**PAPER F**



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**Healthwatch Rutland Submission to CQC Inspection of LPT - March 2015**

**Introduction**

Healthwatch (HWR) was established under the Government's Health & Social Care Act 2012. Healthwatch Rutland was initially established in Leicester but in April 2014 the contract was awarded to Healthwatch Rutland Community Interest Company,a not-for-profit community enterprise which is just completing its first year as a local service based in Oakham, Rutland .

**Context**

The Board of Healthwatch Rutland is very aware that this CQC inspection follows the Risk Summit held in August 3013 and it is equally aware of the tremendous strides that have been made in addressing the deep seated issues which had affected the LPT's mental health service. Its Board and staff are to be congratulated on coming so far .

The other piece of context that relates specifically to Rutland is that, although both its mental health and community services are provided by LPT ,Rutland residents are never more than 15 miles from a boundary which means cross boundary issues are key issues faced in the County. Some of these appear intractable and cause real suffering.

Despite not being asked to comment on the inspection, we feel that these issues are important especially as Better Care Together moves us towards a more community based services.

**Our Approach**

The bulk of the report contains issues and comments raised by patients and public in a range of settings - they cover the good and the bad.

We have set these conclusions below and hope these points will help the CQC address its 5 questions about LPT :-

1. Is it safe?
2. Is it effective?
3. Is it caring?
4. Is it responsive to people’s needs?
5. Is it well led?

**2.Most prominent Issues in Rutland**

**A. Mental Health Services**

**Crisis Care**

We must give praise where it us due and many real concerns have or are being addressed. The reduction in use of out of county placements for instance is extremely encouraging , although these have not been eradicated and rose over Christmas .

The crisis service does ,however, continue to give us cause for concern. Patients and relatives have told us they believe there is lack of support in the community for patients when they feel a crisis is looming. It is often said to us that if there was adequate support at an early stage many of the horrors of large numbers attending A & E or, for that matter, police stations are being used as places of safety could be averted. We welcome the introduction of a new pathway in February which will ensure all referrals are seen on the same day. We also welcome the crisis house as well as the Richmond Fellowship service at Box Tree Farm ,Ratby and look forward to receiving details. We hope this is not at the expense of community support.

We would support initiatives to break out of the cycle where large resources are consumed by crisis care where early intervention could provide a most cost effective and certainly more patient sensitive way of preventing crises. It is a conundrum as to how the cycle can be broken.

Mental health community support in Rutland has been patchy due to sickness and vacancies. Many of the things that people have raised with us at public consultation and engagement events are anecdotal but they nevertheless reflect the views of those that attended.

As the result of a joint listening event between Healthwatch Rutland and the CCG , a lady agreed to be filmed in which she described the community support she had had in Hull before moving to Rutland . Her account of the comparative lack of support in Rutland leading to more frequent incidents of self harm and less than adequate crisis services was compelling .

**Mental Health Boundary Issues**

A compounding problem of increased crisis care for Rutland is boundary issues Continuing problems of handover of Ambulance patients at Leicester Royal mean that emergency ambulances take people to Peterborough instead of Leicester ( nowapproximately 80% ). Once admitted via A&E at Peterborough which is in another Region, patients face a difficult re absorption into LPT services on discharge. We are told by young people who are taken often as a result of self harm that the pathway back into LPT services is far from smooth .

**Community support and early intervention**

We heard the same concerns from young people.

We asked the Rutland Youth Council what were the health and social care issues they faced. They told us that, without doubt, mental health was the biggest problem so last year we undertook a survey of 1000 young people in years 9-13 .

The results shared by Leicester University during the time of the CQC inspection and we will make them available to the inspection team . We do know that there will be much to concern us about the lack of early intervention and support .

Our young people are desperate for support and7 out of 10 young people want mental health placed on the school curriculum.

We believe there is scope to look more comprehensively at the provision of CAMHS services . We believe that commissioning could be reviewed and integrated better eg within the system school nurses are commissioned by Public Health, Tiers 1/2 are commissioned by CCGs and Tiers 3 /4 are commissioned by NHS England.

We have noted that LPT now provides a school nurse to each school with contact via text and we welcome this .

**Dementia Care**

Healthwatch Rutland is currently working with a range of partners to map the Dementia pathway in Rutland and overlay it with the experiences of patients and carers. We will present our interim findings in April but, although there are excellent services , the whole is not well integrated and there are gaps in service. For instance there are difficulties in finding the right type of respite care for relatives with Dementia as well as access to local information on sources of help.

The Dementia diagnosis rate is lower than it could be . We know that the data on which this rate is based could be improved. But, despite that, patients and carers describe the challenges for those who remain undiagnosed. This is a big challenge for Rutland where the proportion of elderly is higher than elsewhere and we have heard many patient stories reflecting this. We were greatly encouraged by the willingness of primary care and LPT specialist services to respond to this need.

We welcome the decision to agree follow up prescribing arrangements with general practice and know that this will be warmly welcomed.

In the longer term we welcome the work being done jointly by LPT and Rutland County Council to achieve a more integrated service

**B Community Services**

**District Nursing Services**

As the acuity of an ageing population such as Rutland grows so too does the need for community nursing.

We recognise that there was a need to review what had become an uneven system. We are also aware that these changes are not yet fully in place so too early to form a view on their efficacy.

The national shortage of community nurses is a serious source of concern as care shifts to the community.

We welcome new ways of working eg the sleeping in night service .

**Cross Boundary Issues**

In the same way as Mental Health Services ,patients report problems where they have , and in increasing numbers, chosen to attend a cold service outlide the County boundary and not in Leicester. Again their are issues where District Nurses are not familiar with care pathways from elsewhere eg Addenbrookes .

**Integrated services linked to Better Care Together and Better Care Fund initiatives**

We believe there should be a public debate around how Better Care Together will be delivered in Rutland and how the various plans being produced by LPT, ( its 5 Year Plan) CCG ( plans covering both community and primary care commissioning) and Rutland County Council ( Better Care Fund plans ) come together into an integrated service .

We believe the term " Virtual Beds" is unclear to most members of the community and that " home beds" would be clearer . It is however symptomatic of a general lack of clarity among the community about what the new range of services will look like.

**Single Point of contact**

We appreciate that great efforts are being put into making this service responsive. It can be a problem particularly around continence supplies .

The Pharmaceutical needs Assessment in Rutland threw up a complex system for supplying continence products which is difficult to understand. People have called for a booklet describing who does what.

**Physiotherapy**

Waiting times and locations offered have been a source of complaint but we understand these issues are being addressed.

**C. Hopes for the Future**

We are very supportive the huge strides made by the Board and staff since the low point of the Risk Summit eighteen months ago and its determination to address very real issues.

We believe that patients and the public can help the management of the Trust address all of these issues; the recent decision to welcome a HW "Participant Observer" to be part of the Board as a non-voting member is very welcome. We understand that a PPI group has been established and would welcome the opportunity to contribute to a Trust where patients and their families know they will receive high quality, safe care.

We know that this is the objective of the Trust because they have told us so and we believe they are getting there. Despite its statistical flaws, the Friends and Family Test shows a 94% response rate as " good/ very good". We look forward to working more closely with the Trust to achieve these objectives.

We hope this submission will be helpful to the CQC during its forthcoming inspection.



Jennifer Fenelon

Chair , Healthwatch Rutland