

## Development and delivery of Healthwatch Rutland

## PAPER G

Dear Board Members,

I am very pleased to give this report to the Board of Healthwatch Rutland (HWR). HWR continues to produce a huge amount of output for an organisation of our size, influencing change and improvement across local health and social services. We now enter a period of change as the contract for Healthwatch services in Rutland moves to Connected Together CIC from 1<sup>st</sup> April 2018. We are working closely with our new colleagues to ensure a seamless, smooth handover. We are also delighted that the new contract holder has confirmed that they will continue with 'business as usual' at HWR, retaining an office in Oakham with local staff, volunteers and importantly our own board. I am confident that this change presents an opportunity for HWR to not only continue to service the people of Rutland well, but has the potential for HWR to continue to grow in the future. S J Iveson, CEO Healthwatch Rutland, 28<sup>th</sup> February 2018

### **TASK GROUPS**

#### **EMAS**

We are awaiting statistics from 2<sup>nd</sup> April to show if national changes to response times, and changes to the way that EMAS work, have had the desired positive effect on response times in Rutland. We continue to meet with EMAS management quarterly and look forward to hearing if the changes have had the anticipated positive impact. We are aware of the extreme pressures the service has been under during the Christmas period, and of the measures put in place by EMAS to try and manage the increase in demand and pressures across the system.

#### **Non-Emergency Patient Transport**

In addition to the ongoing concerns about emergency ambulance transport, concerns have continued to be raised about the new non-emergency transport provider for Leicester, Leicestershire and Rutland (LLR). TASL took over from Arriva on the 1<sup>st</sup> of October 2017, and the new service has had considerable problems from day one. HWR, along with other HW colleagues where TASL provide services, are working with regulators to ensure that patient feedback on the services is fed into work to improve the situation. We have been represented at Quality Surveillance Group (QSG) Risk Review meetings regarding this provider.

#### **Adult Mental Health**

We received a response from East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) to the paper the Rutland Mental Health Forum presented to them at the last HWR board meeting. Their response can be found at Annex 1 to this paper.

#### **Rutland Primary Care Survey**

We continue to use the data gathered from the Primary Care Survey last year. Recently the Care Quality Commission has used data from this regarding public views on GP services in Rutland.

#### **Long Term Conditions**

We have been delighted with the depth and breadth of the insight we have gained from this project. Staff and volunteers have interviewed 38 people with a wide range of long term conditions. I would like to personally thank the volunteers involved who have made this project possible. A meeting of health and social care commissioners and providers has been arranged for the 5<sup>th</sup> March by the Better Care Fund for HWR to feedback initial findings. A publicly available report will be produced at the end of the project. The project has also identified potential further lines of enquiry, which will be presented to the Better Care Fund as possible future projects for 2018/19.

### **End of Life**

Planning for this project has continued. We are delighted that we will be able to work in partnership with the National Council for Palliative Care and other interested organisations on this project. We are also delighted that Sarah Furness, the new Lord Lieutenant of Rutland, has agreed to Chair the Steering Group. It is anticipated that planning for the project (including the production of a questionnaire and publicity) will be undertaken in the spring and early summer of 2018 with the project collecting data through the questionnaire, interviews and focus groups from September.

## **POTENTIAL FUTURE PROJECTS**

### **Maternity**

There is still a need to find out about Rutland residents' experience of maternity and neonatal care. It is not expected that this will require large financial resources but needs some willing volunteers to run it. We have been approached by someone interested in being involved, and a new volunteer has also agreed to help, so it is hoped this may begin in early 2018.

### **Young Healthwatch Rutland**

HWR has had considerable success in working with young people in Rutland on mental health issues and volunteers have built up strong relationships with young people, including the Rutland Youth Council and schools. It is hoped that, with support from HW Northamptonshire (who have a successful Young HW and will shortly be awarded 'Investors in Young People' status), we can develop a vibrant and inclusive Young Healthwatch Rutland. This work will commence in early 2018.

