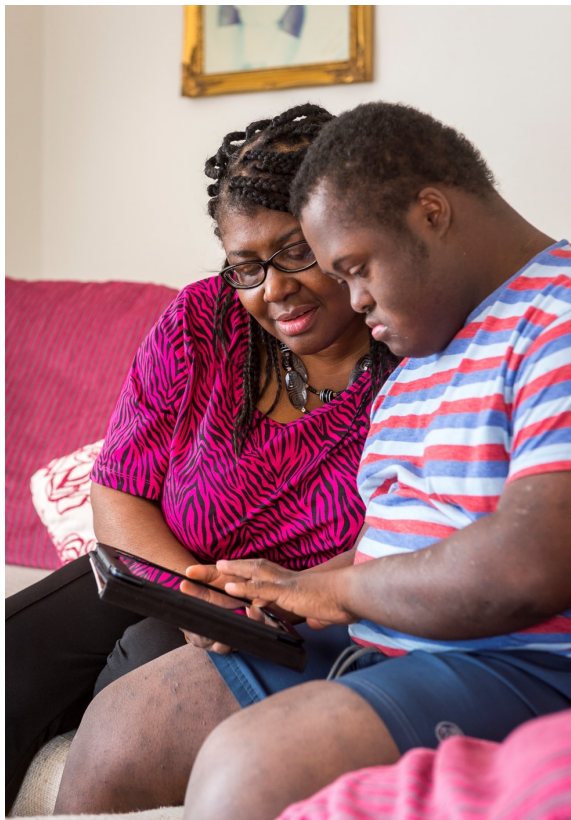


# **Mid-Year Report to Rutland County Council**

**April 2015 - November 2015**



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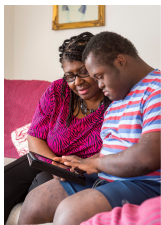
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( Functions 4 & 7/8 relate to special investigations)

# 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.
- 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 members 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,
- Olderpeople.

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 because it 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 whistleblowers.

- **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.*

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

	<b>Actions during 2015-6</b>	<b>Progress to October 2015</b>
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  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  Young people remain engaged with the work of Healthwatch through the Young People's Mental Health Project ( see later) .  Our Administrator, 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

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

	<b>Actions 2015-6</b>	<b>Progress to October 2015</b>
"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  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 <ul style="list-style-type: none"> <li>• <b>Access times at Oakham Medical Practice</b> via Enter &amp; View</li> <li>• <b>Young People's Mental Health</b> via Surveys , workshops and " Dragons' Den"</li> <li>• <b>Arriva Transport</b> - Survey in preparation</li> <li>• <b>Dementia Care</b> via Events with patients &amp; Carers and by one to one interviews</li> </ul>
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 .	<ul style="list-style-type: none"> <li>• AGM successfully held with 60 attendees</li> <li>• Young Peoples Mental Health have held 3 events and one pilot launch</li> <li>• Two Dementia events have been held looking at different stages in the pathway</li> </ul>
Bulletins	We should incorporate a monthly survey ( Survey Monkey) on a chosen topic with each bulletin	We have not had 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

	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 :- <ul style="list-style-type: none"> <li>• YDU</li> <li>• RMH</li> <li>• OMP</li> <li>• Urgent Care</li> <li>• Dementia ( being planned)</li> </ul>

#### ANALYSIS OF DATA

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 .  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. <i>Latest from HWE indicates CRM available at some point this May but cost to</i>	See above

	<i>each LHW not yet known</i>	
Case Study Preparation	HWR needs to equip itself with case and report writing skills ( <i>Guidance is available on HWHUB</i> )	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

