address of contractors:

Rutland County Council  
Catmose  
Oakham  
LE15 6HP

The contract for Healthwatch Services in Rutland was held by HWRCIC until 31<sup>st</sup> March 2018, and this report was produced by us. This annual report will be publicly available on the Rutland First website [www.rutlandfirst.co.uk](http://www.rutlandfirst.co.uk) by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Overview and Scrutiny Committees, and our local authority, Rutland County Council.

From 1<sup>st</sup> April 2018 the Healthwatch Rutland Contract will be held by Connected Together Community Interest Company (CTCIC):

Portfolio Innovation Centre  
Avenue Campus  
St George's Avenue  
Northampton NN2 6JD

The contact details for Healthwatch Rutland after 1<sup>st</sup> April 2018 remain:

Address: c/o Rutland Community Hub  
Lands' End Way  
Oakham Rutland  
LE15 6RB

Phone number: 01572 720381

Email: [info@healthwatchrutland.co.uk](mailto:info@healthwatchrutland.co.uk)

Website: [www.healthwatchrutland.co.uk](http://www.healthwatchrutland.co.uk)

Twitter: @HWRutland

**healthwatch**