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PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Tuesday, 27 August 2019

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 4 September 2019** in Committee Room 1, County Hall, Matlock, DE4 3AG, 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

A G E N D A

1. Apologies for absence
To receive apologies for absence (if any)
2. Declarations of Interest
To receive declarations of interest (if any)
3. Minutes (Pages 1 - 4)
To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee – People held on 18 July 2019.

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

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, 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. Experiences of Using Health and Social Care Services in Derbyshire (Pages 7 - 26)

6. Safeguarding Children in Derbyshire - Home to School Transport (Pages 27 - 28)

7. Review of the Derbyshire Care Leavers Offer - Progress report

PUBLIC

MINUTES of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held at County Hall, Matlock on 18 July 2019.

PRESENT

Councillor G Musson (in the Chair)

Councillors L Chilton, C Dale, R Flatley, J Frudd, R Iliffe, D Taylor and J Twigg

Also in attendance was Councillor A Dale

Apologies for absence were submitted on behalf of Councillor J Coyle and Deborah Turner (union representative)

There were no declarations of interest.

14/19 **MINUTES** **RESOLVED** that the minutes of the meeting of the Committee held on 8 May 2019 be confirmed as a correct record and signed by the Chair.

15/19 **PUBLIC QUESTIONS** – none received.

16/19 **DISCUSSION WITH THE CABINET MEMBER FOR YOUNG PEOPLE** Councillor Alex Dale Cabinet Member for Young People attended the meeting and gave an update on the key achievements and challenges faced by the service over the last year.

Councillor Dale began by welcoming the scoping report put forward by Councillor G Musson and acknowledged that there were areas requiring improvement.

The in-house working from July this year had strengthened cross-working as a partnership collective. The vision was to concentrate on 1-to-1, leadership and partnerships and to ensure consistency with the provision.

The Corporate Parenting Board had recently changed structure; it now comprised of a more broad membership, with leads from districts, health, police and officers of the Council. Closer links with care leavers had been developed. There was a problem with members for the Care Council so Councillor Dale was feeding back more regularly on the work of the Board.

Entitlements – like to get to attain “special”

Council Tax Exemption – four districts had agreed to allow council tax exemptions for care leavers; the County Council was working with the others to adopt the idea.

With regards to the wider offer, everything was being pulled together: shadowing, tutoring, leisure, housing and publicity banners and more communication were being planned with partners.

The Chairman thank Councillor Dale for his thorough and informative presentation.

RESOLVED that the presentation be received.

17/19 REVIEW OF THE DERBYSHIRE CARE LEAVERS OFFER

Councillor Gary Musson presented the report seeking approval to commence the review of Derbyshire's Care Leavers Offer in order to identify opportunities to improve the Derbyshire Care Leavers Offer so that it was equitable and consistent across the county. The review would focus on three components of the offer - accommodation, council tax exemptions and financial sustainability when a young person first leaves care to live independently.

The review was expected to be completed by December 2019 and would focus on the following key lines of enquiry:

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

RESOLVED (1) to agree the scope of the review of Derbyshire's Care Leavers Offer;

(2) to appoint Councillors C Dale, Chilton, Flatley, Frudd and Musson to the review working group, with Councillors Frudd and Taylor to substitute when necessary; and

(3) to submit progress reports and a final report to the full Committee at the conclusion of the review.

18/19 DERBYSHIRE HEALTHWATCH INTELLIGENCE REPORT This item was postponed until the next meeting.

19/19 DERBYSHIRE HEALTHWATCH ANNUAL REPORT 2018-19 This item was postponed until the next meeting.

20/19 WORK PROGRAMME 2019/20 RESOLVED to share the Care Leavers scoping work with the other Improvement and Scrutiny committees.

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Procedure for Public Questions at Improvement and Scrutiny Committee meetings

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

Order of Questions

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

Notice of Questions

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

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

Number of Questions

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

Scope of Questions

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

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

Submitting Questions at the Meeting

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

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

Supplementary Question

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

Written Answers

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



Experiences of using health and social care services in Derbyshire

Comments taken by Healthwatch Derbyshire between January and September 2018



November 2018
Helen Henderson-Spoors - Intelligence and Insight Manager

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1. Thank you

Healthwatch Derbyshire would like to thank all the people who have spoken to our engagement team, or contacted us by telephone, letter, email or online to give their feedback about using health and social care services. Without this information, we would not have been able to complete this report which gives a view of patient experience across the county.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all people in Derbyshire, but nevertheless these comments offer a useful insight. This report is based on comments received between January-September 2018, and so only provides a snapshot of patient experience collected at that point in time. This feedback should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing and commissioning these services. We also ensure that organisations are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

To ensure a diverse range of individuals are able to share their views on local health and social care services, Healthwatch Derbyshire undertake targeted pieces of work, paying specific attention to those who may otherwise struggle to be heard.

During the summer of 2018, the engagement team focused their engagement on people who lived in rural communities, to look at the impact their location had on their experience of health and social care services. The focused engagement, alongside comments we had already collected from January 2018, meant we had access to a large amount of information that covered the whole county of Derbyshire.

When we came to analyse this information, it became clear that there were some key themes that would be useful to Joined up Care Derbyshire (JUCD), and in particular the eight 'Place Alliances' that operate as part of JUCD. The report has been structured to present information that will offer support to make decisions about local services to meet the local need.

What is 'Joined up Care Derbyshire' (JUCD)?

JUCD is Derbyshire's Sustainability and Transformation Partnership (STP). It brings together health and social care organisations across Derbyshire, to work together more closely in order to provide the best care and services for people.

Part of the aim of JUCD is to understand what people and communities need to stay well, and focus support on ensuring people stay well for longer. In order to do that, the county of Derbyshire is split into eight areas which are called 'Places'.

