DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

THURSDAY 15 SEPTEMBER 2016
10:00 – 12:00 NOON
MEMBERS ROOM , COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Time	**Item** Apologies: Andrew Mott, Dave Gardiner	**Lead**	**Information/ Discussion/ Decision**
1	10:00am	Welcome & Introductions	Cllr Davison	
2	10:10am	Minutes and matters arising from the meeting held on 16 June 2016 (attached)	Cllr Davison	Information
3	10:20am	STP Update	Joy Hollister	Decision
4	10:30am	Learning Disability Transforming Care Update	Joy Hollister	Information
5	11:00am	Healthwatch (attached)	Karen Ritchie	Information
6	11:15am	BCF Q1 2016/17 Performance Report (attached)	Graham Spencer	Decision
7	11:30am	Falls Pathway and HNA Update (attached)	Eleanor Rutter	Information
8	11:55am	AOB		
	12:00noon	**FINISH**		
		The next meeting of the Adult Care Board will take place on Thursday 1 December at 10:00am in Members Room, County Hall, Matlock.		

Pam Greaves
On behalf of Joy Hollister, Strategic Director - Adult Care Department
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DERBYSHIRE COUNTY COUNCIL Agenda item 2

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON

THURSDAY 16TH JUNE 2016 AT 10:00 AM

DERBYSHIRE COUNTY COUNCIL, MEMBERS ROOM, MATLOCK HQ

PRESENT:

Cllr Rob Davison	RD	Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Joy Hollister	JH	Derbyshire County Council – Adult Care
Julie Vollor	JV	Derbyshire County Council – Adult Care
Gareth Harry	GH	Hardwick CCG
Jenny Swatton	JS	Southern Derbyshire CCG
Jacqui Willis	JW	NDVA - Chief Executive
Eleanor Rutter	ER	Public Health
Linda Dale	LD	Derbyshire County Council – Service Director Childrens Services
Beverley Smith	BS	NDCCG
Alex Johnson	AJ	Derbyshire Fire& Rescue Service

IN ATTENDANCE:

Graham Spencer	GS	Derbyshire County Council – Adult Care
Trish Stubbs	TS	Social Worker - Prisons

APOLOGIES:

Cllr Paul Smith	Derbyshire County Council Cabinet Member (Adult Social Care) **Chair**
Cllr Dave Allen	Derbyshire County Council Cabinet Member (Health & Communities)
Cllr Jeff Lilley	North East Derbyshire District Council
Andy Searle	Safeguarding Board (Chair)
Karen Macleod	Derbyshire Probation
Dave Gardner	Hardwick CCG
Beverley Smith	North Derbyshire CCG
Linda Dale	Children's Services
Stella Scott	CVS

Karen Ritchie	Healthwatch
Mat Lee	Derbyshire Fire & Rescue Service

Minute No	Item	Action
	WELCOME FROM CLLR DAVISON AND APOLOGIES NOTED	
ACB 099/16	**MINUTES FROM THE MEETING ON 3 MARCH 2016 & MATTERS ARISING** The minutes from 3 March 2016 were accepted as a true record.	
0100/16	**BETTER CARE FUND 2014/16 QUARTER 4 REPORT** • Achieved all targets except permanent admissions of older people into residential/nursing care. • There is a current review of re-ablement/intermediate care, to improve the existing service model. • DToC – a steep increase in referrals in Quarter 4, a new DToC Plan has been produced and submitted for the first time. • Aiming to have a dashboard covering all the individual schemes, in addition to the high level reporting. • The potential relationship between increases in permanent residential admissions and DToCs has been checked and no links found. • The data accuracy was checked and found to be correct. • Residential Care Admission rates, compared with other EM authorities, Derbyshire has more beds available. Part of STP; work to be done, including on practice and pathways. There is an issue around cultural change for professionals and also supporting the families/individuals concerning trust in the availability of support. Important to provide information and advice. Cllr Davison asked if it was possible to identify those people who have 'stepped down' and have then lost their independence/mobility. • Key element of the STP transformation to support moving people out of acute hospitals back into their own homes.	

101/16	**LEARNING DISABILITY TRANSORMING CARE UPDATE** • Programme Board 15/6/16 • TCP plan has gone to NHSE and been reviewed specifically for people with complex needs • Workstreams leads have produced project plans • Market Stimulation – need to be clear about people's needs, the 'model', before the market can be stimulated. • Meeting in Cambridge 4th July re bidding for national funding. NHSE has asked for more detail on bed closures/accommodation/workforce – details have to be provided by the coming Tuesday. • Original 'Winterbourne' cohort was 32, now 9 people; 5 under MoJ restrictions; seeking different ways of providing support for those individuals with complex needs. More important to get it right, than hit targets. • There are ongoing admissions to hospitals; to develop better crisis and community based services. • Increasing numbers of young people identified. The TCP work is 'all age' ensuring the programme has a strong children's element. • CAMHS – investment from PH and CCGs recently. The whole delivery model will be changed.	
102/16	**HEALTHWATCH** • No updates	
103/16	**PRISONS UPDATE POST CARE ACT – TRISH STUBBS** • The report sets out the new process, post Care Act changes. The social care offer is the same in prisons as in the community. Also part of the wider prevention/wellbeing council responsibilities. • Trish presented a couple of case studies to demonstrate the impact of the work. • Derbyshire has a women's prison, women only represent 3% of the prison population. So links have been made with other LAs, eg Surrey, that have women's prisons. • A lot of work has taken place to build links about the social work role across all the professionals over the past 12 months eg housing, probation and NHS. • Independent sector care staff are now going into the prisons to provide personal care as required. This is a new service. • Work that has been done has been nationally	

	recognised. Trish Stubbs won Social Worker of the Year (Silver). • This investment is saving a considerable amount of funding for the wider public purse eg MoJ, DWP. Case studies etc to be shared via ADASS: a clear business case – especially for people with a learning disability, mental health problems and autism, of the impact on the wider public purse. • There was a change in Health provider into the prisons during 2015/16. Working relationships and practice are being established.	
104/16	**STP UPDATE** • Weekly meetings to look at the plan. • NHSE has moved from a single plan to be submitted at the end of June to on-going improvement and associated assurance by regulators over the next 5 years • Countywide o 11 x specialist topics/workstreams with each leaving 5/6 key interventions that will have the greatest impact. o Workstream groups are meeting, looking at resources required/potential savings. • Place-based activities – ongoing work x 21 (City/Council). Places that local people will recognise. Approximately 50,000 population. Types of services that could be delivered better, not re-structuring eg those identified in BCF; and how these can be linked to specialist services. Strategy, not structures. Looking at where each 'Place' is in terms of services, models. To be ready for progressing on new service models etc. • 21st Century (North Derbyshire) about to go out to consultation on some proposals • Southern Derbyshire CCG – ongoing work to develop the place-based activities. STP looking at the finances; requirement to support the change, for example double-running; expected for the whole health and social care economy to meet the rising demand. • 'Place' is not fully established yet; important to link up what is already going on eg Public Health. • VCS – role of the sector and social prescribing have been recognised nationally. • There is a lot of informed/'soft' local voluntary activities taking place examples of activities eg work around dementia in Dronfield.	

