

# Public Document Pack



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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 5 July 2019

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 15 July 2019** in the Council Chamber, 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 Services

## **AGENDA**

### **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)
4. Public Questions (30 minutes 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. Please see the procedure for the submission of questions at the end of this agenda)

5. Update on CCG Finances (Pages 7 - 14)
6. Pilsley Surgery Consultation (Pages 15 - 18)
7. Re-design of Clinical Pathway to Support Hospital Discharges - Erewash (Pages 19 - 26)
8. Healthwatch Derbyshire - Intelligence Report May 2019 (Pages 27 - 42)
9. Healthwatch Derbyshire - Annual Report 2018-19 (Pages 43 - 78)
10. 0-19 Public Health Nursing Services in Derbyshire (Pages 79 - 80)

**MINUTES** of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH** held at County Hall, Matlock on 20 May 2019.

**PRESENT**

Councillor D Taylor (in the Chair)

Councillors R Ashton, S Bambrick, L Grooby, G Musson and I Ratcliffe (substitute Member).

Also in attendance were S Stevens and D Wallace (Derbyshire County Council), M Bateman (DCHS), H Henderson-Spoors (Healthwatch Derbyshire), S Thornton (Derby CCG) and Dr P Wood (Derbyshire STP).

Apologies for absence were submitted on behalf of Councillors D Allen, S Blank, S Burfoot and A Stevenson.

**8/19** **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 11 March 2019 be confirmed as a correct record and signed by the Chairman.

**9/19** **MATTERS ARISING – Derbyshire CCG’s Financial Recovery Plan for 2018-19 (Minute No.7/19)** At the last meeting the CCGs had agreed to provide details of the outcome of the savings achieved for 2018-19. They had also developed a new engagement model which it had agreed to share with the Committee. Members requested that this be followed up as the information had still not been received.

The Committee had received details of the first layer of the challenge to achieve the savings target and wished to receive details of the specific schemes chosen to go through to implementation as soon as possible. A special briefing session was to be held for the Committee Members to help facilitate this, but this meeting had not yet been arranged. Mr S Thornton agreed to follow this up and come up with a date as soon as possible.

**10/19** **PUBLIC QUESTIONS** There were no public questions.

**11/19** **DERBYSHIRE COMMUNITY HEALTH SERVICES ANNUAL QUALITY REPORT 2018-19** Michelle Bateman, Derbyshire Community Health Services, attended the meeting to present their Annual Quality Report for 2018-19. The report described in detail the work that had been undertaken during the year to improve the quality of the services provided and achieve the vision of being the best provider of local healthcare and a great place to work.

Ms Bateman highlighted the ‘Time to Heal’ programme which tackled chronic wounds and in particular significantly reduced healing times for patients

with debilitating leg ulcers. The service had been involved in improving awareness of sepsis across the Trust, including the recognition of early signs and symptoms and its management.

On behalf of the Committee, the Chairman thanked Michelle Bateman for her presentation.

**12/19 REVIEW OF THE DERBYSHIRE SUSTAINABILITY TRANSFORMATION PLAN – SYSTEM PLAN**

Dr Paul Wood, Derbyshire STP and Sean Thornton, Derby and Derbyshire CCG attended the meeting to present the Joined Up Care Derbyshire Strategy Refresh. Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) had to develop five-year Long Term Plan implementation plans, covering the period to 2023-24 by Autumn 2019. This would form the response for implementing the commitments set out in the NHS Long Term Plan with 2019-20 as the transitional year.

ICSs would be central to the delivery of the Long Term Plan and the plan was to become an ICS by April 2021. The key stages, engagement approach, including wider stakeholder involvement and the timeline were highlighted.

On behalf of the Committee, the Chairman thanked Dr Paul Wood and Sean Thornton for their presentation.

**13/19 HEALTHWATCH DERBYSHIRE – ROYAL DERBY HOSPITAL AND CHESTERFIELD ROYAL HOSPITAL MYSTERY SHOP REPORTS**

Helen Henderson-Spoors attended the meeting and reported on the outcome of a mystery shop exercise that had been undertaken at Chesterfield Royal Hospital and Royal Derby Hospital. The mystery shop had been conducted as a result of public and patient feedback collected by Healthwatch Derbyshire and the hospitals.

In partnership with both hospitals, Healthwatch Derbyshire volunteers had tested the journey a patient would follow when being invited to the hospital for an outpatient appointment. Volunteers then commented on their experiences from receiving the patient letter inviting them to a fictitious appointment at the hospital, to travelling to the hospital for that appointment, and navigating the hospital site in order to find the correct department. The key findings and issues arising from their visits were highlighted.

The reports and their findings had been sent to each hospital. Both hospitals reported that the feedback had been useful and had welcomed the exercise.

On behalf of the Committee, the Chairman thanked Helen Henderson-Spoors for her report.

**14/19      REVIEW OF THE IMPACT OF DERBYSHIRE CCGs FINANCIAL RECOVERY PLAN ON SERVICE USERS – SCOPING AND PROGRESS REPORT**

At its meeting on 4 February, this Committee resolved that it would undertake a review of the impact of the Derbyshire CCGs' Financial Recovery Plan on patients and service users. The proposed scope of the review was to ascertain what changes would be made to services across the health and social care system and how service users would be affected. The Committee Members were keen to understand how service users, including those requiring support from multi-agencies, would access services following the service reconfigurations proposed by the Financial Recovery Plan.

In order to allow all Members of the Committee to participate in the review and to give a structure to the research and investigations, it was agreed with the Committee Chairman that a series of meetings would be scheduled with key witnesses, which would include;

- Senior Officers of Derbyshire County Council's Adult Care Department, Policy and Research Division and Public Health.
- The Chief Operational Officers of major service providers in the county, (eg. Derbyshire Community Health Services NHS Foundation Trust)
- Patient representative groups
- The Joined-Up Care Derbyshire Place Alliance Boards
- Healthwatch Derbyshire
- Voluntary and Community Groups in respect of the services provided to support Health and Wellbeing
- Representatives of local pressure groups

This list was not exhaustive as, throughout the review process, additional witnesses may be identified as being able to provide evidence to the review. The information gathered would enable the Committee Members to continue to hold the Derbyshire CCG to account during their scrutiny of the CCGs' Financial Recovery Plan for the forthcoming years, as detailed in the CCGs' Medium Term Financial Recovery Plan up to and including 2022/2023. It was intended that the review would be run as a "rolling programme" in order for the Committee to react to service reconfigurations as they were reported by the Derbyshire CCGs.

Background research to help provide structure and content to the review had been undertaken by the Improvement and Scrutiny Officer who supported the Committee and a series of meetings for Committee Members and a number of stakeholders had been undertaken. Prior to this Committee meeting, Members and officers had met with local pressure groups which had proved mutually beneficial and the exchange of information had provided the Committee with issues to follow up.

**RESOLVED** to (1) note the report and the work undertaken to date by Members in respect of the review; and

(2) continue its review programme whilst the Derbyshire CCGs' Medium Term Financial Plan was active.

## **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](mailto: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.





## Derby and Derbyshire Clinical Commissioning Group

### Derbyshire County Improvement & Scrutiny Committee NHS Derby and Derbyshire CCG Financial Position

**15<sup>th</sup> of July 2019, Public Session, 2:00pm**

#### 1. Background & Context

The purpose of this report is to provide an update on progress with delivery of the Derbyshire Clinical Commissioning Group's medium term financial plan. The Committee is reminded that since the last update on this subject, the four Derbyshire CCGs merged to form NHS Derby and Derbyshire Clinical Commissioning Group (CCG) on 1 April 2019. All future references refer to a single medium term financial plan for the newly-merged CCG.

Committee has previously received information at its public session on the 11<sup>th</sup> of March 2019 outlining the approach the CCG was taking in developing this plan, in particularly the details relating to the 2019/20 financial year. The report outlined:

- the strategic approach being taken by the CCG in addressing the financial challenge being faced for 2019/20
- the current status of planning and progress in compiling the CCG's financial plan for 2019/20
- our engagement approach to support the development and delivery of our 2019/20 financial plan
- the next steps in the development of our 2019/20 financial plan.