In each Place, there is a 'Place Alliance' which is a group of key decision makers, e.g. clinicians, council members, the voluntary sector and other local stakeholders who have an understanding of the local people and their needs. In addition to their focus on what local people need with regards to health and wellbeing, they also focus on a set of consistent work areas aimed at preventing people from needing to be admitted to hospital, e.g. falls prevention, and end of life care and support.

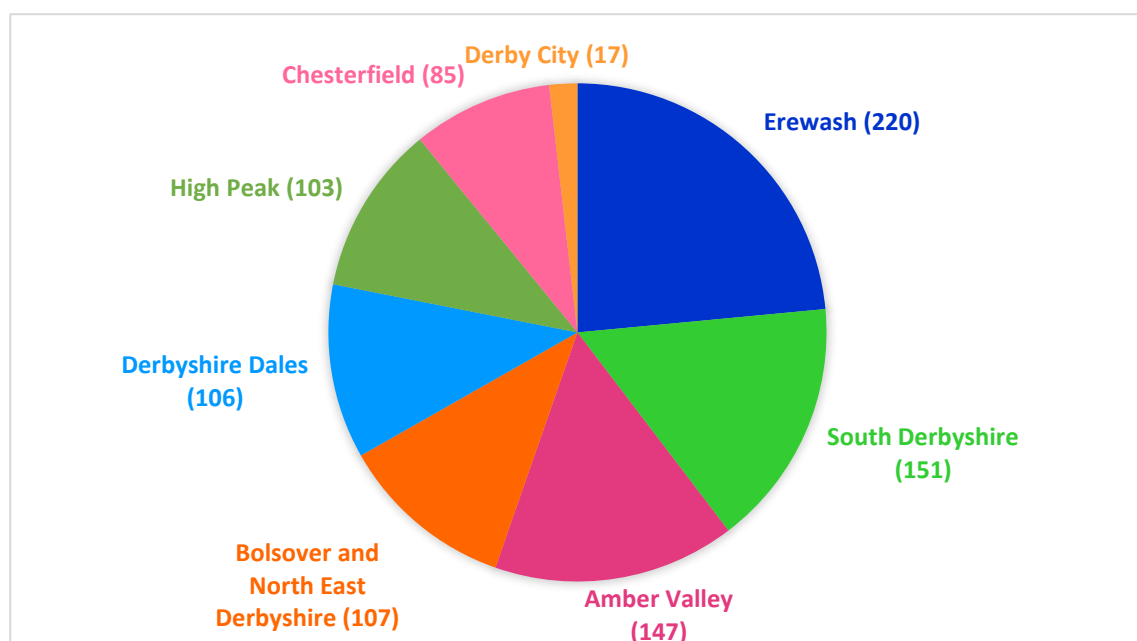
For more information please visit: <https://joinedupcarederbyshire.co.uk/our-places>

5. What we did in brief

This report is a summary of the themes that have emerged from the comments received between January-September 2018. The comments were collected in a number of different ways for example, through engagement activity, emails, telephone conversations, online and by post.

The chart below shows the number of comments received per district.

It is important to note that some areas have fewer comments due to the fact that engagement was focused primarily in more rural areas and also it is not within our remit to cover the city area, as there is a Healthwatch Derby who covers this area.



6. Key findings

There were several themes that were either common to, or were different between places:

- Long waiting times for a range of mental health support services and mental health professionals in the community
- People with mental health, long term conditions or any long term health or social care needs described a lack of background knowledge, understanding and relationship when people do not have consistent relationships with professionals such as GPs, community psychiatric nurses (CPNs), social workers and homecare staff
- Many people experienced loneliness which was sometimes, but not always linked to a lack of transport and rural isolation
- People explained the importance of being involved in their relative's end of life care, and gave positive feedback from several places about this happening
- Difficulty knowing what services are available in the local area because in part of a lack of up to date accessible information
- A resistance to GP reception staff asking questions about the reason a medical appointment is required
- There are many examples of repeat visits to a GP, and/or repeat attendances at A&E when people feel that their condition has not been sorted/resolved adequately at earlier visits
- There are a number of examples from different places of inappropriate attendances at A&E
- People express concern that patients will not manage safely back at home once discharged - explaining that sometimes discharge feels premature without sufficient support in place
- One difference between places seems to be a difference and variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

7. What people told us

7.1 Overarching themes relevant to multiple districts

➤ General Practice - appointment availability and flexibility:

There was a common theme within Amber Valley, South Derbyshire, Chesterfield and High Peak around difficulties in booking a GP appointment with most people waiting two or three weeks for an appointment. Working people found it particularly difficult to get an appointment to fit around work commitments.

The main concerns appeared to be the difficulty of getting an appointment within a reasonable timescale. Many people explained their struggles of trying to get an appointment for the same day, resulting in people:

- Staying up until midnight to try and book a 'same day' appointment online
- Phoning the surgery and being on hold and in a queue with no guarantee of getting the appointment
- In some cases queuing at the surgery door from 7.30am.

However, it is important to note that some comments suggest people were able to get an appointment within a 'reasonable' time frame and others explained, "You can usually get an appointment in a day or so".

Furthermore in the Derbyshire Dales, satisfaction with GP services was very high, with lots of compliments around responsive appointment systems, friendly practice staff and excellent clinicians. People also appreciated services being flexible and responsive to the rural area they serve.