### **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

assurance processes and frameworks		
Healthwatch Rutland - Current involvement in influencing Commissioning and providing		
	<b>Actions 2015-6</b>	<b>Progress to October 2015</b>
<b>Quality Surveillance Group</b>	<ul style="list-style-type: none"> <li>○ Main QSG Board</li> <li>○ Sub Committees on specific topics</li> <li>○ Risk Summit oversight Boards</li> </ul>	<p>Healthwatch is able to bring confidential information from whistleblowers , relatives, public and others where things are going wrong.</p> <p>Where Risk Summits happen Healthwatch is invited to nominate a patient representative(s)</p>
<b>Health &amp; Wellbeing Board</b>	<ul style="list-style-type: none"> <li>○ H &amp; WBB</li> <li>○ Integration Board</li> <li>○ Children's Trust</li> <li>○ JSNA</li> </ul>	Healthwatch has a statutory seat on the H&WBB & its subsidiary committees
<b>Rutland County Council</b>	<ul style="list-style-type: none"> <li>○ Older Peoples Forum</li> <li>○ Mental Health Forum</li> <li>○ Dementia Group</li> <li>○ Falls Group</li> <li>○ PNA ( completed)</li> <li>○ Youth Council</li> <li>○ Rutland Young People's Mental Health Forum</li> <li>○ Better Care Fund Implementation Groups</li> <li>○ Meetings of Parish Councils</li> </ul>	Healthwatch representatives are either members or are invited to the following Rutland County Council working groups
<b>Scrutiny Function</b>	<ul style="list-style-type: none"> <li>○ Adult &amp; Social Care Scrutiny</li> <li>○ Children &amp; Young Peoples Scrutiny</li> </ul>	Healthwatch attends as an invited non voting member
<b>East Leicestershire &amp; Rutland CCG</b>	<ul style="list-style-type: none"> <li>○ CCG Main Board</li> <li>○ CCG Primary Care Commissioning Group</li> <li>○ ELRPPI Group</li> <li>○ Urgent Care</li> <li>○ Personal Budgets</li> <li>○ Primary Care Strategy</li> <li>○ Community Care Strategy</li> <li>○ Annual Meeting</li> </ul>	Healthwatch attends by invitation as i non voting participating attended at Board Meetings
<b>Better Care Together</b>	<ul style="list-style-type: none"> <li>○ Partnership Board</li> <li>○ Delivery Board</li> <li>○ PPI Reference Group + 10 workstreams</li> <li>○ Reconfiguration Board</li> <li>○ Public meetings and consultation</li> </ul>	We are gearing up to respond to the wide range of of issues
<b>Providers</b>	<ul style="list-style-type: none"> <li>○ UHL Board</li> <li>○ Meetings with UHL CEO</li> <li>○ Annual Meeting UHL</li> </ul>	One tripartite representative on behalf of HW in LLR attends the



	<ul style="list-style-type: none"> <li>○ LPT Board</li> <li>○ Meetings with LPT CEO</li> <li>○ Trust Annual Meeting</li> <li>○ PH /KGH/Stamford ad hoc</li> </ul>	UHL ( David Henson) and LPT ( Sue Staples) Boards
<b>East Midlands Ambulance Service</b>	<ul style="list-style-type: none"> <li>○ Main Board</li> <li>○ Quality Board</li> <li>○ HW Rutland EMAS local collaboration group</li> <li>○ HW Ambulance Leads Regional meeting ( in development)</li> </ul>	A new concordat has been agreed with HW across the East Midlands
<b>Health Watch Rutland Task Groups &amp; Events</b>	<p>Not all fully active :-</p> <ul style="list-style-type: none"> <li>○ Operational Group</li> <li>○ Elective Care</li> <li>○ Urgent Care</li> <li>○ Maternity &amp; Neonates</li> <li>○ Long Term and Chronic Conditions</li> <li>○ Dementia</li> <li>○ Children and Young People</li> <li>○ Learning Disabilities</li> <li>○ Older People and Care Homes</li> <li>○ Enter &amp; View</li> </ul>	By involving people from Partner organisations and by holding events , the views of Public , Patients and Carers are heard
<b>CCG &amp; RCC Commissioning Consultation</b>	<ul style="list-style-type: none"> <li>○ Primary Commissioning consultation</li> <li>○ Secondary commissioning consultation</li> <li>○ Social Care Commissioning consultation</li> </ul>	We sit in the CCG Commissioning Group including the private session
<b>NHS ENGLAND /GEM</b>	<ul style="list-style-type: none"> <li>○ Specialist Commissioning</li> </ul>	We are gathering views on proposed changes
<b>CQC , HWE, Professional &amp; Organisational Regulators</b>	<ul style="list-style-type: none"> <li>○ Ad hoc arrangements</li> <li>○ CQC Inspections</li> </ul>	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

### 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](http://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](http://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.

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