	• Staff time needs to be released to support the transformation. • Infrastructure o Workforce/IT/Estates to review current arrangements. What needs to change and to what? • Culture change for whole population. Discussions about why/how the new models will work. • H&WB Board City/County development session next week. • 6th July – STP – an agenda item for the next Health & Social Care Forum	
105/16	**ANY OTHER BUSINESS** • PH – Eleanor Rutter; reviewing and refreshing work previously undertake re Falls. She would like to pull in all partners. An event to take place to map current activity and gaps. Aiming to develop a City/County pathway: best practice/reducing overlap. Asking for reps from all partner agencies for the upcoming planning event. Governance proposed to be via the ACB. Eleanor Rutter to provide further information for agreement at the next meeting 15/9/16. This will form part of the over-arching STP. • Derbyshire Fire & Rescue – Alex Johnson Amber Valley and High Peak have given assisted bin collection data. Assistance for the public is not just with new Safe & Well checks; also, for example, flooding – can target activity. 650+ checks undertaken since May. Can offer one-off/pay-as-you-go First Responder – potentially as a pilot. Lynne Wilmott-Shepherd's new role. AJ has met with her. 45/50% of fires involved people with Mental Health needs.	
098/16	**AGENDA ITEMS FOR NEXT MEETING** • LD TCP Update	

	Dates of future Adult Care Board meetings: • 15 September 2016, 10:00 – 12:00, Members Room, County Hall, Matlock • 1 December 2016, 10:00 – 12:00, Members Room • 9 March 2017, 10:00 – 12:00, Members Room • 8 June 2017, 10:00 – 12:00, Members Room • 14 September 2017, 10:00 – 12:00, Members Room	

healthwatch
Derbyshire

What Makes for a Positive Health or Social Care Experience?

Executive Summary

We hope that the information provided in this report will support service providers and commissioners to improve services within a health and social care climate which we all recognise as being subjected to forever increasing demands. This, alongside cuts in funding, makes for very challenging times, but looking at our evidence of "What Makes for a Positive Health or Social Care Experience?" shows that improvements in services need cost very little and in many cases, nothing at all.

> ***"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around"***
>
> ***Leo Buscaglia***

Background

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 across the country representing the voices of those using local health and social services.

Since its inception, Healthwatch Derbyshire has been influential in gathering views and experiences across Derbyshire from a diverse range of individuals, groups and communities. Healthwatch Derbyshire has subsequently enabled providers and commissioners of services to receive and hear the collated feedback of patients, service users and members of the public directly and via a range of significant published reports.

Rationale for this Report

Whilst gathering and identifying the concerns and complaints of patients, service users and members of the public is a powerful way for services to learn how to improve, all too frequently we dwell unduly upon 'what is going wrong' rather than 'what is going right'.

This report, in contrast to others published by Healthwatch Derbyshire, is designed to capture, profile and exclusively focus upon the host of positive experiences of which we have been informed. The report consequently shares this with providers, commissioners and other relevant parties to enable them to reflect upon and judge what they may learn from the positive encounters conveyed to us from patients, service users and members of the public throughout Derbyshire.

All the evidence has been correlated with the eight Healthwatch England 'Consumer Principles' generated from a public survey conducted by them in 2013.

The 8 Healthwatch England Consumer Principles are:

- Essential services
- Access
- A safe, dignified and quality service
- Information and education
- Choice
- Being listened to
- Being involved
- A healthy environment

How we collect our information

Healthwatch Derbyshire has established effective systems and approaches in collecting comments from patients, service users and the public about their experience of health and social care services. Such methods include:

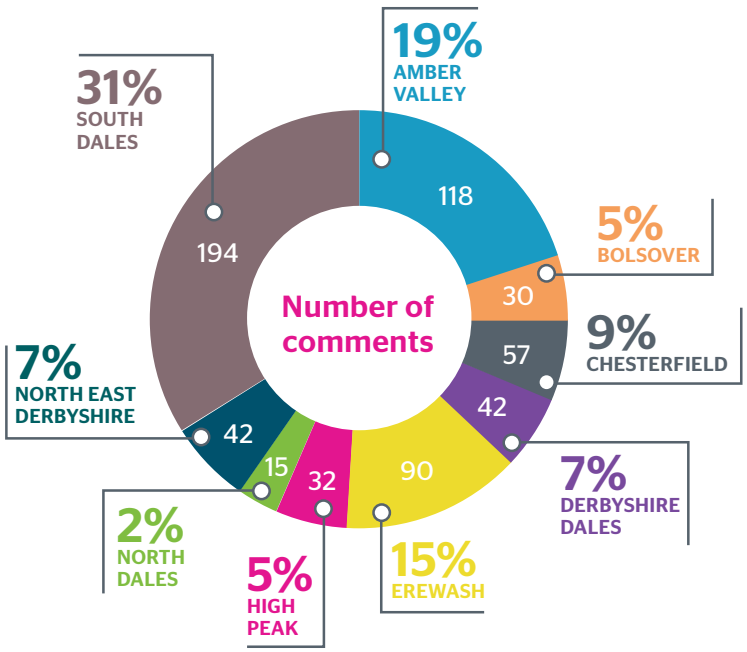
- Surveys and questionnaires
- Enter and View visits
- Focus groups
- In-depth interviews
- More informal face-to-face contact with our Engagement Officers, out and about in the community.

For the purpose of this report, 620 comments with a 'positive sentiment', i.e. those which tend to reflect good experiences, were analysed for the period **1st April 2014 – 31st December 2015**, to determine what were the factors that made up a positive experience of health and social care services. In total, we received 2,215 comments during this period. The remaining comments were either negative, or had a mixed or neutral sentiments.

Within these 620 positive comments, **the services talked about the most were hospitals and GP practices.**

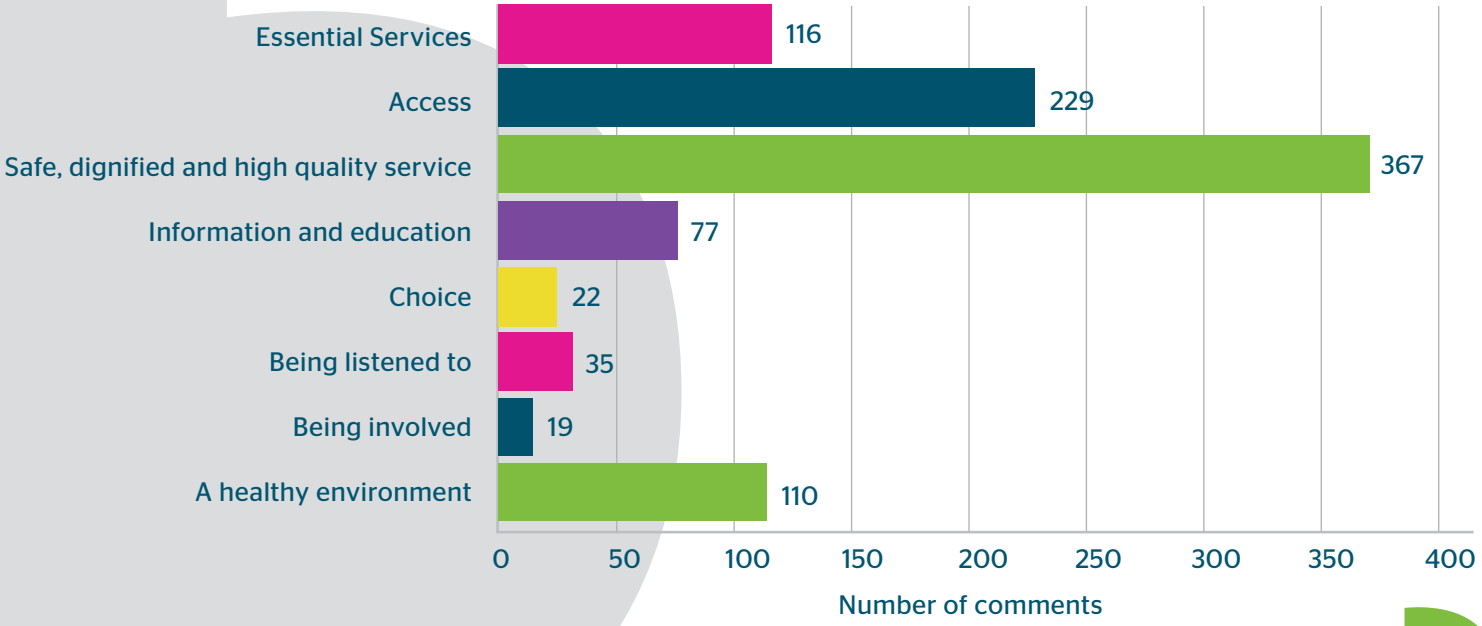
The distribution of these 620 positive comments by district are as follows:

Distribution of comments by district



The distribution of these 620 positive comments correlated with the eight Healthwatch England 'Consumer Principles' as outlined above on page 2, are as follows:

Distribution of comments by 'Consumer Principle'



The positive things we've heard

The example comments illustrated in the following pages illustrate, from the patient and/or service user's perspective, the standards and qualities of services that they appreciate and additionally make a positive difference to their health care and/or sense of wellbeing during contact with services.