Sample of comments:

- *"The staff always work hard to get my children in but when I need to see a doctor it is not seen as a priority and as I also work long hours it is very hard to see someone."* (Amber Valley)
- *"I work on a production line and I can't just leave for an hour or so. When I need to go to the doctors I usually have to take a whole day off work."* (Amber Valley)
- *"I cannot get through to book an appointment. I ring and ring and there is never an answer, always engaged or not answered."* (Chesterfield)
- *"I have been trying to get an appointment for days to see any GP."* (Bolsover and North East Derbyshire, NED)
- *'My husband was ill a couple of months ago. I was away and a friend was staying with him. He got worse and needed to see a doctor. As the friend who was staying with him could not drive the doctor very kindly agreed to come out to see him as we are a bit out in the middle of nowhere. It really made a difference and if no one had been to see him I worry that he may have got a lot worse. The doctor also arranged for the prescription to get to the house for him. Thank you so much.'* (Derbyshire Dales).

➤ GP receptionists:

People spoke about feeling really reluctant and uncomfortable to talk to GP receptionists about the reason for needing an appointment. The questions were felt to be intrusive and unnecessary when receptionists are not medical professionals. Similarly, people are not clear with the relevance of sharing their personal information with the receptionists.

Sample of comments:

- *"The receptionists ask in-depth questions and do not understand the condition... so are unable to understand the urgency of appointments or the implications of having to wait several weeks for an appointment."* (Chesterfield)
- *"Getting through to the receptionists that I need an appointment, the GP asked to see me within a specific amount of time, the receptionists are not helpful or understanding as we are only asking for what the GP has told us to do."* (Bolsover and NED)
- *"The wait to see a GP is getting longer and longer and is only going to get worse. If it is an emergency (the receptionist has to agree that they consider it one) then they will arrange for a GP to give you a telephone call. Then during the call, the GP decides if you can have an appointment. This does work to some extent, but I worry about people who do not feel able to go through everything with the receptionist and just give up."* (South Derbyshire)
- *"It is very hard to get an appointment with a GP. I feel there are some issues with reception staff as they act as too much of a barrier to accessing help when they are not clinically trained."* (Erewash)

- *“The receptionist asks too many personal questions at the surgery. There is also a barrier as it is not sound proof and everyone else can hear what is being said. There is little privacy at the surgery in the reception area.” (Bolsover and NED).*

➤ Loneliness and isolation:

There was a real sense of loneliness and isolation in some of the comments from Amber Valley, Derbyshire Dales, High Peak, Erewash and South Derbyshire especially so, from older people and carers.

People explained their concerns around the cost and limited availability of transport and how this can create a sense of isolation. Likewise, many people felt it was ‘essential’ to have access to their own car to be able to access a range of services, including health appointments. This seemed to be a concerning issue for people, as not everyone has access to a car and with a lack of transport it could make it more difficult for vulnerable people to attend health appointments.

Linked to this sense of isolation, people also explained that it is not easy to find out what services and support is available in the local area. This lack of up to date accessible information about groups and services makes it difficult for people to find information themselves, and signposting hard for professionals.

Sample of comments:

- *“The only help that I would like is for someone to come and see me from time to time as I get very lonely.” (Amber Valley)*
- *“There are things that take place that I would like to go to but there is no longer any transport provided. They just seem to rely on people who have relatives who can drive them places and I do not have anyone.” (Amber Valley)*
- *“There is a lack of affordable or accessible transport for people who need to attend hospitals for appointments in the Dales. It is an extra worry when you are unwell. There is a gap in service as many elderly people do not drive.” (Derbyshire Dales)*
- *“I live in Chinley and if you don’t have a car it is very difficult to get transport to a GP appointment. It is really difficult even to book a taxi, especially for an appointment the same day. Sometimes this is because the distance travelled is too short to make the trip worthwhile for the taxi driver, and other times it has been due to them not being able to be booked on too short notice.” (High Peak)*
- *“There have been changes to East Midlands Ambulance Service (EMAS) patient transport which means many people can no longer get help to get to appointments. There has also been a cut in community transport. This has led to informal arrangements being set up to take people to appointments but this means that people are not protected, both the driver and the person being taken. These people may not have had the correct training and they may be putting others and themselves at risk. There is a need for services to be in place where people have correct DBS checks and safeguarding training as there are more and more people who are isolated and so do not have a family to call on to take to appointments.” (Erewash)*
- *“To access any sort of health appointment I have to take a taxi. I can’t walk far enough to get to the bus stop and they are very infrequent being out here ... The taxi drivers are all very kind but they are getting more expensive. I worry about getting ill or having to go to the hospital as I haven’t got that much money spare.” (South Derbyshire).*

➤ End of life plans:

A number of people explained the importance of relatives being fully involved within their relative's end of life care, this had a major positive impact upon experiences. In Amber Valley, Bolsover, North East Derbyshire and Derbyshire Dale comments suggest relatives have been actively involved.

Sample of comments:

- *"Due to Mum having Alzheimer's disease, she was unable to make decisions. Her care plans stated our wishes for her end of life care and were written accordingly. This included our wishes for Mum to remain at the care home where she was settled as she felt safe and relaxed with the staff and the care she received. Because the staff knew Mum, they were able to recognise the subtle changes in her condition and act accordingly. I was kept informed and included in all the decisions, as Mum's condition changed, throughout the last days of her life."* (Bolsover and NED)
- *"My mum was on the Nightingale Macmillan Unit until she passed away, they were so inclusive of all of the family. Mum was there for four weeks and when we visited they did crafts for all the children and we were always offered beauty treatments, everything you asked for or needed they got for you."* (Derbyshire Dales)
- Another person gave praise to the 'amazing support' they had received from their GP in reference to their late husband's medical needs (Derbyshire Dales).

➤ Unnecessary use of Accident and Emergency (A&E) departments:

A number of people from the Polish, Romanian and Hungarian community explained they were not registered with a GP and they just go to A&E as and when they need services.

Likewise, other comments suggest due to the difficulties getting a GP appointment, they often decide to go A&E as they could guarantee to be seen.

