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PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Wednesday, 10 July 2019

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Thursday, 18 July 2019** in Committee Room 1, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in cursive script that reads 'Janie Berry'.

JANIE BERRY
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence
To receive apologies for absence (if any)
2. Declarations of Interest
To receive declarations of interest (if any)
3. Minutes (Pages 1 - 4)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee – People held on 8 May 2019

4. Public Questions (30 minute maximum in total) (Pages 5 - 6)

Questions may be submitted to be answered by the Scrutiny Committee, or witnesses who are attending the meeting, on any item that is within the scope of the Committee

5. Discussion with the Cabinet Member for Young People

6. Review of the Derbyshire Care Leavers Offer (Pages 7 - 8)

7. Derbyshire Healthwatch Intelligence Report - May 2019 (Pages 9 - 24)

8. Derbyshire Healthwatch Annual Report 2018-19 (Pages 25 - 60)

9. Work Programme 2019-20

PUBLIC

MINUTES of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held at County Hall, Matlock on 8 May 2019.

PRESENT

Councillor A Fox (in the Chair)

Councillors N Barker, L Chilton, R Flatley, J Frudd, R Iliffe, D Taylor and G Wharmby (substitute).

Also in attendance were D Turner, Roger Miller and Robert Moore (Adult Care), Helen Henderson-Spoors, (Derbyshire Healthwatch) and James Hollingsworth and Smruti Mehta (Children Services).

Apologies for absence were submitted on behalf of Councillor J Twigg.

There were no declarations of interest.

07/19 **MINUTES RESOLVED** that the minutes of the meetings of the Committees held on 27 February 2019 and 4 March 2019 be confirmed as a correct record and signed by the Chair.

08/19 **PUBLIC QUESTIONS** – none received.

09/19 **REVIEW OF CHANGES TO MANAGEMENT AND STAFFING ARRANGEMENTS IN DCC CARE HOMES** Robert Moore, Adult Care presented the findings of the review which was held to ascertain the effectiveness of the changes: three-shift system and new management arrangements in Homes for Older People and Community Care Centres as approved by Cabinet on 16 June 2015.

The report listed the changes that had been introduced together with the methodology and findings of the review.

More work was identified to further support the continued implementation of the changes and to ensure that the new practices become suitably embedded in our practice; the report listed the specific actions that were to be undertaken over the next 6 months.

RESOLVED that (1) The findings and planned actions be noted; and

(2) Further reports to be made on progress to the Cabinet Member for Adult Care in due course.

10/19 ORAL HYGIENE IN CARE HOMES ACROSS DERBYSHIRE

Helen Henderson-Spoors from Derbyshire Healthwatch summarised the report which was circulated prior to the meeting.

According to the Department of Health (2011), maintaining good oral hygiene was crucial as it not only impacted on an individual's ability to eat, speak and socialise but could help prevent conditions such as mouth cancer and cardiovascular disease. A number of care homes across Derbyshire were visited where staff and residents were invited to respond.

The Care Quality Commission (CQC) assisted with the formulation of key questions: two questionnaires were developed to capture the evidence required. There were a number of key findings, with the main points being access to appointments, more support by staff and residents having control over their oral hygiene.

Several recommendations and actions had been identified:

- The Care Quality Commission (CQC) to acknowledge the findings from a Derbyshire perspective and incorporate them into any planned work;
- Healthwatch Derbyshire to work with health and social care commissioners to ensure that where possible, improvements could be made in the following areas:
 - Specific oral hygiene training for care staff to support people living with dementia and those with learning disabilities
 - Reduced delays in accessing treatment from local dental providers for residents/clients within care homes, including those with dementia and/or learning disabilities
 - Awareness raising around the importance of good oral hygiene with residents/clients of care homes, including those with dementia and/or learning disabilities.

Healthwatch Derbyshire planned to incorporate oral hygiene as a topic in their Enter & View visits to care homes in order to monitor future improvements and issues.

RESOLVED to note the review's findings.

The Committee thanked Helen Henderson-Spoors for the report.

11/19 BI-ANNUAL SUMMARY OF ENTER AND VIEW VISITS TO DCC RESIDENTIAL SERVICES

Helen Henderson-Spoors from Derbyshire Healthwatch summarised the report which was circulated prior to the meeting.

The statutory powers of all local Healthwatch included conducting Enter and View visits to any publicly funded adult health or social care services to learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand. Visits were followed by the publication of formal reports where findings of good practice and recommendations to improve the service were made.

The key data and findings across all visits were listed in detail in the report. Individual reports for each home/services were issued at the time. The report indicated a broader context where DCC may lead in responding to the following recommendations across all relevant services:

- To provide an update on the progress of the tender for hearing loop services;
- To advise on the provision of staff training with respect to resident's oral hygiene care needs;
- To advise how residents are ensured of regular therapeutic mobility and exercise programmes;
- To advise of strategies in place to ensure that residents 'at risk' of becoming isolated are suitably monitored;
- To confirm that practices are consistently in place to ensure that residents are reminded of their care choices and rights;
- To provide a progress update and actions further to the review conducted of external security fencing and gates across the service provision;
- To provide an update on the senior care worker role implementation review with particular reference to the effectiveness in ensuring residents receive an adequate and stimulating programme of leisure, recreational and therapeutic activities; and
- To advise of actions in place to address the CQC rating of 'requires improvement', particularly where this applied to all five CQC domains, and which included one of the newest Residential and Community Care Centre services.

RESOLVED to note the report's recommendations.

The Committee thanked Helen Henderson-Spoors for the report.

12/19 THE LOCAL OFFER FOR CARE LEAVERS IN DERBYSHIRE

Smruti Mehta and James Hollingsworth gave a presentation on Derbyshire County Council's Local Offer for Care Leavers.

The Children Act 1989 placed a duty on all Local Authorities to provide a significantly enhanced leaving care service for 'looked after' young people as they exit the care system, with the intention to raise the quality of support to that of good parents. This requires them to offer Personal Advisor support to all care leavers up to the age of 25 irrespective of whether they were engaged

in education or training. They also have to consult on and then publish their “local offer” for care leavers which sets out care leavers’ legal requirements and the additional discretionary support that the local authority would provide when leaving its care.

There was also a requirement on Local Authorities to have regard to seven corporate parenting principles that guide the way Local Authorities provide its services.

This service was originally provided by Barnardos but following an independent report in 2018 a decision was made to move the provision to Children’s Services. The vision of the new service was *“to create a one service approach for all children in care transitioning to adulthood and create closer partnership working across Council departments and its corporate parenting partners with clearer lines of accountability, closer focused performance management and integrated leadership through the post of an operational and strategic lead for Care Leavers”*.

The key service priorities were listed, together with the service aspirations. Research and practice had shown that young people who had been ‘looked after’ would have the best chance of success as adults if those providing transitional care and other support followed three main principles when talking to the young person and making any decision:

- Is this good enough for my own child?
- Provide a second chance if things don’t go as expected;
- Is this tailored to their individual needs, particularly if they are more vulnerable than other young people?

The Local Offer for Care Leavers was published in late 2018. Three specific areas were included: health, relationships and participation, housing and accommodation and employment, education and training. The proposed offer was expected to be published by the end of August 2019.

The Committee thanked Smruti Mehta and James Hollingsworth for the report.

13/19 **WORK PROGRAMME 2019/20** Roz Savage, Improvement and Scrutiny Officer presented the work programme for the period May 2019 to February 2020. The Committee was asked to note that a scoping report would be discussed at the next meeting.

RESOLVED that the report be approved.

Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

Derbyshire County Council

Improvement and Scrutiny Committee - People

18 July 2019

Review of the Derbyshire Care Leavers Offer

Scoping Report

1. Purpose of the Report

To inform the Committee about the proposed scope of a review of “Derbyshire’s Care Leavers Offer” and to seek approval to commence the review.

2. Information and Analysis

Background information

The Children and Social Work Act 2017 introduced a duty on local authorities to publish their local offer for care leavers. Derbyshire’s Local Offer was published in November 2018. It sets out the “legal entitlements” for care leavers and also other services that the Authority provides to assist care leavers in preparing for adulthood and independent living. For example services relating to accommodation and financial management are described in the offer.

The Act also placed corporate parenting responsibilities on district and borough councils and in doing so has encouraged partners to work together, with the shared aim of providing better support for care leavers. Consequently the County Council and housing districts have held discussions to explore council tax exemptions for care leavers (up to the age of 25) and a number of districts now offer this support. Further development of the offer through partnership working and ongoing discussions at the Corporate Parenting Board is planned.

Review objectives

The aim of the review is to identify opportunities to improve the Derbyshire Care Leavers Offer so that it is equitable and consistent across the county. The review will focus on three components of the offer: Accommodation, council tax exemptions and financial sustainability when a young person first leaves care to live independently.