This information was supplemented with the final details of the 2019/20 recovery plan being shared with Committee members by email following approval at the CCG's Governing Body meeting in public on the 28<sup>th</sup> of March 2019. The CCG also shared the final annual report and accounts for each of the four former Derbyshire CCGs with Committee members on 18<sup>th</sup> June 2018.

The CCG is attending the Committee meeting on the 15<sup>th</sup> of July for the purpose of providing an update on progress. This supporting paper sets out:

- the performance of the CCG in relation to its 2019/20 financial recovery plan, as report to the CCG Governing Body on the 4<sup>th</sup> of July 2019, reflecting the close of Month 2 business.
- the schemes contained within the CCG's 19/20 financial recovery plan, their status as either transactional (and therefore a technical/contractual change not creating service change for patients) versus transformational (a scheme which represents a service change for patients with associated financial savings)
- the governance status of transformational schemes (reflecting whether they represent Full Year Effect savings from 2018/19 and/or the position that CCG decision-making and implementation has reached )
- the status of transformation schemes requiring associated engagement processes and progress to date

#### Financial Position

At month 2, the CCG is reporting delivery of the financial plan year to date and forecast delivery of the agreed £29m deficit control total by the end of the year. If the CCG's expenditure remains within plan it will receive up to £29m of Commissioner Sustainability Funding (CSF).

The month 2 savings information shows year to date delivery of £5.8m (against a phased plan of £7.1m) and a forecast savings delivery of £69.5m. Table 1 below demonstrates CCG performance against key financial duties:

**Table 1 – Summary of performance against key CCG financial duties**

Statutory Duty/ Performance	Target	Result	Achieved
Hold a 0.5% risk reserve (inc. PCCC)	£8.112m	£8.112m	✓
YTD achievement of control total in-year deficit (original plan)	(£4.833m)	(£4.833m)	✓
Forecast achievement of control total in-year deficit (original plan)	(£29.000m)	(£29.000m)	✓
Forecast delivery of the Savings Target	£69.500m	£69.500m	✓
Forecast - remain within the Running Cost Allowance	£22.457m	£18.624m	✓
Underlying Position	(£46.400m)	(£45.480m)	✓
Remain within cash limit	Greatest of 1.25% of Drawdown, or £0.25m	0.72%	✓
Achieve BPPC (Better Payment Practice Code)	>95% across 8 areas	Pass 8/8	✓

Table 2 highlights the summary operating costs statement for the CCG at month 2.

**Table 2 – Summary Operating Cost Statement**

	YTD at Month 2				Full Year and FOT			
	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget	Annual Budget	Forecast Outturn	Forecast Variance	FOT Variance as a % of Annual Budget
	£'000's	£'000's	£'000's	%	£'000's	£'000's	£'000's	%
Acute Services	133,344	133,412	(68)	(0.05)	807,204	807,204	0	0.00
Mental Health Services	29,260	29,786	(526)	(1.80)	177,857	177,857	0	0.00
Community Health Services	21,913	22,763	(850)	(3.88)	131,479	131,479	0	0.00
Continuing Health Care	15,154	15,142	12	0.08	101,358	101,358	0	0.00
Primary Care Services	29,417	29,417	(1)	(0.00)	181,280	181,280	0	0.00
Primary Care Co-Commissioning	23,494	23,479	15	0.06	141,665	141,665	0	0.00
Other Programme Services	13,636	12,225	1,411	10.35	84,570	84,570	0	0.00
<b>Total Programme Resources</b>	<b>266,217</b>	<b>266,223</b>	<b>(7)</b>	<b>(0.00)</b>	<b>1,625,413</b>	<b>1,625,413</b>	<b>0</b>	<b>0.00</b>
<b>Running Costs</b>	<b>3,104</b>	<b>3,097</b>	<b>7</b>	<b>0.23</b>	<b>18,624</b>	<b>18,624</b>	<b>0</b>	<b>0.00</b>
0.5% Contingency (excl co-comm)	0	0	0		7,409	7,409	0	0.00
<b>In year Planned Deficit (Control Total)</b>	<b>(4,833)</b>	<b>0</b>	<b>(4,833)</b>	<b>100.00</b>	<b>(29,000)</b>	<b>0</b>	<b>(29,000)</b>	<b>100.00</b>
<b>Total In-Year Resources</b>	<b>264,487</b>	<b>269,320</b>	<b>(4,833)</b>	<b>(1.83)</b>	<b>1,622,447</b>	<b>1,651,446</b>	<b>(29,000)</b>	<b>(1.79)</b>

## 2. Update on the 2019/20 Savings Programme

As previously communicated to the Committee, the clinical strategy for the CCG will support the ambitious clinical transformation programme. Refreshed clinical leadership arrangements are complete and being implemented to support CCG and System working arrangements.

Key transformation priorities for 2019/20 are summarised below:

- **Urgent Care** – targeting ambulatory care sensitive conditions through supporting high intensity users, diversion to most appropriate delivery point and redesign of front door delivery, development of consistent access and assessment to reduce variation.
- **Primary Care** – peer to peer approach to managing demand and implementation of active disease management within general practice, improving access to urgent primary care services.
- **Planned Care** – transformation of outpatient services through collaborative working with providers, maximising use of digital technology, reduce unwarranted variation and streamline care pathways.
- **Continuing Healthcare** – continuing to maximise the opportunity to right size care packages, improve process and engage clinicians in best practice.
- **Mental Health** – improvement of access to support management of Mental Health crisis and development of personality disorder pathways, improvement of post-diagnostic support for dementia and embed parity of esteem.
- **Medicines Management** – optimising best practice in prescribing and repeat prescribing including use of biosimilar drugs.
- **Service Benefit Review** – ensuring services represent value for money.
- **Long Term Conditions/Disease Management** – support self-care and using Right Care methodology, redesign respiratory, cardiology, diabetes and gastroenterology pathways.
- **PLACE** – full implementation of integrated care model in primary and community services.
- **CCG Organisational Efficiency** – implementation of NHS Plan requirements relating to CCG people, place and policy.

The transformation priorities above have been taken forward as commissioning programmes within the 2019/20 QIPP. The programmes will be working to ensure:

- A focus on all areas of CCG spend being open to review and scrutiny
- Opportunity based, bottom-up, savings initiatives
- An appropriate blend of transactional and transformational savings

The CCG has agreed relevant schemes with service providers and these are included in 2019/20 Contracts subject to implementation. The CCG is pleased to confirm that all contracts are now signed with providers for 2019/20. Many of the schemes have been jointly developed with system partners, and all are aligned with the NHS Long Term Plan; they present the right things for us to do to improve the outcomes for our local population, whilst improving value for money on the Derbyshire pound, and overall efficiency.

### 3. Schemes and status

The table below contains a breakdown of all schemes contained within the 2019/20 financial recovery plan as agreed by the CCG's Governing Body on 28 March 2019. This list is the same list as circulated to Committee at this time, with re-ordering and containing additional information included to reflect information as articulated in section 1.

The schemes are separated between transactional and transformational schemes and can be found in Appendix 1 and Appendix 2 respectively.

#### **4. Public Engagement Approach**

The tables above outline where our engagement attention is focussed. This position is the subject of ongoing discussions between projects and the CCG's Communications and Engagement Team, with multiple projects currently underway to support the development of robust engagement approaches.

Committee has previously agreed to have a separate briefing session with CCG colleagues to talk in more detail about the ways in which the CCG has strengthened its engagement governance in recent months: date for this session is awaited from Committee. Meanwhile, the CCG has held the first three meetings of its newly-established Engagement Committee. This is a sub-committee of the CCG's Governing Body and its terms of reference outline its role in seeking and providing assurance to Governing Body on adherence to the statutory duties and CCG desires surrounding public and patient engagement.

Through continued discussions with projects, engagement and possible consultation approaches will be developed as required. Any projects which represent the possibility of significant service change will continue be discussed with Committee on an individual, scheme-by-scheme basis to provide assurance to the committee that the CCG will meet its statutory duties around engagement and involvement. The CCG welcomes the discussion with the Committee and values feedback on suggested engagement approaches where potential service change may be required. The CCG holds regular planning sessions with the Scrutiny Committee Officer to aim to foresee issues that need to come before the Committee.