1. Essential services

We ask that professionals consider how important the reliability and efficiency of services are to patients and service users experience of quality care. Particularly in relation to prompt referral, assessment and signposting.

> *"I had a lump in my chest and my GP referred me straight to the hospital right away whilst I was in front of him. It is an excellent service."*

> *"The worker rushed through an assessment for us, she pushed and pushed to get my daughter a diagnosis. I have had appointments come through really quickly and the support has been great."*

> *"My community midwife was brilliant, I have been signposted to breastfeeding support at the local children's centre."*

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2. Access

We ask that professionals consider the importance of the availability and locations of services, being kept informed of appointments, waiting times and physical access to buildings to patients and service users experience of quality care.

Disability access

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> *"The practice is very good. There is good disabled access."*

> *"The receptionists have good knowledge of deaf awareness. They accommodate me when booking appointments."*

> *"Although I have a wider than usual wheelchair I never have problems getting through doors and into lifts at the practice."*

Access to appointments

"I said it had to be after 9am as I take my children to school and they listened to me."

"Called the practice in the morning and got offered an appointment with a GP for later in the afternoon."

"The appointment system is fine. There is a triage system in place whereby the doctor rings you back, which I have no problem with."

"You always get same day appointments for children."

Location of treatment

"I really appreciate the fact that the staff come out to my house to do my blood test which I need on a regular basis."

"I have cortisone injections administered at the practice making it more accessible for me."

"I wanted to access appointments locally to me. This has now been arranged, and my diabetic appointments are at the local health centre."

Waiting times

"I had a wisdom tooth out two months ago. I didn't have to wait long. I had an assessment on a Tuesday and the operation on Thursday."

"On an occasion when my mum became ill, the district matron was called at 8am. I received a call back within five minutes to say a nurse was on her way. Within 10-15 minutes there was a nurse at the door. I couldn't speak highly enough of the service my mum got."

"I went into Accident and Emergency at the hospital. I was triaged within 15 minutes, waited another 20 minutes before being seen by a consultant. After another five minutes' wait I was sent to x-ray. Although there was a wait after x-ray, it was less than one hour. It was a positive experience."

"We are kept up to date with the information provided on the board on waiting times."

Information about appointments

"Following referral from my GP, I have had letters, which were easy to understand and text notification reminders about my appointment at the outpatient clinic."

"I went to the outpatients appointment. I had a letter explaining where to go and why I needed to go back."

"The doctors and nurses really understand things about my learning disability. They send me a letter when it is close to my health check with pictures on it so I know what is going to happen.' (This person has learning disabilities and is entitled to receive an annual health check)."

3. Choice

We ask that professionals consider the importance of patient's and service user's choice in their experience of quality care.

> *"I was given the choice of going to a named hospital in Chesterfield where there was a six-week wait or to my chosen hospital in Sheffield which had a three-week wait."*

> *"They have been very open and offered me a choice of treatment, either counselling or medication. I have used what they told me to make my own decision."*

> *"The nurses were good and gave me two options for the procedure. They explained the positive and negative of both types."*

4. A healthy environment

We ask that professionals consider the importance of the physical and psychological environment of their service setting to the patient/service user's experience of comfort and well-being.

> *"I like the fact that the centre has high chairs to sit on, as I have a muscle degenerating condition."*

> *"The hospital has now provided reclining chairs by the side of the beds. These are intended for partners. The new dad said he thought they were very good and provides a choice so that he could rest and stay."*

> *"The waiting room is nice. There is a box of toys and stuff to calm you down. I do find it calms me as it is nice and quiet, not noisy."*

5. A safe, dignified and quality service

We ask that professionals consider the importance of patients and service users being valued as individuals who feel cared for and receive continuity in their care in meeting their unique needs.

Continuity of care

"I have a designated GP at the surgery. I like the consistency of seeing the same GP."

"I really appreciate that I get to see the same person as this saves me repeating things and I can build up trust with someone that understands me."

"Having the continuity of staff has helped my son such a lot and there is good communication to let us know if something has happened. The staff have been there for a long time and they have built a relationship up with my son and they know what his needs are."

High quality, safe care

"I had a positive experience when being treated for respiratory problems. The staff interaction and quality of treatment from top down was first class."

"I had both cataracts removed at Chesterfield Royal Hospital. It was a very positive experience in terms of a smooth, efficient and quality service."

"My experience was of first rate care, treatment, courtesy and professionalism and I feel most appreciative of it."

Feeling valued/not rushed

"The practice is always happy to see me and my son. I don't feel like I'm wasting the time of the doctors."

"The consultant was nothing but fantastic. He bent over backwards to sort things out."

"They always have time for me and don't rush me even when they come to my house."

Staff attitude

"Regarding staff - from the cleaners to the people who deliver the food, the nurses, the health care assistants, the sister and the doctors, they have all been absolutely amazing.."

"When I visited the ophthalmology department, the doctor came out to chat to the patients in the waiting room which helps to put the patient at ease. All doctors should have this approach."

"The anaesthetist made me laugh, making me feel completely at ease."

"The doctor called me by my first name which I thought was nice."

"I am deaf and blind. The staff are excellent, very friendly and personable. They are very accommodating and listen to everything that I try to say."

"You buzz and they are there straight away. They all look as though they enjoy their job. They spend time with you, chatting and explaining things. They are really, really lovely."

"I have a learning disability. My dentists are brilliant because they talk to me and they explain everything that they do so I understand. I now have the confidence to go to the dentist by myself."

"It can be quite difficult explaining to a young child what is happening but the staff have been really good and very helpful."

Feeling supported

"The consultant is absolutely marvellous. He rings my wife up at home every week to check to see how she is. He has a sense of humour and he gives very good advice."

"I like to attend the carers meetings because I like the fact I can share and learn from other carers. It means I don't feel so isolated."

"My child's CAMHS worker is brilliant. I haven't got an appointment for a while, but she said that I could ring her anytime. I feel really supported knowing that I have someone like her."

"He often has to go to the Royal Derby Hospital. I always contact the Acute Liaison Nurse who will always help and assist when my son has appointments."

6. Information and education

We ask that professionals consider the importance of access to information and the receipt of this in a form appropriate to each individual as fundamental to the experiences of quality care.

"I have a learning disability. I went to see my GP and they were running really late, but the receptionist knew me and she came over to tell me how long I would be waiting."

"I have recently received some great information and advice for my son about sexual health. I have struggled talking with my son; he has Asperger's and takes everything so literally. The CAMHS worker gave me a few tips which are working really well."

"The staff are friendly, and their advice is always easy to understand and of great help. I am given a print-out to take home for further reading."

"They tell me what they are going to do so I do not get scared."

"I attend the haematology clinic every three months. They explain things in a way you can understand and I feel safe."

7. Being listened to

We ask that professionals consider the importance of ensuring people are listened to with regard to their treatment and care.

"When I got home following my treatment I got a text asking me for feedback. I like how this system works. It was very easy and straightforward to do. I hope this is used for everything as even people like me will respond."

"We made a complaint and the GP who dealt with it was lovely. It's about the establishment saying: sorry this is what we could have done differently and this is what has changed as a result of it. Being open and honest."

"All the staff were very attentive and knowledgeable and caring. They had read my three-page birth plan and really did listen and act on what I wanted."