### **Complaints Processes**

Following on from work done by local Healthwatch across Leicester, Leicestershire and Rutland following the Clwyd Report, it is believed that a review of the complaints processes in our area would be beneficial. We hear from the public that complaints processes can be hard to understand, navigate and many leave people with the feeling that complaints do not lead to positive service changes. It may be possible to mirror work done by Healthwatch Hackney in producing a Complaints Charter for service providers and commissioners to sign up to. This work could be done in partnership with the NHS complaints advocacy service for our area, PowHer.

## **LISTEN AND WATCH GROUPS**

### **Dental**

We remain active with the Local Dental Network (LDN) and attend the Steering Group. We continue to be represented on the Gerodontology sub-group where HWR has input into the business case to try to fund a scheme to introduce better dental health services in care homes and increase the access to dental services to those who cannot get to dental practices. To support this, we have surveyed Rutland Care Homes about the provision of dental care for their residents (the report is available on our website.)

### **Carers**

We have recently been approached by Rutland County Council to work with them in improving support to Carers following useful information being gathered in the Long-Term Conditions project. In addition, a HWR volunteer has been invited to sit on the Leicester, Leicestershire and Rutland (LLR) Carers Delivery Group. One member of staff and one volunteer are attending a 'train the trainer' workshop on 'Improving the identification of young carers' on the 7<sup>th</sup> March.

### **Military**

We are waiting the outcome of the bid from Rutland County Council for a Rutland Armed Forces Officer to support work in the county on the Armed Forces Covenant. Whether the bid is successful or not, we will continue working with partners to ensure that support is available for whole Military 'Family' in Rutland, including serving Military personnel, their families and Military Veterans.

### **Physical Disability**

Following our request, RCC continue to explore the potential for additional 'Changing Spaces' in Rutland, possibly at Rutland Water.

### **Pharmacy**

A previous board meeting had a spotlight session on Pharmacy services. We have asked for a user-friendly guide to the new repeat prescription process, as we have heard that there is a lot of confusion amongst the public, particularly in Oakham.

HWR were involved in the production of the Pharmaceutical Needs Assessment which is being presented to the Health and Wellbeing Board on the 6th March.

### **NHS 111**

Following anecdotal evidence that people were having problems getting through to NHS 111, and were being diverted to an answer machine, we put out a 'quick poll' to find out if this problem was widespread. The poll closes on the 5<sup>th</sup> of March after which the data will be analysed.

### **Other Listen and Watch Groups**

Healthwatch Rutland staff and volunteers are also involved in the following issues:

Care Homes

GP services

Diabetes

Dementia

Services for Older People

Services for People with Learning Disabilities

Maternity and Neonates

Planned and Elective  
Urgent Care

## **WORKING GROUPS**

### **Sustainability and Transformation Partnership (STP)**

We still await an update on the revised STP.

### **Continued Healthcare (CHC)/Settings of Care**

HWR continue to work with others, including the CHC Alliance, to challenge the CCGs proposals for changes to the Settings of Care policy which would see a reduction in the maximum allowed to be paid for people with long term health needs to be cared for in their choice of setting.

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

This important work is being taken forward as a large-scale project outside the remit of the HWR contract.

### **Enter and View (E&V)**

We recently published our report on our visit to The Lodge Trust. This completes our ambitious plan to visit all care homes in Rutland last year. The CEO and head of the E&V Steering Committee have re-visited 7 of the 9 care homes in the last few weeks. We have received useful feedback on our E&V procedures and have been able to see which of our recommendations have been implemented. The remaining 2 visits will be undertaken in the next couple of months, and an end of project report produced.

The E&V steering committee met on the 26<sup>th</sup> of February to discuss the E&V programme for 2018/19. It was decided that a follow up visit to the Neurological Rehabilitation Unity (NRU) at Leicester General Hospital would be arranged. It was also agreed that a project of visits to Rutland GP surgeries would be undertaken. This project would also include visits to GPs outside Rutland that are used by Rutland residents. These would be done in partnership with neighbouring HW and HWs in Lincolnshire, Cambridgeshire and Northants have been contacted.

### **Rutland One Public Estate**

The CEO sits on the programme board for the health and social care hub part of this project. We have been able to influence the board to engage with the public at the earliest opportunity and a stakeholder event has been arranged for the 12<sup>th</sup> of March. A public event will then be arranged as soon as practicable.

