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# **Rutland** County Council

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| **Meeting:** | **PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL** |
| **Date and Time:** | **Thursday, 3 December 2015 at 7.00 pm** |
| **Venue:** | **COUNCIL CHAMBER, CATMOSE, OAKHAM, RUTLAND, LE15 6HP** |
| **Clerk to the Panel:** | **Corporate Support 01572 758311**<br>**email: corporatesupport@rutland.gov.uk** |

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**Helen Briggs**
**Chief Executive**

**A G E N D A**

**APOLOGIES FOR ABSENCE**

**1) RECORD OF MEETING**

To confirm the record of the meeting of the People (Adults & Health) Scrutiny Panel held on Thursday, 1 October 2015 (previously circulated).

**2) DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

**3) PETITIONS, DEPUTATIONS AND QUESTIONS**

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

## 4) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

## 5) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

## 6) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

**SCRUTINY**

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

## 7) QUARTER 2 PERFORMANCE MANAGEMENT REPORT

To receive Report No. 217-2015 from the Chief Executive

*(Previously circulated under separate cover)*

## 8) QUARTER 2 FINANCE MANAGEMENT REPORT

To receive Report No. 206/2015 from the Director of Resources

*(Previously circulated under separate cover)*

## 9) HEALTHWATCH: MID YEAR REPORT

To receive Report No. 232/2015 from Jennifer Fenelon, Chair, Healthwatch Rutland
(Pages 5 - 24)

**10) HEALTHWATCH: ANNUAL REPORT**

To receive Report No. 233/2015 from Jennifer Fenelon, Chair, Healthwatch Rutland
(Pages 25 - 52)

**11) STRATEGIC AIMS AND OBJECTIVES**

To receive Report No. 203/2015 from the Chief Executive
(Pages 53 - 60)

**12) PUBLISHED CARE HOME REPORT**

To receive Report No. 236/2015 from Mark Andrews, Deputy Director for People
(Pages 61 - 72)

**13) PROGRAMME OF MEETINGS AND TOPICS**

**a) <u>SCRUTINY PROGRAMME 2015/16 & REVIEW OF FORWARD PLAN</u>**

To consider Scrutiny issues to review.

Copies of the Forward Plan will be available at the meeting.

**14) ANY OTHER URGENT BUSINESS**

To receive any other items of urgent business which have been previously notified to the person presiding.

**15) DATE AND PREVIEW OF NEXT MEETING**

Thursday, 14th January 2016 at 7 pm

Agenda items: Budget

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**TO: ELECTED MEMBERS OF THE PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL**

Mrs L Stephenson (Chairman)

| | |
|---|---|
| Miss R Burkitt | Mr G Conde |
| Mr W Cross | Mr R Gale |
| Mr A Mann | Mr C Parsons |

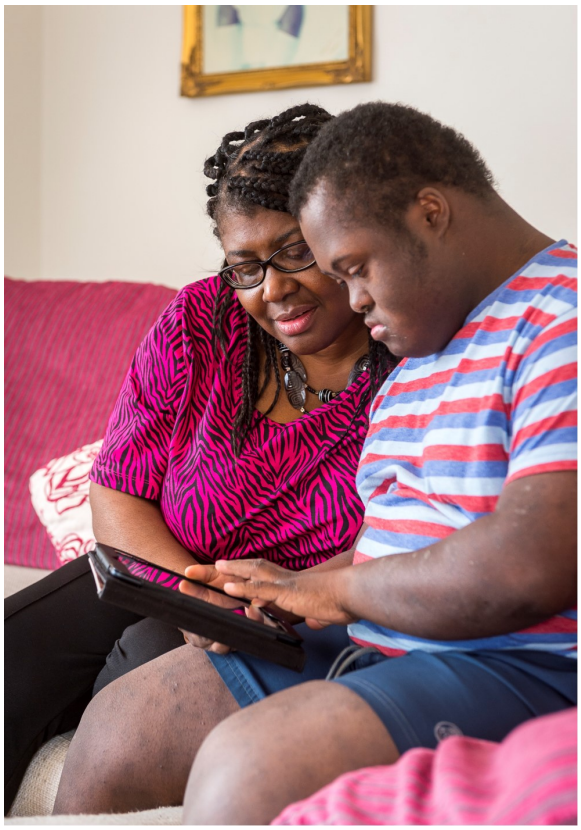
Mr A Stewart
Miss G Waller
Mr A Walters

**OTHER MEMBERS FOR INFORMATION**

Report No. 232/2015

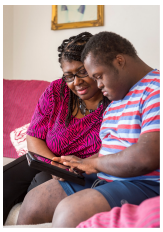
# Mid-Year Report to Rutland County Council

# April 2015 - November 2015



# Contents

# INTRODUCTION



This half year report from Healthwatch Rutland starts with a picture of Josh Darlington.

At our first AGM in July 2014, we heard the story of Joshua's shoes. His mother told
us of the very convoluted process his family had to endure for over a year just to get
Joshua a pair of surgical shoes.

Thankfully Joshua and his family now have an easier time getting shoes fitted .But sadly we cannot claim that the process got easier because people listened to his experiences and realised that a year without proper shoes ( among many other problems) was bad news for an active young man trying to live a normal life .

The truth is that he just grew up and the system for adults is a lot better organised but Josh remains a constant reminder to us at Healthwatch that the voices of users and their carers need to be heard and such things put right. That is what Healthwatch Rutland does.

Since starting in 2014 we have encountered a great number of people who quietly put up with sub normal services and whose voices are never heard.The challenge for us is to gain their trust to tell
us and then to work with the many commissioners and providers to put things right.

We published our annual report in September 2015 describing what we had done in our first full year. In this report we cover the subsequent period between April to October 2015 .

Eighteen months is a short time to develop a service that relies on public awareness and trust
and we do not claim to be there yet. This is a long term project

This Mid Year report is in two parts .The first describes what we have done to establish Healthwatch
and the second part describes what we have done to deliver our statutory duties in the first six months
of this year. By law we and Rutland County Council must:-

**The statutory duties of Rutland County Council**
Healthwatch Rutland is one of 152 Healthwatch established by the Health and Social Care Act 2012. The Act places a statutory duty on County Councils to commission the service for their area and to ensure it is adequately funded to fulfill its statutory duties. Funding is provided via Department of Health.

**The statutory duties of Healthwatch**
Healthwatch Rutland has an obligation to deliver eight responsibilities to its local population. These are neither voluntary nor discretionary.

1) Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.

7

2) Enabling local people to monitor the standard of provision of

local care services and whether and how local care services could and ought to be improved

3) Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known

4) Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

5) Providing advice and information about access to local care services so choices can be made about local care services

6) Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

7) Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or,where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.

8) Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

# PART 1

# Developing Healthwatch Rutland further

## Our Board

In July 2015 we expanded our Board to a total of seven Rutland residents and now have a powerful range of experience and expertise to lead the organisation. Members are:-

- **Jennifer Fenelon** , Chair and previously senior NHS and Department of Health manager as well as lecturer at the Kings Fund and several Universities and director and managing director of an instrumentation company
- **Bart Hellyer** . Former Chair of the National Spinal Injuries Association and High Sheriff of Rutland
- **Judy Worthington .** Former Vice Chair of UHL and Chair/ member of several professional regulatory bodies including the GMC,NMC , Pharmaceutical and other regulators.
- **Christine Stanesby** Christine held a range of posts in education including 14 years as a university senior lecturer. As the wife of a parish priest she has had wide exposure to a range of personal and social problems.
- **Ann Williams** returned to the UK after many years in France where she held the Chair in English at the University of Burgundy. Her life has been devoted to helping young people.
- **Bart Taylor Harris's** professional life was in education, as a teacher and then senior manager in three large county council education departments. His particular interest is in change management in complex organisations.
- **Sarah Press** is the lay member of the Leicestershire and Rutland Safeguarding Board. As a psychotherapist and counsellor Sarah has worked extensively with people of all ages and previously had a career in marketing communications.

