

## Paper 2: Report from Healthwatch Rutland Manager

I am pleased to submit this report to the Board of Healthwatch Rutland (HWR), on 10 March 2020, covering the period since the last Board meeting in December 2019.

### HWR Project: Tell us your experience of Care at your GP surgery

Interviews and focus groups are currently underway and will continue through March as we try to build a picture of peoples' experiences at their GP surgery with different professionals, and with the referral process into secondary care in other hospitals and clinics. The project is taking a descriptive or 'qualitative' approach to understanding peoples' experiences, rather than collecting data using a survey and we hope to report on findings in May.

### Young Healthwatch Rutland (YHWR)

A new [recruitment campaign](#) started in at the end of 2019 on social media and in schools to grow the YHWR team. We are looking to recruit people aged between 11 to 18 (up to 24 for those with learning difficulties, autism spectrum disorder or any other cognitive impairments).

The group's meeting in January focused on discussion of what topic to use for their first podcast and what project they would work on this year. The decision was made to learn what sexual health services are available to young people in Rutland, if they are aware of them, and to get feedback on the experiences of any young people who have used them. Planning and scoping of the new project will start at the March meeting and the team also plan to get started on their first podcast.

### Healthwatch Quality Framework Project

In November 2019 HWR joined the early adopter group, to pilot the national Healthwatch England Quality Framework. The framework is designed to provide a shared understanding between Healthwatch Rutland, local authority commissioners and Heathwatch England, of the effectiveness of our Healthwatch.

The framework is based on six domains of governance:

- Leadership and decision-making
- People
- Sustainability and resilience
- Collaboration
- Engagement and involvement
- Influence and impact

The process is an iterative one of self-assessment of our activity, review with commissioners and Healthwatch England, and forward planning to address areas of development. Once completed in March, the framework will be adopted as a key part of our work planning and contract monitoring process.

## Engagement

Ellen attended the Rutland Digital Day on 11 February at the Council offices in Oakham. Patients of Rutland GP surgeries were invited to go along to get help setting up their access to the online services that Rutland Health Primary Care Network offers. Staff were on hand to answer any questions, and it gave HWR the opportunity to talk to people about our current primary care project and to recruit people who want to be interviewed to give us feedback of their experiences at their GP surgery.

Jacqui Darlington and Ellen engaged with members of the Rutland Out of Hours Club in January, updating the group on findings from people with disabilities and autism gathered during our Long Term Plan engagement project last year, as well as recruiting for Young HWR.

Janet Underwood and I attended the Age UK memory café in Oakham on 25 February, taking the opportunity to update the group on our findings from last year's Long Term Plan engagement work from people living with dementia, and explaining our current primary care project as well as recruiting attendees to be interviewed for the project.

## Ambulance matters

### *a) Ambulance response performance*

Following Healthwatch feedback to East Midlands Ambulance Service (EMAS) that the monthly response statistics should be refined to give better trend and contextual information, a new format will be used from March onwards. We expect the new format to contain more narrative around the response numbers, including hospital handovers, external influences such as weather or 'flu', vehicle & crew availability etc.

### *b) Ambulance user quick poll*

Towards the end of 2019 we ran a quick poll to ask people for their experiences of calling for an emergency ambulance (good and bad). Three quarters of respondents reported a positive experience and half of respondents described the paramedics who attended their emergency as "kind" or "professional" or "reassuring":

*"It was all amazingly quick"  
"The ambulance arrived remarkably quickly."  
"I found them helpful and polite and I felt safe."*

50% of calls resulted in conveyance to a hospital by the ambulance service, with one being completed via air ambulance to Nottingham.

The negative experiences were, in the majority, based on experiences with hospitals rather than with the ambulance service, however, in several cases, a longer response time was reported:

“the ambulance finally arrived after 2 phone calls!”

One elderly respondent who recognised that they were of low priority, expressed the concern that their case took up ambulance time unnecessarily. Having fallen, they required a two man crew to lift them as the single paramedic who attended the call was not permitted to do so alone:

“With the ageing population here such calls will surely become more frequent.”

*c) Visit to EMAS control room*

HWR board members and volunteers are invited to visit the Ambulance control room in Nottingham to see how calls are received, processed, triaged and assigned. Two spaces are available if any HWR volunteers wish to join Janet Underwood and Phil Hurford on 23 March for the trip (further details of timings to be agreed).