"They really took on board what people said and there was a board showing what they had changed. I was impressed."

"I have a learning disability. The doctor listens to me and makes me comfortable. He talks to me and not my mum."

8. Being involved

We ask that professionals consider the importance of ensuring that both patients/ service users and their carers are truly involved in care and treatment.

"They adopt a traffic light system, e.g. red/amber/green depending on how I feel. I am currently on green and therefore the visits have become less. I am comfortable with this."

"The midwives were really supportive about my decision to have a natural birth. I felt absolutely in control and really pleased with the whole experience."

"I use the FLO teletext system whereby I can send in my own readings. This I feel makes me responsible, and it is also a useful reminder system."

"The nurses asked me for advice on my brother regarding his communication issues and his health problems."

9. Considerations

Here we suggest some questions for service providers to consider based upon the range of preceding comments presented.

Essential Services

- What determines the speed and efficiency of your referral process, and how could this be improved?
- How do you communicate with your patients/ service users about their referral?
- Do you signpost to other services to meet needs identified?

Access

- How convenient are the locations of your services?
- How do you manage waiting times, and how do you communicate with people who are waiting?
- How do you manage the availability of appointments to ensure timely access to services in accordance with individual patient/service user needs and choices?

- Where you initiate an appointment, how do you explain why they have been referred for an appointment and what they can expect?
- How proactive are you in ensuring that your services are accessible to all, e.g. the disabled, hard of hearing, people with learning disabilities, carers, etc?

Choice

- How do you involve patients/service users in the choice of how and where they receive treatment or care?
- Are people's health and well-being options fully explained to them, so that they can make informed choices?

A healthy environment

- How does your service environment promote a general feeling of well-being, i.e. helps people feel calm, relaxed, safe, cared for?
- Is there a sufficient and appropriate range of activities/resources for adults and children provided to pass the time whilst in waiting rooms?

A safe, dignified and quality service

- How do you ensure there is good communication with patients/service users, and other professionals involved in their care?
- How do you ensure a continuity of care that supports a consistent relationship with patients/service users?
- How do you ensure that people are given enough time during consultations with you?
- How do you ensure that people feel supported even after they have left you? For example, do they know who to contact if they need help?
- How do you ensure people are at ease during consultations with you?

Information and education

- What do you do to ensure that your patients/service users have access to the information they need in an appropriate format?
- How do you ensure that people understand the information you have given them? For example, do you back up information given verbally, with a letter or a printed leaflet?
- Do you keep people informed of any delays at all times?

Being listened to

- What do you do to ensure that people feel listened to?
- What systems do you have to encourage, obtain and respond to patient/service-user feedback?
- How do you ensure that a person making a complaint has confidence in the process?

Being involved

- How do you encourage patients/service-users to share responsibility for the decisions affecting their care and treatment?
- How are you involving carers in the treatment of their loved one?
- Do you always ensure that during consultations/interactions, you directly address children and young people, or people with learning disabilities rather than carers/parents accompanying them?

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We hope that the information provided in this report will support service providers and commissioners to improve services within a health and social care climate which we all recognise as being subjected to forever increasing demands. This, alongside cuts in funding, makes for very challenging times, but looking at our evidence of "What Makes for a Positive Health or Social Care Experience?" shows that improvements in services need cost very little and in many cases, nothing at all.

1. Acknowledgement

Healthwatch Derbyshire would like to thank the many patients, service users and members of the public who supported and cooperated with Healthwatch Derbyshire to share their good experiences of health and social care services, to make this report possible.

2. Disclaimer

The positive comments outlined in this report should not be taken as being representative of all patients, service users and members of the public in Derbyshire. Nevertheless, they reflect a broad range of experiences, genuine thoughts and feelings that have been expressed to Healthwatch Derbyshire during the course of our work. The information presented should be used in conjunction with, and to complement, other sources of data available.

3. Background

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 148 local Healthwatch across the country representing the voices of those using local health and social services. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to consumers of health and social care services, and will ensure that this evidence is used to influence those who plan and run services at a national level.

Since its inception, Healthwatch Derbyshire has been influential in gathering views and experiences across Derbyshire from a diverse range of individuals, groups and communities. Healthwatch Derbyshire has subsequently enabled providers and

commissioners of services to receive and hear the collated feedback of patients/service users and members of the public directly and via a range of significant published reports.

4. Rationale for the report

As an organisation, Healthwatch Derbyshire is accountable to the public for its effectiveness in impacting upon changes and improvements to services where there may have been perceived shortfalls by either patients, service users or members of the public.

Whilst gathering and identifying the concerns and complaints of patients, service users and members of the public is a powerful way for services to learn how to improve, all too frequently we may dwell unduly upon 'what is going wrong' rather than 'what is going right'. In the almost three full operational years that Healthwatch Derbyshire has been in existence, we have received a considerable amount of evidence from patients, service users and members of the public of which our Derbyshire wide service providers and commissioners can truly be proud. Consequently, where services need to or wish to seek improvement, it is equally to the 'good' experiences that they should turn to inform potential changes.

This report, in contrast to others published by Healthwatch Derbyshire, is designed to capture, profile and exclusively focus upon the host of positive experiences of which we have been informed. The report consequently shares this with providers, commissioners and other relevant parties to enable them to reflect upon and judge what they may learn from the positive encounters conveyed to us from patients, service users and members of the public throughout Derbyshire.

5. Policy background and research context – The Importance of the Patient's Experience

Traditionally the NHS has used outcome measures focused on the three quality pillars of treatment, i.e. ***clinical effectiveness***, ***preventing harm/patient safety*** **and the** ***patient experience*****.** The National Institute for Health and Care Excellence (NICE) has been at the forefront of promoting research evidence and practice guidance predominantly concerning clinical effectiveness and its close association with harm reduction and safety of patients during clinical investigations and treatment. However, the broader and more personal aspects of the patient experience have tended to have been paid less attention partly due to the challenges in the qualitative nature of research conducted and the generalisability of any subsequent findings.

Nevertheless, since the review of the National Health Service (NHS) through the publication in 2008 of *High Quality Care for All*, often referred to as the "Darzi Report", the patient experience of their health care has been highlighted as needing to be included as a key measure of NHS quality.

Following the "Darzi Report", the centrality of the patient experience as a driver in shaping future policy became clearly established. The White Paper, *Equity and excellence: Liberating the NHS* (2010), which preceded the current Health and Social Care Act (2012), set the patient firmly at the heart of the proposed reforms and clearly acknowledged the past deficits in this respect:

"…compared to other sectors, healthcare systems are in their infancy in putting the experience of the user first ….. We intend to put that right." (p.13, Section 2.2)

Whilst the 2010 White Paper emphasised the need to improve people's experience of healthcare, ***"the NHS Outcomes Framework makes clear that the provision of a 'good experience' of care for patients is a central goal for the NHS"*** (De Silva, 2013)

In support of the White Paper and prospective Health and Social Care Act 2012, the Department of Health and the NHS Institute commissioned King's College London and The King's Fund to undertake research into the 'patient experience' which led to the publication of a project report in November 2011 entitled ***What Matters to Patients? Developing the Evidence Base for Measuring and Improving Patient Experience***.

One of the key messages from patients participating directly and indirectly within this research project was their expression of having as much concern about the nature and quality of their overall care experience as they had about professional clinical effectiveness and their safety.

The reported factors that appeared to matter most to patients within their health care encounters, particularly those who have long-term conditions, were:

- Staff who listen and spend time with them
- Being treated as a person, not a number
- Receiving individualised treatment without labelling
- Being communicated with in a language that is easily understood
- Finding out about the latest technologies and treatments for their condition
- Feeling informed, receiving information and being given options
- Being involved in their care and feeling able to ask questions
- Public awareness of their condition
- Experiencing efficient processes that provide them with a sense of continuity of care
- Being supported by knowledgeable health professionals
- Receiving positive outcomes to treatment
- Encountering positive attitudes of staff and forming good relationships
- Having access to aftercare support services, such as voluntary sector organisations, support groups, etc.