### **Accessible Information**

A volunteer has agreed to lead a small project to understand how well local NHS Trusts in our area are implementing Accessible Information legislation. Initially they will scope which trusts have implemented policies. It may be necessary at some stage to try and scope any gaps that the public are encountering.

### **IT**

Following our website support company Datify going into liquidation, we procured a new website support service through Trusted Media and had our website moved to their

servers. Thanks to the quick actions of the Office Manager and Board member for IT, we made sure we didn't lose our website and the transfer of domains only saw the site down for a matter of hours. Discussions are underway with Connected Together CIC regarding our IT support after 1<sup>st</sup> April.

### **Engagement**

Our monthly newsletter continues to be well received. Following a quick survey, members opted for 2 shorter newsletters twice a month. This has been implemented from the beginning of February. We have continued to increase our social media presence and have gained more Twitter followers, with a total of 1,296 followers at present. We are also active on Facebook.

We had a stall at a Round Rutland Event in January, where we were seen by approximately 150 people.

### **SIGNPOSTING**

We continue to signpost people to the health or social care services they need. We do this on the phone, face to face at events, and through our 'Find a Service' function on the website. In addition, we have worked with Rutland County Council on developing the updated RIS (Rutland Information Service) and are arranging to have a 'widget' on our website to point people directly at this source of information.

### **GOVERNANCE**

All policies and procedures are currently being reviewed for the handover to Connected Together CIC on the 1<sup>st</sup> of April.

### **VOLUNTEERS**

Connected Together CIC are close to achieving 'Investors in Volunteer' status. We will be working with Healthwatch Northants after 1<sup>st</sup> of April to bring our procedures and policies in line with theirs. We will then be able to share in this prestigious award.

Once volunteering roles have been properly defined, it is hoped that targeted recruitment can be undertaken to increase the capacity of HWR.

### **ANNEX 1 – Responses from ELRCCG (in blue) to feedback on Mental Health Services in Rutland.**

#### **Responses to:**

#### **Feedback from the Rutland Mental Health Forum to the Board of Healthwatch Rutland regarding Public Opinion on Rutland Mental Health Services**

*The survey is very helpful in adding further intelligence to our collective understanding of MH services and how communities would like these to develop. It is important to triangulate as much data as we can find to achieve as rich a set of information as possible from which we can identify themes and more detailed work.*

*The following notes are an initial response to the issues raised and whilst may not provide answers may reflect on future lines of enquiry.*

## GP Services:

- Query training for all GPs on mental health matters and their knowledge of local mental health support services and how to refer to them
- Query better use of mental health facilitators or other staff in GP surgeries to specifically support mental health patients
- Query possibility of a dedicated GP when a mental health issue is diagnosed to improve continuity of care
- Encouraged the use of correct ‘coding’ about a patient’s mental health issues in referral notes into secondary care if this is possible

### ***Response:***

*We need to work with partners to understand what an integrated local service would look like for Rutland.*

*There will need to be a range of skills and choices in a local team.*

*We need to consider how people access advice, support and treatment*

*GPs are generalists, but we need to support the development of skills and interests so that practices have access to expertise. In addition how we build specialist support from MH practitioners is important e.g. advice and support.*

## Access to Services:

- Local (Rutland) based services are required
- Resources for outreach work are required

### ***Response:***

*There is a strategic commitment to developing Locality based services. Exactly what and how is to be worked through and the invitation to an exploratory meeting has been made.*

*We need to define what we want Outreach to do; this is likely to be a broad community movement – not just MH services. However the Resilience/ recovery hub recently commissioned may be a key resource to help develop a network.*

## Pharmacist Support:

- Inquire as to whether Pharmacists require training to effectively signpost patients to mental health support services

### ***Response:***

*Good idea*

## Waiting times:

- Suggest to commissioners that capacity in existing local services should be expanded rather than new services implemented if funding is available

***Response:***

*This is a combination of capacity, process, and pathway design. A key initiative is the Transformation work LPT are leading on. We need to make sure people get the right response in a timely way. Also that people move on into recovery and don't get stuck in traditional services. The things that protect us and aid recovery are often about our relationships, meaningful activity, employment, housing.*