The review will focus on the following key lines of enquiry:

- What processes do housing authorities have in place to meet the accommodation needs of care leavers, and how do these processes differ across the county?
- What challenges do “Leaving Care Workers” face when seeking accommodation for the young people they are supporting?
- How has each district or borough council arrived at its decision whether or not to exempt care leaves from council tax?
- What support is available to ensure that in the first few months of living independently the care leaver is in a financially sustainable position?

Potential Information Sources

The review will seek evidence from the following:

- Executive Director for Childrens Services
- Cabinet Member for Young People
- Appropriate officers and councillors from district and borough councils
- Community partners
- Officers from the Leaving Care Service

Timeframe and working arrangements

The review will be completed by December 2019.

It is proposed that one or more working groups will be appointed by this Committee to undertake the review and submit progress reports, and a final report to the full Committee at the conclusion of the review.

3. Officer’s Recommendations

The Committee is requested to:

- (1) Agree the scope of the review of Derbyshire’s Care Leavers Offer
- (2) Appoint Members of the Committee to the review working group(s)

Cllr Gary Musson
Chairman of the Improvement and Scrutiny Committee - People



Intelligence report

May 2019

Please direct enquiries to: Hannah Morton, Intelligence and Insight Manager:
hannah@healthwatchderbyshire.co.uk or 01773 880786

All our reports can be found on our website:
<http://www.healthwatchderbyshire.co.uk/category/our-work/>

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 - STOP! I have a Learning Disability
 - Top Tips for Carers
 - Good Practice Guide to Consultation.

Our most recent work:

NHS Long Term Plan (LTP):

The NHS has written a LTP so it can be fit for the future and it is based on the experiences of patients and staff. For more information on the NHS LTP please visit: <https://www.england.nhs.uk/long-term-plan/>

Healthwatch England (HWE) were commissioned by NHS England (NHSE) to support public engagement around the plan across the 42 Sustainable Transformation Partnership (STP) areas. Derbyshire's STP is called Joined Up Care Derbyshire (JUCD), which brings together health and social care organisation across the county. For more information please visit: <https://www.joinedupcarederbyshire.co.uk/>

The engagement phase took place between March and April 2019 and we were tasked to complete 250 surveys and facilitate two focus groups around how people think the NHS should change, including how people think support for long term conditions could be improved.

Next steps: We will shortly receive the findings from HWE and we will generate a report which will be shared with our local STP and published on our website once complete.

Carer's Engagement:

During January to March 2019, we engaged with carers around their experiences of health and social care services.

Derbyshire County Council (DCC) undertake a regular Survey of Adult Carers (SACE) which had left DCC with gaps in their knowledge and understanding around the quality of life for carers. Their survey indicated a decline in satisfaction, and nationally the survey suggested there had been little movement in terms of improving outcomes for carers.

As a result, HWD was asked to talk with carers both in, and not in receipt of services to explore their views and experiences around the themes known to DCC. It was hoped the information would help DCC to understand the challenges faced by carers and how they could best respond to them as an authority.

We are currently in the process of analysing the findings from the engagement which will

be collated into a report and the experiences of carers will be used within the refresh of the Derbyshire Carers Strategy which is due to happen later in 2019.

Next steps: The full report will be available on our website once complete and responses have been received.

Creative engagement with Children and Young People (CAYP):

In June 2018, HWD met with commissioners for children's services, who explained they would be keen to find out what helps CAYP to make healthy lifestyle choices. Their information suggested that in Derbyshire being a healthy weight, exercise levels, tooth decay, teenage pregnancy, smoking, drugs and alcohol are real issues and challenges within the county.

We spoke to approximately 900 CAYP and their parent/carers about the barriers to making healthy lifestyle choices, and we asked how they felt this could be improved. We ran interactive sessions and encouraged CAYP to share their thoughts through writing, drawing and art.

The report was delivered to the Children's STP Board on Friday 12th April and the Board were asked to make ten pledges in response to the report.

Next steps: The full report will be available on our website once the pledges have been received.

Rural engagement:

Over the summer of 2018, we paid specific attention to rural communities across Derbyshire to explore how living in a rural area could impact on the health and social care services that people use.

Summary of findings:

- Long waits for a range of mental health support services and mental health professionals in the community
- Many people experienced loneliness which was sometimes, linked to a lack of transport and rural isolation
- People explained the importance of being involved in their relative's end of life care
- People found it difficult to know what services were available in the local area
- There were many examples of repeat visits to a GP, and/or repeat attendances at A&E when people did not feel their condition had been treated/resolved adequately
- There appeared to be a number of inappropriate attendances at A&E

- People expressed concerns that patients would not manage safely back at home once discharged, explaining that sometimes discharge feels premature without sufficient support in place
- One difference between areas seemed to be the variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

Once we began to analyse the data, it appeared the findings would be particularly useful to the eight Joined up Care Derbyshire (JUCD) place alliances across Derbyshire. 'Place' is about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities.

For more information around JUCD Place, please visit:
<https://www.joinedupcarederbyshire.co.uk/our-places>

With this in mind, we are looking to receive a coordinated response through the JUCD Place Board.

Next steps: The full report will be available on our website once responses have been received

Responses received to reports:

Cataract Services:

The summary of findings from this report were featured in the December edition of the intelligence report and it is now available on our website:

<https://healthwatchderbyshire.co.uk/2019/03/examining-patient-experiences-of-cataract-service-and-treatment-in-derbyshire/>

The service provider received a draft copy of the report to check for factual inaccuracies and to provide a response to the recommendations. To gain a quality response which addresses the recommendations outlined in the report, we will continue to work with the provider.

Summary of response provided by Derbyshire's Clinical Commissioning Group (CCG):

- They will continue to engage with both providers, and primary care colleagues regarding all restricted clinical policies, including that of cataract surgery and to address concerns that some patients are being misinformed that there is a blanket ban on second eye criteria
- The NHS needs to manage demand effectively to ensure the best possible outcomes for patients and the most efficient use of resources
- The NHSE High Impact Interventions work is aimed at identifying good, evidence based practice and collating it into simple service specifications. The approaches

and interventions NHSE are developing and testing with clinicians will ensure patients see the right person in the right place, first time and will help the Derbyshire CCG's and JUCD to deliver their plans to manage the rise in referrals

- NHSE are also developing tools and guidance that will support GPs and other health professionals in managing their patients, so they see the right person in the right place, first time.

Next steps: Continue to work with the provider to gain a quality response and update the report accordingly.

Royal Derby Hospital (RDH) and Chesterfield Royal Hospital (CRH) Mystery Shops:

In partnership with the RDH and CRH, HWD volunteers tested the journey patients would follow when visiting the hospitals for an outpatient appointment. Volunteers commented on their experiences from receiving a patient letter inviting them to a fictitious outpatient appointments at the hospitals, to travelling to the hospitals for that appointment, and navigating the hospital sites in order to find the correct departments.

RDH Mystery Shop:

Summary of findings:

1. Appointment letters were seen to be in an 'easy read' format which could be more easily understood by patients with a learning disability. However, in some cases the volunteers felt that the grammar and meaning along with the use of some symbols within the letters was confusing
2. Volunteers found the use of the internet prior to their appointment very helpful
3. Navigating the one-way system was considered by some to be an improvement, whilst others felt the faded road markings were confusing
4. There were insufficient parking spaces, car parking charges were not clear and the availability of a weekly or monthly pass were not widely advertised
5. Some volunteers found it difficult to cross the roads within the ground of the hospital
6. Volunteers found the hospital navigators to be "very helpful".

Summary of response provided by RDH:

- All typographical and grammatical errors have been addressed, the Trust is also producing letters in large font as well as in Braille, MP3 Audio and email when requested
- There are a number of schemes being looked at by the Trust to ease parking congestion and the road markings have now been repainted
- The hospital has agreed to look at a solution to identify where the disabled parking spaces are located when these are situated within existing car parks
- Parking tariffs will be advertised at all parking payment machines including the advertising of car parking discounts such as weekly passes
- A new zebra crossing is in place for the pedestrian entrance by the King's Treatment Centre to improve safety.

To view the report and the full RDH response please visit:
<https://healthwatchderbyshire.co.uk/2019/02/royal-derby-hospital-mystery-shop/>

Next steps: We will request an update on the response in August 2019.

CRH Mystery Shop:

Summary of findings:

1. Generally, appointment letters were easy to understand and to the point
2. Most volunteers used the internet prior to their 'appointment' to look for information about directions to the hospital, public transport and a site map which they found to be useful, it was suggested for this information to be included within all outpatient appointment letters
3. Volunteers liked the illuminated sign displaying vacant spaces and the car park location map at the entrance to the hospital. However, volunteers commented on the lack of drop-off points for patients with mobility difficulties
5. The car park payment machines were easy to use and tariffs including multi-visit discounts were clearly displayed
6. Reception staff and volunteers were found to be helpful and friendly and the availability of the self-service machines allowed for swifter booking in times
7. Some volunteers felt there was a lack of resting areas to clinics and signage was positioned at a high level and therefore may not be visible to people using wheelchairs
8. Waiting areas that were well-lit, spacious with comfortable well-placed seating was welcomed
9. The LGBT rainbow was advertised on one wall and a staff member was seen wearing a rainbow lanyard which was seen as welcoming and inclusive.