## Our Volunteers

Healthwatch Rutland is one of the three smallest Healthwatch together with Isles of Scilly and City of London. We have a budget of £65,000 but are required to undertake all of the same statutory duties as our larger neighbours whose budgets average £250,000.

This means that we have to rely very heavily on the work of volunteers . They are our workforce.

We had 6 volunteers when we started and have now reached 30 ( including Board Members who are also volunteers). We are also in negotiation with 5 more potential volunteers whom we hope will be able to join us.

These are not ordinary volunteer jobs .They require high calibre people with a wide range of skills and expertise. They do not grow on trees and we take great care matching volunteers interests and skills.

Last year we counted the hours they put in and it equated to 7 WTE staff .

## Training and Support

Our volunteers are all DBS cleared and have undertaken Safeguarding Awareness training (all age groups). We are fully compliant with the recommendations of the Lampard Report (post Savile).

## The Healthwatch Rutland Community Interest Company

It was a requirement that a community interest company or charity be established to hold the contract for Healthwatch Rutland. The Board members established a community interest company which completed its first year's trading successfully in March 2015. Accounts have been filed with Companies' House.

## Our Governance

The Board meets monthly holding a business meeting on every second month with a travelling meeting to the villages of Rutland on alternate months . The latter meetings are called " Board-on-Road " and is kept informal to allow residents to raise and discuss health and social care issues . Local Councillors and other key local people are invited .

The Board -on-the-Road has now been held three times over the summer in Empingham,Lyddington and Ryhall. The discussion has been excellent but turnout low. It was agreed to expand publicity including identifying local HWR memmbers in each village to advise on reaching their local communities.

Our Volunteers meet monthly as an Operations Group to plan and steer the operations of Healthwatch Rutland.Because Better Care Together was in development ,we chose to organise our volunteers into 9 groups which reflect those of better care together.

Not all teams are yet fully active as we secure voluntary team leaders of sufficient calibre.

Our Task Groups are :-

- Dementia,
- Adult Mental Health,
- Young People,
- Urgent Care,
- Maternity & Neonates,
- Carers,
- Long Term Conditions,
- Learning Disability,
- Physical Disability,
- Older people.

In addition we have a team of 14 trained assessors who carry out " Enter and View" which is led by Bart Taylor Harris . Technically Healthwatch has powers of entry to premises undertaking publicly funded health and social care ( with the exception of areas covered by Ofsted) While we can enter premises unannounced, we prefer to work constructively with providers and give them a picture of their service from a user's perspective.

We are part of the East Midlands Healthwatch Network and affiliated to Healthwatch England.

## Communications

The Board has agreed to raise our profile in advance of Better Care Together consultation. A small group consisting of Anya Loomes, Bill O'Leary and Sarah Press are overseeing this . Initial focus will be upon press coverage, website and bulletins. The Website will incorporate the " Big Ask" - an easy method of submitting patient and public views.

At the time of writing we have approximately 800 Twitter followers. Twitter is a useful platform to distribute key information about our own work.Whilst we continue to use facebook (the accounts are linked to save time) twitter remains the more popular medium

# PART 2
# Our headline activities in the last six months

## Our 2015-6 Workplan

We divide our work into three broad categories to meet our statutory obligations

- **listening** to the people of Rutland;
- **Influencing** commissioners and providers
- **Signposting** people to health & social care services

We describe below in headlines what we have done so far this year

## The first six months - headlines

The headlines below will give a flavour of the great amount of activity while at the same time establishing Healthwatch's infrastructure and governance.

- **Young People's Mental Health Survey.**

  Young people told us that mental health is their major challenge. We surveyed 1000 young people across Rutland with the help of Leicester University. The results gave substantial cause for concern. A mapping event enabled the young people to draw up a list of what they wished support to look like . This was followed by a Dragons Den run by the young people to test possible approaches. The results were reported to the Health and Wellbeing Committee.

  Healthwatch then worked with all commissioners and providers to launch a six month pilot at Rutland County College. It is hoped that, when complete, the learning can be used by Primary and secondary schools.

  The project is attracting national interest becauseit is based on the voices of young people themselves.

- **Dementia Mapping Project.**

  We are working with Rutland County Council to establish the baseline for the development of Dementia services.

  Rutland County Council is developing a pathway while we are mapping the views of those receiving services and their carers. In small groups and through individual interviews we have been gathering their views to help shape services that meet users

  A series of events has been gathering views about 10 stages of care listed below.

1. Identification
2. Presentation to GP
3. Referral (GP to Consultant)
4. Diagnosis and Treatment
5. Information
6. Support
7.Care in the Community
8.Care in Care Homes
9. Respite
10.Hospital
11. End of life

The " Respite " Conference was held on 6th November . Two more stages( Hospital and end of life care) coupled with further individual interviews remain to be addressed.

- **Ambulance transport**

**EMAS** Transport is a huge issue for rural Rutland **.**The HWR Chair represents Healthwatch in East Midlands on the EMAS Main Board and we have set up a local joint working group with EMAS to study local data and the issues people tell us about.

Rutland has now overtaken Northants as having the worst access times in the East Midlands Region . We work closely with EMAS staff to bring public views to help find solution. The situation for the winter does not look good.

Our Ambulance Lead ,Phil Hurford, and other HW leads is working with EMAS to look at new developments. We are hopeful that a new operating model for rural areas will be piloted in Rutland and bring more efficient use of transport.

**ARRIVA** We have heard repeated concern about the personal transport service run by and hope to be able to carry an in depth survey to examine user opinion.Arriva is giving assistance in designing that study.

- **Better Care Together**

The forthcoming consultation and engagement about the Better Care Together proposals will be very challenging for us. It is vital that the proposals are brought to the people of Rutland to allow them to give their views and that we record them independently.

We are revamping our communications and task group support to ensure we can do this job properly .We expect to have to " clear the decks " of our normal workload when the process gets underway next year.

We are committed to working with RCC to support the development of the second phase of the Better Care Together Fund.

**Younger Disabled Unit** We were appalled by the unit at Leicester General and

reported on it. We are pleased to say that the unit is now being upgraded. We will carry out an Enter & View when the unit has moved back .

After the YDU we will turn our attention to the wheelchair service where we also hear of problems.

- **Monitoring and action on hot topics**

We keep major issues under surveillance and gather the public's views on key issues eg Ambulance and A & E waits ,Cancer targets, Out of Hours services, GP access and other issues around respect for the patient. We also contribute to a number of confidential enquiries where we have been given information by whistle blowers.

- **Consultations**

We are contributing to the following current consultations: - ELRCCG Community Strategy and specialist commissioning,

- **Information giving**

**Public Discussion** We hold public information and discussions on a variety of current topics. These have included: - Maternity Services ,Dentistry ,Personal Health budgets; SEND reforms; Care Act etc

**Gathering Stories** As we meet people we gather their stories. We find many Rutland people very stoical about what are clearly sub standard services but " Don't want to make a fuss". Examples of what people say are below:-

**Our Signposting Service** Last year we had a collaboration with CAB which made sense but we just did not have the funds this year . We developed instead a directory of services which is now available in chemists and doctors surgeries coupled with a person to person service. We have been working closely with both the new Community Agent service and Rutland Information service to create joined up provision. Enquiries have ranged from how to deal with a wasp's nest to very serious issues.

