

Healthwatch Rutland

Annual Report 2014/15



Cover: Healthwatch Rutland board member, Bart Hellyer, talks to young people at Rutland County College



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Note from the Chair



Jennifer Fenelon Chair, *Healthwatch Rutland*

Healthwatch Rutland Board Members and volunteers are very proud of their role in bringing Rutland people's voices to those who provide their health and social care.

I am, therefore, delighted to present this report on our first year's work since we started in Oakham in April 2014.

With the help of our CEO, 28 active volunteers and 450 members we have achieved a great deal.

Despite being very small, we have the same statutory duties as all other Healthwatch but, additionally in Rutland, we sit at a geographical crossroads with our services being provided in up to 20 trusts and hospitals within 8 cities and counties let alone the many hundreds of services provided within Rutland.

Our aim is to:-

- Listen to the concerns of patients and members of the public
- Influence care providers to give the best possible service
- Signpost patients and their carers to the best services for their needs

Having so many people travelling out of County in all directions means that our staff, board and volunteers are extremely active.

They have a real challenge in listening to all those experiences in so many places and then working constructively with many commissioners, providers and colleague Healthwatch to help make things better.

We hope you will enjoy reading about what we have achieved and plan to do.

My sincere thanks go to all those who work so hard to help us work for the best possible health and social care for our population. We would warmly welcome new volunteers with suitable skills or experience to help us with this important task.

Jennifer Fenelon
Chair, *Healthwatch Rutland*



About Healthwatch Rutland

Our Mission

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

There is a Healthwatch in every local authority area in England and so we are uniquely placed as a network for receiving and disseminating information.

As a statutory watchdog established in Rutland since April 2014, our role is to ensure that local health and social care services and the local decision makers put the experiences of people at the heart of their care.

Our Vision

Our vision is to really understand and articulate the health and social care issues worrying Rutland folk and to help ensure they are remedied.

We do this through listening, influencing and signposting and we have made substantial progress during this year which we describe in this report.

Our Volunteers

We are a very small organisation and we are most grateful to our 28 volunteers who are our lifeblood and support us in providing our range of services.

Our Expenditure

Our total Expenditure for 2014-5 exceeded our grant of £64,000 with further support provided by East Leicestershire and Rutland CCG

Our Strategic Priorities

Rutland is a lovely county and widely seen as an ideal place for retirement. But a county with one of the highest proportion of elderly people (and rising) which is also extremely rural, brings with it many challenges for those who provide health and social care services.



More issues come from our complex boundaries. While social care is largely provided within Rutland, people travel to at least 8 different cities and counties for their health care. The "pathways" of care for many people can be complex and sometimes disjointed as many systems converge.

Lastly there is also a myth that everyone in Rutland is affluent. There are many inequalities and areas of deprivation which impact upon people's ability to access help.



About Healthwatch Rutland

We have set our strategic priorities to reflect the issues that people have raised. Mental health both among young people and those with dementia as well as transport and access issues predominate.

What the evidence says about the issues Rutland people face

(Sources ascof.HSCIC.gov.uk, Public Health England and NHS England - all 2014)

Social Care Indicators present a good picture of well supported people but the following are major social care challenges in Rutland :-

- Rutland has a high level of delayed transfers of care from hospital beds to social care (including mental health)
- People report low levels of social contact which is associated with mental illness.
- Housing issues affect a number of people with mental illness.

Health Indicators describe a county whose residents are healthier than average, but the population is expanding and within that rise the proportion of elderly especially the very old is rising very rapidly. The key health issues for Rutland people reflect both this demography and the county's rural nature.

People's health problems include, diabetes, hip fractures, under 75 years cardiovascular disease, road injuries, excess weight in adults, and malignant melanoma.