## **Rutland Integrated Social Empowerment (RISE) team**

Comprising currently of a triage manager, a social prescribing link worker, a community mental health care manager, and an integrated care co-ordinator, the team was set up in January and is already taking referrals from GP surgeries and other partners in the Rutland signposting network which was set up last year.

The team will be focusing on people with complex long-term physical and mental health conditions, using personalised plans to improve health and wellbeing through coaching and supported referrals to activities, education and clubs etc.

RISE will work with specific clinical targets to meet in areas such as reducing GP appointments, hospital admissions, improving medication management and review, and methods of measuring success and outcomes are being developed.

An introductory meeting between HWR and the RISE team was held in February, to understand how our organisations can co-operate and be of mutual benefit to each other going forward.

## **Work Planning**

A stakeholder mapping exercise was facilitated at the February HWR Operations and Planning meeting by board member Kay Jaques. The activity was designed to focus on understanding our stakeholders and their relative influence and interest for HWR. This will help us to better engage with stakeholders and keep them involved and informed about our work as appropriate. This activity will be continued as we finalise workplans for 2020/21 in our April Ops & Planning meeting.

## Meetings

The following partner boards & meetings were attended during the period since the December HWR board meeting:

ELRCCG Governing Body Meeting	10/12/19	JU
LLR Information Sharing Meeting	12/12/19	TA-J
CEO of LLR CCGs introductory meeting	13/12/19	JU, TA-J
EMAS Comms Asst Director - meeting re Rutland engagement	18/12/19	TA-J
Rutland Access Group	8/1/20	ET
Rutland CoCreate/PCN engagement meeting	14/1/20	TA-J
RCC Health and Wellbeing Board	14/1/20 3/3/20	JU
Fast Track Health Budgets Workshop	16/1/20	JD
Pre-HOSC meeting with LMPP etc	20/1/20	JU, TA-J
RCC Adults & Health Scrutiny Panel	20/1/20	JU
BCT & Commissioning Consultation process meeting	20/1/20	TA-J
LLR Dementia Programme Board	21/1/20	TA-J
LPT Step up to Great update	22/1/20	TA-J
BCT Integrated Community Board	22/1/20 26/2/20	TA-J
Rutland Adults & Health Scrutiny Board	23/1/20	JU
LLR Joint HOSC	24/1/20	JU
LPT Cancer Volunteer meeting	27/1/20	JU, TA-J
BCT Consultations process meeting	27/1/20	JU, JD, KJ, CS, TA-J
BCT Primary Care Board	28/1/20	JU
HWE Research Governance Framework Meeting	30/1/20	TA-J, ET
LPT CEO Quarterly HW meeting	7/2/20	JU, TA-J
RCC RISE introductory meeting	10/2/20	TA-J
Healthwatch/EMAS quarterly meeting	10/2/20	JU, TA-J

HWR Ops & Planning Meeting	12/2/20	JU, TA-J, JD, KJ, ET + vols
HWR/Dying Matters introductory meeting	17/2/20?	JU
LPT Deputy Director of Nursing meeting	20/2/20	JU, TA-J
RCC Commissioner - Quality Framework meeting	24/2/20	TA-J
HW England East Midlands Network	25/2/20	JU
Putting Health and Care into Place workshop	25/2/20	TA-J
LLR Autism Board	26/2/20	JD
HWE Quality Framework review meeting	27/2/20	TA-J
Community Services Redesign Business Case Steering Group	3/12/20 3/3/20	TA-J
LPT Step up to Great Engagement meeting	10/3/20	TA-J

#### Acronyms:

BCT	Better Care Together
ELRCCG	East Leicestershire and Rutland Clinical Commissioning Group
EMAS	East Midlands Ambulance Service
HWE	Healthwatch England
HOSC	Health Overview & Scrutiny Committee
LMPP	Leicester Mercury Patients Panel
LPT	Leicestershire Partnership Trust
LLR	Leicester, Leicestershire and Rutland
PCN	Primary Care Network
RCC	Rutland County Council
RISE	Rutland Integrated Social Empowerment team
UHL	University Hospitals of Leicester Trust