Summary of response provided by CRH:

- The hospital is in a process of reviewing their appointment letters and the possible inclusion of additional information will be considered
- They will undertake a review of the drop-off areas across the site as a part of the site strategy
- The hospital is in the process of developing patient rest stops which will provide a place to rest and find information. The buggy service moving forward will ask anyone at the rest stop if they would like a lift
- The Trust acknowledges that the signage across the hospital requires development and the overall strategy for way finding is being reviewed as a part of the outpatient improvement plan
- Currently the hospital is in a process of reviewing all of the outpatient reception areas
- The LGBT rainbow has been discussed within the Trust and is accepted as a great way to communicate that a person has enhanced understanding/training regarding diversity issues. There is a plan to use this as a wider marker for those who have gone through specific training.

To view the report and the full CRH response please visit:
<https://healthwatchderbyshire.co.uk/2019/05/mystery-shop-exercise-completed-at-chesterfield-royal-hospital/>

Next steps: We will request an update on the response in October 2019.

Orthotics at RDH:

The Intelligence, Insight and Action (IIA) sub group of HWD, who regularly appraise all the comments and experiences received by the organisation, recommended this engagement priority to further explore comments received by HWD and provide the Trust with more independent patient feedback around the orthotics service to be incorporated into their service improvement plan.

Between November 2018 and January 2019 we visited a number of orthotics clinics at London Road Community Hospital (LRCH) and spoke to a total of 60 patients about their experiences of the service.

Summary of findings:

1. Both children, young people (CAYP) and adults explained they would appreciate an acknowledgment of their referral
2. Experiences varied with regards to the orthoses being 'right the first time', parent/carers highlighted the importance for this to be the case especially for CAYP as this can cause the original measurements to be no longer correct
3. Most CAYP who required repairs and/or replacements felt they had to wait 'too long' compared to adults who were usually happy with the length of time it took to receive their orthoses
4. Many CAYP and adults were unsure as to how many orthoses they were entitled to
5. The majority of the CAYP and adults explained their orthoses had made a positive difference to their lives
6. All CAYP, their parent/carers and adults explained how friendly and helpful they found all the staff within the orthotics department at LRCH
7. Some adults had difficulties contacting the department to chase appointments and some were concerned around leaving answerphone messages due to uncertainty of when they may hear back.

Summary of response provided by LRCH:

- There is an aim to send appointment letters to patients within seven days of a referral which acts as an acknowledgement. However, if this aim is unable to be met an acknowledgement letter will be sent to new patients
- The department have recently started a process of quality assurance registration which will help to ensure orthoses are manufactured to a standard agreed quality. However, many orthoses are bespoke and therefore minor adjustments are inevitable
- An information poster will be placed in the clinic area to detail entitlements

- Information sheets are available, however Orthotists have not been printing them due to a lack of printers, they will look to source further printers to ensure information is available
- Promotion of the orthoses and their benefits are discussed by the Orthotists during appointments. Further information will be added to the information's sheets to promote the positive effects
- Receptionist inform patients of delays by writing on the white board or informing patients verbally
- Text reminders are automatically sent to patients, a poster has been placed in the reception area advising of this and how patients can opt out
- The message on the orthotics answer phone has been updated to include advice that the call will be returned within 24 hours so people are aware of when they can expect to hear back.

To view the full report and the provider response please visit:
<https://healthwatchderbyshire.co.uk/2019/04/orthotics-report/>

Next steps: We will request an update of the response provided in October 2019.

Experiences of discharge at the RDH and Queen's Hospital Burton (QHB):

During February 2019, HWD and Staffordshire undertook a total of four engagements at the RDH and QHB discharge lounges.

A total of 23 patients were asked about their experiences of being discharged from hospital.

Summary of findings:

1. Most patients had initial discussions around their discharge on the day of discharge and there were mixed experiences of how involved or listened to people felt
2. Not all patients were asked about facilities and support at home
3. Some patients were not provided with any information about being discharged from hospital, patients explained they would like clear messages and honest timescales
4. Most patients felt they were being discharged at the right time, however some patients did not feel ready to go home due to a lack of confidence around care arrangements, still feeling unwell and three patients were told their hospital beds were needed
5. Delays in the discharge process, were often due to medication, communication errors, discharge letters and transport
6. Most patients were not aware of the Home from Hospital scheme.

Summary of response provided by RDH and QHB:

- An accreditation scheme focused around making every day of each patient's stay in hospital count is being developed to embed the SAFER principles and achieve earlier patient discharges

- To develop a communication strategy to raise both staff and patient's awareness of the Help from Hospital scheme
- The discharge lounge aims to maintain the length of time waiting to two hours maximum and delays due to inaccurate prescribing/medication changes will be raised at the chief nurse meetings to ascertain whether any dedicated pharmacy technician support might be provided
- The Integrated Discharge Team are working on a booklet to inform patients and their carers of what to expect on discharge 'keeping you in the loop'.

Next steps: We will request an update of the response provided in September 2019.

Update on actions received to reports:

A summary of findings for both the Improving Access to Psychological Therapies (IAPT) report and Renal EMAS Patient Transport Service (PTS) report, along with the provider and commissioner responses were featured in the December edition of the intelligence report, which stated we would follow up on the actions taken against the recommendations in March/April 2019. The below provides a summary of both updates.

Improving Access to Psychological Therapies (IAPT):

The Mental Health Commissioning Team for Derbyshire CCG provided us with an update in February 2019 to the actions they made in the IAPT report.

Mental Health Together were commissioned by the CCG to collect the views of patients and members of the public about how IAPT Talking Therapies should be delivered in the future, post 2020.

Summary of update regarding the new service specification:

- One new clear brand using an 'umbrella' approach so individual IAPT providers can be identified. A single point of access via a lead provider using one computer system
- A 'hub and spoke' model across all PLACE areas, there is a requirement in the service specification for out-of-hours appointments at all the main hubs
- Inclusion of outcome measures and a proposed payment incentive to ensure the service is easily accessible for people over the age of 65 and to ensure that everyone is able to get treatment promptly
- Explicit requirement in the service specification not to have limited session numbers and to ensure therapy can focus on how people can help themselves in the future to stay well

- An improved protocol about how IAPT works with secondary mental health services We have escalated concerns about the perceived gap between IAPT and secondary care services to the mental health STP board
- A requirement in the service specification to work with community groups and organisations supporting wellbeing
- Emphasis on case by case decision making in the service specification to address concerns that decisions may be made purely on basis of diagnosis.

To view the full report and most recent update please visit:

<https://healthwatchderbyshire.co.uk/2018/10/improving-access-to-psychological-therapies/>

Next steps: We will request a further update in September 2019.

Renal East Midlands Ambulance Service (EMAS) Patient Transport Service (PTS):

We explored the use of patient transport by renal patients, due to their frequent use of the service. We spoke to a total of 37 people at CRH and 55 people at the RDH.

Summary of update regarding EMAS Patient Transport Service (PTS):

- A text system is now in place to let patients know when transport is on its way. This is only currently available for core crews and volunteers. A review of current service users is underway for regular bookings as it is required to seek permission to enable service users to access this system
- In order for EMAS to monitor the number of people leaving the PTS and to understand their experiences they conducted a patient survey in September 2018, introduced an electronic live survey system onto the vehicles which provides immediate feedback, they are continuing with their quality meetings and have introduced face to face meetings for patients who have had a reduced level of patient experience on more than once occasion
- They have also introduced a dedicated Renal Patient Liaison Service which allows them to capture specific individuals who have poor service levels in real time, to try to resolve issues in a more timely manner and also this individual monitors daily journeys and amends journeys ahead of potential issues occurring
- A shortfall of coverage on Saturdays has been identified and rectified with recruitment to full establishment
- To be able to streamline the process for renal patients to make journeys as time efficient as possible, EMAS have implemented new changes to key performance indicators (KPIs) which have enabled the planning team to utilise the vehicles more effectively.

Next steps: We will continue to monitor comments regarding the EMAS PTS.

Update on a selection of earlier reports:

Dementia services:

An update of actions pledged in response to our report were highlighted in the December edition of the intelligence report. We will request a further update on actions pledged against the recommendation made in response to this report in June/July 2019.

In the meantime, we will continue to monitor the implementation of the Derbyshire Dementia Well Pathway as well as hear from people about their experiences of using services to ensure improvements are being made.