Because people in Rutland access health care in a number of counties, issues are very varied but key issues common to all are :-

- Emergency Transport access times are substantially longer than in urban settings and among the worst in East Midlands.
- Primary Care is of a good standard but general practice is affected by national recruitment issues and problems of access especially in Oakham.
- Acute Hospitals - Of the major acute hospitals serving Rutland, three (University Hospitals of Leicester, Kettering and Peterborough Hospitals) are subject to Care Quality Commission (CQC) calls for improvement.
- Mental Health & Community services have been re-inspected by the CQC and the outcome is awaited.
- Family and friends scores - This indicator describes whether patients would recommend the service to friends & family. Where available, scores are over 90% except for Grantham Hospital at 85%



Highlights of the Year

Listening and gathering evidence

Our most important role is to be the ‘eyes and ears’ of Rutland people on Health and Social Care matters. We are active all over the county listening to the issues that worry people.

During 2014/15:

We listened to over **2000** Rutland residents

We attended over **30** local events and hosted **20** events at Healthwatch to listen to people’s concerns

We kept our **450** members up to date with our work and sent them regular bulletins

We signposted the public to consultation events to gather people’s views on a wide range of important topics

Rutland Citizens Advice (CAB) provided a signposting service during 2014-15

Enter & View We trained and accredited an Enter & View Team of 14 who now visit services to see first-hand what people experience

We have **720** regular twitter followers



People were concerned about

Transport access times (both emergency and personal transport services).

Appointment times in primary care services particularly in Oakham

Clarity on when and how to use emergency and out of hours services.

Mental Health for all ages.

Uncoordinated care and communication.

Long waits in hospital to get home.

Knowing where to get information.

Continuing health and social care assessment.

Parking at Leicester Royal Infirmary.

We worked to put things right

40 Partner organisations have asked us to join them to represent the voice of Rutland people.

We have attended over **500** meetings to work with them in finding solutions.

We have hosted **10** conferences to bring the public perspective.

We have produced **15** reports making recommendations for improvement. We describe the results in this report.



Engaging with people who use health and social care services & what they said to us



some of our 28 volunteers

Even in a small county like Rutland there are many different communities and we need individual ways of reaching them.

Our volunteers some of whom are pictured above have developed a range of strategies to reach them.

The Public in General

Our work starts each year with our “We are Listening” Campaign which we undertake in partnership with our Clinical Commissioning Group.

By going out into the markets, lunch clubs, nurseries, carers and many other groups we can gauge what people are feeling about services.

This round of listening is invaluable in guiding our priorities and identifying where further research needs to be done.

Vulnerable people

We have particular concerns that the voices of those in residential care, nursing homes and care at home should be heard.

We have developed a network of interested relatives who keep us updated with concerns. We work with other organisations such as Rutland County Council, the CQC, QSG and CCG when we have concerns



The “seldom heard”

It is a challenge to keep close to the seldom heard but we are slowly building up small groups with similar problems.

More needs to be done particularly in the field of adult mental health and among carers. We hope to hear more about their experiences by working with the new Community Agents who are focussing on the isolated.

The Disabled

There are many access issues in Rutland and we share concerns with the Rutland Access Group. Our immediate concern has been in improving conditions for the Younger Disabled at Leicester General Hospital

Mothers & Young Children

Better Care Together will bring choices about the future pattern of Maternity services. Young mothers want to give their views but at times and in places convenient to young families.



Engaging with people who use health and social care services & what they said to us



Young People

We realised we needed ways of reaching young people which they felt worked for them.

Our Healthwatch Young People's Team of six has developed a very strong

relationship with the Rutland Youth Council and together they have worked to address the issues of young people's mental health.

"Young Minds" have told us that the voice of young people is more clearly heard in Rutland than anywhere and we are very proud of that success.

We also hear of the challenges facing children and young people with special educational needs and we work closely with the Rutland Carer Voice to understand the issues they face.

Working People



Working people cannot take time off for meetings during the day so we are now taking our Board meetings out to the villages and small towns holding our meetings in the evening. We also hold drop in sessions in local libraries on Saturdays

These meetings are designed not only to raise awareness of Healthwatch but also to give working people a chance to tell us their concerns at times convenient to them. We are particularly keen to hear from men whose health prospects in Rutland are statistically worse than women's.

Older People

Members of the Women's Institutes left us in no doubt that the two assessment processes for Continuing Health Care and Social Care Needs Assessment are far from clear. We have been working with them on this.



Older people face many issues in Rutland but the biggest worry of all is Dementia.