- **Collaboration**

We contribute by invitation to over 40 committees at local, regional and national level and bring the information we gather from listening to the table. A list of those 40 committees is set out below: on page 15

# PART 3
# Statutory Duties and how these are being met

Rutland County Council holds our contract on behalf of the Department of Health. It reflects the statutory obligations we hold and, in May 2015, our Board agreed the following action plans to deliver these objectives . This final section sets out our contractual requirements in boxes followed by a commentary on how far we have progressed to date in six months.

## Contract Requirement - Function One: Gathering Views and Understanding the Experiences of Patients and the Public

**Objective**:Local people are able to express their views on health and social care services

Healthwatch Rutland will:

- Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care

- Seek the community's views about the current provision of health and social care (including use of high quality research) and use this to identify the need for changes or additions to services.

- Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant health and social care commissioners and providers so that they can inform the whole commissioning cycle.

**PROPOSED APPROACH**

**-Objective** .*Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care*

It is proposed that this is done in two ways. First by raising the profile of Healthwatch Rutland so that the people of Rutland know we exist and why. Second by going out in a variety of ways to seek people's views both on general and specific topics.

**- Objective .***Seek the community's views about the current provision of health and social care (including use of high quality research) and use this to identify the need for changes or additions to services.*

It is proposed that this be done in two ways. First from within Healthwatch Rutland when specific trends or issues emerge and are channelled to the appropriate Task Group for action. Second when a commissioner or provider asks us to obtain public views on a specific service or its proposed change of use, we will collaborate with them.

**-Objective** Demonstrate *an ability to analyse and channel high quality user feedback and public views on services to relevant health and social care commissioners and providers so that they can inform the whole commissioning cycle.*

15

Healthwatch Rutland is very aware of the need to handle data effectively and with skill. It will take

all steps to ensure that HWR reports are based upon sound evidence interpreted in a valid way. We should ensure that our research meets ethical standards and, as appropriate is peer reviewed.

**ENGAGEMENT PROGRAMME 2015-16**

PUBLIC AWARENESS OF HWR & ITS WORK

| | **Actions during 2015-6** | **Progress to October 2015** |
|---|---|---|
| Media | We continue to receive coverage by the local press and radio but there remain stories that are not taken up. We will seek to increase uptake | An ex NHS Comms Manager is now giving his services as a Volunteer Comms Lead . He is now securing much greater media coverage of Healthwatch |
| Website | Our website has been subject to technical difficulty which is not quite resolved but we are beginning to be able to report more of HWR activities and reports . | The website is now functional but it needs a makeover . Our Administrator , Comms Lead and Board Member ( Sarah Press ) are planning substantial improvements . See " The Big Ask" below |
| Social media -Twitter -Facebook | Twitter remains a more popular medium than Facebook with a current following of 684, a significant increase as it practically doubles the 346 quoted in 2013/14 Annual Report<br><br>It is proposed that the Young People's Team be asked to assist on more effective communication with Young people. | Our Twitter traffic continues to grow substantially but Facebook remains a less popular social medium with our readership . Twitter following now approximately 800<br><br>Young people remain engaged with the work of Healthwatch through the Young People's Mental Health Project ( see later) .<br><br>Our Administrrator, Anya Loomes, who is also Vice Chair of the Rutland Youth Council has also been asked to advise the Better Care Together Programme |
| Membership | HWR Membership was recorded as 261 in Sept 2016 and has increased by 12 since then. We aim to increase membership by 10% during the year so our target is to reach 287 by the time we hold the AGM | TBC |
| Volunteers | HWR currently has 26 active members (including Board Members) . We would aim to increase that number by 20% during 2015-6 | By October 2015 we had increased our volunteer numbers by 15% ( 4 volunteers ) with another 20% ( 5 more volunteers in the offing) |
| Bulletin | The bulletin currently goes out electronically to members and partner agencies but we need to respond to the needs of those without a computer. Currently 2 people have requested hard copies monthly. The new signposting system will help | Our Comms Team are developing the bulletin including " The Big Ask" - an easy to use click on service to enable the public to give their views especially about Better Care Together |

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| | ensure that hard copies of the bulletin can be distributed more widely. | |

LISTENING

| | **Actions 2015-6** | **Progress to October 2015** |
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| "We Are listening" activities | "We are listening" Programme will commence during May but get fully into its stride from June onwards. CCG Staffing is dedicated to the process across ELRRCCG which will help the project maintain momentum. It will include hard to reach groups | We have undertaken joint listening exercises with the CCG<br><br>Our Board Meetings are now held in Rutland villages on alternate months - see below |
| In depth listening | The Task Group Members will take forward themes emerging from " We are listening" and other sources to carry out more in depth listening on specific topics.( supported by surveys etc and work elsewhere ) | We have carried out " in depth listening to follow up trends found in " We are listening" . These cover<br>• **Access times at Oakham Medical Practice** via Enter & View<br>• **Young People's Mental Health** via Surveys , workshops and " Dragons' Den"<br>• **Arriva Transport** - Survey in preparation<br>• **Dementia Care** via Events with patients & Carers and by one to one interviews |
| Rotating Board Meetings | We will focus upon inviting the residents of the village visited and surrounding villages using village communication systems and including local council and other leaders | Our Board Meetings are now held in Rutland villages on alternate months |
| Events | To date three major HWR events are programmed for 2015-6. 1. AGM ; Young People's Mental Health Conference, Final Dementia conference . | • AGM successfully held with 60 attendees<br>• Young Peoples Mental Health have held 3 events and one pilot launch<br>• Two Dementia events have been held lokking at different stages in the pathway |
| Bulletins | We should incorporate a monthly survey ( Survey Monkey) on a chosen topic with each bulletin | We have not hd the capacity to carry out a survey each month |
| Bespoke consultation | We currently respond to requests from groups to | We are gearing up to spread our capacity to be able to ensure the |

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| | discuss specific subjects e.g. WI on care and CHD assessments , Dementia Cafe on Better Care Together etc . We should increase such contacts as well as support commissioners (including NHS England) and providers in seeking public views on specific services or service changes.. | Better Care Together consultation is as comprehensive as it needs to be to ensure the people of Rutland can have their say . |
| Integrated listening | We will shortly publish an integrated schedule of consultation events in Rutland and keep it updated | It has not been possible to engage the CCG |
| Better Care Together | The specific role of HW in the forthcoming BCT consultations needs to be clarified | HWR Role formally established and consultation programme being planned |
| Enter & View | It is intended to carry out approximately 4 Enter & Views during 2015-6. One has taken place and a further is at the advanced planning stage. There has also been a joint E&V that involved several LHW including Rutland | Four Enter & View visits have been completed to date with another planned :-<br>• YDU<br>• RMH<br>• OMP<br>• Urgent Care<br>• Dementia ( being planned) |

ANALYSIS OF DATA

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| General | Our finances do not support the purchase of information systems or analytical skills/tools | We keep in touch with fellow HW who are assessing information systems .<br><br>Without resources we rely on the goodwill of academic friends to ensure our analysis has rigour (eg Leicester University ) |
| Analytical | We hope to persuade RCC and the Public Health Department to give us advice and support where necessary in preparing and evaluating reports. We continue to receive advice and support through personal contacts and this is greatly valued. | See above |
| Information Systems | We will develop systems for capturing data and stories to enable a bank of trends to be established until such time as we can afford a formal system. *Latest from HWE indicates CRM available at some point this May but cost to* | See above |

| | | |
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| | *each LHW not yet known* | |
| Case Study Preparation | HWR needs to equip itself with case and report writing skills (*Guidance is available on HWHUB)* | We have now prepared two case studies and more are in preparation |

**RCC CONTRACT - MAKING PEOPLE'S VIEWS KNOWN + THEIR INVOLVEMENT IN COMMISSIONING**

It is important that Healthwatch Rutland is seen to be responsible and measured in the way that it communicates the local community's views and experiences. Respect comes when partners work together on addressing issues and when Healthwatch is seen to be a reliable source of public views

It is important that Healthwatch Rutland representatives respond to invitations to come to the table and work alongside commissioners and providers as partners. Use of the press as a pressurising tool should be reserved for when all else fails.