Also, when people are provided with conflicting information and advice from different organisations/professionals this can often result in confusion and unnecessary A&E attendance.

Sample of comments:

- *"We live in the countryside and both of us work full time. We decided to do this (go to A&E) as we knew that we would be able to park and be seen on the day. We have difficulty getting appointments at our surgery especially on a Monday and we would have to take time off work."* (Derbyshire Dales)
- *"People I know of who work in agriculture use A&E even when it is not an emergency because they can drop in, they will get a solution and are open 24 hours."* (Derbyshire Dales)
- *"I was bitten by a dog and it wasn't anything major ... I thought I would ring 111 for advice ... I know they have a protocol to follow but I told them it wasn't really bad I just needed to know if to get a jab or not. They then told me to go to A&E but I didn't feel it was an A&E job, so I tried to get into my doctors but they also told me to go to A&E. I then got to A&E and they have a GP on site who you have to see first and he said, 'Why have you come here, you could have gone to your GP for this?' So I basically got told different information from different people, they all need to make sure they are all sending people to the same place."* (Erewash).

➤ Care at home:

A number of comments from Derbyshire Dales, Amber Valley, High Peak and Erewash shared some concerns around people being sent home directly from hospital, rather than being able to go for rehabilitation initially at a community hospital. This triggered concerns around ability to cope back at home, especially without adequate support from services.

People also spoke about their concerns in regards to the difficulties in organising social care support.

Sample of comments:

- *"She lives on her own in a small cottage up a steep hill ... She has no family nearby and she is very worried as she has been told that she cannot have respite at a local hospital before she feels strong and well enough to manage at home. They have just told her that she will get 'a few visits a day'. We are both worried about what will happen when she needs to get up in the morning or use the toilet. What will happen if she falls over in the cottage and there is no one there? I am 95 and I am not able to help her. She has been told very little about what is happening and it is all being done and discussed by the doctors, nurses and social workers behind her back."* (Amber Valley)
- *"My father has been an inpatient three times in the last six months. He is 91 years old and each time he has been discharged I feel that it has been too rushed which is probably why he has had to be readmitted on each occasion. The staff would talk to him about going home when we had left and he just agreed to everything. We tried to explain to staff that they need to talk to the whole family but we felt that they did this to ensure that he would be discharged."* (South Derbyshire)
- *"My mother and father have had to be put into emergency respite because the local social services couldn't take on their care package. I have been waiting two months while both of their care packages have been out to the brokerage service. I have had to keep ringing two different professionals as my mother and father each have a key worker. I haven't got an answer back as to when my parents can come home and have the care provided."* (High Peak)
- *"Last year I was in hospital for five weeks on the High Dependency Unit. When I was discharged I was told I would need to have carers to help me for six weeks. I explained I get up very early around 6am, so I asked to have the first call which I was told would be 7am. I gave them the boot after five days, sometimes they would not arrive until 11am and then they would come to put me to bed at 6-7pm which I never like going to bed at this time. Why do they have these schemes if they do not work? I did ring the supervisor, but they were not much help. I then managed on my own."* (Erewash)
- *'In my role as a nurse, I see many people that if they had been receiving better care from the home carers then they would not get so ill that they then need to come to the hospital. Home carers need to have better training, supervision and have the appropriate amount of time with people so that they can check if people are taking their medication and are eating or drinking enough or are going to the toilet. Carers need to care and if they were doing their job correctly then people would not be coming into hospital dehydrated, malnourished or having sores. As a carer, they should be reporting any deterioration in their clients' to the health professionals not waiting for it to become a crisis and for an ambulance having to be called. With the development of 'better care closer to home,' the people in charge need to make provision for 'better' or at least appropriate care"* (Erewash).

➤ Frailty and Falls Prevention:

Several comments provide examples from when people who have had a fall, had little or no follow up once discharged from hospital around future falls prevention. For example, some comments from Bolsover and North East Derbyshire explain that although hospital admissions had occurred following a fall no referral to the Falls Prevention Team had happened as a result.

In contrast, one person described a positive experience at Chesterfield Royal Hospital after a family member experienced a number of falls, and compared this to another hospital which had not been so proactive around a history of falling.

Support from districts nurses and physiotherapists was highly valued and there were several positive comments from elderly people with a range of health issues regarding the flexible support offered to them by their GP practices.

As part of this engagement, we also received a patient story (Appendix 1) which highlights the importance for people to receive sufficient information as part of their discharge home from hospital. In this particular story, the lack of information on discharge resulted in the family being very proactive in ensuring their mother got the support she needed and the looming questions was, “I wonder what would have happened if there was no one to make all the phone calls and chasing up all the different organisations on her behalf?”

Sample of comments:

- *“My care co-ordinator has been brilliant. I had a fall a while ago and they have helped me to get lots of other help and support at home including handrails. They have also helped me fill in forms which are hard for me to do. I can no longer cook and so I now also have some meals delivered. Thank you to her, and all the other people and services that she put me in touch with” (South Derbyshire)*
- *“They have been very positive people (district nurses and physiotherapists) and have encouraged me to get going again. They arranged for me to have three wheelers upstairs and downstairs so that I could be more independent and get around. I am now able to go out a bit using a stick and I hope to continue to improve. I wish I could have got help sooner as I was in my bedroom depressed for so many months and I had to get very ill before any help come on board.” (Erewash)*
- *“The surgery is absolutely brilliant, I am in my 90’s and the GPs come out to visit me at home if I am really poorly as they know I would struggle to get into the surgery. They try and look after me to keep me out of the hospital and at home.” (Chesterfield)*
- *“I had four falls in one year with four admissions on to hospital wards. I haven’t been referred to a falls prevention group, and I had little advice on falls whilst in the hospital over the year.” (Bolsover and NED)*
- *“I have had two recent falls which resulted in two lengthy stays at the hospital. However on both occasions I was discharged back home late at night where I live on my own. I haven’t been referred to a falls prevention group.” (Bolsover and NED)*
- *“When my grandmother was admitted following a fall, the level of care she received was brilliant. She had previously gone to another hospital after having several falls but they didn’t provide any further support, they just checked her over and discharged her. At Chesterfield Royal however, they followed through with every action. They picked up that she had multiple falls from her medical history and made a referral to the Falls Prevention Team. We were shocked that the other hospital didn’t do this earlier as that last fall could have been prevented*

but I just wanted to say thank you to the staff at Chesterfield Royal who went the extra mile for her.” (Chesterfield).