We teamed up with Rutland County Council to map the Dementia Pathway and to populate it with Patient's and Carer's views of services at each stage.

Engaging with Dementia sufferers and their carers to hear their experiences can be a real challenge. For many families it still carries stigma and is kept behind closed doors.

We have held two conferences and several sessions with providers eg GPs, Consultants, Care Homes and Community Services. These have proved invaluable in identifying gaps and have resulted in improvements.

Leicestershire Partnership Trust asked us to seek the views of carers, GPs and consultants about shared responsibility for repeat prescriptions for those with Dementia. Our work helped facilitate an improved process.

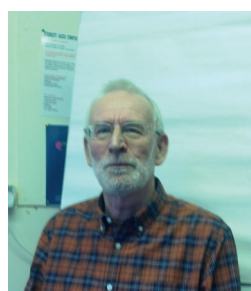


Engaging with people who use health and social care services & what they said to us

People seeking care outside local boundaries

Most Healthwatch are challenged to hear the views of commuters and other incoming groups. In Rutland, our challenge is the opposite because not only are we a dormitory area for surrounding towns but the majority of people have to travel outside Rutland's boundaries for hospital care. We are developing links with our surrounding Healthwatch to help share the task of listening and influencing for our residents when they travel elsewhere.

Enter & View



Chair: Bart Taylor Harris

Enter & View is a facility which enables our accredited volunteers to visit services and see them first hand.

There is increasing evidence that Health and Social Care providers value *Enter & View* as a useful way of holding a mirror up to their services.

During 2014 we trained and accredited a 14 strong team which is now operational and chaired by Bart Taylor Harris. Our Accredited Enter & View Team members are :-

Bart Taylor-Harris - Chair	Christine Spark
Jennifer Fenelon	Phil Hurford
Bart Hellyer	Elisabeth Turner
Christine Stanesby	Stevie Jackson
Ali Burrow-Smith	Margaret Demaine
Barry Henson	Jacqui Darlington
Suzie Henson-Amphlett	Daphne Murphy

We have commenced our programme of Enter & View visits and plan to extend it during 2015.

What Rutland People said to us about services

It must be said that many people greatly appreciate the Health and Social Care services they receive but there is also a number who experience difficulties. These include:-

- Transport access times (both emergency and personal transport services).
- Access to primary care services particularly in Oakham
- Mental Health is a constant issue and with it the feeling of not being supported in an isolated community. This can often result in the need for emergency care. Mental health worries affect the whole spectrum of ages from the young to very old.
- People feel pathways of health & social care are not always coordinated between services and we hear many stories of people being pushed from pillar to post.
- Ensuring that the right services are provided in the right place preferably as close to or in people's homes does not always happen. This results in people staying in hospital for longer periods.
- Ensuring services are delivered in a way that is coordinated between agencies. This can be a major problem for the elderly, mental health users and those with special educational needs.
- Knowing where to get information, especially monitoring the performance of care and residential homes and finding a way through the complex processes of continuing health and social care assessment.
- People want clarity on when and how to use emergency and out of hours services.
- Parking at Leicester Royal Infirmary



Influencing decision makers with evidence from local people

Getting things put right

Working with commissioners and providers to ensure failings are rectified (as well as praise given where it is due) is a key objective of Healthwatch. We use a variety of ways of working with colleagues on solutions.

Producing reports and recommendations to effect change

We have produced a range of reports as a result about the issues we have investigated. Examples are:

- **Children's Congenital Heart Disease**

Rutland people told us they wanted high quality of care which met national standards. We gathered public views and made our submission to NHS England stressing the need for adherence to national standards. We await the outcome.
- **Urgent Care**

Rutland people indicated they were dissatisfied with the way minor injury services were organised and confused about the overlapping roles of Accident & Emergency, minor Injuries, GP, on-call and 111 services.

We then worked with the CCG over two years to develop a new service and joined with the CCG in gauging public opinion on the proposals. We are now working with them in evaluating the new service which started in April 2015.
- **Learning Disabled**

We collaborated with Rutland Parent Carer Voice to make sure the voice of parents was heard in the proposed temporary relocation of CAMHS Level 4 services
- **Mental Health Services for Young People**

Our Young People's council told us that mental health was the biggest issue facing young people in the County.