To view a copy of our Dementia Report and the update on actions please visit:
<https://healthwatchderbyshire.co.uk/2018/05/dementia-report/>

Child and Adolescents Mental Health Services (CAMHS):

We feel assured from the responses from providers and the Futures in Mind (FIM) Board that action is being taken to address our recommendations.

In November 2018, the FIM Local Transformation Plan Refresh was published, with reference to our CAMHS report, particularly in terms of the overwhelming theme around the lack of parent carer support.

We will continue to monitor the implementation of the plan as well as hear from people about their experiences of using services to ensure improvements are being made.

To view a copy of the FIM LTP Refresh please visit: <https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/children-and-families/mental-health-and-wellbeing/future-in-mind-local-transformation-plan-november-2018.PDF>

To view a copy of our CAMHS report and the update on actions please visit:
<https://healthwatchderbyshire.co.uk/2018/05/experiences-of-using-camhs-services-in-derbyshire/>

Enter and View (E&V) Reports:

HWD maintains a statutory responsibility to undertake E&V visits to a variety of NHS and social care adult services which receive any income from public funding. An E&V visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission.

For more information on our E&V programme please visit <https://healthwatchderbyshire.co.uk/about/about-enter-and-view/>

Autumn Grange Care Home:

The IIA sub group of HWD, recommended this E&V visit to further explore comments received by HWD and to enable our authorised representatives (ARs) to see for themselves how the service is being provided in terms of quality of life and quality of care principles.

Summary of findings:

- The ARs observed staff to be supportive and friendly with the residents, showing a high level of concern and care. The staffing levels seemed to support participation in activities with the residents
- Signage around the home was good, especially in the dementia unit
- The corridors were appropriately decorated with good use of colours in the dementia unit
- Information boards were in place on many corridors throughout the home in which were clear and informative for both residents and their visitors
- A wide range of activities were advertised on dedicated information boards on each floor with the use of pictures and words for the residents
- The outside grounds were attractive and appeared well kept, with plenty of seating available for residents and their visitors.

To view the report and response please visit: <https://healthwatchderbyshire.co.uk/2019/05/autumn-grange-enter-and-view-visit-report/>

E&V Bi Annual DCC Summary Report:

During 2018/2019, Healthwatch Derbyshire were re-commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to 13 of their 26 residential services across the county.

The Enter and View reports were commissioned primarily for DCC's own internal quality assurance purposes, and the individual reports are not placed in the public domain unlike other Healthwatch Enter and View reports.

Therefore, we have produced a six monthly summary of the reports which we are able to make public.

The latest and final summary report for the commissioning period represent the remaining seven visits undertaken from the end of July until late November 2018 when all the visits had been fully completed.

The summary can be found on our website, please visit:

<https://healthwatchderbyshire.co.uk/2019/03/enter-view-bi-annual-dcc-summary-report-march-2019/>

Mental Health Together (MHT):

Mental health information and signposting in Erewash:

The summary of findings from this report were featured in the December edition of the intelligence report and it is now available on our website.

The report captured the views of 105 mental health service receiver's and carers in Erewash around their experiences of accessing information on mental health services.

Summary of responses:

- Erewash Health Partnership (EHP) which represents ten GP surgeries across Erewash explained they, "Recognise the importance of signposting patients to mental health services, to provide effective support ... We are in the process of developing a range of online support packages for mental health, amongst other issues e.g. bereavement, depression, addiction etc. that service users can access 24/7"
- Erewash CCG explained, "There should be a range of methods for people to access IAPT services. Evidence has shown that self-referrals where possible results in greater equality; improved clinical outcomes and faster treatment response. However, it is recognised that some people find it hard to make the first step. Therefore, it is important that providers have simple referral processes for people, as well as easy-to-use professional referral processes so professionals can support people, either online, via telephone or via letter."
- To ensure there is better use of care coordinators with regards to mental wellbeing, Erewash Care Coordinating Team explained, "We will review this ... to ensure that all staff are aware of mental health services in the area. To also ensure they have a good knowledge of local services/voluntary groups and if not then how to access them. To discuss with individual GP practices to promote care coordinator service for mental health support."
- In terms of all GP practice employees (including receptionists) are fully aware of mental health information, EHP explained, "All reception staff have undergone CCG provided Navigation and Signposting training."
- People wanted to see further developments to community hubs as 'one-stop-shops' for information and advice around mental health support, the Primary Care

Workstream for JUCD said, “By Spring/Summer 2019 we should have a proper project plan in place with timescales for this work.”

To read a full copy of this report, along with the full provider and commissioner responses please visit: <https://healthwatchderbyshire.co.uk/2019/02/mental-health-information-and-signposting-in-erewash/>

Experts by Experience Training:

Experts by experience, help to gather information from their own communities and networks, about what people think is good and bad about services, and their ideas for improvement. E.g. from groups they attend, friends, their local community etc. They attend meetings that allow them to share their own experiences, and those of others. They help services look for solutions to issues that have been identified.

We have run our second expert by experience training in January 2019 and now have a further ten expert carers and service receivers.

Current and future engagement priorities:

Ex-offender engagement:

Over the coming months, we will be engaging with ex-offenders to explore their use of health services.

We will be asking what experiences people have of using health services and if they have encountered any difficulties with knowing where to go and/or how to access a service.

We will also be finding out what information, help and support they received whilst in prison and what information they received on release.

The information gathered will be shared with those who run, choose and buy health services in Derbyshire to help ensure services provided are easy to use and of good quality.

Domiciliary Care:

Between April and October 2019, Healthwatch volunteers will be gathering people’s experiences of home care services (Domiciliary Care Services) in Derbyshire to make sure people are receiving a good quality of care and support.

The information gathered, along with any recommendations will be shared with the relevant service providers, the Care Quality Commission (CQC) and the commissioners in Derbyshire.

Useful tools and resources:

STOP! I have a Learning Disability:

HWD and the Good Health Group (part of Derbyshire County's Learning Disability Partnership Board) have developed a poster entitled - STOP! I have a learning disability.

It can be given to people with learning disabilities to take to appointments and can also be displayed in GPs, dentists and hospitals.

The poster includes prompts for practitioners and patients to agree non-verbal signals if they are in pain, want to ask a question or need further support at the beginning of treatment or a consultation.

To view the poster please visit: <https://healthwatchderbyshire.co.uk/2018/01/stop-i-learning-disability/>

Top Tips for Learning Disability Carers:

This leaflet is intended to provide information for learning disability carers regarding access to health and social care services for the cared for person and some additional information about carers' rights and support.

To view the leaflet please visit: <https://www.healthwatchderbyshire.co.uk/wp-content/uploads/2015/08/Top-tips-for-LD-Carers.pdf>

Good Practice Guide to Consultation and Checklist:

This has been produced to ensure meaningful and lawful public engagement in changes to health and social care services.

To view the guide please visit: <https://healthwatchderbyshire.co.uk/stp-derbyshire-joined-care/best-practice-guidance-consultation/>

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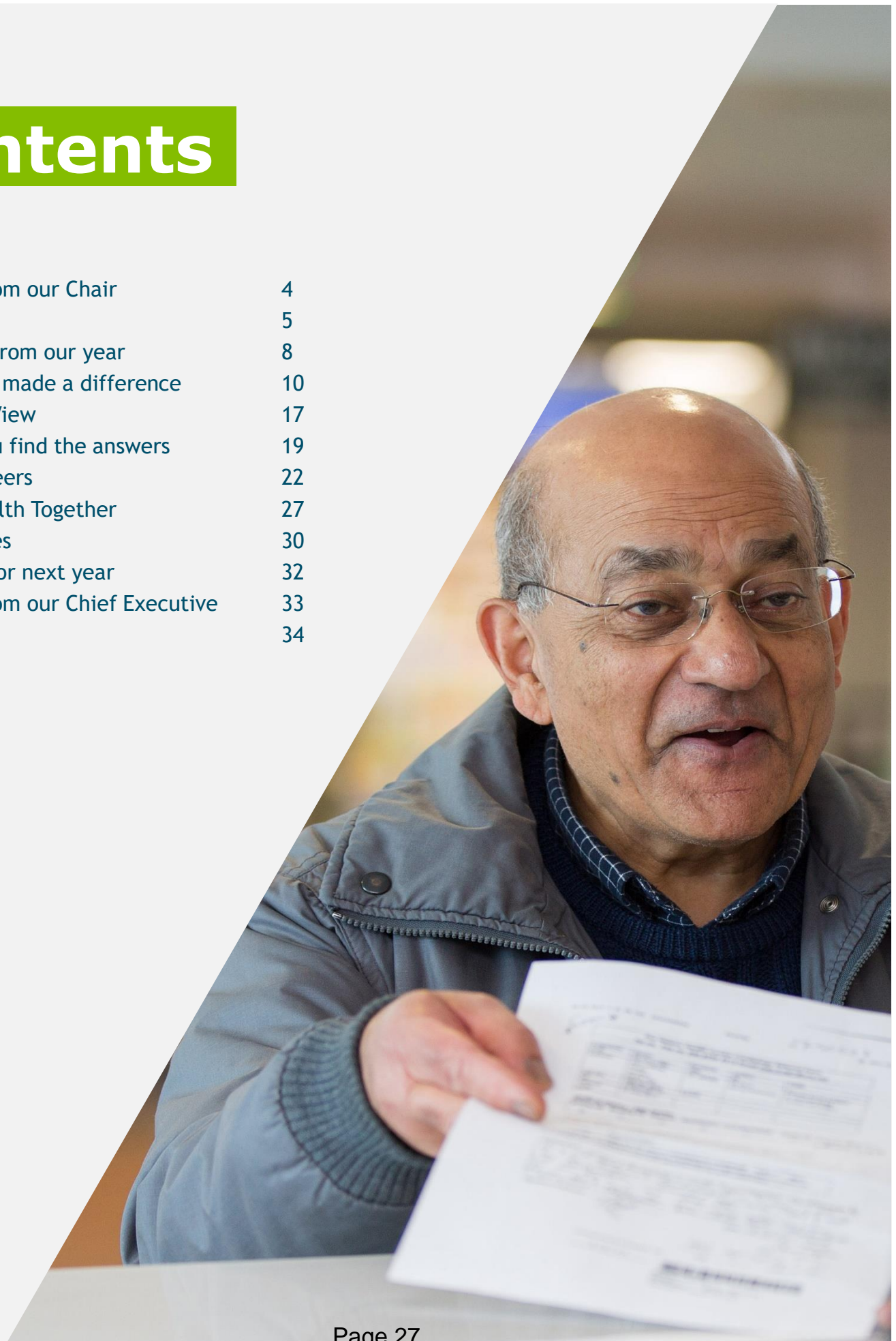
Making Your Voice Count