Healthwatch Rutland currently attend the following health and social care groups by invitation and it is proposed to leave these arrangements in place during 2015-6

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## Contract Requirement - Function Two: Making People's Views Known

**Objective**

Local people influence health and social care commissioning strategies and plans

Healthwatch Rutland will: Communicate the local community's views to health and social care commissioners and providers in a credible and accessible fashion.

## Contract Requirement - Function Three: Promoting and and Supporting the Involvement of People in the Commissioning and Provision of Local Care

**Objective**:

Health and social care services and systems meet the needs of local people

Healthwatch Rutland will:

-Give input to new or proposed services, pathways or systems.

-Use the broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say

-Exercise and view powers judiciously by working collaboratively with other inspection regimes and local health and social care commissioners quality

19

assurance processes and frameworks

| Healthwatch Rutland - Current involvement in influencing Commissioning and providing | | |
|---|---|---|
| | **Actions 2015-6** | **Progress to October 2015** |
| **Quality Surveillance Group** | ○ Main QSG Board<br>○ Sub Committees on specific topics<br>○ Risk Summit oversight Boards | Healthwatch is able to bring confidential information from whistleblowers , relatives, public and others where things are going wrong.<br><br>Where Risk Summits happen Healthwatch is invited to nominate a patient representative(s) |
| **Health & Wellbeing Board** | ○ H & WBB<br>○ Integration Board<br>○ Children's Trust<br>○ JSNA | Healthwatch has a statutory seat on the H&WBB & its subsidiary committees |
| **Rutland County Council** | ○ Older Peoples Forum<br>○ Mental Health Forum<br>○ Dementia Group<br>○ Falls Group<br>○ PNA ( completed)<br>○ Youth Council<br><br>○ Rutland Young People's Mental Health Forum<br>○ Better Care Fund Implementation Groups<br>○ Meetings of Parish Councils | Healthwatch representatives are either members or are invited to the following Rutland County Council working groups |
| **Scrutiny Function** | ○ Adult & Social Care Scrutiny<br>○ Children & Young Peoples Scrutiny | Healthwatch attends as an invited non voting member |
| **East Leicestershire & Rutland CCG** | ○ CCG Main Board<br>○ CCG Primary Care Commissioning Group<br>○ ELRPPI Group<br>○ Urgent Care<br>○ Personal Budgets<br>○ Primary Care Strategy<br>○ Community Care Strategy<br>○ Annual Meeting | Healthwatch attends by invitation as i non voting participating attended at Board Meetings |
| **Better Care Together** | ○ Partnership Board<br>○ Delivery Board<br>○ PPI Reference Group + 10 workstreams<br>○ Reconfiguration Board<br>○ Public meetings and consultation | We are gearing up to respond to the wide range of of issues |
| **Providers** | ○ UHL Board<br>○ Meetings with UHL CEO<br>○ Annual Meeting UHL | One tripartite representative on behalf of HW in LLR attends the |

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| | ○ LPT Board<br>○ Meetings with LPT CEO<br>○ Trust Annual Meeting<br>○ PH /KGH/Stamford ad hoc | UHL ( David Henson) and LPT ( Sue Staples) Boards |
| **East Midlands Ambulance Service** | ○ Main Board<br>○ Quality Board<br>○ HW Rutland EMAS local collaboration group<br>○ HW Ambulance Leads Regional meeting ( in development) | A new concordat has been agreed with HW across the East Midlands |
| **Health Watch Rutland Task Groups & Events** | Not all fully active :-<br>○ Operational Group<br>○ Elective Care<br>○ Urgent Care<br>○ Maternity & Neonates<br>○ Long Term and Chronic Conditions<br>○ Dementia<br>○ Children and Young People<br>○ Learning Disabilities<br>○ Older People and Care Homes<br>○ Enter & View | By involving people from Partner organisations and by holding events , the views of Public , Patients and Carers are heard |
| **CCG & RCC Commissioning Consultation** | ○ Primary Commissioning consultation<br>○ Secondary commissioning consultation<br>○ Social Care Commissioning consultation | We sit in the CCG Commisioning Group including the private session |
| **NHS ENGLAND /GEM** | ○ Specialist Commissioning | We are gathering views on proposed changes |
| **CQC , HWE, Professional & Organisational Regulators** | ○ Ad hoc arrangements<br>○ CQC Inspections | We are included in actions related to severe incidents |

**Healthwatch Rutland - Health and Social Care Signposting Services**

The Healthwatch contract requires Healthwatch Rutland to provide an information and signposting function and the following paper describes how it proposes to meet that objective .

**Contract Requirement - Function Five: Providing Advice and Information (Signposting) about Access to Services and Support for Making Informed Choices**

**Objective**:
People can access the health and social care services they need

21

**Healthwatch Rutland will :**

-Deliver information, advice and signposting services to:

-Ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them.

-Establish and maintain a database of existing local networks and support systems.

**SUMMARY**

Sadly, due to budget constraints, we were unable to continue our information and signposting collaboration with Rutland Citizens Advice Bureau into 2015 but would like to place on record our thanks to its volunteers for the service they provided during 2014-5.

This section describes the alternative service we have established based upon collaboration with a range of health and social care related outlets across the County.

- **Signposting operating model**

There are now many sources of health and social care information available via the internet. A principle established in 2014 was that we should not attempt to set up yet another database of health and social care information. These are time consuming and require daily updating - tasks well beyond our resources .Our task is to signpost people to the best information via reputable sources which are known to be both quality assured *and* kept up to date. Most sources require use of the internet

A fair number of people in Rutland do not have access to or use the internet so a system needs to achieve the objective of both bringing people the best and most comprehensive signposting and offering ways of accessing that information that are easy to use by young and elderly alike.

The operating model is as follows. That a short Healthwatch Signposting Directory is produced - draft attached which guides people to the best website for their needs. For all those who do not use the internet, the booklet will provide details of how to access offer a bespoke service at the Healthwatch Rutland office. This service would be accessed by phone or by appointment when two members of staff/ volunteers are present.

- **Collaboration with Rutland County Council and Community Agents**

Both Healthwatch Rutland and Rutland County Council have a statutory duty to signpost the public. We have been in discussion with Rutland County Council to ensure that both systems are as synchronised as possible. Community Agents are also key players both in needing to access good information and, in return, enabling websites to be updated through the local information they glean.

Discussions are underway to ensure that there is the widest possible collaboration between Healthwatch Rutland and Community Agents.

- **Sources**

Sources should not be included unless quality assured and regularly updated. For this reason the booklet majors on two principal sources:

- Social Care - The Rutland Information Service - provided by Rutland County
- Council. **www.ris.rutland.gov.uk**
- Health - the NHS is currently making a massive investment in making NHS Choices
- a first rate service . It is currently comprehensive but is criticised for not being updated
- frequently enough in some parts eg dentists. **WWW.NHS.UK**
- Other reputable sources have been added to address the needs of those not using

the NHS or RCC services.

- **Draft Guidance Booklet**

The front page of the booklet is attached below and copies are available on request

- **Downside**

Enquiries are a good source of information about issues that are worrying people. This can be addressed by analysing hits on the HWR website but will be neither as comprehensive or give the depth of insight as that from face to face contact which will have to be met via other " we are listening" activities.

- **Costs**

A maximum budget of £4000 has been set aside. It is difficult at this stage to assess demand but indications are that initial supply of holders and a supply of 3000 booklets could be produced within that budget. We are consulting frequently It may prove necessary to print short runs to allow for updating supplies if, say, a contactor or website listed changes.