With the help of Leicester University, we surveyed just under 1000 young people and the report of what they had to say is powerful.

We have brokered three workshops with 40 - 70 stakeholders who are enthusiastic about working through to solutions. We will hold a conference to present the outcomes to young people, parents and professionals in the Autumn of 2015.
- **Dementia**

We have been working with people living with Dementia, their carers and professionals over nearly two years in bringing patient experiences to planning and delivery of Dementia Services. Progress is steady and two conferences have already been held to present emerging issues.



Influencing decision makers with evidence from local people

- **Care Homes**

We contributed to a major Quality Surveillance Group review of services provided by care homes. We are monitoring implementation progress with patients, carers and friends.

- **Mental Health Boundary Issues**

We used the experience of patients to describe what it is like to navigate service boundaries especially where regional, trust, and county differ. We have brought this to the Clinical Commissioning Group, Leicestershire Partnership Trust and Rutland Adult Scrutiny Committee. Despite cooperation by commissioners and partners, the issue is still not resolved.

- **Long Term Conditions - Younger Disabled Unit**

We found very depressing conditions for young people at our younger disabled unit. The Trust agreed with us and the unit is being upgraded.
We will go back to revisit.

- **Pharmaceutical Needs Assessment**

Pharmacy services are much valued by the local community but while technically we have more than the average number of pharmacists, people called for more clarity around who provides which service where.

We have submitted these views formally to Rutland County Council and they have produced the guidance we requested in response.

- **Better Care Together**

We work closely with Better Care Together as it develops and implements a five year Health and Social Care Plan for Leicester, Leicestershire and Rutland.

We have submitted two formal reports from the People of Rutland and held two formal meetings with the Better Care Together Team as well as comment on specific issues.

We have worked with the programme through a successful awareness raising process and are now starting to work to ensure good consultation on proposed changes

- **Better Care Fund**

We were invited to be involved in developing proposals and performance measures for the Better Care Fund and we have kept in touch with implementation plans.

Timescales for Better Care Fund submissions did not allow us time to consult the public on these proposals.

- **Care Quality Commission Inspections**

We are now accepted as a key stakeholder in the CQC inspection process and have submitted formal comment to the following CQC reviews- University Hospitals of Leicester, Peterborough Hospital, East Midlands Ambulance Service EMAS, and Leicester Partnership Trust.

We now play an active part in the process.



Influencing decision makers with evidence from local people

- **Transport**

We are now working closely with East Midlands Ambulance Service and Divisional colleagues to address long standing problems. Jennifer Fenelon represents all healthwatch in East Midlands at the EMAS Board.

- **Primary Care Strategy & Community Strategy**

We hear much about disjointed services especially in the linkages between primary, community and social care services.

When contributing to the formation of the primary care and community strategies we have stressed the need for all three to be integrated.

We have been given those assurances by the Managing Director of the Clinical Commissioning Group and Co-Chair of the Better Care Together Delivery Group that this will be done.

- **Primary Care Commissioning**

Rutland people welcomed the devolution of commissioning of primary care to the Clinical Commissioning Group but we also submitted our concerns about potential conflict of interest among GPs.

Considerable safeguards have been put in place as a result and we have been invited to sit as non voting participants on the Primary Care Commissioning Board including the confidential section to help monitor impartiality.



Influencing decision makers with evidence from local people

Putting local people at the heart of improving services

We have worked with commissioners and providers to ensure that the voice of the patient is at the heart of decision making. We now attend on a regular basis the following decision making groups affecting Rutland.