Whilst, within the past decade, what matters to patients at their personal experience level has begun to be increasingly acknowledged and influential to government policy, equally significant has been the emerging evidence base that the ***"patient experience is consistently positively associated with health outcomes ….. across a wide range of disease areas"*** (Doyle, Lennox and Bell, 2013). The authors within their *"Systematic review of evidence on the links between patient experience and clinical safety and effectiveness"*, go on to say ***"It supports the argument that the three dimensions of quality should be looked at as a group and not in isolation. Clinicians should resist side-lining patient experience as too subjective or mood-oriented, divorced from the 'real' clinical work of measuring safety and effectiveness."***

It is this more recent research, supported by the findings of the *What Matters to Patients?* Project (November 2011) that has prompted Healthwatch Derbyshire to write a report outlining *What Makes for a Positive Health or Social Care Experience* for patients and service users in Derbyshire, based upon the feedback and evidence that has been collated over the past two years.

Frameworks in the Report Presentation:

As a means by which patient experiences can be more readily analysed and examined, they are commonly presented in terms of being either 'functional' or 'relational' in orientation. This approach was adopted by both the *Project Report for the Department of Health and NHS Institute for innovation and Improvement* (November 2011) and within the Doyle et al. (2013) systematic review. The two concepts may be illustrated by the following examples:

- the **'relational'** aspects of care include patient experiences of feeling they are being treated with dignity, empathy and receiving emotional support and

- the **'functional'** aspects of care include such patient experiences around access to services, waiting times and environmental factors such as quality of food or noise.

All the data/evidence that has been obtained from patients, service users and members of the public within this Healthwatch Derbyshire report is presented as being either 'relational' or 'functional' in nature and has, in addition, been correlated with the eight Healthwatch England 'Consumer Principles' generated from a public survey conducted by them in 2013.

These Consumer Principles defined by a sample of how people expressed these within the survey conducted, are:

- **Essential services** – *'I want the right to a set of essential prevention, treatment and care services, provided to a high standard which prevent me from being in crisis and lead to improvements in my health and care.'*

- **Access** – *'I want the right to access services on an equal basis with others, without fear of prejudice or discrimination, when I need them and in a way that works for me and my family.'*

- **A safe, dignified and quality service** – *'I want the right to high quality, safe, confidential services that treat me with dignity, compassion and respect.'*

- **Information and education** – *'I want the right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.'*

- **Choice -** '*I want the right to choose from a range of high quality services, products and providers within health and social care.'*

- **Being listened to** – *'I want the right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.'*

- **Being involved** – *'I want to be an equal partner in determining my own health and well-being. I want the right to be involved in decisions that affect my life and those affecting services in my local community.'*

- **A healthy environment** - *'I want the right to live in an environment that promotes positive health and well-being.'*

For the purposes of this report, these eight principles have been interpreted as either being predominantly 'functional' or 'relational' and are illustrated in the table below.

FUNCTIONAL	RELATIONAL
Essential services	**A safe, dignified and quality service**
Access	**Information and education**
Choice	**Being listened to**
A healthy environment	**Being involved**

Throughout this report, it is this framework which will be used to present and discuss the evidence that we have received from patients, service users and the public regarding their positive experiences of Derbyshire health and social care services.

The research findings from the DH and NHS Institute Project Report (November 2011) and reflected in the "commonly reported things that appeared to matter to patients" listed previously, echo much of what we have received back from patients/service users when they have found positive experiences within their health and social care encounters.

6. How we collect our information

Healthwatch Derbyshire has established effective systems and approaches in collecting comments from patients/service users and the public about their experience of health and social care services. Such methods include:

- Surveys and questionnaires
- Enter and View visits
- Focus groups
- In-depth interviews
- More informal face-to-face contact with our Engagement Officers, out and about in the community.

Engagement activity across the county takes place throughout the year around priorities agreed by the Healthwatch Derbyshire "Intelligence, Insight and Action" (IIA) sub-group.

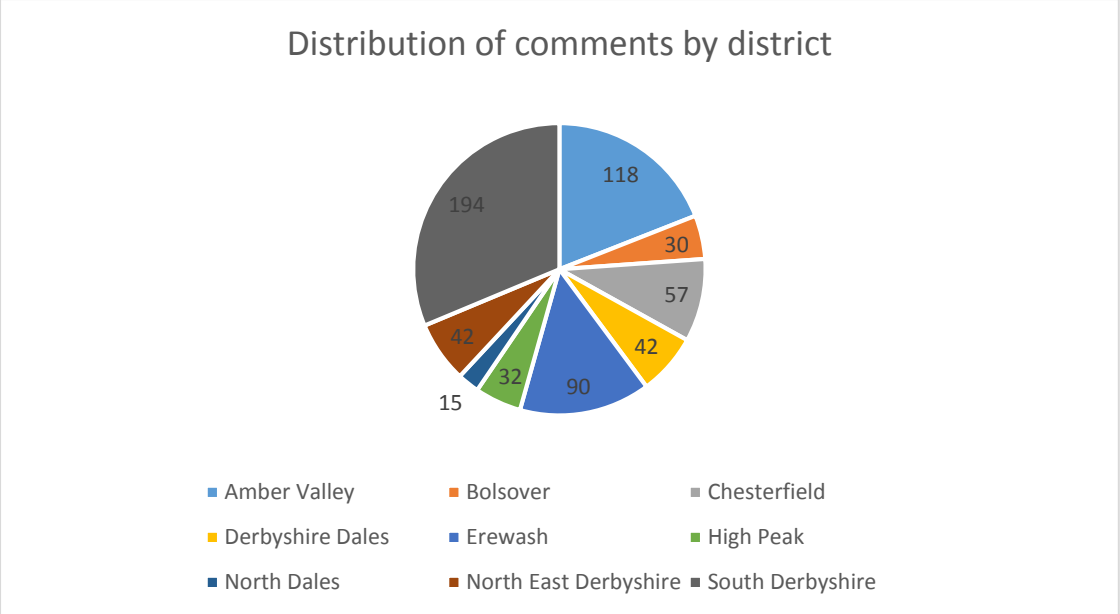
We analyse all comments received regularly so that we can identify any emerging issues, trends and themes. This helps us to see where service improvements are needed and show where there is good practice, which can be shared.

For the purpose of this report, 620 comments with a 'positive sentiment', i.e. those which tend to reflect good experiences, were analysed for the period 1st April 2014 – 31st December 2015, to determine what were the factors that made up a positive experience of health and social care services. In total, we received 2,215 comments during this period. The remaining comments were either negative, or had a mixed or neutral sentiments.

Within these 620 positive comments, the services talked about the most were hospitals and GP practices.