➤ Coordination and communication between services:

People explained various issues with communications systems between services creating inefficiencies. Several people also explained the importance to have clear and consistent information from different services and health professionals.

Sample of comments:

- *“I am here at the hospital today for blood tests, for which the results will be sent to Derby, I then have to come again on Thursday for another set of blood tests to be sent to Burton. The results from blood tests are not automatically shared between the two hospitals; I don’t think their systems talk to one another.” (Derbyshire Dales)*
- *“I am a mother speaking on behalf of my adult daughter who has downs syndrome. She needs her ears vacuuming in the audiology department at the hospital every 4-6 months as she has a continual problem with her ears. To get an audiology referral, I need to go through the GP. As this is a continual problem for my daughter, I am wondering if there could be a simplified process where my daughter would just be re-referred within the audiology department rather than keep having to go back through the GP every few months to get the referral made to the audiology department” (High Peak)*
- *“Some people are unsure when to go to A&E, ring 111, and go to the GP or pharmacist. As all GPs are separate businesses they give out slightly different messages, for example, some do referrals to the physiotherapy service and some you have to make yourself; some provide blood tests and others don’t. They should be giving out and promoting healthy lifestyles as standard. I worry that it is all about money and they will only help you if they are paid to. I know we need to be more responsible for our health but we can only do it if there is the right information and it is easy to understand.” (South Derbyshire)*
- *“I was sent to Burton hospital because of a suspected appendicitis, as a result of an out-of-hours appointment. However, I was already attending Derby for outpatients and I had an MRI scan there. The doctors at Burton could not see any of my notes or results and so I asked if I could be transferred for my appointments back to Derby as they concluded I did not have appendicitis. They said that this was not possible. The hospital would not even agree to post the MRI scan over. I had to start right back at the beginning by going for tests and investigations. As well as taking much longer this also will have cost lots of money and time for the NHS as I have ended up have two MRI scans in two different hospitals.” (South Derbyshire).*

➤ Mental Health waiting times and access:

People spoke about long waiting lists for a whole range of mental health services, especially community psychiatric nurses (CPNs). Likewise, when people are on the waiting list for a CPN it seems they are unable to access other services for support in the interim for example, Improving Access to Psychological Therapy services (IAPT). People explained they would like more information about where to go for support and how best to manage in the meantime.

Working men explained that they do not tend to recognise or cope with their own mental health needs very well, many said they often self-medicate with tobacco, drugs and/or alcohol.

People reported that they found it difficult having a lack of continuity with health professionals when they had ongoing mental health needs. Other people told us that accessing neighbourhood teams and getting support from them is becoming ever more difficult, with the threshold for support seemingly being raised. Comments were also made around the knowledge and experience that GPs have to deal with mental health issues beyond lower level depression/anxiety.

In addition, although Derby City residents are not actively targeted by Healthwatch Derbyshire, some comments from people living in the city were received during this period and reflect similar issues in regards to mental health support.

Sample of comments:

- *"I am on the waiting list still for a CPN despite not seeing anyone for months ... I am unable to access IAPT services due to the fact I apparently have a CPN, but I don't!"* (Amber Valley)
- *"I was suicidal so I visited my GP practice and was offered an appointment but my GP wasn't very sympathetic and didn't offer any support ... I said that I couldn't cope but I was just told that I'm already having counselling and there would be no other services for me at the moment."* (Amber Valley)
- *"I just get drunk when I am stressed."* (Amber Valley)
- *"I have a mental health nurse come in once every three weeks which is a good amount of support. However, the nurse moves to a new location every three months and by the time I have built up a rapport, the nurse has had to move on. This lack of consistent care with a nurse really impacts on my rapport building, and gives more chances for poor communication too."* (High Peak)
- *An individual explained that they self-referred themselves to Healthy Minds where they were assessed and informed that they required more advanced psychological therapy. They returned to their GP and was referred to an advanced psychological therapy service. The GP advised that the waiting list is was around 18 months. The individual was shocked at how long they would have to wait to receive support and asked, "What can I do whilst I wait?"* (High Peak)
- *"If you need any help with your mental health you are referred to a place in Matlock, which only runs on a Tuesday between 10am-4pm, so if you cannot get there on that date/time then there is no other option. There is nothing else."* (High Peak)
- *"I was admitted onto the Radbourne Unit and then moved onto Trevayler House and then discharged into the community. However, once in the community I had to wait six months to get the mental health services that I required. Once I received this, it was very good, but waiting for six months to access them was very difficult."* (Derby City)
- *"I don't think they always know where or how to refer on for more structured support and because it is so difficult to see the same GP each time you attend a surgery, the relationship and knowledge of the patient is lost. They also seem to rely a lot on the patient self-referring to other services which very rarely happens."* (Derby City).

7.2 Themes specific to Amber Valley

➤ Social Care in Amber Valley:

People raised a concern around the lack of continuity with social workers, regular changes of staff and it was felt that this lack of relationship and continuity was unhelpful. There

seemed to be a particular issue in regards to children and young people's social workers with five young people raising very similar issues.