#### **5. Next steps**

The CCGs will continue to develop and deliver its savings plan in line with the information set out above and continue to brief Scrutiny on the overall approach to the planning, along with scheme-specific discussions and consultations as required.

## QIPP Plan - Transactional Schemes

Scheme Information				Latest Plan 19/20			
DW URN	Opportunity Title	CCG Scheme Status	Type	Expected Start Date	GROSS 2019/20 (£000s)	Investment 2019/20 (£000s)	NET 2019/20 (£000s)
<b>Continuing Health Care Programme</b>							
DW416	Develop the Domiciliary Care market to ensure consistency in quality and cost	Approved	Transactional	01/09/2019	205	0	205
DW417	Implement Personal Health Budgets options for all Continuing Health Care clients	Approved	Transactional	01/04/2019	100	0	100
DW15	Implement regular review of care packages in line with national framework	FYE	Transactional	01/04/2018	637	0	637
DW19	Implement regular review of care packages in line with national framework (backlog)	FYE	Transactional	01/07/2018	555	0	555
DW23	Improve processes to jointly assess care needs with Local Authority partners	FYE	Transactional	01/04/2018	325	0	325
DW26	Implement Personal Health Budgets options (project launch 2018/19)	FYE	Transactional	01/04/2018	43	0	43
DW466	Improve efficiency in processing Continuing Health Care referrals	Approved	Transactional	01/05/2019	200	0	200
DW520	Improve support through fast track process	Approved	Transactional	01/04/2019	460	0	460
DW464	Improving outcomes for people eligible for Continuing Health Care (programme)	In development	Transactional	01/10/2019	3,000	0	3,000
<b>Community Programme</b>							
DW50	DCHS Contract Agreements (value based review - 1)	FYE	Transactional	01/04/2018	822	0	822
DW274	DCHS Contract Agreements (value based review - 2)	FYE	Transactional	01/10/2018	133	0	133
DW541	DCHS Contract Agreement (value based review 3)	Approved	Transactional	01/04/2019	500	0	500
<b>Disease Management / Long Term Conditions Programme</b>							
DW293	Better Blood Sugars (tariff change)	Approved	Transactional	01/04/2019	18	0	18
<b>Medicines Management Programme</b>							
DW133	Transfer Pharmacy Enhanced Service Medicines Administration Record	Approved	Transactional	01/04/2019	103	0	103
DW434	Cost Effective Formulary - Blood Glucose testing strips	Approved	Transactional	01/10/2019	346	0	346
DW435	Review and switch of non-vitamin K	Approved	Transactional	01/06/2019	710	0	710
DW340	VAT Arrangements with Acute Providers	Approved	Transactional	01/04/2019	226	63	163
DW446	Primary Care Pricing Rebates	Approved	Transactional	01/04/2019	580	0	580
DW447	Patent Expiries and Branded Price Reductions (Business As Usual)	Approved	Transactional	01/04/2019	995	0	995
DW448	Medicines Optimisation - operational delivery (Business As Usual)	Approved	Transactional	01/04/2019	2,974	0	2,974
DW450	Oral Nutritional Supplement -Nutrition Review and Education	Approved	Transactional	01/04/2019	218	0	218
DW453	High Cost Drugs	Approved	Transactional	01/04/2019	2,616	0	2,616
DW454	Optimise Medicine Solution	Approved	Transactional	01/04/2019	325	0	325
DW40	Decommission Pharmacy Enhanced Services Pharmacy First	FYE	Transactional	01/07/2018	45	0	45
SH115	Decommission Pharmacy Enhanced Services Gluten Free	FYE	Transactional	01/07/2018	3	0	3
DW537	Cost Effective Prescribing of Enoxaparin	Approved	Transactional	01/04/2019	87	0	87
DW547	Improving prescribing outcomes for patients	Approved	Transactional	01/10/2019	1,000	0	1,000
<b>Mental Health Programme</b>							
DW134	Mental Health Liaison Service - New Funding Model	Approved	Transactional	01/04/2019	343	0	343
DW110	Voluntary Sector Programmes (Mental Health)	FYE	Transactional	01/04/2019	6	0	6

DW173	Mental Health Engagement Service (Mental Health Together)	FYE	Transactional	01/09/2018	117	0	117
<b>Organisation Efficiency Programme</b>							
DW439	Estates Lease	Approved	Transactional	01/08/2019	190	56	135
DW440	Telephony and IT Running Costs	Approved	Transactional	01/04/2019	250	0	250
DW441	Responsible Organisation - good corporate management	Approved	Transactional	01/04/2019	500	0	500
DW442	People and Policy	Approved	Transactional	01/04/2019	1,200	0	1,200
DW522	Operating Budget Review	Approved	Transactional	01/04/2019	7,700	0	7,700
DW489	Management of finance functions	Approved	Transactional	01/04/2019	50	0	50
DW12	GEM In housing - Finance	FYE	Transactional	01/06/2018	20	0	20
<b>Place Programme</b>							
DW255	Voluntary Sector programmes (Joint Commissioning)	FYE	Transactional	01/01/2019	299	0	299
DW543	Improving Community Equipment Service delivery	Approved	Transactional	01/10/2019	187	0	187
<b>Planned Care Programme</b>							
DW310	Mammography Services (Tariff change)I	FYE	Transactional	01/10/2018	8	0	8
DW289	Cancer Centre (Tariff change)	FYE	Transactional	01/10/2018	425	0	425
DW286	Outpatient Service (tariff change 1)	FYE	Transactional	01/10/2018	264	0	264
DW287	Outpatient Service (tariff change 2)	FYE	Transactional	01/10/2018	234	0	234
<b>Service Benefit Review Programme</b>							
DW458	Change in Pricing - Childrens School Doctor Service	Approved	Transactional	01/04/2019	122	0	122
DW459	Change in pricing - Nursery Nursing	Approved	Transactional	01/04/2019	198	0	198
DW460	Change in Pricing - Renal Transport	Approved	Transactional	01/04/2019	20	0	20
DW507	Change in Pricing - Rehabilitation	Approved	Transactional	01/04/2019	609	0	609
DW535	Change in Pricing - Clinical Pathway	Approved	Transactional	01/04/2019	2,546	0	2,546
DW544	Ongoing Service Benefit Reviews	Approved	Transactional	01/04/2019	4,500	0	4,500
<b>Urgent Care Programme</b>							
DW444	Implementing further enhanced support for frailty	Approved	Transactional	01/04/2019	475	0	475
DW462	Enhanced clinical support for NHS 111	Approved	Transactional	01/04/2019	441	248	194
DW290	Clinical Pathways - managing palpitations	Approved	Transactional	01/04/2019	9	0	9