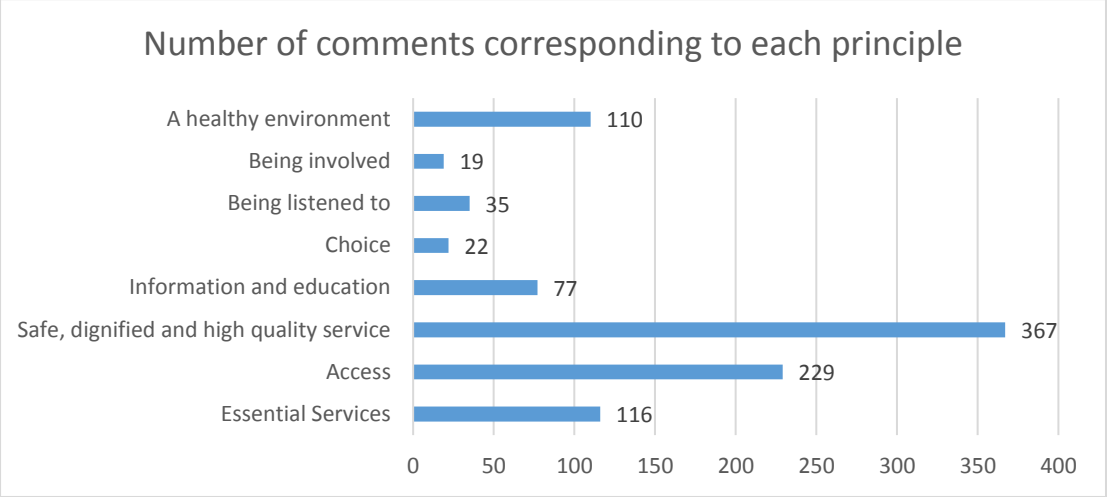
The distribution of these 620 positive comments by district are as follows:

District	Number of comments	%
Amber Valley	118	19%
Bolsover	30	5%
Chesterfield	57	9%
Derbyshire Dales	42	7%
Erewash	90	15%
High Peak	32	5%
North Dales	15	2%
North East Derbyshire	42	7%
South Derbyshire	194	31%



The distribution of these 620 positive comments were correlated with the eight Healthwatch England 'Consumer Principles' as outlined on page 4, and discussed in more detail below, are as follows:

*Please note that comments often correlated with more than one principle.



7. The positive things we've heard

In this section of the report we provide examples of comments we have received that correspond with both the 'functional' and 'relational' experiences of care. These comments illustrate, from the patient and/or service user's perspective, the standards and qualities of services that they appreciate and additionally make a positive difference to their health care and/or sense of wellbeing during contact with services.

In the final section of this report we have generated some questions, drawn from the following patient/service user comments, for services to reflect upon.

As indicated previously, the comments are itemised under the eight Consumer Principles adopted by Healthwatch England.

Section A – Functional Experience Dimensions

1. **Essential services**
2. **Access**
3. **Choice**
4. **A healthy environment**

We hope that the information provided in this section of the report will support service providers and commissioners to improve services within a health and social care climate which we all recognise as being subjected to forever increasing demands. This, alongside cuts in funding, makes for very challenging times, but looking at our evidence from '*What Makes for a Positive Health or Social Care Experience?*' shows that improvements in services need cost very little and in many cases, nothing at all.

1. Essential services

Based on the following evidence, we ask that professionals consider how important the reliability and efficiency of services are to supporting patients and service users experiencing quality care.

- **Prompt referral/Assessment/Signposting**

'I had a lump in my chest and my GP referred me straight to the hospital right away whilst I was in front of him. It is an excellent service.'

'The worker rushed through an assessment for us, she pushed and pushed to get my daughter a diagnosis. I have had appointments come through really quickly and the support has been great.'

'The doctor rang up Ashgate Hospice to get me a bed following a decline in my health. I am very pleased how quickly the doctor sorted it out for me. The doctor listened to me as I didn't want to go into hospital.'

'The whole process from going to the GP to having the operation done has been efficient. I found the whole process to be excellent and I am satisfied with how things went (time, staff and treatment).'

'I am really happy with the support that I have had from our social worker. It has enabled us to secure respite at Spire Lodge which my son loves and we feel ok knowing that he is safe.'

'We have been signposted to 'Frantic Families' and one-to-one support. My daughter is really happy with the support.'

'My community midwife was brilliant, I have been signposted to breastfeeding support at the local children's centre.'

'I received help getting benefits in place.'

'I have recently received a new hearing aid for the first time in 10 years with the help and assistance of Hearing Help. It is wonderful; I can hear the clock ticking and the birds singing.'

'It is good that there are GPs that understand mental health problems and that it needs to be treated equally with physical illness.'

2. Access

Based on the following evidence, we ask that professionals consider the importance to patients' and service users' experiences of quality care in the availability and locations of services, being kept informed of appointments, waiting times, and physical access to buildings.

- **Disability access**

'The practice is very good. There is good disabled access.'

'Although I have a wider than usual wheelchair I never have problems getting through doors and into lifts at the practice.'

'The receptionists have good knowledge of deaf awareness. They accommodate me when booking appointments.'

‘The service is great and the building and room is fully accessible.’

‘The call back system and phone consultations work very well as we all have very limited mobility so it is hard for us to get to the surgery.’

‘Due to my physical health and mobility issues I prefer this hospital as it is much smaller and easier for me to get to the different departments.’

- **Access to appointments**

‘Called the practice in the morning and got offered an appointment with a GP for later in the afternoon.’

‘You always get same day appointments for children.’

‘I said it had to be after 9am as I take my children to school and they listened to me.’

‘I found the appointment system quite quick, the reception were quick to answer and it was quick to get through.’

‘I found the appointment system fine … I rang on Wednesday and got an appointment the following day.’

‘The appointment system is fine. There is a triage system in place whereby the doctor rings you back, which I have no problem with.’

‘It is a digitalised system and it even asks if you prefer a lady doctor.’

‘They are very accommodating in that they give you appointments which are suitable for my daughter to bring me to the hospital.’

- **Location of treatment**

‘I have cortisone injections administered at the practice making it more accessible for me.’

‘Coming to Newholme is very good as I have no transport and this is an ideal location for my appointment.’

‘I really appreciate the fact that the staff come out to my house to do my blood test which I need on a regular basis.’

‘I receive physiotherapy at home which I have really benefitted from as I was getting very dizzy as a result of my stroke.’

‘Accessing outpatient appointments is very convenient and local because I can see the eye specialist at Ripley Hospital.’

‘He said that having all the clinics on site for ear, physio, etc. was excellent.’

‘I wanted to access appointments locally to me. This has now been arranged, and my diabetic appointments are at the local health centre.’

- **Waiting times**

‘I had a wisdom tooth out two months ago. I didn't have to wait long. I had an assessment on a Tuesday and the operation on Thursday.’

‘I was advised to go to accident and emergency by my doctor as I had a nose bleed that would not stop. They got me an emergency referral for the next day in the ear, nose and throat clinic. I was very impressed that I got an appointment so quickly.’

‘I went into accident and emergency at the hospital. I was triaged within 15 minutes, waited another 20 minutes before being seen by a consultant. After another five minutes’ wait I was sent to x-ray. Although there was a wait after x-ray, it was less than one hour. It was a positive experience.’

‘On an occasion when my mum became ill, the district matron was called at 8am. I received a call back within five minutes to say a nurse was on her way. Within 10-15 minutes there was a nurse at the door. I couldn’t speak highly enough of the service my mum got.’

‘Patient said her experience was brilliant and really quick. She was originally told that there would be an eight-week waiting list for a physiotherapy appointment. However, the appointment came within one week.’

‘The wait in the oncology clinic was 45 minutes, however it is helpful when they put delays up on the board to notify patients.’

‘We are kept up to date with the information provided on the board on waiting times.’

- **Information about appointments**

‘I receive a letter with an appointment date/time for chiropody services. If I can't make it, I call to rearrange without any problems.’

‘Following referral from my GP, I have had letters, which were easy to understand and text notification reminders about my appointment at the outpatient clinic.’

‘I am notified by letter and reminded about the appointments by text and this system works very well for us. When they have cancelled appointments they have been rescheduled within one week which is not too inconvenient.’

‘I attend the diabetic and eye clinics and they always remind me and my husband, by letter, when my appointments are due.’

‘The surgery is really good at doing health checks. They send me a letter and I can understand it.’ (This person has learning disabilities and is entitled to receive an annual health check).

‘I went to the outpatients appointment. I had a letter explaining where to go and why I needed to go back.’

‘A reminder letter came for my annual health check, but there was nothing on it to remind me to bring the blue book. I made a suggestion to put a reminder message on all call-out letters the practice sends out, which the practice did.’

‘The doctors and nurses really understand things about my learning disability. They send me a letter when it is close to my health check with pictures on it so I know what is going to happen.’ (This person has learning disabilities and is entitled to receive an annual health check).