Task Group Leads share responsibility with Board Members in bringing the voice of Rutland to these groups. They include:-

Quality Surveillance Group	<ul style="list-style-type: none"> ○ Main QSG Board ○ Sub Committees on specific topics ○ Risk Summit oversight Groups
Health & Wellbeing Board	<ul style="list-style-type: none"> ○ Health & Wellbeing Board ○ Integration Group ○ Children's Trust
Rutland County Council	<ul style="list-style-type: none"> ○ Older Peoples Forum ○ Mental Health Forum ○ Dementia Group ○ Falls Group ○ Pharmaceutical Needs Analysis ○ Youth Council ○ Rutland Young People's Mental Health Forum ○ Better Care Fund Implementation Groups ○ Meeting of Parish Councils

Scrutiny Function	<ul style="list-style-type: none"> ○ Adult & Social Care Scrutiny ○ Children & Young Peoples Scrutiny
East Leicestershire & Rutland Clinical Commissioning Group (CCG)	<ul style="list-style-type: none"> ○ CCG Main Board ○ CCG Primary Care Commissioning Group ○ ELRPPI Group ○ Urgent Care ○ Personal Budgets Group ○ Primary Care Strategy ○ Community Care Strategy ○ Annual Meeting
Better Care Together	<ul style="list-style-type: none"> ○ Partnership Board ○ Delivery Board ○ PPI Assurance Group + 10 work streams ○ Reconfiguration Board ○ Public meetings and consultation
Providers	<ul style="list-style-type: none"> ○ University Hospitals of Leicester Board (UHL) ○ Meetings with UHL CEO ○ Annual Meeting UHL ○ Leicestershire Partnership Trust Board (LPT) ○ Meetings with LPT CEO ○ Trust Annual Meeting ○ The Alliance- planned care providers



Influencing decision makers with evidence from local people

<p>East Midlands Ambulance Service</p>	<ul style="list-style-type: none"> ○ Main Board ○ Quality Board ○ HW Rutland EMAS local collaboration group ○ HW Ambulance Leads Regional meeting (in development) 	<p>CCG & Rutland County Council</p>	<ul style="list-style-type: none"> ○ Primary Commissioning consultations ○ Secondary commissioning consultations ○ Social Care Commissioning consultations
<p>Health Watch Rutland Task Groups & Events</p>	<p>(Not all yet fully active) :-</p> <ul style="list-style-type: none"> ○ Operational Group ○ Elective Care ○ Urgent Care ○ Maternity & Neonates ○ Long Term and Chronic Conditions ○ Dementia ○ Children and Young People ○ Learning Disabilities ○ Older People and Care Homes ○ Enter & View 	<p>NHS ENGLAND</p>	<ul style="list-style-type: none"> ○ Specialist Commissioning Consultations
		<p>Care Quality Commission (CQC)</p> <p>Healthwatch England</p> <p>Professional Regulation</p>	<ul style="list-style-type: none"> ○ Various



Influencing decision makers with evidence from local people

Working with others to improve local services

The preceding table describes the bodies we work with and the following examples give a flavour of the type of work we have been able to do with our partners in improving services.

Examples of issues which have been raised over the past year include:-

Concerns about a group of Care Homes were raised both with the Quality Surveillance Group (QSG) and Healthwatch England. The QSG responded with an Inquiry on which Healthwatch had a seat.

Concerns about lack of consultation about the introduction of new policies for IVF/ plastic surgery have been raised with the CCG which has undertaken to work with Healthwatch on remedying the situation.

Concerns about failures to meet cancer and other targets have been raised frequently with the CCG and providers. While action has been taken, it has so far failed to generate major improvements.

Concerns about primary care access in Oakham have also been shared.

Resolution of cross boundary pathway issues

remains unresolved especially for mental health where people cross regional boundaries.

Due to the Care Quality Commission reorganisation we had not been able to establish regular contact with them but this has now been remedied.

Reflecting on the Health & Well Being Board

We are fortunate in having a very collaborative Health & Well being Board with a willingness to work together and the introduction of an Integration Board has helped greatly with the development of agendas.

The current Health & Well Being Strategy reaches its end in 2016 and we look forward to working with Public Health, CCG and Social Care colleagues on the new Joint Strategic Needs Assessment (JSNA) and strategy development.

We feel that there is scope for the agenda of the Health & Well Being Board to be more closely aligned with the new strategy.