## QIPP Plan Status Update - Transformational - 1 July 2019

Scheme Information				Latest Plan 19/20				
DW URN	Opportunity Title	CCG Scheme Status	Type	Expected Start Date	GROSS 2019/20 (£000s)	Investment 2019/20 (£000s)	NET 2019/20 (£000s)	Engagement Status
<b>Community Programme</b>								
DW25	Hospice at Home - Improving care in the last weeks of life (part 1)	Approved	Transformational	01/08/2019	1,176	425	751	Communications plan in progress as part of project implementation, likely to require an 'information-only' approach as this is an enhancement to an existing service.
DW534	Redesign of Clinical Pathways to Support Hospital Discharge	Approved	Transformational	01/09/2019	729	455	274	Engagement period commenced 26 June for 60 days. Report and required mitigations to Governing Body in September 2019. Scrutiny Committee briefing provided on 5 June 2019.
DW25B	Hospice at Home - improving care in the last weeks of life (part 2)	Approved	Transformational	01/05/2019	90	0	90	Communications plan in progress as part of project implementation, likely to require an 'information-only' approach as this is an enhancement to an existing service.
<b>Disease Management / Long Term Conditions Programme</b>								
DW451	Place Based Specialist Respiratory Service (roll out to north - in place in south)	Approved	Transformational	01/07/2018	352	349	3	Review of phasing will require clinical engagement in Q2/3 to support implementation plan.
DW455	Improved clinic model to coordinate specialist care	Approved	Transformational	01/04/2019	255	0	255	Wider clinical engagement taking place to support implementation
<b>Medicines Management Programme</b>								
DW436	Reducing waste in the repeat prescribing process	Approved	Transformational	01/04/2019	3,077	1,199	1,878	This scheme is delivered by the implementation of the Medicines Order Line, so no further engagement action required.
DW449	Use of over the counter medicines as part of self-care prescribing	Approved	Transformational	01/04/2019	454	0	454	This is further implementation of the Self Care consultation process which concluded in 2018.
DW323	Medicines Optimisation in Care Homes	FYE	Transformational	01/10/2018	443	69	374	Full year effect.
DW533	Oral Nutritional Supplement Policy	Approved	Transformational	01/09/2019	363	0	363	The detailed implementation of this scheme is still in development.
<b>Mental Health</b>								
DW465	Improvement of personalised care management for Section 117 eligible clients	Approved	Transformational	01/08/2019	72	40	32	This scheme requires 1:1 patient level engagement as packages are designed for individuals.
<b>Place Programme</b>								
DW422	Development of an Integrated model of care in Place - Phase 1	Approved	Transformational	01/04/2019	1,850	0	1,850	Place Alliances emerging and holding open engagement meetings in August to support priorities. High level of clinical and professional engagement secured.
DW493	High Intensity Users - supporting care in the appropriate setting	Approved	Transformational	01/09/2019	558	53	504	Communications and Engagement Plan in development, for internal review on 8 July
DW542	Development of an Integrated model of care in Place - Phase 2	Approved	Transformational	01/10/2019	3,000	1,002	1,998	In scoping phase. High level of clinical and professional engagement secured.
<b>Planned Care Programme</b>								
DW412	Improving clinical care pathways - Lower Gastrointestinal Colorectal Pathway (North)	Approved	Transformational	01/04/2019	1,071	105	966	Scheme launched with related communications based upon NHS England templates.
DW433	Improving clinical pathways - Ophthalmology	Approved	Transformational	01/10/2019	168	58	110	Proof of concept, running for 6 months, related Communications and patient experience work to understand impact and inform potential future roll out.
DW64	Policy for procedures with limited clinical value (national evidence based programme)	FYE	Transformational	01/07/2018	162	0	162	Full year effect.
DW89	Implementation of NICE (National Institute for Clinical Excellence) guidance	FYE	Transformational	01/07/2018	166	0	166	Full year effect.
DW91	Clinical Pathways - Ophthalmology	FYE	Transformational	01/07/2018	53	0	53	Full year effect.
DW98	Clinical Pathways - Musculoskeletal service redesign	FYE	Transformational	01/10/2018	4,059	0	4,059	Full year effect.
DW158	Clinical pathways - Dyspepsia	FYE	Transformational	01/04/2018	24	0	24	Full year effect.
DW495	Outpatients Modernisation Programme - Improved care pathways and maximising use of technology	Approved	Transformational	01/07/2019	4,500	0	4,500	Communications and engagement plan in development. Confirm and challenge session 4 July to provide lay input to approach.

DW500	Clinical Pathways - Renal	Approved	Transformational	01/04/2019	172	104	68	Pilot project, related communications and patient experience work to understand impact and inform potential future roll out.
DW501	Reprocurement of Orthotic services	Approved	Transformational	01/10/2019	60	0	60	Using patient experience data to inform draft service specification. Once change is understood, appropriate engagement plan will be developed.
DW463	Clinical pathways - Improving effective diagnostics	Approved	Transformational	01/04/2019	223	0	223	Engagement with primary care clinicians to understand referral practice.
DW530	Lower Gastrointestinal Colorectal Pathway (south)	Approved	Transformational	01/04/2019	876	0	876	Scheme launched with related communications based upon NHS England templates.
DW536	Inpatient modernisation Programme - Evidence Based and Best practice models	Approved	Transformational	01/04/2019	2,000	0	2,000	The detailed implementation of this scheme is still in development.
<b>Primary Care Programme</b>								
DW437	Commissioning enhanced Service within Primary Care	Approved	Transformational	01/01/2019	411	0	411	Review of contractual payments to standardise approach, but with minimal change to patient services.
DW426	New models of support for people in Care Homes	Approved	Transformational	01/10/2019	760	0	760	Roll out of national specification.
DW438	Improving referrals to support clinical outcomes	Approved	Transformational	01/04/2019	1,620	636	984	Engagement with primary care to understand referral practice. And implement best practice and supporting learning
<b>Urgent Care Programme</b>								
DW518	Implementation of evidence based pathways in on-the-day and urgent services	Approved	Transformational	01/07/2019	4,787	0	4,787	Implementation of national, evidence-based pathways for ambulatory care, to ensure appropriate level of care, treatment and tariff





## **Derbyshire County Adults Health Scrutiny & Improvement Committee 15 July 2019**

### **Public Consultation on proposed closure of a branch surgery - Staffa Health GP Practice, Pilsley branch**

#### **Rationale for change**

Staffa Health submitted an application to NHS England and Derbyshire CCGs Primary Care Co-commissioning Committee in Common (20 March 2019), which has been agreed, to allow them to undertake a 60 day consultation regarding the **closure of their branch site at Pilsley, Derbyshire S45 8JA.**

Staffa Health is a GP Practice, employing 60 permanent clinical and non-clinical staff including 5 GP Partners, 5 salaried GPs, 6 Advanced Nurse Practitioners and 7 Practice Nurses. This is a training practice for 2-3 GP Registrars, 3 Foundation doctors, a medical student and nursing student at any one time. Staffa Health comprises the main site in Tibshelf and three branch surgeries in Holmewood, Pilsley and Stonebroom.

Staffa Health have outlined a challenging workforce position and in common with other GP practices is experiencing difficulties in retaining and recruiting to GP, nurse and pharmacist sessions. In the last three years the practice has lost a Salaried GP and two GP Partners partially due to undesirable multi-site working and workload pressures. Analysis of GP session time since 2016 shows that the practice will be down by 5 sessions of GP time per week (approx. 90 appointments) from the 1st April 2019 as compared to 3 years ago.

With a reduction in GP numbers staffing 4 sites with a GP has become increasingly difficult. The practice has resorted to using locums to cover at some branch sites and the spend on locums for the financial year 2018-19 is threefold that of previous years and has put the practice in a difficult financial position which if not addressed will, they state, make the practice unviable.

The practice has submitted an application to close Pilsley surgery to allow them to operate from fewer sites which they describe as being more manageable, safe and cost effective and sustainable with the number of GP sessions that are available to them. This would follow a 60 day consultation period with patients from all 4 localities and other local practices and stakeholders.

Staffa Health states that the overall sustainability of the practice is reliant on attracting new GPs and new Partners when current partners leave the business in the next few years. They believe that fewer sites will make the practice a more attractive career option for future incoming GPs.

Consolidation on fewer sites, they say, would have a positive impact on working conditions for all staff through a less disparate and more supportive environment. The consolidation of staff

over fewer sites will also help the practice develop and train staff and to provide supervision and debriefs.

## Quality & Equality Impact Assessments

In preparation for a Public Consultation, a Quality Impact Assessment and an Equality Impact Assessment have been presented to the CCG's Quality Panel. The Key issues and mitigations are in relation to patients without their own transport travelling to another surgery and are summarised as follows:

**Issue:** Patients who are frail, elderly, have disabilities and reduced mobility may find travelling to another surgery on public transport or in a car difficult.

**Mitigation:** Already in place - Patients who have reduced mobility, for example those who currently travel to surgery by mobility scooter will be offered a home visit by the practice. Additional capacity for home visits has been made available to make this possible.

**Issue:** Patients living in Pilsley will experience reduced access to local services.

**Mitigation:** Staffa Health will look to increase the range of consultation types available, particularly online consultations for those that may find this more convenient than travelling to other sites. Telephone consultations are already provided. This may mitigate some of the reduction in access created by the site closure. Work has started on this but could be accelerated and promoted more actively if this helped patients from the Pilsley area access appointments. This style of access is in line with the general direction of travel for the NHS.

Staffa Health will also be mindful that an increased number of patients may have had to use public transport to attend appointments. They will therefore be understanding of this and accommodate any needs arising.