# Rutland Health & Social Care Signposting Directory

Healthwatch Rutland is here to provide signposting to help you navigate the health and social care system. Our service is free and independent.

We hope this directory will help guide you to the right place.

If you do not have a computer or need help, please contact us. We are based at Voluntary Action Rutland in Oakham and details of how to find us are at the back of this leaflet.

May 2015

healthwatch Rutland

# Healthwatch Rutland

## Annual Report 2014/15

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

# Contents

# 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 meeting 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** | ○ Main QSG Board<br>○ Sub Committees on specific topics<br>○ Risk Summit oversight Groups |
| **Health & Wellbeing Board** | ○ Health & Wellbeing Board<br>○ Integration Group<br>○ Children's Trust |
| **Rutland County Council** | ○ Older Peoples Forum<br>○ Mental Health Forum<br>○ Dementia Group<br>○ Falls Group<br>○ Pharmaceutical Needs Analysis<br>○ Youth Council<br>○ Rutland Young People's Mental Health Forum<br>○ Better Care Fund Implementation Groups<br>○ Meeting of Parish Councils |
| **Scrutiny Function** | ○ Adult & Social Care Scrutiny<br>○ Children & Young Peoples Scrutiny |
| **East Leicestershire & Rutland Clinical Commissioning Group (CCG)** | ○ CCG Main Board<br>○ CCG Primary Care Commissioning Group<br>○ ELRPPI Group<br>○ Urgent Care<br>○ Personal Budgets Group<br>○ Primary Care Strategy<br>○ Community Care Strategy<br>○ Annual Meeting |
| **Better Care Together** | ○ Partnership Board<br>○ Delivery Board<br>○ PPI Assurance Group + 10 work streams<br>○ Reconfiguration Board<br>○ Public meetings and consultation |
| **Providers** | ○ University Hospitals of Leicester Board (UHL)<br>○ Meetings with UHL CEO<br>○ Annual Meeting UHL<br>○ Leicestershire Partnership Trust Board (LPT)<br>○ Meetings with LPT CEO<br>○ Trust Annual Meeting<br>○ The Alliance- planned care providers |

# Influencing decision makers with evidence from local people

| | |
|---|---|
| **East Midlands Ambulance Service** | ○ Main Board<br>○ Quality Board<br>○ HW Rutland EMAS local collaboration group<br>○ HW Ambulance Leads Regional meeting ( in development) |
| **Health Watch Rutland Task Groups & Events** | (Not all yet fully active) :-<br>○ Operational Group<br>○ Elective Care<br>○ Urgent Care<br>○ Maternity & Neonates<br>○ Long Term and Chronic Conditions<br>○ Dementia<br>○ Children and Young People<br>○ Learning Disabilities<br>○ Older People and Care Homes<br>○ Enter & View |

| | |
|---|---|
| **CCG & Rutland County Council** | ○ Primary Commissioning consultations<br>○ Secondary commissioning consultations<br>○ Social Care Commissioning consultations |
| **NHS ENGLAND** | ○ Specialist Commissioning Consultations |
| **Care Quality Commission (CQC)**<br>**Healthwatch England**<br>**Professional Regulation** | ○ 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.

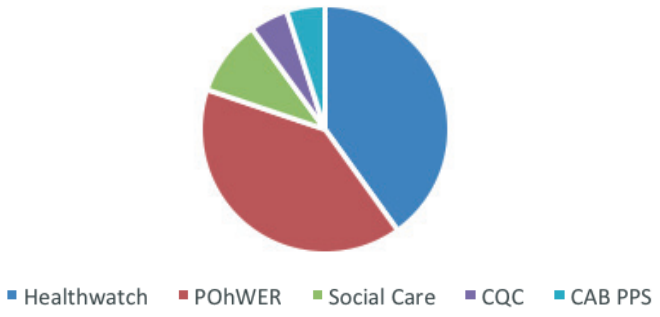
At the same time we felt that our signposting activity could be expanded so for 2015 -16 we have established outlets for signposting directories to include pharmacists , libraries, GPs etc in our villages and small towns as well as Oakham.

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 20014-15 was as follows (please note that one enquiry can be signposted to more than one agency)




**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) | |

healthwatch Rutland

# Get in touch


01572 720381

www.healthwatchrutland.co.uk

info@healthwatchrutland.co.uk

Healthwatch Rutland
c/o Voluntary Action Rutland
Lands End Way, Oakham,
Rutland LE15 6RB


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.

If you require this report in an alternative format please contact us at the address above. 

**Report No: 203/2015**

**PUBLIC REPORT**

# PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

**3 December 2015**

# STRATEGIC AIMS AND OBJECTIVES

**Report of the Chief Executive**

| | | |
|---|---|---|
| Strategic Aim: | All | |
| Exempt Information | No | |
| Cabinet Member(s) Responsible: | Mr R B Begy , Leader and Portfolio Holder for Culture | |
| Contact Officer(s): | Helen Briggs, Chief Executive | 01572 758201<br>hbriggs@rutland.gov.uk |
| Ward Councillors | N/A | |

| **DECISION RECOMMENDATIONS** |
|---|
| That the Panel:<br><br>1. Notes the details of Report No. 164/2015 and Appendix A to the report; and<br><br>2. Recommends to Cabinet any changes to the Strategic Aims and Objectives for 2016-2020. |

## 1 PURPOSE OF THE REPORT

1.1 This report provides the Scrutiny Panel with the opportunity to be consulted on the council's Strategic Aims and Objectives and to feed back to Cabinet any comments as part of the consultation process.

## 2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Cabinet, at its meeting on 15 September 2015, received and considered a report from the Chief Executive recommending that no change is made to the Council's current Vision Statement agreed in 2012. The report further outlined the process to achieve a refresh of the Strategic Aims and Objectives which included consulting with each Scrutiny Panel during October and November 2015.

2.2 The current Vision Statement is not proposed to change. It is still considered to be 'fit for purpose' and reflect the overriding aspirations of the Council and the County. The current vision statement is "Rutland is a great place to live, learn, work, play and visit."

2.3 As part of the consultation, the Scrutiny Panel is asked to review the Strategic Aims and Objectives which (along with the Vision Statement) will set a clear statement of the strategic direction for the Council, support decision making and guide resource allocation for the period 2016-2020.

2.4 The current Strategic Aims and Objectives document is attached as Appendix A to Report No. 164/2015 and the whole report is attached to this report for reference.

## 3 ORGANISATIONAL IMPLICATIONS AND CONSIDERATIONS

3.1 Organisational implications can be seen in the relevant sections of Report No. 164/2015.

## 4 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATION

4.1 Scrutiny has a role to play in helping the Council to achieve its strategic objectives and to ensure that the Council's policy and budgetary framework is followed, respected and developed to reflect the changing needs and demands faced by the Council in meeting its statutory obligations and community aspirations.

## 5 BACKGROUND PAPERS

5.1 There are no additional background papers to this report.

## 6 APPENDICES

6.1 Appendix 1: Report No. 164/2015, Strategic Aims and Objectives – Process.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

**Report No: 164/2015**
**PUBLIC REPORT**

# CABINET

**15 September 2015**

# STRATEGIC AIMS AND OBJECTIVES - PROCESS

**Report of the Chief Executive**

| | | |
|---|---|---|
| Strategic Aim: | All | |
| Key Decision: No | Forward Plan Reference: FP/100715/04 | |
| Exempt Information | No | |
| Cabinet Member(s) Responsible: | Mr R B Begy , Leader of the Council | |
| Contact Officer(s): | Helen Briggs, Chief Executive | 01572 758201<br>hbriggs@rutland.gov.uk |
| Ward Councillors | N/A | |

| **DECISION RECOMMENDATIONS** |
|---|
| That Cabinet:<br>1. RECOMMENDS TO COUNCIL that no change is required to the Council's Vision statement<br>2. Approves the process outlined in the this report to refresh the Council's Strategic Aims and Objectives |

## 1 PURPOSE OF THE REPORT

1.1 This report seeks Cabinet approval for the process to review the Council's Strategic Aims and Objectives.

## 2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The current Council vision statement and strategic aims and objectives were approved in the last Council based on Report 63/2012 (attached for reference as Appendix A to this report) at the Council meeting on 16th **April 2012.**

2.2 This report established the vision, aims and objectives for the period 2012 – 2016. It is now therefore timely that with the new Council in place to review our current aims and objectives.