3. Choice

Based on the following evidence, we ask that professionals consider the importance of patient’s and service user’s choice in their experience of quality care.

‘If I can’t get an appointment, I have the choice of going to the walk-in-centre on London Road in Derby or Lister House in Derby. Patient choice is good.’

‘They gave me a choice about the treatment and the different costs and did not force me into inappropriate treatment.’

‘The commentator said that although she lives in an area where her local hospital would be Chesterfield Royal, she chose to go to Derby via the Choose and Book system because there was a Paediatric Respiratory Consultant at Derby, whereas at Chesterfield there was a general paediatrician. She said she wanted a specific specialist paediatrician and not a generic paediatrician.’

‘We are able to get appointments with our doctor of choice, often on the same day.’

‘The midwives were really supportive about my decision to have a natural birth.’

‘I was given the choice of going to a named hospital in Chesterfield where there was a six-week wait or to her chosen hospital in Sheffield which had a three-week wait.’

‘I was given the decision to make as to what course of treatment I wanted to follow, physiotherapy or surgery.’

‘They have been very open and offered me a choice of treatment, either counselling or medication. I have used what they told me to make my own decision.’

‘The nurses were good and gave me two options for the procedure. They explained the positive and negative of both types.’

I was given the choice by my GP where to have it and I was happy that I did not have to go to Derby as Ilkeston is nearer for me and there is less traffic and parking problems.’

‘You get lots of choices whilst you are there. There are choices for every meal and I can get up and go to bed when I like.’

4. A healthy environment

Based on the following evidence, we ask that professionals consider the importance of the physical and psychological environment of

their service setting to the patient/service user's experience of comfort and well-being.

'The environment is really clean - both the ward and the toilets.'

'There are a few toys and some books for children in the waiting room.'

'The waiting room is nice. There is a box of toys and stuff to calm you down. I do find it calms me as it is nice and quiet, not noisy.'

'The waiting room has a calming atmosphere. It is always very clean and the signposting information is organised into different sections in order to make it easier to find what you want.'

'The waiting area has been 'done up' so it is now bright and airy.'

'The faculties at the hospital were very new and up to date and well designed. There were LED lights in the room to calm the atmosphere and I had my daughter in the birthing pool.'

'The hospital has now provided reclining chairs by the side of the beds. These are intended for partners. The new dad said he thought they were very good and provides a choice so that he could rest and stay.'

'The care home has recently installed a jacuzzi-style bath with hoist and a new shower room. Two residents particularly mentioned this and how enjoyable it was to use the jacuzzi bath.'

'There have been enough activities provided to keep my children occupied for the waiting time.'

'I like the fact that the centre has high chairs to sit on, as I have a muscle degenerating condition.'

'I enjoy coming to this smaller hospital as the staff seem to have lots of time for you. It seems a more personal service. The treatment has improved my quality of life.'

'It made me relax knowing that all these things were in place and I was able to relax and enjoy the experience, knowing me and my baby were safe.'

Section B – Relational Experience Dimensions

1. **A safe, dignified and quality service**
2. **Information and education**
3. **Being listened to**
4. **Being involved**

1. **A safe, dignified and quality service**

Based on the following evidence, we ask that professionals consider the importance of patients and service users being valued as

individuals who feel cared for and receive continuity in their care in meeting their unique needs.

- **Continuity of care**

'Having the continuity of staff has helped my son such a lot and there is good communication to let us know if something has happened. The staff have been there for a long time and they have built a relationship up with my son and they know what his needs are.'

'I really appreciate that I get to see the same person as this saves me repeating things and I can build up trust with someone that understands me.'

'We have a very good social worker. She hasn't changed for years. It is vital to have the same social worker for continuity for someone with learning disabilities. She always gets back to the family whether it be by email or telephone call. When staff are constantly changing, there is no rapport with the client so that leaves a lot of room to make knee-jerk reactions which can impact the client negatively. This is because the social worker does not know or understand the client well enough.'

'The doctor is marvellous. He has looked after me and my wife since moving here. He always listens, has time for me and provides information.'

'I was impressed by the fact that I had the same midwife in the community as I had in the hospital.'

'I have a fantastic GP. I have a good rapport with him, because he is the named GP to look after me.'

'I have a designated GP at the surgery. I like the consistency of seeing the same GP.'

'I used to struggle to get a non-emergency appointment but since receiving a letter to say I have a named GP, things are better. I like my named GP. I am happy to see any GP if/when I require an emergency appointment.'

- **High quality, safe care**

'I had no concerns about the hospital when it comes to being treated as I have always had good clinical treatment.'

'I had a positive experience when being treated for respiratory problems. The staff interaction and quality of treatment from top down was first class.'

'I had both cataracts removed at Chesterfield Royal Hospital. It was a very positive experience in terms of a smooth, efficient and quality service.'

'Patient said she had cataracts removed last year at the Royal Derby Hospital and she has nothing but praise for the hospital. They looked after her well.'

'Patient had two minor strokes for which she was admitted into hospital on two separate occasions. She found her experience to be fantastic and she had never seen such organisation. She said she felt safe and she could not fault anything.'

‘My experience was of first rate care, treatment, courtesy and professionalism and I feel most appreciative of it.’

- **Feeling valued/not rushed**

‘The practice is always happy to see me and my son. I don’t feel like I’m wasting the time of the doctors.’

‘I have always felt that there is enough time when I see the GP. He will always listen to what you have to say even if you have more than one problem.’

‘They always have time for me and don't rush me even when they come to my house.’

‘The GP spent a lot of time discussing his needs and answering questions. I was not rushed and felt both me and my husband were given ample time in the appointment.’

‘The consultant was nothing but fantastic. He bent over backwards to sort things out. He came to see the patient after he had finished work when the patient had gone in for an overnight stay for an operation. He went over the operation details of what to expect.’

- **Staff attitude**

‘The anaesthetist made me laugh, making me feel completely at ease.’

‘I found the staff to be friendly and I felt comfortable.’

‘When I visited the ophthalmology department, the doctor came out to chat to the patients in the waiting room which helps to put the patient at ease. All doctors should have this approach.’

‘The doctors actually come into the waiting area to call patients in.’

‘My husband, who had dementia, had a fall last autumn and was admitted into hospital. The staff treated him with care and respect. I was very moved by this and it reassured me that when I went home after visiting he would be treated properly.’

‘The ward staff were absolutely brilliant with my son. He has developed an excellent rapport with the staff.’

‘I am deaf and blind. The staff are excellent, very friendly and personable. They are very accommodating and listen to everything that I try to say.’

‘I am an ongoing patient of the Eye Centre at Chesterfield Royal Hospital. I have nothing but praise for the staff within this department. The staff are courteous and kind and patients are treated with respect and dignity.’

‘The service is fantastic. I have to go monthly, all the nurses are friendly and they know me by my name. The receptionists are smiley and helpful and I have never had to wait.’

‘Regarding staff - from the cleaners to the people who deliver the food, the nurses, the health care assistants, the sister and the doctors, they have all been absolutely amazing. You buzz and they are there straight away. They all look as though they enjoy their job. They spend time with you, chatting and explaining things. They are really, really lovely.’

‘Several of the young people who accessed the sexual health clinic said, “funny staff” (in a good way), “we are comfortable around them.”’

‘I have not been to have my eyes tested for many years as I was living on the streets. The optician was very kind and treated me like a normal person. I am used to being treated like I am a weirdo.’

‘Two transgender patients stated that the named doctor, an endocrinologist, treated them both with dignity and respect.’

‘It can be quite difficult explaining to a young child what is happening but the staff have been really good and very helpful.’

‘I have a learning disability. My dentists are brilliant because they talk to me and they explain everything that they do so I understand. I now have the confidence to go to the dentist by myself.’

‘The doctor called me by my first name which I thought was nice.’