Currently Healthwatch representatives are members of the Health and Well being Board, Integration Group, Children's Trust and JSNA



Using the voices of Young People in Rutland to improve their mental health services

The Rutland Youth Council - a Case study in listening to Young People



Rutland young people discuss issues

The Rutland Youth Council is a very lively group. Anya, Vice Chair of Rutland Youth Council, Charlie and Cullen are local 6th formers and have committed themselves to steering the development of the Rutland Young People's Mental Health project.

In the Autumn of 2014, with Healthwatch Rutland they were exploring issues facing young people. Youth Council members had no doubt that Mental Health issues were by far the biggest problems faced by young people across the County.

We were determined they should lead the project and that it should be their voice that was heard. So we helped them work with academics to find hard evidence of the problems, they then worked with providers mapping current services and lastly they organised a very exciting "Dragons' Den" to identify the type of services that best fitted their needs.

This assured and articulate group of young men and women brought their concerns to commissioners and providers who then worked with them on solutions.

There were three steps :-

Step 1 With Leicester University, we helped the young people design and survey just under 1000 young people. The results were a powerful call for early stage support and the findings were presented to around 40 stakeholders involved in commissioning and delivering care.

- Almost half of young people (46%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with academic pressure.
- Over a quarter of young people (27%) said that they needed help coping with illness (themselves or someone close).
- Almost a fifth of young people (19%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with bullying.
- Significantly almost 1 in 10 young people (9%) said that they needed help coping with Social Media (bullying).
- Just over 1 in 5 young people (21%) said that they needed help coping with loneliness.



Using the voices of Young People in Rutland to improve their mental health services

Step 2 In a second workshop, young people from schools across the County acted as facilitators with organisations to map current services and highlight the gaps.

Step 3 The Young People's Council then organised a third workshop in the form of a "Dragons Den" with panels of young people, commissioners and national experts such as "Young Minds". Together they discussed the range of services young people would like to see.

Things are changing as a result of the project :-

- Stigma is reducing. 7 out of 10 young people surveyed (69%) said that mental health should be on the curriculum. As a result of this project, mental health is now a hot topic in schools.
- Commissioners and providers are taking the views of young people into account in planning for the short and longer term and they feel this is a good way of hearing their opinions.
- The young people's enthusiasm to crack the problem is both different and infectious and has really caught people's imagination. There is national interest including from Young Minds & Healthwatch England in this project as an excellent example of engaging with young people.

Almost half of young people (46%) taking part in the survey said that in the last 2 years they had reached a stage where they needed help coping with academic pressure

"We were pretty apprehensive about meeting all these important people but they couldn't have been more supportive and really listened to us"
said Anya Loomes, Vice Chair Rutland Youth Council



Youth Council members and stakeholders debate issues



Working with people with Dementia and their carers to improve services

Frank & Barbara - A Case Study

Barbara has Dementia and is cared for by Frank. They had a difficult start getting to diagnosis and treatment and after that received a mixed range of services.

We met Frank & Barbara at a Memory Café meeting run by the Alzheimer's Society and later at their home. They are happy to share their experience of care to help make things better for others.

The *positives* for them were the Alzheimer's Society Memory Café, the singing group "Rutland Reminders" and the support they had received from the Carer Lead of Rutland County Council. They also enjoyed the "CRISP" course run by the Alzheimer's Society.

But there were many *negatives* for them too.

- The difficulty of presenting at the GP with a "Memory" problem. Barbara had lived for a long time with her memory getting poorer, but not taking any action. How do you know when to raise the issue with the GP?
- Having gone to GP, the referral to the Consultant took many months and 11 months had elapsed before medication had been prescribed.
- After taking the medication for a short time, Barbara read the small print. She stopped taking the pills because she has only one kidney and there could be complications.

- The lack of involvement of the patient in the process. "Nothing should happen to me without me " but it does.
- Barbara found the consultation difficult. She did not know why she was there and was being asked all those questions. She did not feel that she had had an explanation nor had a chance to ask questions.
- On a second visit she was given an MRI scan. This was very uncomfortable as she has a back problem. Fortunately she had a cushion with her which helped a little! Again no explanation of possible difficulties was given beforehand.
- It was only later reading in the newspaper about Dementia Barbara said "The penny dropped. I had Dementia!"