Annual Report 2018-19



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Message from our Chair



As we enter our sixth year of Healthwatch Derbyshire (HWD) I can report that the service continues to progress and strengthen.

HWD remains committed to working with providers of Health and Care services and always aim to work in harmony with these colleagues while remaining independent and challenging where appropriate.

Due to the massive savings required by NHS England for the county CCGs (£95m over two years), 2018/2019 has been a challenging year. We ensured that the CCGs were aware of the legal requirements regarding consultation and engagement of the public and partners and have therefore worked to lessen what may have been damaging changes.

Last year I reported that HWD had secured a three-year contract to deliver a mental health engagement service (Mental Health Together) but unfortunately this service had to be dramatically reduced because of the CCG savings referred to above.

In the past year we have conducted various pieces of themed engagement which has led to several reports being completed and presented to a range of high level strategic meetings, including Derbyshire County Council's Scrutiny Committee and the Health and Wellbeing Board.

In addition, we have continued to deliver our Enter and View programme using trained lay members of the public (Authorised Representatives).

There has also been a change of our Chief Executive in the past year with the previous postholder moving to a senior position in the now Derbyshire CCG following a merger of the previous eight bodies.

As in previous years, I wish to pass on my thanks to our staff who continue to demonstrate massive commitment to the complex task they carry out. Without this commitment the achievements would be impossible.

I also offer my thanks to the Board of Directors/Trustees who remain strong with a wide range of experience and expertise, remembering those who have left us this year and a big welcome to those who have joined us.



John Simmons
Healthwatch Derbyshire Chair

About us



Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to Healthwatch Derbyshire, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



Sir Robert Francis QC
Healthwatch England Chair

Changes you want to see

Last year we heard from 7004 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



Make it easier to see a doctor and to improve continuity



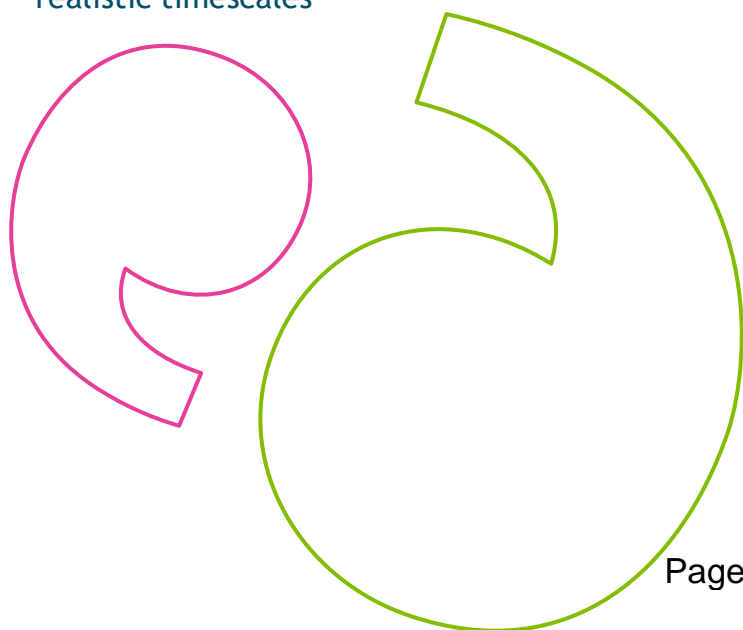
Healthcare professionals should have a positive attitude and be empathetic



Professionals should take the time to speak to people about what to expect and provide realistic timescales



Services should provide information that can be understood by everyone so that people can make informed decisions about their own care



Our vision is simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations.

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the county. The evidence we gather also helps us recommend how policy and practice can change for the better.





Highlights from

our year

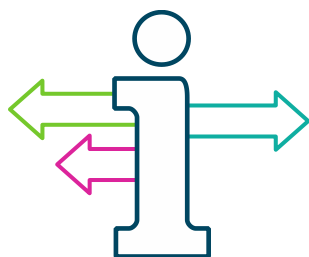
Find out about our resources and the way we have engaged and supported more people in 2018/19. **Our resources:**



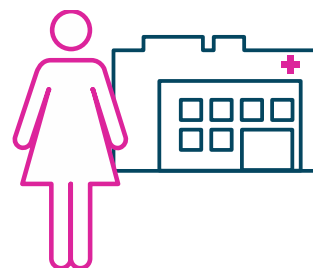
7004 people shared their health and social care story with us



We have **52** volunteers helping to carry out our work. In total, they donated **1913** hours



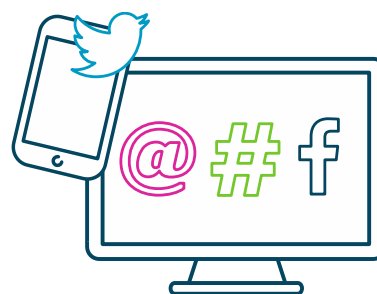
3,100 people accessed Healthwatch advice and information online or contacted us with questions about local support, **94%** more than last year



We conducted **18** Enter and View visits to understand people's experience of care and made **127** recommendations for improvement



93 improvements we suggested were adopted by services to make health and care better in our community



This year our messages were seen on social media **140,135** times, this is **22%** more than last year



How we've made

a difference



“Healthwatch Derbyshire’s work on dementia exposed serious shortcomings and led to improved services for people living with dementia. Their hard work and honesty exposed what was happening and was respected as “impartial” - HWD Annual Survey 2019

Listening to local people’s views

HWD collects comments from patients, service users and members of the public about their experiences of using health and social care services.

We analyse all comments regularly so that we can identify emerging issues, trends and themes. This helps us to see where service improvements are needed, and shows where there is good practice which can be shared.

Engagement activity across the county takes place throughout the year around priorities agreed by the Intelligence, Insight and Action sub group. This group is attended by directors, staff members and lay representatives, and reports to the Board of Directors.

Sometimes engagement work is planned as a result of having limited comments from a particular service user group, or community, indicating that we need to do some targeted engagement work. We also plan engagement activity around the volume of comments and level of interest coming into us about issues and services.

Our engagement officers target their work wherever possible at seldom heard voices, acknowledging that certain communities are

likely to speak out about their experiences of health and social care services than others. With this in mind, we monitor the audience type of our engagement activity when possible.

During the last year our engagement priorities have included:

- + Mystery shops completed at Royal Derby Hospital and Chesterfield Royal Hospital
- + Experiences of cataract services and treatment in Derbyshire
- + Experiences of using health and social care services in rural communities
- + Creative engagement with children and young people.

During the past year we have produced a number of reports, all of which can be found on our website, under the heading ‘our work’, or you can request a copy to be sent via post.



Changes made to your community

Find out how sharing your views with your local Healthwatch has led to positive changes to health and social care services in Derbyshire. We show that when people speak up about what's important, and services listen, care is improved for all.

Experiences of using non-emergency patient transport in Derbyshire

We had received some negative feedback in regards to non-emergency patient transport services which is provided by East Midlands Ambulance Service (EMAS). It was felt that a targeted piece of engagement work would help to explore the issues and provide a detailed picture of how patients experience the service.