2.3 The vision statement and aims and objectives form a key strategic document for the Council. They set for the relevant period a clear statement of the strategic direction for the Council. They support decision making and guide resource allocation. As such they provide a fundamental backdrop to decision making.

## 3 THE PROCESS FOR REVIEWING OUR STRATEGIC AIMS AND OBJECTIVES

3.1 The current Vision statement is not proposed to change. It is still considered to be 'fit for purpose' and reflect the overriding aspirations of the Council and the County. The current vision statement is "Rutland is a great place to live, learn, work, play and visit."

3.2 The following process and timetable is proposed for a review of the Council's strategic aims and objectives.

| Action | Timescales and Key Dates |
|---|---|
| Approval by Cabinet of process and timetable | 15th September 2015 |
| Aims and Objectives reviewed by All Scrutiny Panels | 1st October 2015 – Adults and Health Scrutiny Panel<br>8th October 2015 – Places Scrutiny Panel<br>12th November 2015 – Resources Scrutiny Panel<br>19th November 2015 – Children and Young People Scrutiny Panel |
| Aims and Objectives reviewed by the Rutland Local Strategic Partnership and the LSP Sub Groups | October / November 2015 (Date TBC)<br>Workshop to be held in November 2015 |
| Feedback to Cabinet and presentation of final draft | 15th December 2015 |
| On-line consultation on draft aims and objectives | 16th December to 31st January 2016 |
| Final report to Cabinet | 16th February 2016 |
| Cabinet recommendation to Council | 14th March 2016 |

## 4 CONSULTATION

4.1 It is proposed that during the period 16th December 2015 and 31st January 2016 and on-line consultation exercise is undertaken. This will be augmented by a communications programme that will include:-

- A presentation to the Parish Council Forum
- Press releases highlighting the consultation period
- Utilising our annual consultation process about the budget to highlight this consultation
- Displays at our public buildings – Libraries, Catmose and the Museum
- Attendance at key forums with stakeholders

## 5 ALTERNATIVE OPTIONS

5.1 Alternative options have not been considered.

## 6 FINANCIAL IMPLICATIONS

6.1 The vision statement and aims and objectives form a key strategic document for the Council. They set for the relevant period a clear statement of the strategic direction for the Council. They support decision making and guide resource allocation. As such they provide a fundamental backdrop to decision making.

6.2 The costs associated with consultation will be met from within existing budgets and are anticipated to be minimal i.e. circa £500.

## 7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 Full Council is responsible for approving the Council's Policy Framework of which the Councils Strategic Aims and Objectives (including the vision statements) form a part. This is set out in Article 4 of the Constitution.

## 8 EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment (EqIA) screening form has been completed. No adverse or other significant issues were found.

## 9 COMMUNITY SAFETY IMPLICATIONS

9.1 There are no community safety implications.

## 10 HEALTH AND WELLBEING IMPLICATIONS

10.1 There are no health and wellbeing implications.

## 11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

11.1 The proposed process and timetable will enable as has happened for previous Council terms the new Council to review our strategic aims and objectives and put in place before the end of the first municipal year a clear revised strategic direction for the Council.

## 12 BACKGROUND PAPERS

12.1 There are no additional background papers to the report.

## 13 APPENDICES

13.1 Appendix A – Report 63/2012

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

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**Rutland is a great place to live, learn, work, play and visit. We plan to make it better by:**

**Delivering, Developing and Supporting existing services:**
Developing Council Services – including harnessing technology

**Corporate and Council wide priorities:**


| **Creating a safer community for all** | **Creating an active and enriched community** | **Creating a sustained environment** | **Building our infrastructure** | **Meeting the health & wellbeing needs of the community** | **Creating a brighter future for all** |
|---|---|---|---|---|---|
| **Anti Social behaviour**<br><br>Managing perceptions<br><br>Tackling low level Anti Social Behaviour<br><br>**Community Safety**<br><br>Improving road safety | **Tourism and Market Towns**<br><br>Working with partners to encourage sustainable employment<br><br>Night time economy – managing development<br><br>Linking our Towns and Rutland Water<br><br>**Active Rutland**<br><br>Adequate and affordable health and fitness opportunities including the supporting infrastructure<br><br>Improved access to our countryside through cycling and walking | **Waste**<br><br>A continued focus on reducing waste going to landfill<br><br>**Development**<br><br>Improved design linked to affordability, sustainability and the character of the County<br><br>Ensuring the impact of development is managed | **Employment**<br><br>Supporting growth in particular within small and medium Enterprises<br><br>**Development**<br><br>Retail and Leisure – more choice, capacity, affordability<br><br>Housing – more affordable, greater choice of tenure in mixed sustainable communities<br><br>Oakham regeneration<br><br>**Transport**<br><br>Improved transport supporting employment<br><br>Affordable, adequate provision, which is accessible and practical | **Health**<br><br>Encouraging people to stay healthy<br><br>Supporting accessible, local healthcare<br><br>**Wellbeing**<br><br>Supporting our growing older population<br><br>Supporting those within our community with complex needs<br><br>Providing support to those at risk of being homeless<br><br>Housing and facilities for those with specific needs<br><br>Responding to changes in the benefits system | **Families**<br><br>Supporting families with problems<br><br>**Learning & Schools**<br><br>Ensuring adequate school places<br><br>Support Local Authority funded schools<br><br>**Learning linked to employment**<br><br>Raise the profile, availability and take up of vocational training and apprenticeships |

**This Council takes seriously its place shaping role for our County. However we understand that our ability to influence some areas covered by our strategic aims and and objectives may be limited. In many areas the Council will act as a catalyst and enabler rather than being responsible for direct delivery.**
**The aims and objectives above have been designed in consultation with our partners recognising the significant contribution they make to many of the desired outcomes. The Council does not operate in isolation and the progress in all areas will require strong and effective partnership working.**

**Report No: 236/2015**
**PUBLIC REPORT**

# SCRUTINY PANEL

**3 December 2015**

# PUBLISHED CARE HOME REPORT

**Report of the Director for People**

| | | |
|---|---|---|
| Strategic Aim: | Creating a brighter future for all | |
| Exempt Information | No | |
| Cabinet Member(s) Responsible: | Mr R Clifton, Portfolio Holder for Health and Adult Social Care | |
| Contact Officer(s): | Mark Andrews, Deputy Director for People | 01572 758339<br>mandrews@rutland.gov.uk |
| | Contact , Position | Telephone<br>email |
| Ward Councillors | Rachel Burkitt, Marc Oxley & Lucy Stephenson | |

| DECISION RECOMMENDATIONS |
|---|
| That the Panel:<br><br>1. Notes the content of this report |

## 1 PURPOSE OF THE REPORT

1.1 To note the content of published CQC Care Home reports.

## 2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 There has been one CQC report published since the last Scrutiny Panel which was for Aberdeen House.

2.1.1 This latest report was published on 5 October 2015, following an inspection on 6 May 2015. The report showed an overall improvement on the previous report and Aberdeen House has an overall rating of good.