The Healthwatch Rutland Dementia Project

The story told by Frank and Barbara is typical of many we have listened to. With so many elderly people, Dementia care is an increasing issue for people in Rutland.

The journey undertaken by patients and their carers can be difficult, fragmented and confusing. We set ourselves the task of listening to people's experiences and working with providers to make things better.



Working with people with Dementia and their carers to improve services

The Healthwatch Rutland Dementia Project has brought together many agencies with patients and their carers and has so far:-

- Mapped the pathway of care at 10 different stages along the journey with the involvement of a wide range of different professionals and voluntary organisations.
- Listened to patients and their carers telling us what is good, what is bad and where there are gaps at each stage of care.
- The project has helped give Dementia a high local profile and has brought people together in finding solutions.

We were very pleased with an early success in helping secure a change to joint prescribing with GPs. This is now shared and should reduce the waiting time to see a consultant for diagnosis.

There are other challenges to be addressed. People have described the following common themes:-

1. Families said it takes a very long time to get a formal diagnosis. Stress on the family could be reduced if this process worked faster.
2. Rutland has borders with many counties and getting joined up hospital care across county boundaries can be very difficult.
3. It is recommended nationally that every patient has a 'care coordinator' to help them through the system but this does not happen for many people.
4. Families said they needed support most immediately after diagnosis but again felt it was lacking for them. They felt that a trained adviser at the GP Surgery would be very good.
5. It was remarkable how innovative and proactive carers could be in finding help but hoped that newly established Community Agents could help.

We are confident that commissioners and providers are listening and that together we can find solutions.



Carers share experiences



Attendees discuss care pathway



Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

In April 2014 we joined forces with Rutland Citizens Advice Bureau and for our first year their volunteers provided our signposting service which we greatly appreciated.

During 2014, change took place driven mainly by the 2014 Care Act and the recognised need for good Health and Social Care Information.

At the same time we felt that our signposting activity could be expanded so for 2015 -16 we have established outlets for signposting directories to include pharmacists , libraries, GPs etc in our villages and small towns as well as Oakham.

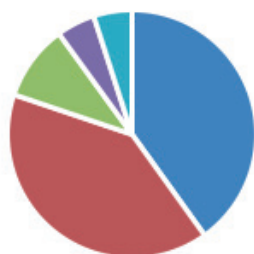
We have based our source data on the enhanced service being planned for Care Connect /NHS Choices (Health) Social Care Information being supplied via the Care Act (Social Care) and Local Support Groups (via the CCG).

Our Directory is available on our website at www.healthwatchrutland.co.uk

We believe that these sources will give us source data for signposting purposes which is as good as any to be had.

We will supplement that service by supporting those with complex problems or without access to a computer by a bespoke enquiry service from our offices at Voluntary Action Rutland.

The breakdown of the total number of recorded enquiries (15) signposted by Rutland CAB on our behalf in 2014-15 was as follows (please note that one enquiry can be signposted to more than one agency)



■ Healthwatch ■ POhWER ■ Social Care ■ CQC ■ CAB PPS

SIGNPOSTING

To Healthwatch	53%
To POhWER.....	53%
To Social Care.....	13.3%
To CQC	6.6%
To CAB PPS	6.6%



Opportunities and challenges for the future - priorities for 2015

Better Care Together

Better Care Together is the 5 Year Programme for Health and Social Care in Leicester, Leicestershire and Rutland. The overall objective is to bring care closer to people's homes but this will involve major changes in the way care is delivered.

Public consultation is due to start in the Autumn of 2015 and it will be a major challenge for Healthwatch Rutland to ensure that the views of the people of Rutland are adequately represented.

We are developing a combined consultation schedule with our partners in Health and Social Care to prevent consultation fatigue.

Expanding Enter & View

This facility is proving a useful tool to describe patient experiences. As we get greater experience, we will expand this area of our work.

Transport

Emergency Ambulances. Over the past year we have developed strong working relationships with East Midlands Ambulance Service Board. and have agreed a collaboration agreement in addition to newly developed local working arrangements.

As a result, we have been invited to work with them on finding innovative solutions to long standing problems.