Renal patients were chosen as the cohort as they use the service very frequently. We visited the renal units at both Chesterfield Royal Hospital and Royal Derby Hospital.

We spoke to 92 renal patients in total about their experiences of using non-emergency patient transport. This engagement was originally carried out between January and April 2018, but we requested an update on the actions pledged in March 2019.

We have highlighted below some of the key issues raised and the action taken by EMAS.

YOU SAID

People told us that they do not routinely receive a call or text letting them know when transport is on its way.

March 2019 - "The text system is now in place. This is currently only available for our core crews and volunteers".

YOU SAID

People told us that there were more issues to do with pick-ups and drop-offs on a Saturday compared to during the week

March 2019 - "There was an identified shortfall in rota coverage on Saturdays. This has been rectified with recruitment to full establishment which enables our relief staff to fill vacant shifts more effectively over a seven-day period".

YOU SAID

People told us about stress and anxiety caused by the uncertainty around the provision of transport to and from appointments

March 2019 - “We implemented new changes to KPIs from Dec 2018. The changes have enabled the planning team to utilise our vehicles more effectively... The division can formally hold third-party providers to account and robustly manage any timeliness issues with taxi journeys more robustly”.

“The fundamental key to the service is communication, ensuring that the Patient Transport Service are managing expectations, and keeping patients informed regarding the service.” EMAS, 2018

YOU SAID

People told us that despite being eligible for patient transport services, they now make their own arrangements due to dissatisfaction with the service.

March 2019 - “We have also introduced an electronic live survey system on our vehicles... This system gives us immediate feedback through ‘survey monkey’.

We are continuing with our quality meetings and have introduced face-to-face meetings for patients who have had a reduced level of patient experience on more than one occasion.

We have introduced a dedicated Renal Patient Liaison service. This allows us to capture specific individuals who have poor service levels in real time, to try to resolve issues in a more timely manner and also this individually monitors daily journeys and amends journeys ahead of potential issues occurring”.



You can read the full report on our website <https://healthwatchderbyshire.co.uk/2018/10/renal-pts/> or you can request a hard copy to be sent via post.

Royal Derby Hospital (RDH) Mystery Shop

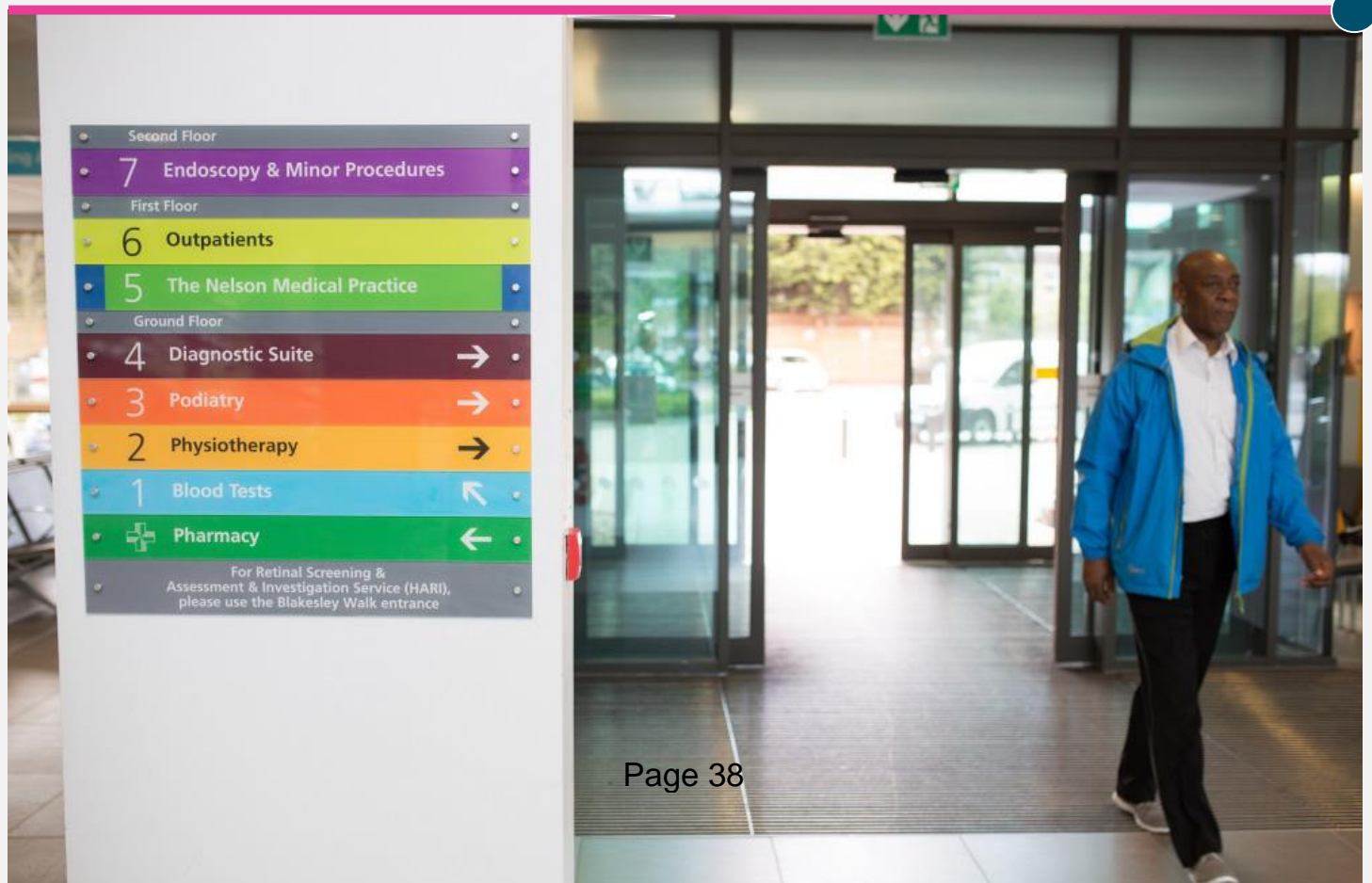
This mystery shop was conducted as a result of public and patient feedback collected by both HWD and RDH. In partnership with RDH, HWD volunteers tested the journey a patient would follow when being invited to the hospital for an outpatient appointment.

Volunteers commented upon their experiences, from receiving a patient letter inviting them to a fictitious outpatient appointment at the hospital, to travelling to the hospital for that appointment, and navigating the hospital site in order to find the correct department.



We made a number of recommendations to the Trust and the following changes have been implemented:

- + Changes made to appointment letter
- + Improved signage within the car parks
- + Increased advertising of car park tariffs
- + Advertising of weekly/monthly car parking passes.



Second Floor	
7	Endoscopy & Minor Procedures
First Floor	
6	Outpatients
5	The Nelson Medical Practice
Ground Floor	
4	Diagnostic Suite →
3	Podiatry →
2	Physiotherapy →
1	Blood Tests ↖
+	Pharmacy ←
For Retinal Screening & Assessment & Investigation Service (HARI), please use the Blakesley Walk entrance	

Children and Young People Creative Engagement:



We had limited intelligence from children and young people (CAYP) and it was felt that a targeted piece of engagement work would help us to ensure their voices are heard and used to influence the delivery of services.

In Derbyshire, being a healthy weight, exercise levels, tooth decay, teenage pregnancy, smoking, drugs and alcohol are all real issues and challenges compared to many other areas of the country.

Between August 2018 - March 2019 we spoke to approximately **900** CAYP and their parent/carers.

CAYP shared their thoughts on the different issues by using a multimethod approach:

- + Speaking with us
- + Writing down their thoughts
- + Creating artwork

Through using arts we hope to give CAYP another way of expressing themselves.

“My art shows a child’s mouth being sewn up. This represents how children don’t usually get to have a say in things that affect them, simply because they are children and more vulnerable than adults.”



Summary of what CAYP would like to see improved in Derbyshire:

- + More education on poor dental health
- + Training for dentists to reduce anxiety in CAYP and know how to put them at ease
- + More opportunities for parent/carers and CAYP to learn how to cook fresh meals
- + Encourage people to make their own healthy choices people have a responsibility to look after their own health
 - + Promote the 'mile a day' within schools
 - + More affordable group exercises and activities for CAYP to do in the evenings/weekends which are inclusive of all abilities



- + Improve mental health services (access) for CAYP
- + More education and honest communication around substance use
- + Improve sex education within schools by having smaller groups and for it to be delivered by an outside agency
- + For all schools to be part of the C-Card scheme and for there to be more discreet ways of accessing contraception (drop in services).

“Healthcare professionals focus on my diet ... I just want someone to listen to how I feel ... until my mental wellbeing is addressed, nothing will really change.”

We presented the report to the Children’s STP Board on Friday 12th April and asked them to make recommendations in response to the report to improve the lifestyles of CAYP in Derbyshire. The full report will be available on our website once a response has been received.