Sample of comments:

- *"Recently, I rushed home after school and cancelled my plans to attend a meeting with my social worker. Five minutes before the arranged meeting, the social worker text to cancel the meeting."*
- *"I wish the social workers would be honest and say 'I'm not going to be able to make that meeting' in advance rather than not turn up or cancel at the last minute."*
- *"I have had three social workers in the space of a year."*
- *"There are obviously too few social workers for how many young people are out there needing the help."*

7.3 Themes specific to Bolsover and North East Derbyshire (NED)

➤ Bereavement support in Bolsover and NED:

Two people described a lack of bereavement support in the area and highlighted the importance for GPs to take people seriously and for more 'local' support groups to be available.

Sample of comments:

- *"I lost my mother last year and I have been struggling to come to terms with this loss, I cared for her an awful lot before her passing and I never had any support as a carer even though we had a number of services involved in her care. I would really like to access a bereaved carers group but I believe the closest one is in Derby and the general group is in South Normanton. These groups aren't close enough for me to access."*
- *"I feel that the GP doesn't take any notice of me when I'm talking about my mental health, I don't feel supported since the loss of my mother. I have been referred to an IAPT service but not for any bereavement counselling. I feel that GPs at the surgery should be more compassionate and empathetic towards mental health patients."*

➤ Care homes in Bolsover and NED:

People spoke about the factors that were important to them as relatives with family members in care homes. Good communication and relationships with care home staff were particularly important.

Sample of comments:

- *"My mum has been in the care home for about three years and we have always been really happy with the care and treatment she has received. The food they cook is very good, they put on regular activities and are very attentive to all residents. They inform us of any changes in health, medication or behaviour. The staff treat me like a family member and I am so happy that we chose this home."*
- *"Mum spent her last seven and a half years of her life living in the home, which we regarded as her home during this period. Throughout this time Mum has always been cared for with kindness, dignity and respect ... Because the staff knew Mum, they were able to recognise the subtle changes in her condition and act accordingly ... Throughout the time that Mum has lived at the home I have always*

been very pleased with the level of care and support given to Mum and myself by all the members of staff."

7.4 Themes specific to Derbyshire Dales

➤ Assets in the community within the Derbyshire Dales:

Many people spoke of the services offered at St Oswald's hospital as being a real asset to the local area and were very positive about the services offered there. There was a sense of frustration that more services are not available there, and that it is not busier.

Sample of comments:

- *"The walk-in centre is brilliant. It is really good if you are unwell or injured in the evenings or on weekends. They are also very good when the children come home from school poorly and we have been unable to get a GP appointment."*
- *"There is limited access to health visitors in the area, so if you want your baby weighed the only place you can go is St Oswald's hospital and that is only on a Wednesday morning."*
- *"The hospital was built for local people and to meet the needs of the rural population. Why is it not used more?"*
- *"Consultants only come here every two months for half a day and when you are booking appointments the receptionists are very quick to tell you that you will be waiting for much longer if you want to be seen in Ashbourne. It feels like they want to stop the consultants coming to Ashbourne ... Most people who come to see the consultants here cannot drive down to the Royal Derby and so it is vital that services remain available in Ashbourne."*

➤ Support for mothers in the Derbyshire Dales:

Especially within the Derbyshire Dales a number of comments suggest a difficulty in accessing breast feeding support.

Likewise, due to transport there is a limited availability of baby groups for new parents.

There were concerns around the support received to new and first-time mums in rural areas. Several people explained they had only had one visit from a midwife/health visitor before birth to look at their house/property and then only one afterwards. This was felt to not be sufficient as, "You do not have the chance to build up a relationship or trust".

Sample of comments:

- *"When I had my second child I had a caesarean. I wanted to breastfeed and I was having some problems. When I rang the nurses they said that the only way I could get help was to go to Etwall clinic. However, as I had had the operation I could not drive and no one would come out to see me at my home. Because of this, I had to go to bottle feeding my child."*
- *"For breastfeeding support, I was just given a phone number to ring somewhere in Ashbourne and you just had to leave a message. There was never anyone at the end of the phone you just had to hope that they would call you back. I left many messages over the first few months as I was struggling to breastfeed. They rarely got back to me and so after three months I gave up and went onto bottle feeding. When they did occasionally get back to me they were not willing to come out to see me as I lived 'too far out.'"*

- *“There is a short supply of baby groups for new parents - you always have to be able to have your own transport. For my first child, I had to travel almost ten miles to go to a baby group. Being in a rural area you can feel isolated. It can be hard for lots of people.”*
- *“People can be isolated and not always have friends and family locally to support them.”*

7.5 Specific themes for Erewash

➤ Support for carers in Erewash:

Several people spoke about the lack of support available to carers from a variety of services and the need for carers to be proactive in finding out what respite support is available to them.

Sample of comments:

- *“I have not had enough support from the surgery as I am a carer for my grandmother. The surgery has told me that I am, ‘too young to be her carer’ and I have struggled to be put down in her notes as her carer, I do not agree with this. I am able to care for my child and my grandmother. I need to be kept informed about her to ensure she is safe.”*
- *“There is a gap in service for long-term carers, I looked after my husband for many years who was in a wheelchair and I got no help or support. When he started to deteriorate I had no idea what to do or where to go for help.”*
- *There is a big gap in service for people who care for and support people with fibromyalgia. My wife who cares for me has had no support over the years.”*
- *“I got in touch with social services because I needed respite, I think I had just started to accept that I needed a bit of help... I thought they were going to find me a home ... They just told me the names of five different homes so it is now up to me to ring around them all to see if they have a place available. When you're self-funding you do not get much help with things like this. It has taken me a long time to accept that I need help.”*
- *“I do not need help with personal care, I can do that myself but as carers I feel we do need a break at least once a week.”*

7.6 Specific themes for the High Peak

➤ Border issues between Tameside/Glossop:

People spoke about a number of challenges that they had experienced because of cross-border issues between Tameside and Glossop, issues included availability of services for residents in Glossop and discharge planning, for example out of county hospitals liaising with adult care causing family members to feel ‘alone’ and having to be very proactive in arranging the support.