Personal Transport - We are gathering evidence about what people think of personal non urgent transport and will be taking this further during the coming year.

Signposting

We are expanding our signposting facility across Rutland but still find there are many people having difficulty navigating the Health and Social Care systems.

We are fortunate that the Care Act 2014 has brought signposting to the fore in Health and Social Care and that the new Community agents will be in direct contact with people experiencing problems. We hope that collaboration with the County Information service and Community Agents will support more people to find the help they seek.

Bringing the Young People's Mental Health Project to a successful conclusion

The Young People's Mental Health Project has been acclaimed as a major success in focussing attention upon the Mental Health Needs of Young People. We have tried to act as a catalyst and during 2015 hope to pass the baton on to the Commissioners & Providers.

The Dementia Project

The Dementia Project has raised awareness of the needs of those with Dementia and their carers. It has brought commissioners and providers together and we see new services emerging to fill gaps. During 2015 we will continue to listen to those with Dementia about their experiences.



Our Governance and Decision Making

Our Board

Healthwatch Rutland Community Interest Company is a not-for-profit company established in 2014 at Companies' House to deliver the Healthwatch Rutland contract.

It is governed by a Board which sets our strategy, provides scrutiny and oversight and approves policies and procedures that are needed to work effectively.

Board Members

Jennifer Fenelon, Bart Hellyer, Judith Worthington, Christine Stanesby, Barry Read (until January 2015), Alison Tebbit (until March 2015) David Henson (from March 2015).

Chief Executive

Ali Burrow-Smith is responsible to the Board via the Chair for day to day management of the organisation.

Active Volunteers

Ann Williams, Bart Taylor-Harris, Daphne Murphy, Davina Enfield, Jacqui Darlington, Margaret Demaine, Philip Hurford, Barry Henson, Sheila Bourne, Suzie Henson-Amphlett, Christine Spark, Liane Andrews, Gwyn Andrews, Elisabeth Turner, Ian Rolison, Stevie Jackson, Elaine Redfern, Mark Wadd, Mary Parker and Gillian Lewis.

Our Delivery Structure

As one of the smallest Healthwatch in England, our resources are very limited so we involve lay people and volunteers extensively in our work.

We are fortunate to have a very active and dedicated group of volunteers who play a key role both in listening to the public and in influencing change.

Recruitment, skills, auditing, placement training, and conduct of volunteers is overseen by the CEO.

Governance & Decision Making

Task Groups

We have organised our work into 10 task groups covering all aspects of care. Volunteers join a Task Group of their choice and participate in its work. Each Task Group has a volunteer as chair. (Our task groups mirror the Better Care Together structure and were established in this way so that we could easily contribute to plans for future care)

Operations Group

Task Group Chairs, CEO and Board Members meet once a month as a management group. Their task is to identify key issues for the Board and recommend action plans to address these issues. Members of the Operations Group join external stakeholder groups as appropriate. The Operations Group is coordinated by the CEO.

Board

The Board meets monthly. Alternate Board meetings are held at Voluntary Action Rutland. Others are planned on a travelling basis to meet a different local community each time.

Board decisions are taken in public apart from commercial or personnel matters.



Governance Policies

The Board, Operations Group and Task Groups are bound by the following Governance policies :-

1. Introduction & overview including Articles of Association
2. Code of Conduct
3. Standing Financial Instructions
4. Standing Orders
5. Data Protection
6. Safeguarding
7. Enter and View
8. Equality & Diversity
9. Expenses
10. Disciplinary
11. Grievance
12. Environmental
13. Whistle blowing
14. Working at home



Board Members

David Henson, Jennifer Fenelon, Judith Worthington, Christine Stanesby, Bart Hellyer



Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		64,000
Additional income (Grant from East Leicestershire & Rutland CCG)		5,000
Total income		69,000
Plus donations held in trust (£954.40)		
EXPENDITURE		
Information and Advice Service		9,000
Office costs		12,066.40
Staffing costs		38,080.13
Direct delivery costs		9,733.06
Total expenditure		68,879.59
Balance brought forward		120.41
Plus donations held in trust (£954.40)		

Get in touch

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We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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