Have your say

Share your ideas and experiences and help services hear what works, what doesn't and what you want from care in the future.

www.healthwatchderbyshire.co.uk

T: 01773 880786

E: enquiries@healthwatchderbyshire.co.uk



Enter and View

Enter and View

In terms of HWD Enter and View (E&V) activity, 2018/2019 has been a busy and productive year.

- + 20 Authorised Representatives (ARs) have participated in E&V activity
- + A total of 18 visits have taken place, 14 of these were conducted in a care home setting, two in GP practices and two were ward visits
- + ARs spent 81 hours on visits
- + 127 recommendations for improvement were made to a number of providers.

We are grateful to our Authorised Representatives (ARs), who are highly trained and enthusiastic individuals, for their commitment and contribution to the work of the organisation. Their unique lay perspective has facilitated communication with service users and ensured that their voice is heard strongly across health and social care.

All Enter and View visits are an opportunity to identify and acknowledge good practice and encourage organisations to build on this. Where shortcomings are identified, the recommendations made are generally well received. Providers are required to respond to recommendations with a plan stating what actions they will take to improve services. Return visits to services are made to ascertain how services have changed as a result of the Enter and View visit.

'One year on' progress updates were requested and received from Treatment Centres run by Derbyshire Recovery Partnership to see the impact of recommendations made following visits in 2017/2018. The majority of recommendations have been implemented and others are being worked on in conjunction with other departments in the Partnership.

The contract with Derbyshire County Council (DCC) to visit their residential services



continued; 13 services were visited and 98 recommendations made resulting in positive changes in several locations. The recommendations ranged from minor to major factors to be considered by service managers and the Local Authority. Once again, overall good standards of care were observed and residents remained 'very satisfied' with the services they received. The DCC contract has now been completed and the reports written and circulated.

Trial visits to two GP practices were carried out to test a methodology for future visits. These highlighted the need for some revision of the tools used and further consultation with the Clinical Commissioning Group and the Local Medical Committee (LMC) was undertaken. A rolling programme of visits supported by Commissioners and GP representatives is due to begin in May 2019.

Looking ahead, we will be working with volunteers from the Mental Health Together team to visit local hospitals to gain insight into the experience of patients in the mental health unit. The programme of visits to GP surgeries and care homes will also be ongoing throughout 2019/2020.



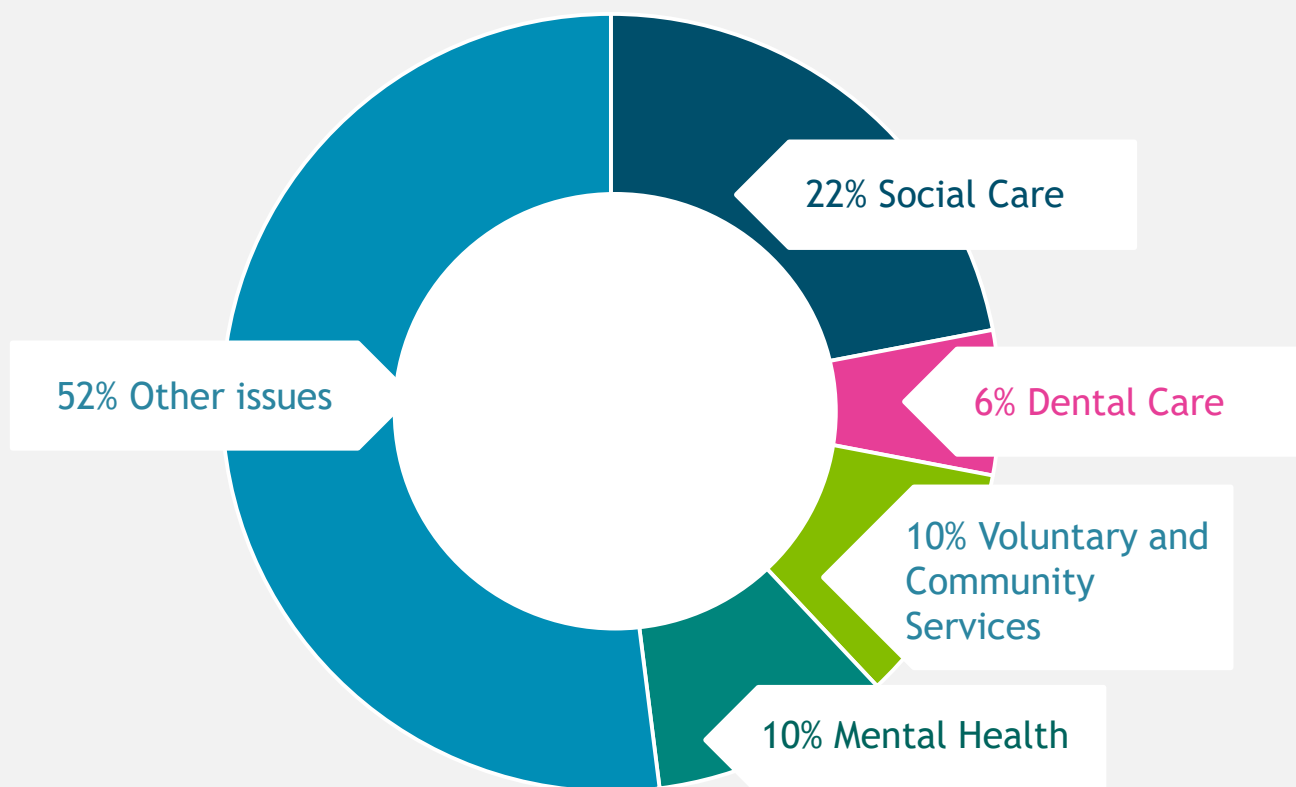
Helping you find

the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people ask us:



How we provide people with advice and information

Finding the right care or support can be worrying and stressful.

Healthwatch Derbyshire has a wide remit and this includes being a single point of contact for the public who need advice, information and signposting to services that are available.

People get in touch with us for a wide range of reasons, from wanting to find out about local support groups in their area, to how to make a formal complaint about a service.

Last year we helped 3100 people access the advice and information they need. You can come to us for information and advice in a number of ways, including:

- + Through our website, or media channels
- + Our contact us form
- + At community events
- + Over the phone
- + Email.

Telephone



Waiting for a CAMHS assessment:

A parent got in touch with us to understand more about how a CAMHS referral works.

The parent was becoming increasingly concerned about her child's education and safety and was unsure what support was available in the interim whilst they were waiting for an assessment.

'Thanks so so much for this amazing feedback... It's good to know we can get in touch with CAMHS directly [we didn't know that] which we'll [now] do. We also [didn't realise that we can] talk to the school nurse... to see if she can help with fast tracking [the CAMHS referral process], which your helpful feedback would suggest is definitely appropriate at this stage.

Also, I love the Young Minds website. I've signed up to receive regular information as they are tackling all the issues that affect us as a family and I do feel it is something we should actively get involved with in terms of campaigning for ongoing progress from government and the education system. Even though we struggle, I know as a family we are better equipped than most - which really is shocking.

But in the meantime, I'm so grateful for your help. It has really focused our minds at a time when we are quite overwhelmed.'



Our volunteers

How do our volunteers help us?

At Healthwatch Derbyshire we couldn't make all of these improvements without the support of our 52 volunteers that work with us to help make care better for their communities.

Our volunteers:

- + Visit services to make sure they're meeting people's needs
- + Support our day-to-day running, e.g. governance
- + Collect people's views and experiences which we use in our reports.

Mystery shop at Chesterfield Royal Hospital (CRH): Volunteers improve accessibility of outpatient waiting areas



The mystery shop at CRH recommended reviews to outpatient waiting areas.

As a result, the Trust agreed to review all outpatient reception areas to ensure they are more comfortable, are accessible to wheelchairs and seating will be rearranged to ensure people can see when they are being called, thus creating a better environment for those with hearing impairment.

“This process has been so very useful to us as a Trust. The feedback was useful in so many ways.

It has raised the importance and interest of having patient and public feedback with the multi-professional team.

It has reinforced in some areas we are doing well and the staff have been pleased to hear this from an external source.

It has reassured the project board that many of our current projects are focused on the correct issues.

It has helped to provide a simple solution to an issue we were overcomplicating.

It has provided insight into the more ‘human factors’ to the system, i.e. how are people feeling?”

Ruth Heafield, Outpatients Programme Manager

You can read the full report on our website <https://healthwatchderbyshire.co.uk/2018/10/renal-pts/> or you can request a hard copy to be sent via post.

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.

Shaun,

In February 2018 I retired from 35 years' service as a police officer. For the last 24 years of which I was a hostage and crisis negotiator as well as being a detective inspector investigating serious and complex crime in the CID for 15 years. I had enjoyed the job very much but I was so tired of being on call and the long hours that came with that.