## Communications and Engagement Plan

The Practice Manager, supported by the CCG, has developed a comprehensive Communications and Engagement Plan with a robust range of feedback approaches for a 60 day consultation period that commenced on 24 June 2019 and closes on 23 August 2019.

These approaches include:

- Meetings with affected staff prior to the consultation launch
- Involvement of Patient Reference Group prior to the consultation launch in the development of the Communications & Engagement Plan
- Letter to all Pilsley households with a registered patient outlining the reasoning behind the proposal and inviting them to provide their views during the consultation period
- Letter to registered patients elsewhere who have visited the Pilsley practice in the last 12 months
- Text messages to all other patients alerting them to the consultation and inviting them to comment
- Feedback invited through – online and paper questionnaire survey, written feedback, face-to-face drop in sessions, telephone
- Communication to key stakeholders, including MPs, local councillors, local Pharmacy Manager, neighbouring GP practices
- Website and social media publicity
- Posters campaign in all sites and community areas

## **Decision Making Process**

On completion of the public consultation, an analysis period will take place during which time the Practice Manager will collate the patient & stakeholder feedback into a Consultation Feedback Report. In addition the Quality and Equality Impact Assessments and mitigations will be updated and reviewed by the CCG's Quality Panel.

The Report with mitigations and recommendations will then be presented to the NHS Derby & Derbyshire CCG Primary Care Co-Commissioning Committee for a decision on whether or not to agree to the closure and the CCG's Engagement Committee will oversee the consultation closure to ensure that the views expressed during the consultation period have been addressed and transacted without bias.

**Amanda Brikmanis**  
**Public Involvement Manager**

**Ruth Cater**  
**Practice Manager**

**25 June 2019**

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## **Derbyshire County Adults Health Scrutiny & Improvement Committee 15 July 2019**

### **Re-design of Clinical Pathways to support hospital discharge - Erewash**

#### **1. Purpose of the report**

This report is designed to appraise Scrutiny Committee of changes to the community rehabilitation capacity in the Erewash area, subject to the outcome of a period of engagement.

We want to ensure that we have the right services in place to meet the needs of people discharged from acute hospital care who are not able to go straight home without additional rehabilitation or support. Ensuring care is delivered in the right settings and with the right care according to their needs supports people to have the best health outcomes, keeps them safe and independent and wherever possible, at home.

This paper gives an overview of the proposals, plus how and why we would like to engage with the Erewash community to explain the aims and implications of the proposed changes. We would like to utilise the engagement to explore the impacts from a public perspective (including patients and carers) so that we can better mitigate any issues that may arise.

The changes proposed include provision of beds in a local authority care home with additional care staff and health input to support rehabilitation, plus ensuring there is sufficient support for people able to go home with health and social care input. The types of people who would be able to benefit from this are currently being admitted to Ilkeston Hospital in the absence of suitable alternatives and so, with new services available, the number of beds required at the hospital would reduce.

We have shared our proposals with our partners across health and social care through our A&E Delivery Board and have received full support. It is recognised getting the capacity in the right place is a fundamental part of the system and needs to be coupled with effective operational delivery.

#### **2. Background**

The Derbyshire STP (Joined Up Care Derbyshire) has highlighted that the local system is overly reliant on bed based care. Whilst we know that good care is provided in the individual settings. Elderly patients sometimes spend too long in bed based care causing physical, psychological, cognitive and social deconditioning resulting in lost independence.

One of the STPs clear aspirations is to ensure that the *'right care is provided in the right setting by the right people'....that patients 'flow' effectively through their care pathway and are supported to stay at or near home wherever possible and return to safely living independently at home following a stay in hospital.*

This view is acknowledged and jointly agreed by all statutory and non-statutory social, health, voluntary and independent organisations across the whole system.

### 3. Case for Change

There is local and national evidence which demonstrates the benefits of patients being discharged to the right setting. At a national level, evidence gathered by the Kings Fund, and NHS England have looked into the best way to care for older people in the future and all evidence supports the notion that there are serious drawbacks associated with long stays in hospital. NHS Improvement cite studies that indicate that a stay in hospital over 10 days leads to 10 years of muscle ageing for some people who are most at risk.

[https://improvement.nhs.uk/documents/2898/Guide\\_to\\_reducing\\_long\\_hospital\\_stays\\_FINAL\\_v2.pdf](https://improvement.nhs.uk/documents/2898/Guide_to_reducing_long_hospital_stays_FINAL_v2.pdf)

Work completed under the Better Care Closer to Home initiative in North Derbyshire has responded to this evidence and made changes that have been instrumental in enabling patients to be discharged into a pathway which matches their level of need. The work in Erewash looks to support enhanced discharge at the optimum time in a patients' pathway of care to have maximum impact on their ability to recover functionality after a hospital stay.

When a patient is assessed as no longer requiring acute hospital care their needs are reviewed for any ongoing support they may require. For 90% of people over 65 years they are able to go home without additional support. For the remainder of people, they are assessed as to which pathway of care may be most suitable for them. The box below gives the definitions of the three pathways referred to in the system as P1, P2 and P3. In the absence of care in the right setting the only option is for people to remain in acute hospital care or be transferred to the next highest care setting i.e. someone who could have gone home goes to a care home, or a patient who doesn't have 24 hour nursing goes to a community hospital ward.

**Pathway 1** is care and rehabilitation provided **at home** by an integrated community team

**Pathway 2** is managed by social care with medical oversight from an Advanced Care Practitioner with GP supervision, in **a less medicalised setting** where patients are able to demonstrate greater independence and mobility, with input from therapist and community nursing teams to meet any ongoing health needs

**Pathway 3** is nurse-led where patients spend the majority of their time in a bed on a **medical ward** with some rehabilitation therapy input.

#### 4. Local data

The Derbyshire system commissioned reviews of hospital discharge flow in the form of two analysis reports (Newton Europe Analysis 2017/18, Flow Reports - Sycamore Analysis 2018/19). Both reports have been used to help analyse the discharge pathways and help frame this approach. Data has been modelled and refreshed and will continue to be reviewed to ensure that the proposed capacity will be sufficient to meet needs

For those patients deemed as 'complex' i.e. not able to go straight home, an increasingly granular set of data is being collected to track their identified needs and the pathway they ultimately follow. This demonstrates that people are currently not ending up in the right place for their needs. As the table below shows, more patients are ending up in Community Hospital (P3) beds than those assessed as needing this pathway of care and less patients are going into Community Support Beds (P2) than those assessed as needing this pathway of care.

Activity during 14 week period Feb- May 2019 – Erewash patients:

Pathway	Patients assessed as needing pathway	Patients discharged on pathway	Difference
P1	59	57	-2
P2	40	14	-26
P3	50	78	+28

The following table shows more detail of where the 40 people assessed as needing community support bed care (P2) were discharged to.

Community support bed Erewash or Amber Valley (P2)*	10
Community support bed other (P2)	4
Ilkeston Community Hospital (P3)	11
London Road Community Hospital (P3)	3
Ripley Community Hospital (P3)	8
Other	5
<b>Total</b>	<b>40</b>

\*Florence Shipley and Ladycross House currently not fully operating as P2 – see additional information below

Modelling has utilised acute discharge data (2017/18) for the all acute hospital discharges for Erewash patients. In addition the activity for patients from Heanor has also been included. Heanor is within Amber Valley but borders Erewash. Admissions for patients from that area have been made to Ilkeston Hospital since Heanor hospital closed 5 years ago and the bed numbers at Ilkeston were increased at that time. It is anticipated that patients from that area will continue to access Ilkeston beds.

Each month has been modelled separately applying a set of assumptions:

- For the hospital beds occupancy has been modelled on 18 day length of stay (LOS) this reflects current levels, which are reducing consistently year on year. Percentage occupancy has been based on a level of 85%. In 18/19 occupancy at Ilkeston

Hospital was slightly above that on average and with some periods of pressure when it was much higher. So this level of modelling gives flexibility.