## Information:

- Ensure mental health support information is available to community pharmacists and their patients
- Request that information on local self-referral services is displayed on GP and pharmacy (where available) scrolling news pages
- All providers of mental health services be encouraged to put their details on the new updated RIS (Rutland Information Service) online platform and ensure this information is kept up to date

***Response:***

*We need to think about how we make information accessible, and locality based. Self-referral is an interesting line of enquiry and we need to find best way to use technology.*

**GP Services**

The survey showed some dissatisfaction with the service provided by GPs for those with mental health issues. Providers of IAPT and support services said that they felt that they did not get as many referrals from GPs as they would expect. It is not known if this under-referral is due to a lack of knowledge about local support services. It was felt that with the limited time GPs have to discuss low or moderate level mental health issues such as anxiety or depression, particularly if there is a physical health issue being dealt with simultaneously, patients were not able to be signposted to other forms of support. It was suggested that a dedicated mental health professional in the surgery (such as a mental health facilitator) could be used to give more time to patients to ensure that the correct support was put in place utilising other services. It was also suggested that the nature of mental health issues requires continuity of care, and that therefore consideration should be given to having processes in place to enable people with ongoing mental health issues to see the same GP.

The forum was told of the importance of the inclusion of mental health issues in referral notes when patients are transferred from primary to secondary health care. In the same way that conditions like Dementia are coded on referral paperwork when a patient is admitted to hospital, it would improve the patient experience if mental health issues (such as anxiety, depression) are also highlighted to secondary care.

***Response:***

*There is a current process to redesign the IAPT service and MH Facilitator roles. We are aware of some operational issues with these services and are making progress with the*

*provider to make access better and create a broader range of options especially to develop Digital and group offers.*

*Improving access to records is a key issue, technology is helping, but there are also significant governance issues that need to be addressed.*

## **Access to Services**

People told HWR that accessing mental health support could be difficult given the rural nature of Rutland. Some support services required patients to travel to Leicester. It was suggested that HWR stress to commissioners and providers the importance of local (meaning Rutland based) services. In addition, it was felt that given the nature of the MH issues that people required support for, in many cases this required services to be able to provide outreach services that could go out to people across the county.

### ***Response:***

*The Transformation program will look at what can be delivered within Rutland and it may be that local teams may look quite different. Some more specialised services may always have to be centralised due to their small size, however we need to keep this to a minimum.*

## **Pharmacist Support**

It was felt that people may access pharmacy services in an attempt to self-care for low-level mental health issues. It was suggested that:

That HWR liaise with the local pharmaceutical committee to see if any training or information would be useful for community pharmacists to enable them to signpost people with mental health issues.

### ***Response:***

*Great idea.*

## **Waiting Times**

People told HWR that waiting times for assessment and treatment for IAPT and other support was too long, and could lead to mild mental health issues become worse. It was suggested that HWR:

Ask commissioners to consider increasing funding to services such as IAPT to enable reduced waiting times for assessment and treatment (currently IAPT is 6 weeks to assessment and up to 3 months for treatment.) It was felt by the forum that in some cases, commissioners should be encouraged to enhance current services rather than implementing new schemes if/when additional funding became available.

### ***Response:***

*See comments above.*

*Investment may increase in this service as the national ambition is to significantly increase access.*

## **Information**

It was felt that people were still confused as to where to find support for mental health issues, particularly if these are mild to moderate in nature (as more severe mental health

issues would require GPs) and where there were self-referral processes in place (e.g. Mental Health Matters and Let's Talk Wellbeing). It was suggested that community Pharmacies have information on self-referral services available (e.g. Mental Health Matters, Let's Talk Wellbeing etc). It was also suggested that information on these services could be put on the scrolling news on displays in GP surgeries and some pharmacies. It is understood that this can be requested through ELRCCG.

The new updated RIS (Rutland Information Service), online service was discussed as a central point of information to be publicised widely, both to the public but also to organisations with a signposting role. It was noted that neither Mental Health Matters, nor Let's Talk Wellbeing are currently signed up to the RIS. It was suggested that this be arranged.

***Response:***

*As above; this needs to be part of a collective approach to the development of our network. As suggested this is much wider than traditional MH services.*