I must admit I was a bit lost on retiring, being a cop was all I had ever known and despite the job getting harder each year, policing is rewarding and it is a family. I missed my colleagues and the team ethic very much.

I wasn't sure what I wanted to do with the rest of my life. All I knew was that I had a lot of life experience, I enjoyed protecting the vulnerable and that I had to get out of police mode. I needed to do something different but equally as rewarding.

Until I could decide what I wanted to do I thought I would volunteer somewhere. Almost by chance I came across Healthwatch. I saw an online advert asking for volunteer mystery shoppers and thought I liked the look of that. It was a chance to put something back and I had always enjoyed making improvements in policing. I immediately applied and within a few weeks met the volunteer coordinator, Helen. I soon discovered, as well as mystery shopping, the role involved enter and view powers under the Health Act 2012. This allowed me to enter any NHS service provider and review the service supplied.

The training was great; there was a lot to learn, it was well presented, and it was all very interesting stuff. It was for three days and

included guest speakers and covered everything a volunteer needed to know about enter and view and mystery shopping. The course explained how to review and gather evidence and also how to put it into a comprehensive report.

It has been a great 12 months and I have completed two significant large mystery shops and several enter and view visits around Derbyshire. I have also circulated much HWD publicity material and interviewed hundreds of patients and visitors in care homes and outpatients departments. The role has given me access to much free additional training, including more on mental health and autism awareness which I found fascinating.

There is such a variety of different tasks to do and I have met some great like-minded colleagues who have become personal friends. The volunteer group has many interesting people from all walks of life, including teaching, nursing and the civil service. It is so rewarding and it is a privilege to be able to make a difference and I like giving a voice to people who would not otherwise have spoken up about the service they have received from the NHS. It is not all negative, many service users interviewed rate our NHS very highly indeed. We are lucky to have the NHS in the UK.

I never thought I would find a role that would interest me as much as policing did. Healthwatch is also like a family just like policing was. It is great fun and comes with much personal satisfaction. Another positive is that working as a volunteer for Healthwatch has secured me a paid part-time position in the Disclosure and Barring Service vetting NHS staff.



David,

As a local church pastor I've lived with my family in Heanor since 1995, raising a family, using lots of health services. On many occasions my interactions with local people led me to hear both good and not so good stories of their experiences within health/social care. When things get challenging or difficult, it can be hard to know where to turn.

I had already heard about Healthwatch nationally and so I wanted to help signpost people to have a say in what happens when they encounter NHS services. So often people feel that if they make a comment about their experiences it will cause them even more problems in the future with their ongoing treatment, when we know that this is never the case.

I believe that everyone has the right to receive the very best care when they need it most and this is the reason why I actively volunteer with Healthwatch Derbyshire on a regular basis.

Thank You

To all our amazing volunteers who help make a difference to health and care.

healthwatch
Derbyshire



Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering, get in touch.

w: www.healthwatchderbyshire.co.uk

t: 01773 880786

e: enquiries@healthwatchderbyshire.co.uk

‘The views and stories you share with us are helping to make care better for our local community.’

Mike Smith
Healthwatch Volunteer





Mental Health Together

Mental Health Together



Mental Health Together

Mental Health Together (MHT) was commissioned to give service receivers and carers a greater say in the services they access; ensuring they are listened to and that their experiences are at the heart of service design and delivery.

The service started on 1st July 2017, and is commissioned jointly by Derbyshire County Council (DCC), and Derbyshire Clinical Commissioning Group (CCG).

In May 2018 the service was in danger of coming to an end due to the withdrawal of funding from the CCG as part of the financial recovery plan. However, a case was made to continue a reduced service with a smaller team in order to ensure that the positive work carried out in the first year of the contract was able to continue.

Steering Group

The team of staff were initially supported in their role by a steering group made up of service receivers, carers and organisations who represent service receivers and carers. The steering group brought their expertise to the service, helping to identify priorities, suggesting best methods of engagement and evaluating the effectiveness of the work undertaken. This group was disbanded in September 2018 due to the funding cuts, although a large number of the service receivers and carers are still involved in the service as Experts by Experience.

Experts by Experience

An important part of this service is to recruit, train and support Experts by Experience. These are people who have personal or caring experience of mental health conditions. They help to gather information from their own communities and networks, about what people think is good and bad about services and their ideas for improvement. They then use this information to represent service receivers and carers at meetings and workshops that are looking for ways of improving services for people with mental health conditions.

Two cohorts of Experts by Experience (23 people) have received a two-day training programme during the year to ensure that they have the skills and confidence to carry out their work. Experts by Experience also took part in a half-day co-production workshop.

The group meet on a bi-monthly basis to share information and experiences and offer each other peer support.

The Team

At the beginning of the year the service consisted of five members, however by September the funding cuts left two part-time workers, Niki and Kath, working as Involvement Officers.

Continued...



Mental Health
TOGETHER
Engaging with Derby and Derbyshire

Training for Mental Health Commissioners and STP Leads

Two half-day co-production workshops were delivered on 10th and 17th July 2018 to high level strategic leads and commissioners for mental health services. These workshops covered methods of co-production, including citizens' juries, participative budgeting, appreciative enquiry and deliberative events.

We were encouraged to see that identifying when co-production should take place has now become part of the plans of the mental health workstream of Joined up Care Derbyshire, the Sustainability and Transformation Plan for Derby and Derbyshire.

High Peak Mental Health Engagement Group

One of the initial priorities of Mental Health Together was to set up a mental health engagement group in the High Peak. The team continues to facilitate this group of service receivers, carers and professionals who meet up every 5-6 weeks. It has been very encouraging to have an increasing range of local service providers attending to listen to people's views and concerns and to network better between themselves.

We particularly appreciate the attendance of the manager from Stepping Hill in-patient facilities where people from the High Peak are

usually admitted. She gives up significant time to travel and attend demonstrating the importance of such engagement groups.

New Project and Funding on the Horizon

Having survived the near closure of this service we are delighted to have some new funding coming our way from Health Education England. The money will fund a new worker to help deliver a project about achieving better physical health outcomes for people living with serious mental illness. We will be seeking out the views and ideas of this group of people to ensure that necessary changes and/or new initiatives are informed by current experience, especially existing barriers.





Our finances

How we use our money

Our principle funding source is our contract with Derbyshire County Council (DCC). This year we also received funding to deliver Mental Health Together which is jointly funded by DCC and the four Clinical Commissioning Groups (CCGs) in Derbyshire. This income is shown below as 'additional income'.

We also receive a small amount of funding from DCC to visit 13 of the 26 care homes which DCC manage, to support their quality assurance processes. This income is shown below as 'additional income'. Full accounts can be viewed on our website or you can request a copy.

For the period 1st April 2018 - 31st March 2019:

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£321,144
Additional Income	£106, 561.97
Total Income	£427,675.97

Expenditure	£
How much it costs to run our Healthwatch	£412,561
How much we pay our staff	£298, 180
Our operational costs	£412, 561
Total Expenditure	£412, 561



Our plans for

next year

Message from our CEO

Healthwatch Derbyshire has continued to move forward this year, asserting ourselves as a truly independent champion working to put Derbyshire residents at the heart of local health and social care services.

One of our key achievements has been to constructively challenge commissioning organisations in Derbyshire around the way that difficult decisions were made at a time of significant financial strain. Commissioners listened to, and responded to our challenge, and have reflected this in their decision making and have developed and advanced their plans for public engagement in the future.

We have developed the way in which we use the skills and experience of our volunteers. Our volunteer mystery shoppers have carried out a number of visits, to give a truly impartial view of accessing a service from a range of different perspectives. Thank you to our committed volunteers, and to the healthcare providers we have worked with who have received and acted on the feedback we have collected. This work has produced lots of examples of change as a result of the feedback given.

This year has also involved change within our staff team, with our former Chief Executive, Karen Ritchie, moving on to a different job in February 2019. After acting as Interim Chief Executive in Karen's absence, I was appointed to the substantive post after a national recruitment campaign and am delighted to be taking forward the work of Healthwatch

Derbyshire as the Chief Executive. I would like to give my personal thanks to our truly fantastic staff team, board members, and volunteers for all their hard work and effort in the past year, and their commitment to all we will do in the year ahead.

Our plans for the year ahead are to quite simply keep doing what we do best - keep listening to people, keep asking questions, keep finding the answers, and working creatively and innovatively to shine a light on the voices and experiences that are least likely to be heard, and are least likely to be taken into account.



Helen Henderson-Spoors, Chief Executive

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HWDerbyshire
/Healthwatch Derbyshire

Thank you

We are working towards a society in which people's health and social care needs are heard, understood and met. To do this we work with a wide range of organisations and people.

Thank you to everyone who is helping us to put people at the centre of health and social care, helping their voice to shape, inform and influence service delivery and design.

We will be making this annual report publicly available by 30th June, 2019 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, CCGs, 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.

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