- For community support beds occupancy has been modelled on 14 day LOS and an 85% occupancy rate. Lengths of stay have been consistently reducing and the LOS aim is within current performance levels. 85% represents an realistic aspirational aim.
- A level of additional activity has been factored in for admissions directly from the community, as facilities can be used to 'step up' care and prevent an acute admission
- An aspiration has been set, based on practice elsewhere for the percentage of complex patients on each pathway (60%-P1, 30%-P2 and 10%-P3). This has been used to determine required capacity but then also tested using different assumptions to ensure resilience and also additional has been capacity built in, as the system is not yet functioning at those levels.

These assumptions lead to an average requirement and the proposed capacity as per the table below.

Type	Modelled Requirement	Capacity 2018	Current capacity	Proposed capacity
P1 (home)	29-40 new patients per month	Average 27 'slots' per month	27	37
P2 (support bed)	10 beds	3*	3 **	11
P3 (hospital bed)	12 beds (monthly requirement varied across year 9-19 beds, only one exceptional month at upper end)	32	24	16 - 18

\* Beds available at Florence Shipley in Amber Valley

\*\*There have been 4 additional beds at Ladycross in Erewash with additional social care support but not the full community support bed model which is proposed

It should be noted that since the closure of Heanor Hospital 8 community support beds have been opened in Heanor (Derbyshire County Council facility - Florence Shipley) which gives P2 capacity on the border of Erewash and Amber Valley. Due to the location this is utilised by Erewash and Amber Valley residents.

## 5. Proposal

### a. Community Support Beds

Utilising the modelling above and taking into account the fact that there would continue to be access to Florence Shipley beds for Erewash patients (assumed at an average of 3) it is proposed to commission eight community support beds within Erewash.

Community support beds have 3 elements which distinguish them from standard care home beds. They have:



- Enhanced social staffing ratios with a focus on re-ablement
- Therapy input to support physical rehabilitation
- Additional clinical cover in the form of Advanced Clinical Practitioners supported by a General Practice with whom the patient is temporarily registered.

When considering future commissioning options to put the right capacity in the right places to meet patient need, the CCG is keen to work in partnership with the local authority to develop integrated and flexible services and make the best use of public estate. Options have been explored working closely with Derbyshire County Council and the option proposed is Ladycross House Care Home. As noted above some beds are already being staffed to the correct levels from a social care perspective and provided a level of capacity over the winter period, but have not been able to take the full cohort of suitable patients yet. Through a period of engagement on our proposals we will seek view from the public regarding this proposed facility.

Derbyshire County Council is also finalising proposals for a purpose built facility in the Ilkeston area to replace some of the existing adult social care bed provision. The CCG will continue to consider the best location for the P2 beds in the future. Suitability will also be informed by the engagement process to be undertaken.

A reduction in the community hospital beds (as set out in section b below), would release the Advanced Clinical Practitioner capacity to be able to support the community support beds. Discussions are progressing with the GP practices that currently support the hospital beds to consider transferring their responsibilities to cover the community support beds and maintain the effective clinical team working established on the wards. Contingency provision is being explored should this not be possible.

#### **b. Community Hospital Beds**

It is proposed that a full ward of 16 beds be commissioned with the flexibility to expand to 18 beds during times of pressure. The hospital is currently operating with 24 beds. Previously there were 32 beds; however 8 were temporarily closed by the Community Provider Derbyshire Community Health Services NHS Foundation Trust (DCHS) in December 2018 due to operational staffing difficulties at that time. A small number of beds were commissioned from Ladycross House to coincide with the ward reduction but they have not been functioning at full capacity as the clinical model has not been in place (as above).

#### **c. Integrated Community Team**

To be able to increase the number of patients supported at home (pathway 1) and to provide therapy support to the other pathways, our proposals include commissioning an appropriate number of therapy staff to ensure the health rehabilitation needs can be met.

In addition to the changes in the numbers of beds and home support as described above we wish to support an approach whereby nursing and therapy teams are able to respond to needs and can flex during the busiest times by reprioritising the routine and urgent workloads of the teams. In addition if they work across services that can support the transition of patients who may move from hospital into the community and vice versa.

There is significant planning and service improvement between health and social care, across the city and county which is focussed on making the best use of all facilities and

ensuring patients can move quickly and easily between settings and services and aren't delayed. This work includes activities such as early planning for discharge to identify and plan for ongoing needs, flexing capacity and more intensively tracking data to predict demand. These actions will support reducing lengths of stay and enable even more patients to be cared for within the same resources. We believe that the changes proposed in this paper support the ongoing delivery of this work.

## **6. Proposed Engagement**

DDCCG recognises the importance of ensuring public, staff, patients and the wider Ilkeston community are informed about and involved in the development of health services in their area. The CCG started a period of engagement on 26 June 2019 to run for 60 days. The engagement approach will consist of the following elements:

- Engagement launch and publication of the engagement documents via the DDCCG website
- Sharing of the engagement documents with key stakeholders (see target audiences), using a range of distribution methods e.g. briefings, email, post, survey, telephone and face to face
- Launch of the digital/media campaign including social media, events, press release
- Publish intranet articles and homepage carousel
- Develop an enquiries log
- Holding engagement events including drop in sessions and public sessions
- Communicating with all staff about the engagement methods
- Distribution of materials to key venues
- Analysis of the feedback

The aim of the engagement is to explore the impact of implementing changes in the provision of community rehabilitation in the Erewash area and to understand fully any unintended consequences of implementing the proposed changes. The final decision will be taken after the engagement feedback has been fully considered by the Governing Body in September 2019.

### **Target audiences**

A full stakeholder list has been created and will inform a detailed communications and engagement plan. Key stakeholders in this project will include:

- Ilkeston residents and patients (and surrounding areas)
- Ilkeston GP community and pharmacists
- Ilkeston Patient Participation Group Chairs
- Key local stakeholders: Councillors, MPs, Healthwatch and Derbyshire County Council
- DCHS staff and tenants
- Ilkeston Hospital League Of Friends
- Derbyshire County Council Adult Services Staff
- Local Community Groups in Ilkeston (Council for Voluntary Services and other voluntary groups)
- Erewash Borough Council

## **7. Next Steps**

The CCG Governing Body agree to the following actions being taken at its meeting in June 2019:

- a) Public launch of engagement in June 2019 and running for 60 days
- b) Develop plans to operationalise the changes
- c) Identifying and mitigating risks
- d) Engagement feedback analysed and presented to GB in September 2019 along with any operational issues identified and mitigation plans
- e) Final decision in light of engagement outcome and implementation plan
- f) If no issues identified that cannot be mitigated – mobilise delivery plan September onwards.

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# Intelligence report

May 2019

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Please direct enquiries to: Hannah Morton, Intelligence and Insight Manager:  
[hannah@healthwatchderbyshire.co.uk](mailto: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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  - 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.

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**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.

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### 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.

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

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### **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 12<sup>th</sup> April and the Board were asked to make ten pledges in response to the report.

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

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### **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.

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

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## 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.

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

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### **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/>

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

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## **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/>

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

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### **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/>

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

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### **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'.

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

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### 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/>

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

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### **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.

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

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### 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