2.1.2 A copy of the CQC Report is attached for information.

## 3 CONCLUSION

3.1 The latest CQC report gives assurance of the progress made since 2013 and that this Care Home now meets the Health and Social Care Act 2008 regulations

## 4 BACKGROUND PAPERS

4.1 CQC inspection report dated 6th October 2015

## 5 APPENDICES

5.1 none

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577. (18pt)

Care Quality Commission

# Aberdeen House Care Limited

# Aberdeen House

## Inspection report

Aberdeen House, 20 Stockerston Road,
Uppingham, Oakham, LE15 9UD
Tel: 01572 823308
Website: www.

Date of inspection visit: 6 May 2015
Date of publication: 05/10/2015

## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We carried out an unannounced inspection of the service on 5 May 2015.

Aberdeen House provides accommodation for up to 18 people who require personal care. On the day of our inspection 18 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our last inspection 5 August 2013 we asked the provider to take action to make improvements to protect people living at the home. The provider was not meeting two Regulations of the Health and Social Care Act 2008. These were in relation to people's care and welfare and maintaining people's privacy and dignity. During this inspection we found that improvements had been made and the provider was meeting the regulations.

Some areas of the premises and environment required maintenance or upgrade in order to maximise the safety and comfort of people who used the service. The provider had commenced a programme of refurbishment.

# Summary of findings

People told us they felt safe and staff knew how to recognise the signs of abuse and the correct action to take should they suspect this. Risks were assessed and management plans were in place.

People told us there were enough staff on duty to meet their needs. Safe recruitment procedures were followed so that only staff considered to be suitable to work at the service were employed.

People had their medicines administered and managed in a safe way. Records for this were up to date and accurate and medicines were stored correctly.

All new staff received induction training when they first began working at the service. Ongoing training was also provided including nationally recognised qualifications in care. People told us that staff were competent and knew how to meet their needs.

Consent was obtained before staff carried out care and support and people were offered choice. Where people had their liberty deprived in order to keep them safe, applications had been made to the appropriate supervisory body. At the time of our inspection some staff had not had training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but they were scheduled to attend training.

People told us they received sufficient amounts to eat and drink and that they were happy with the food choices. We observed people were supported where required with their meals and drinks and snacks were frequently offered. People had access to the healthcare services they required. Staff followed the advice provided by doctors and community nurses.

Staff respected people's privacy and dignity and interacted with people in a kind and caring way. They understood people's individual needs and communicated with people in an effective way. People were able to pursue the hobbies and interests. Staff knew about people's unique backgrounds and interests and the things that were important to them.

People said they felt comfortable talking to staff and to the managers. They said if they made a complaint then staff would listen and take action.

People had confidence in staff and in the management team. They told us the management team were approachable and accessible. Managers and staff understood their roles and held a shared vision and values. Staff were supervised and supported. The quality of care and support delivered was monitored. There was limited evidence of people's views and experiences being used for change and improvement. The registered manager agreed to formalise and record these processes.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Staff knew how to recognise and report abuse..

People told us they felt safe and their medicines were administered and managed in a safe way.

The premises had been upgraded to make the home environment more comfortable and safe.

Good

**Is the service effective?**
The service was effective.

Staff had received most of the training they required to meet people's needs and communicate effectively.

Consent to care and support was obtained. Most staff received training about the Mental Capacity Act 2005. Those who had not were scheduled to attend training soon after the inspection.

People had access the healthcare services they required.

Good

**Is the service caring?**
The service was caring.

People said they liked the staff and they were kind and caring. Staff understood people and knew how to communicate. People were able to make choices and staff responded in a flexible way.

Good

**Is the service responsive?**
The service was responsive.

People had their individual needs met. People were able to pursue their hobbies and interests.

People felt confident making a complaint and told us that staff would listen and take action.

Good

**Is the service well-led?**
The service was well led.

People had confidence in the management team and staff. Staff were supported and supervised.

The quality of service provision was monitored. People were able to express their views and give feedback which was acted upon.

Good

# Aberdeen House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place 6 May 2015 and was unannounced.

The inspection consisted of two inspectors.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We also contacted commissioners who had funding responsibility for some people who used the service.

On the day of the inspection we spoke with seven people who used the service about their experience of the service. We also spoke with the registered manager and three care staff.

We looked at all or parts of the care records for four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Good

# Is the service safe?

## Our findings

Our previous inspection found that the provider had not always met people's care and welfare because there was not always enough staff on duty to meet people's individual needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this breach in regulation was met.

People told us there were enough staff on duty. One person said, "There is always someone there when you need someone". We observed staff spending time with people in the communal areas and saw that people were given time and not rushed. We spoke with the registered manager about how staffing levels were calculated so that people had their needs met. People's dependency needs were assessed on a weekly basis and this was used to calculated numbers. We looked at the staffing roster and saw that staffing numbers were adjusted where required. Staff told us there were enough staff to meet people's needs. They said they had time to meet people's individual needs. However, during our inspection we saw one instance where a person did not have a need attended to in a timely way. Staff took action as soon as we pointed this out.

Staff recruitment procedures were in place so that all new staff were checked for suitability to carry out the role and had the necessary experience and character.

People told us they felt safe living at Aberdeen House. One person said, "They (staff) are always checking that I am okay. Another person said, "I could tell them if I had any concerns. I get on well with the staff, they're a good bunch." All staff had received training about protecting people from abuse and keeping people safe. Staff we spoke with knew how to recognise the signs of abuse and what action to take should they suspect this. This included reporting any concerns to other agencies outside the organisation such as the local authority safeguarding team or the CQC.

Risks were assessed and management plans were in place to reduce the risk. For example, where people had an identified high risk of developing a pressure sore, staff had taken appropriate action such as repositioning the person at regular intervals. Staff had also received additional training from the community nursing team about pressure sore management. Risk management plans were in place for the management of behaviour that may present risk. Records of accidents and incidents were maintained and appropriate action was taken such as referral to an appropriate healthcare professional.

During our visit we found that areas of the premises and environment were undergoing upgrade or had been upgraded in order to maximise the safety and comfort of people who used the service. Some rooms had been redecorated and two new wet rooms had been installed. Other work included fitting window restrictors to all first floor windows, replacing carpets and floor covering and further redecoration. Records showed that equipment such as mobility hoists and electrical equipment had been appropriately maintained and safety tested.

People told us they received their medicines at the right time and as prescribed by their doctor. We observed staff administering medicines to people in a safe way. Records were maintained and audits were carried out to check that safe procedures and prescriptions were being followed. Storage of medicines was safe and met requirements. Staff had received training but not all had been assessed for continued competency in this area. The provider's medicines policy did not include variable dosage protocols. The registered manager agreed to update their policy to include variable dosage protocols. They have since informed us that this has now been done.

Good

# Is the service effective?

## Our findings

People told us they felt that staff were trained and knew how to meet their needs. People said they liked the staff and had confidence in them. We spoke with a visiting community nurse who told us that staff had been very effective in meeting the needs of a person who had recently moved in and this had increased and improved the person's quality of life.

All new staff received induction training when they first began working at the home. This meant they were made aware of best practice guidelines within the sector. Staff training was delivered using a combination of practical training with a trainer, DVDs and distance learning methods. The provider had links with a college to access formal training courses. We were informed that all staff would be required to undertake the new 'training certificate' following the introduction of new legislation from April 2015. All staff had achieved a nationally recognised qualification in care. Additional training was also provided on an on-going basis. Staff told us about the training they received and training that was planned to take place and said they felt equipped and supported to do their job.

Staff told us there was a thorough handover for staff between each shift and that changes in people's needs were communicated. A staff communication book was also used for that purpose. This helped staff understand people's daily needs.

All the staff we spoke with said they were well supported by the management team and the provider. Staff received supervision from their line manager so they could discuss learning and development needs. There were staff meetings but no minutes or records of those meetings were available.