In contrast, an employee for Derbyshire County Council explained that despite the cross-border issues within the area, the communication between Tameside Hospital Discharge Team and the local authority has vastly improved within the last 12 months. Communication had been an issue but something has changed within the last year and they are receiving more referrals for assessments within the community.

The Integrated Urgent Care Team was seen to be ‘invaluable’ however, one comment explained when assistance was required from the team they were advised that they, “Only cover Tameside.”

Furthermore, especially within the Glossop area some comments suggest a lack of support services within the area often causing people to have to travel out of the area.

Sample of comments:

- *"The Integrated Urgent Care Team is invaluable but the issue is actually getting them to come out and cross the border from Tameside to Glossop."*
- *"Glossop is treated like a second-class citizen in comparison to Tameside, there are many people that don't have access to transport to get them to services in Tameside."*
- *"I just wanted to write and say how much I think Glossop needs a hospital. More and more planning is being given in the area for houses without any apparent thought being given to the infrastructure in the area to support a growing population."*
- *"When my partner was diagnosed with dementia, I was left to my own devices to find out what support was available. It seemed like there was support available in other parts of Derbyshire apart from Glossop. What is available for people living with dementia in Glossop?"*
- *"As a Glossop resident, I really struggle with finding a dentist in the local area. I have since had to pay privately for treatment which I feel is unfair." The commentator then posed the question "Are there any plans for more dentists in Glossop?"*

➤ Farming communities within the High Peak:

A number of comments suggest there is a barrier to people in farming communities accessing health and social care services.

It was also felt that GPs and health professionals should receive training on engaging with farming communities as there are significant barriers including a lack of trust in health professionals.

Sample of comments:

- *"There have been three suicides in the Tideswell area in the last two years, there is a need for people to have a key worker or be followed-up on a regular basis. Loneliness in this area is very high and there is a high rate of suicide in the farming community."*
- *"If you need any help with your mental health you are referred to a place in Matlock, which only runs on a Tuesday between 10am-4pm, so if you cannot get there on that date/time then there is no other option. There is nothing else."*
- *"Older people, particularly within the farming community who have not visited their GP in years due to transport issues, thus affecting their health."*

➤ Signposting to services within the High Peak:

There were several comments in the High Peak made about a lack of signposting.

- *One person explained that her husband had recently had an autism diagnosis from the hospital. She reported that afterwards they went to see their GP and were disappointed that the GP did not know of any support available for adults with autism diagnoses. The commentator reflected that signposting would be a helpful part of a GP service.*
- *"My son has been put on the waiting list for an adult autism assessment, I have been told that this will take up to 18 months, I understand why there is that*

length of time to wait but I haven't been given any support, advice or information regarding how I can help my son as his emotional health and wellbeing is deteriorating."

- *"When my partner was diagnosed with dementia, I was left to my own devices to find out what support was available. It seemed like there was support available in other parts of Derbyshire apart from Glossop. I contacted social services for guidance and support. After establishing that we could self-fund our care, they said they could do nothing to help us. It was a horrible feeling. Even if they could not provide direct care and support, it would have been helpful to receive information on what organisations to contact but we received nothing."*

8. What should happen now?

Based on the topics raised by patients in Derbyshire, Healthwatch Derbyshire recommends that the Place Board takes account of the themes relating to the eight 'Places' in Derbyshire and this is used to inform the work that follows in each place and to ensure this is embedded in planning and strategy.

The key themes for consideration and response are as follows:

- **Waiting times:** People have concerns that there are long waiting times for a whole range of mental health support services and mental health professionals in the community, and there is uncertainty over how to cope and stay well in the meantime
- **Continuity of care:** People with mental health, long term conditions or any long term health or social care needs describe a lack of background knowledge, understanding and relationship when people do not have consistent relationships with professionals such as GPs, CPNs, social workers and homecare staff
- **Loneliness:** People report that loneliness is an issue, sometimes but not always linked to transport issues and rural isolation
- **End of life:** To consider feedback from family around their experience of end of life care
- **Access to information:** To help patients, their carers and professionals to know what services are available in the local area
- **Awareness of triage systems:** Some people have a resistance to GP reception staff asking questions about the reason a medical appointment is required. Work with patients to help develop an understanding and acceptance of why this is important
- **Potential inefficiencies in the system:** This report details potential inefficiencies for consideration, such as:-
 - ✓ Repeat visits to a GP, and/or repeat attendances at A&E when people feel that their condition has not been sorted/resolved adequately at earlier visits
 - ✓ Inappropriate attendances at A&E.
- **Discharge to home:** To consider and explore how best to address concerns from some people about how patients will manage safely back at home once discharged

- **Falls prevention:** To consider and address feedback which seems to indicate there seems to be a difference and variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

9. Appendix 1: Patient Story

Patient Story

Healthwatch Derbyshire has put together this patient story to highlight a recent experience in the Derbyshire Dales involving a frail elderly person falling, from the perspective of her daughter who has given permission for us to include this story in our report.