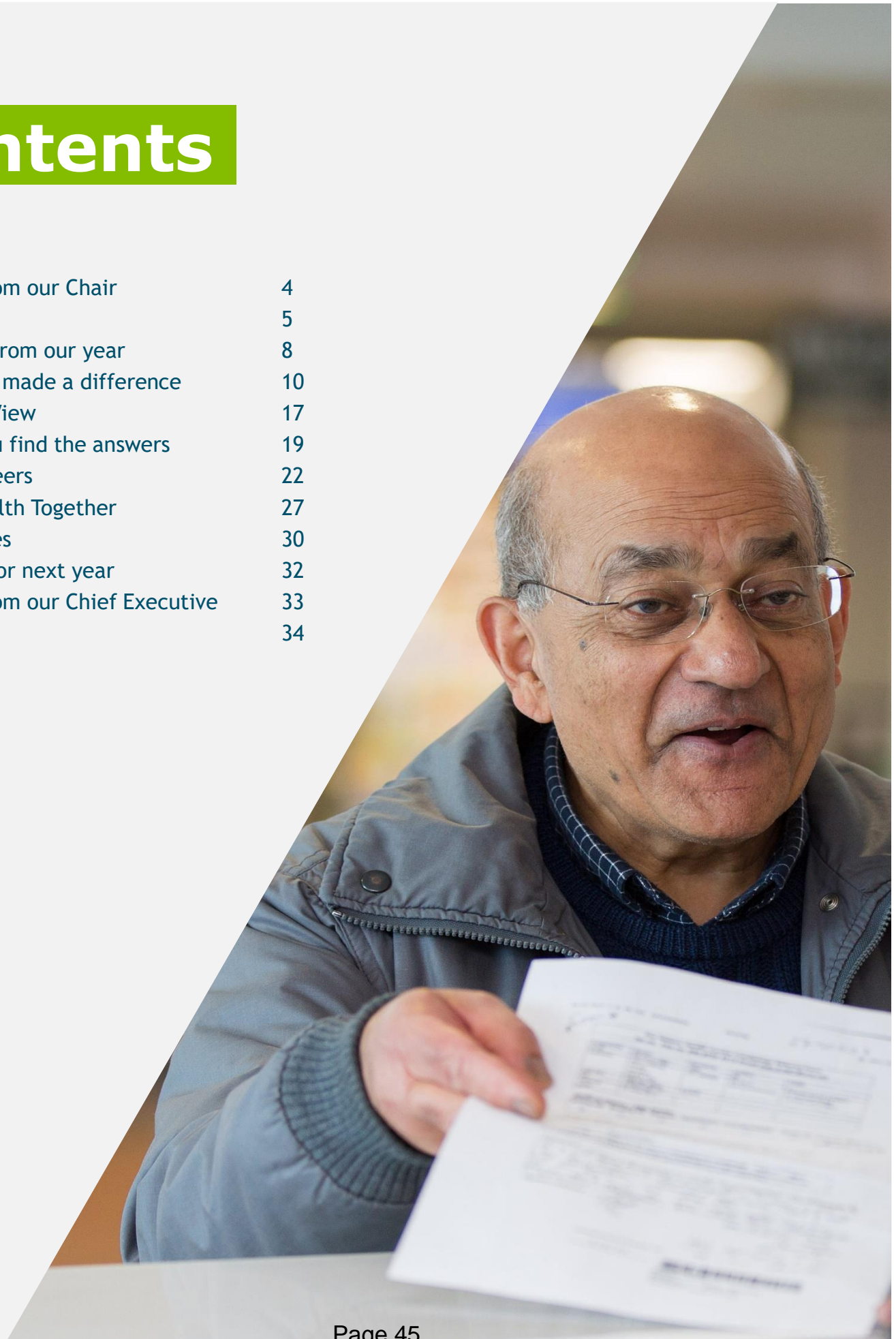






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# Message from our Chair



**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.

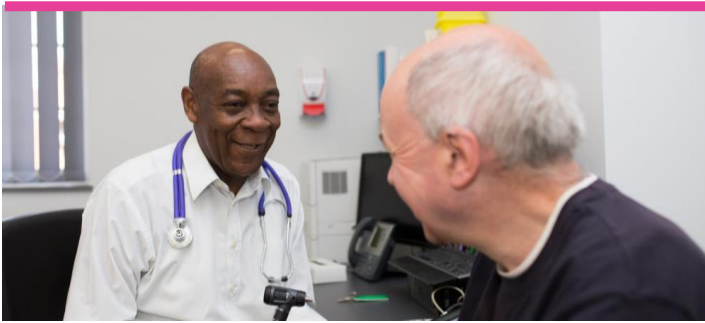
If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



**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



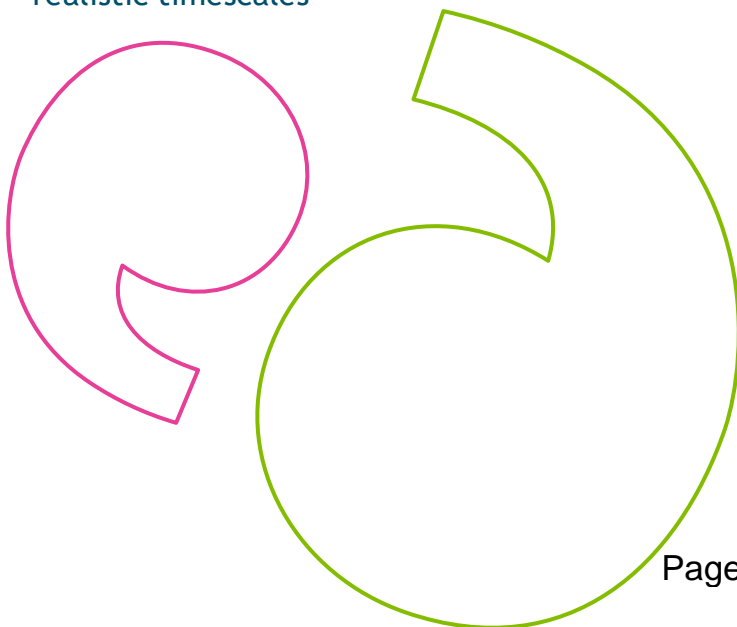
Healthcare professionals should have a positive attitude and be empathetic



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.







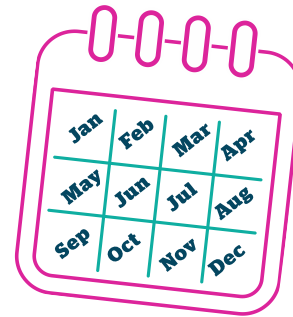
**Highlights from**

**our year**

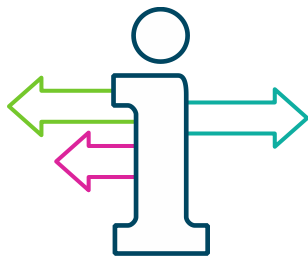
Find out about our resources and the way we have engaged and supported more people in 2018/19. **Our resources:**



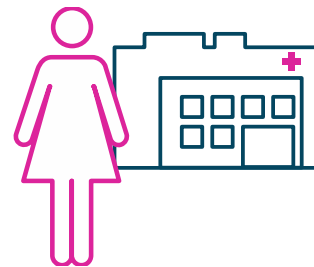
**7004** people shared their health and social care story with us



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



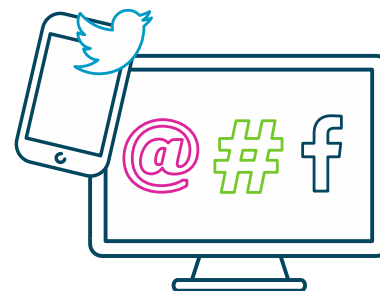
**3,100** people accessed Healthwatch advice and information online or contacted us with questions about local support, **94%** more than last year