People told us they were able to make choices about the care and support they received. They told us staff asked them before carrying out any activity. We observed staff offering people options and respecting people's choices throughout the day.

The Mental Capacity Act (MCA) 2005 is legislation that protects people who do not have mental capacity to make a specific decision themselves. We saw mental capacity assessments had been completed for people who lacked capacity to make decisions about their care and treatment.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. We were aware that the registered manager had made applications to the supervisory body that had responsibility for assessing if authorisations to restrict people were necessary. We saw examples where staff took the least restrictive action when providing care and support and where applicable involved people's relatives in the decision making process. Not all staff had received the training they required about MCA and DoLS. This training had been booked to take place the week following our visit.

People told us they enjoyed the meals provided. One person said, "I like my breakfast best of all". Another said, "The cook makes the best cheesecake". People told us they could ask for a snack or drink whenever they wanted one. There was a daily menu choice but people told us they could ask for an alternative meal and we saw that this was the case. At the lunch time meal people were encouraged to try something else if they did not eat their meal. For example, one person asked for ice cream and another a sandwich and crisps and these were provided. The cook was knowledgeable about people's dietary needs and food preferences. Menu records showed that a varied and balanced diet was available.

People had their risk of malnutrition assessed and action was taken when risk was identified. Some people had their food fortified with extra calories when there was risk of malnutrition. Food and fluid charts were used to monitor intake where this was required and people had their weights monitored. Snacks and drinks were available to people throughout the day of our inspection.

People told us they had access to the healthcare services they required such as their doctor or community nurse. Staff were able to recognise signs of deteriorating health and how and when to access healthcare professionals. Records confirmed that staff requested healthcare advice as soon as this was required. We also saw that staff were following the advice and guidance provided by doctors and community nurses and communicating any changes to health and wellbeing.

Good

# Is the service caring?

## Our findings

Our previous inspection found that the provider had not always protected people's privacy, dignity and their independence had not always been promoted. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this regulation was met.

People told us that staff were kind and treated them with respect. One person said "They are very nice here and very kind" Another person said "They look after me beautifully". We observed that staff were kind and respectful when interacting with people.

Some people had communication difficulties and staff knew the most effective way to communicate and how to meet people's individual needs. Throughout the day staff spent time with people chatting and encouraging engagement and activity. It was evident that people felt as ease and comfortable expressing themselves to staff members and had positive relationships with them. During interventions such as assisting people to eat or drink, staff encouraged people to talk about things that were important to them or things they enjoyed talking about such as families and the local area. Staff spent some of the lunchtime sitting and eating with people. The atmosphere was calm and relaxed and made into a social occasion.

One person told us that staff regularly took them out into the local town where entertainments were available. They told us that staff were taking them out to vote at the general election.

People said that staff maintained their privacy and dignity. Where people shared a room they were positive about this arrangement. People told us that staff knocked on their door before entering and maintained their privacy during personal care. One person explained the arrangements for having a shower and said they could have a shower whenever they wanted one. They said, "I get on ever so well with the staff member who helps me". Staff used signage to alert other staff when they were delivering personal care so that they did not enter the room during this time.

Staff were proud and positive about the relationships they had with people. A staff member said, "I love my job and I treat people in the way I would like to be treated". Staff told us they would use the service for a family member or person they cared about should they need to.

While there was no formal or recorded evidence of people being actively involved in making decisions about the care and support they received, people told us that that care and support met their needs and preferences. We were informed that the menu had recently been changed in response to a discussion with people who used the service. People had been involved in choosing the décor for the new bathrooms. People were given choices about how they spent their day and their preferences were respected. People's families were consulted where this was applicable and were kept informed and updated about any changes. People relatives were made to feel welcome and there were no restrictions on visiting times.

Good

# Is the service responsive?

## Our findings

People had their needs assessed before they began using the service. People and or their families were involved and consulted during the assessment process and this information was used to develop a plan of care. Care records were personalised and instructed staff about how to meet people's needs and how to keep people safe. Some care plans had not been reviewed for a long time and there was little evidence of people's ongoing involvement. We discussed this with the registered manager who agreed to carry out reviews with people and or their families.

Information about people's social and life history and the things that were important to them were recorded. This included people's hobbies and interests and religious needs. People were able to pursue their hobbies and interests. People told us about the things they liked to do. One person said they liked to play cards and dominoes with the staff. Staff knew about the things that were important to them such as their previous occupations or important family members.

There was an accessible computer which people had used to maintain contact with their family. One person had spent their working life farming and continued to hold this as an interest. Staff had arranged a live stream of a farmers market for this person. Another person had been able to access a local motoring event because this is what they were interested in. Other people were also assisted to access the local community facilities such as shopping in the local town or coffee mornings. One person told us they occasionally attended their chosen place of worship. Pupils from a local school regularly came into the service to spend time chatting with people and participating in activities such as games and quizzes.

Staff knew how to communicate with people in an effective way. One person had difficulty communicating because of their condition and often became anxious and distressed because of this. Staff knew about the things that may trigger this person's distress and the things that helped them relax. For example, staff warmed the person's night clothes on the radiator before getting them ready for bed because they knew the person found this comforting.

Where people had a preference about the gender of the staff member providing care and support this was respected.

People told us they knew how to make a complaint should they need to. They told us that staff would listen to them and take action. One person said, "If you make a complaint they put it right for you". The provider had a complaints procedure which informed people about how to complain and the timescales for investigation and outcome. We looked at records of complaints and saw that there had not been a complaint recorded since November 2014. The action taken to resolve the compliant was also recorded. There were no formal arrangements in place for gathering feedback from people and their relatives. The management team were accessible to people and their families on a day to day basis. There was limited evidence of complaints and feedback being used to make improvements. The registered manager agreed to maintain records about the feedback they received and the action they had taken in response.

Good

# Is the service well-led?

## Our findings

People told us the manager was approachable and accessible. The provider visited the service at least once a week and was also accessible to people, their relatives and to staff. While there had not been any formal meetings for people who used the service, the registered manager spoke with people on a daily basis and took their views and experiences into account.

The atmosphere at the service was open and inclusive. We saw that the manager and staff were flexible in their approach to providing care and support so that people's individual and changing needs could be accommodated. These values were shared and understood by staff. People told us that the manager often came to see them in their rooms to check on their wellbeing or otherwise. One person said, "You can see how happy we are you don't need to ask us anything".

Staff were aware of the provider's' 'whistle blowing policy' they were confident that any concerns would be listened to and acted on. They told us they did not have any concerns about the practice or behaviour of any other staff members.

A staff survey had been carried out and staff were asked to provide feedback and ideas. We saw that action had been taken in response. There had not been a survey for people who used the service or their relatives, but people's views were sought in less formal ways through regular dialogue. The registered manager said they would introduce a survey for people using the service. We spoke with the local authority commissioning unit. They shared their latest quality monitoring report and this showed the service was meeting their requirements and working towards improvement.

There were no minutes or records available for staff meetings. Staff told us there was a thorough handover for staff between each shift and all changes were communicated. There was also a communication book for staff. All the staff we spoke with said they were well supported by the management team and the provider. Staff received supervision from their line manager so they could discuss learning and development needs.

The registered manager and deputy manager had worked at the service for 27 and 30 years respectively. The manager was aware of and met the CQC registration requirements.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff also understood their role and worked within expected standards. Staff had access to the provider's policies and procedures and were able to describe these and how they were followed.

The service had quality and safety assurance systems in place. Audits were undertaken to check that staff training and care records were up to date and equipment was in good working order and safe. The provider had commenced a review of quality assurance processes to ensure that the views and experiences of people who used the service were recorded and acted upon.

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