“My mum had a fall in her house, banging her head very badly. This was on a Sunday evening and the service that we received from 999/111 was very good. They arranged for an ambulance to attend and talked us through things. Within 30 minutes a first responder was with us. We are in a rural area so appreciated how quickly they got to us. Not much longer after this the ambulance arrived. As it was a Sunday evening they had to coordinate this more, and we actually had a West Midlands Ambulance. They wanted to take my mother to Stoke hospital, but we said that we wanted to go to the Royal Derby Hospital. This was all arranged by the staff and so when we arrived at Royal Derby Hospital we did not have to go to A&E and we could go straight to the correct department where they were expecting my mum and knew what had happened. Also, her son, my brother, was able to travel in the ambulance with her. This was a great help. The fall happened at 6pm and by 8pm my mother was in hospital being treated. Everything went very well.

She was treated constantly from 8pm to 2.15am the following day. The staff did a wonderful job. They gave her a scan and all the while she had to keep on a neck brace. They treated her very well and kept everyone updated. She was then sent to the MAU where she spent two days. The staff were good, and responded to requests for help and assistance when my mum rang the buzzer. After a couple of days, she went to Ward 307. Again this was a good experience. There was enough attention from staff but what made the difference was there were lots of trainee nurses on the ward. This meant they had time to spend with my mum by washing her and just talking to her. The transfer from the MAU to Ward 307 went especially well as the family were shown where the ward was and where our mum would be on the ward. There was very good communication, and this helped everyone to feel at ease. Maybe because of all the help and attention, she improved very quickly and, as a family, we agreed to have her back at home where she wanted to be.

However, the discharge from the hospital and aftercare that she received could have been improved. We were given very little information on discharge from the hospital on how to care for my mum and on discharge, she had only just walked to the toilet by herself and she still had all the stitches on her face. We were just told they needed to be taken out in seven days and not how to arrange this. There was no advice on what my mum could do about washing herself. We were just given plasters for her face, not advice on how to put them on or anything. We are not professional carers and so we did not know what was safe to do. There has been no follow up conversation with anyone from the hospital to see how my mum is. We, as the family, have had to do the chasing and be proactive.

Things took a long time to get sorted. This included arranging for my mum to have her stitches out with the advanced nurse practitioner (ANP). However the ANP was very good and also gave 'healing plasters' for us to continue to put on. When the bath adaptation arrived it made a positive difference for my mum as she could gain some independence in bathing. We were concerned that no one from the surgery contacted my mum or the family after she had been discharged to see how she was and if there was anything the surgery could do for her. After the removal of the stitches, my mum wanted to see the GP as we felt that we were unsure about certain things and her balance was still very poor and we had not been given advice about what she could and could not do. We also wanted advice about her nose break and the swelling. There was no explanation of the effects of the concussion and it was not clarified if this was why her balance was still poor.

I wonder what would have happened if there was no one to make all the phone calls and chasing up all the different organisations on her behalf?

10. Response from service providers

As the report is structured to present information that will offer support to make decisions about local services to meet the local need, we feel a coordinated response from the eight Place Alliances by the Place Board would be the best option.

The report was shared with the Place Board Chair in April 2019 and will be shared at the Place Alliance Leadership meeting. We are still in regular contact with the Chair with regards to a response, but due to the nature of Place and the variation with how it is currently operating within the different areas it will be best to delay a response until Place is fully established.

Once a response has been received, the report will be available on our website.

11. Your feedback

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

.....

.....

.....

3) Since reading this report:

a) We have already made the following changes:

.....

.....

.....

b) We will be making the following changes:

.....

.....

.....

Your name:

Organisation:

Email:

Tel No:

Please email to: helen.henderson-spoors@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN.

Derbyshire County Council**Improvement and Scrutiny Committee - People****4 September 2019****Safeguarding Children in Derbyshire – Home to School Transport****Scoping Report****1. Purpose of the Report**

To inform the Committee about the intention to resume work on the review of policies in place to safeguard children in Home to School Transport and to seek approval for the revised scope of this review.

2. Information and Analysis**Background information**

In November 2018 the Committee began work on a review of the policies in place (in Derbyshire) to safeguard children in Home to School Transport. Shortly afterwards, in February 2019, the Government launched a consultation on statutory guidance for taxi and Public Hire Vehicles (PHV) which focused on measures to protect children and vulnerable adults from harm when using these services. Consequently, work on the scrutiny review was paused. The national public consultation exercise has now been completed and the Department for Transport is considering the responses. Furthermore the Government has stated that it will bring forward legislation to introduce national minimum standards for taxi and PHV licensing when time allows.

An unintended consequence of the ongoing Brexit debate in Parliament is that the introduction of some legislation has been delayed. Therefore it is proposed that rather than wait for new legislation on taxi and PHV licensing to be enacted and for the guidance to be formally adopted, the Committee should resume its work on scrutinising the measures in place to safeguard children and vulnerable adults using taxis and PHV services.

Review objectives

The aim of the review is to ascertain whether there are additional measures that the Council could take to safeguard children and vulnerable adults using taxis and PHV services.

It is proposed that during the review the draft statutory guidance “Taxi and Private Vehicle Licensing: Protecting Users” is used as a benchmark standard

and the criteria that the Council sets for Taxi and Private Hire Contractors and the commissioning process will be considered against it.

With a view to ensuring the readiness of the County Council's commissioning services, for the introduction of the proposed new legislation and guidance, attention will also be given to the borough and district council's licensing requirements to see how arrangements across Derbyshire compare to the draft statutory guidance.

Potential Information Sources

The review may seek evidence from the following:

- Executive Director for Children's Services
- Executive Director for Commissioning, Communities and Policy
- Cabinet Member for Young People
- Cabinet Member for Corporate Services
- Officers from the Council's Commissioning Service
- Appropriate officers and councillors from district and borough councils

Timeframe and working arrangements

The review will be completed by April 2020.

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

3. Officer's Recommendations

The Committee is requested to:

- (1) Agree to the resumption of the review of policies in place to safeguard children in Home to School Transport and the revised scoping report.
- (2) Appoint Members of the Committee to the review working group.

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