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

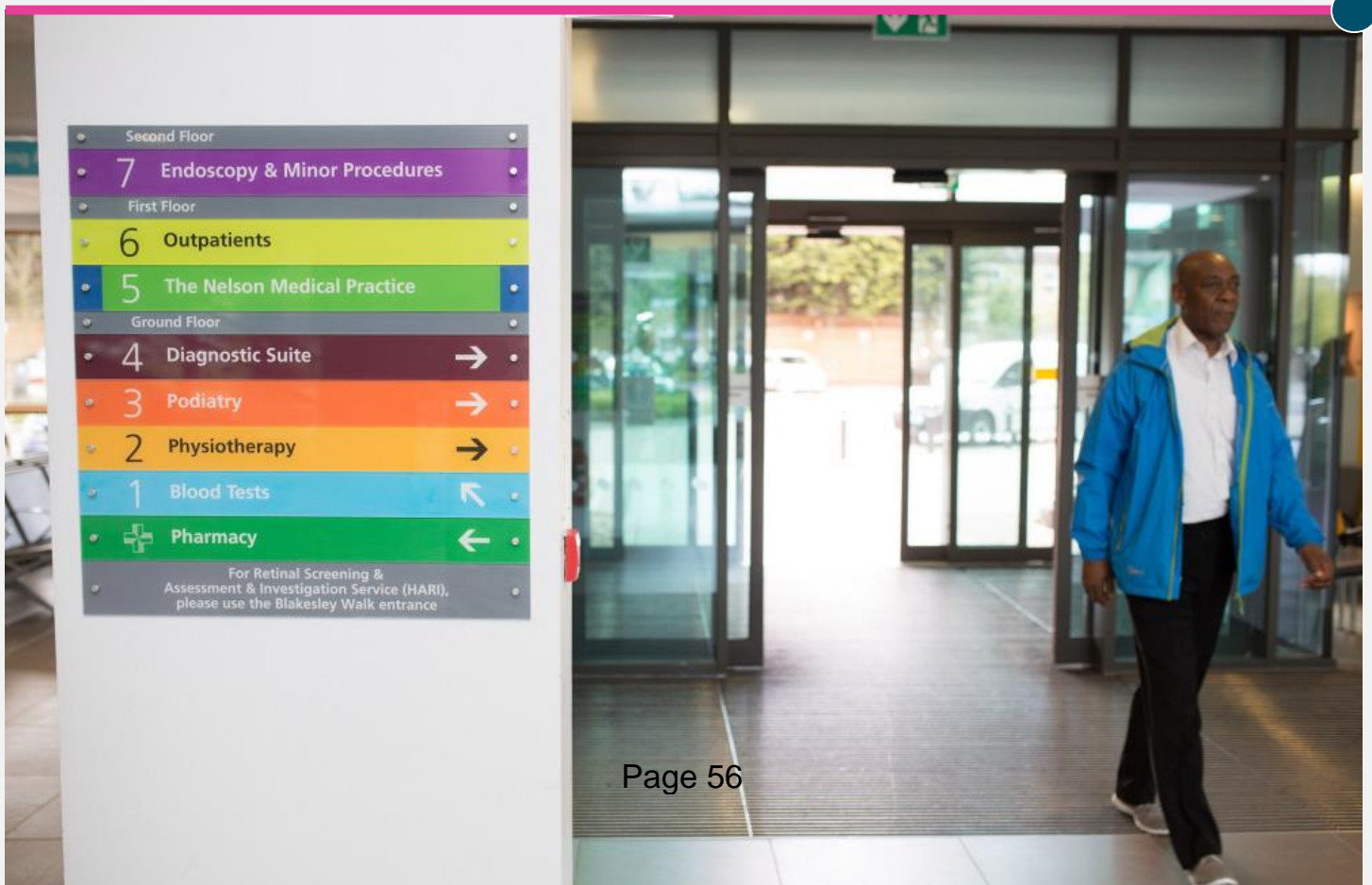
This mystery shop was conducted as a result of public and patient feedback collected by both HWD and RDH. In partnership with RDH, HWD volunteers tested the journey a patient would follow when being invited to the hospital for an outpatient appointment.

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 12<sup>th</sup> 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](http://www.healthwatchderbyshire.co.uk)

T: 01773 880786

E: [enquiries@healthwatchderbyshire.co.uk](mailto: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.





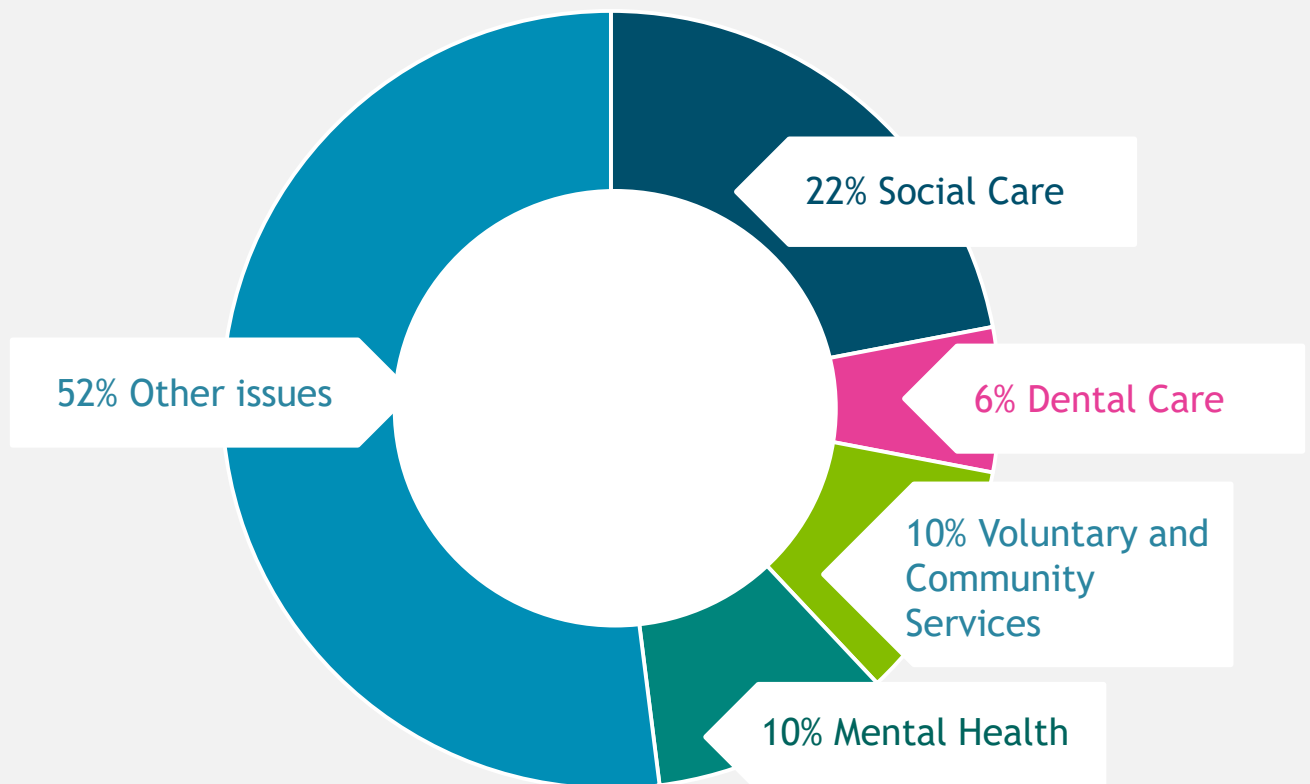
**Helping you find**

**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](http://www.healthwatchderbyshire.co.uk)

t: 01773 880786

e: [enquiries@healthwatchderbyshire.co.uk](mailto: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 1<sup>st</sup> 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 10<sup>th</sup> and 17<sup>th</sup> 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
<b>Total Income</b>	<b>£427,675.97</b>

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



**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 30<sup>th</sup> 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.

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



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**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**15 JULY 2019**

**0-19 Public Health Nursing Services in Derbyshire**

**1. Purpose of the Report**

To share progress on the development of a new 0-19 Public Health Nursing Service in Derbyshire, to launch on 1<sup>st</sup> October 2019.

**2. Information and Analysis**

The current 0-19 Public Health Nursing Service is a universal, preventative service that includes Health Visiting, School Nursing, Vision and Hearing Screening, and the National Child Measurement Programme (NCMP). This service is part of a multi-agency approach to improving the health and wellbeing of children, young people and families and contributes to the Healthy Child Programme. The Service is currently (until 30<sup>th</sup> September 2019) commissioned by DCC Public Health and provided by Derbyshire Community Health Service (NHS) Foundation Trust.

The council wants to improve the health and wellbeing outcomes for children, young people and families who access the services. We believe that the most effective approach for delivering these outcomes is through a Partnership Arrangement between DCC and DCHS. This complements the whole system approach to commissioning and provision of services through Joined-Up Care Derbyshire. Cabinet gave approval to proceed with the development of the Section 75 Partnership Agreement on 26 July 2018. This is an enterprising approach that builds on the very successful service we currently have – we are one of the best performing county areas in the country in the PHE Best Start in Life indicator set. This approach will maintain stability of service provision and support a more integrated approach to delivery of services for children, young people and families, aiming to improve outcomes.

Please see the attached slides for further information about the development of the new service, and the key opportunities and challenges that the Partnership is currently addressing.

### **3. Considerations**

In preparing this report the relevance of the following factors has been considered; financial, human relations, legal and human rights, prevention of crime and disorder, equality and diversity, environmental, health, property and transport.

### **4. Officer's Recommendations**

The Committee is requested to note the work undertaken to date by Derbyshire County Council and Derbyshire Community Health Services to develop and implement a new 0-19 Public Health Nursing Service for Derbyshire.

**Dean Wallace**

**Director of Public Health**