‘I find the surgery understanding of my son’s mental health, which he has had for many years. All the staff, including those on reception, when he rings to make an appointment, understand his needs and respect his wishes. The GPs listen to him very well.’

‘Nurses spent one-to-one time with my mum and they got to be on first name terms which was lovely for her and it put her at ease.’

- **Feeling supported**

‘I can rely on Bank House to help sort my health matters. I go to Bank House every day and make use of the facilities such as playing darts, listening to music, etc. and I like going there. I feel cared for.’

‘I am a carer and I met with the Trust Liaison Matron for vulnerable people. I think this is good practice to have a dedicated member of staff who specifically looks out for vulnerable patients.’

‘I really get on with the psychologist. I meet him at my son's school, with his teacher and then he meets with my son separately which I really like because he asks him questions.’

‘My CAMHS worker is great. She has done a house rules poster for my son which has included his routine. The worker recently asked me if I would like her to do a house rules poster for our summer holiday. We feel really supported.’

‘The consultant is absolutely marvellous. He rings my wife up at home every week to check to see how she is. He has a sense of humour and he gives very good advice.’

‘We use the children's centre on a fortnightly basis for our twins group. As the need was growing they said we could use it on a weekly basis. The fact that they let us use the centre for free is invaluable as there is a great need for carers of twins to get together and share experiences and concern.’

‘I like to attend the carers meetings because I like the fact I can share and learn from other carers. It means I don’t feel so isolated.’

‘My child's CAMHS worker is brilliant. I haven't got an appointment for a while, but she said that I could ring her anytime. I feel really supported knowing that I have someone like her.’

‘He often has to go to the Royal Derby Hospital. I always contact the Acute Liaison Nurse who will always help and assist when my son has appointments.’

‘We were referred to CAMHS. My child and I have a great relationship with the staff and we feel very supported by them.’

2. Information and education

Based on the following evidence, we ask that professionals consider the importance of access to information and the receipt of this in a form appropriate to each individual as fundamental to the experiences of quality care.

‘I have a learning disability. I went to see my GP and they were running really late, but the receptionist knew me and she came over to tell me how long I would be waiting.’

‘I went to my mum's ultrasound, because she is pregnant, and the doctor was really kind. She also explained everything to me and used scientific facts and knowledge to help me with my science work and exams at school.’

‘I received a good explanation of condition/possible causes of symptoms.’

‘I attend the haematology clinic every three months. They explain things in a way you can understand and I feel safe.’

‘I have recently received some great information and advice for my son about sexual health. I have struggled talking with my son; he has Asperger's and takes everything so literally. The CAMHS worker gave me a few tips which are working really well.’

‘I am always happy with the information that is given to me regarding my son at the CAMHS appointments. Both professionals have been brilliant.’

‘I had an operation for my cleft palate and the nurses were brilliant. The nurses explained everything to me about my treatment and the care was very good.’

‘My wife's social worker has been great by advising me on my rights as a carer and she seems concerned about my own health.’

‘The staff are friendly, and their advice is always easy to understand and of great help. I am given a print-out to take home for further reading.’

‘I was referred to the memory clinic and the doctor gave me some information to read for myself and my wife.’

‘The nurse is brilliant. She keeps on top of my diabetes and gives me really good information about my diet and lifestyle.’

‘My dentist is excellent because he explained the different types of treatments, the one he will do and the exact cost. I feel safe and trust him.’

‘My son's social worker is great. He links us up with the relevant groups and supports us, he gives us relevant and effective coping strategies to help with my daughter's mental health condition.’

‘They tell me what they are going to do so I do not get scared.’

3. Being listened to

Based on the following evidence, we ask that professionals consider the importance of ensuring people are listened to with regard to their treatment and care.

‘All the staff were very attentive and knowledgeable and caring. They had read my three-page birth plan and really did listen and act on what I wanted.’

‘I have a learning disability. The doctor listens to me and makes me comfortable. He talks to me and not my mum.’

‘I enjoy being able to come to this surgery; the doctors are all good and I particularly like (named professional) as they really listen to you and I feel that they care and empathise with my experience.’

‘A reminder letter came for the annual health check, but there was nothing on it to remind the carers to bring the blue book. A suggestion was made to put a reminder message on all call-out letters the practice sends out, which the practice did.’

‘They listened to me and passed the message on to all staff to prevent me repeating myself. One example is that my husband can't lie flat on his back as he is unable to breathe. Once I told one staff member about this, the message was passed on and understood by all. This gave me a lot of confidence in the staff.’

‘They see you as a real person which is why staff try to get you in for an appointment as soon as possible and the doctors have time to listen to your concerns.’

‘We made a complaint and the GP who dealt with it was lovely. It’s about the establishment saying: sorry this is what we could have done differently and this is what has changed as a result of it. Being open and honest.’

‘When I got home following my treatment I got a text asking me for feedback. I like how this system works. It was very easy and straightforward to do. I hope this is used for everything as even people like me will respond.’

‘I did have an issue with a particular doctor at the surgery but the situation was handled well and resulted in a face-to-face meeting which resolved the issue. I felt I had been listened to.’

'I was really pleased that the GP sent a letter to me about my concern after I had raised it with Healthwatch Derbyshire. Before I met the people from Healthwatch I did not know what to do or who to talk to about my experience. It made me feel like my point of view and my experience was important.'

'The team listen to us as a family and to me as a carer and take us seriously.'

'They really took on board what people said and there was a board showing what they had changed. I was impressed.'

4. Being involved

Based on the following evidence, we ask that professionals consider the importance of ensuring that both patients/service users and their carers are truly involved in care and treatment.

'The midwives were really supportive about my decision to have a natural birth. She felt absolutely in control and really pleased with the whole experience.'

'I use the FLO teletext system whereby I can send in my own readings. This I feel makes me responsible, and it is also a useful reminder system.'

'The social worker encouraged me to do things for myself, and put me in touch with people who could help me self-develop.'

'They adopt a traffic light system, e.g. red/amber/green depending on how I feel. I am currently on green and therefore the visits have become less. I am comfortable with this.'

'The social worker watched me get out of bed and asked me what I felt I needed.'

'My worker and I are working collaboratively to resolve some medication issues that are affecting my ability to sleep.'

'I have joined the practice PPG and I feel my involvement is making a difference. I feel I bring a valued perspective to the PPG as I am younger than most of the members.'

- Carers particularly welcomed being involved

'The nurses asked me for advice on my brother regarding his communication issues and his health problems.'

'The family said they were never excluded, and that the staff constantly talked to them and kept them informed'.

'The worker wanted to know not only about the child but about the whole family.'

'The hospital always consulted with us regarding how they thought dad was, asked for our opinion and acted accordingly.'

8. Considerations

In this final section of our report, we suggest some questions for service providers to consider based upon the range of preceding comments presented.

We invite you to reflect upon your own performance standards and service delivery processes to either confirm or seek improvement with respect to what patients and service users have been telling us makes for a positive experience when engaging with services that you provide.

Essential services

- What determines the speed and efficiency of your referral process, and how could this be improved?
- How do you communicate with your patients/service users about their referral?
- Do you signpost to other services to meet needs identified?

Access

- How convenient are the locations of your services?
- How do you manage waiting times, and how do you communicate with people who are waiting?
- How do you manage the availability of appointments to ensure timely access to services in accordance with individual patient/service-user needs and choices?
- Where you initiate an appointment, how do you explain why they have been referred for an appointment and what they can expect?
- How proactive are you in ensuring that your services are accessible to all, e.g. the disabled, hard of hearing, people with learning disabilities, carers, etc?

Choice

- How do you involve patients/service users in the choice of how and where they receive treatment or care?
- Are people's health and well-being options fully explained to them, so that they can make informed choices?

A healthy environment

- How does your service environment promote a general feeling of well-being, i.e. helps people feel calm, relaxed, safe, cared for?
- Is there a sufficient and appropriate range of activities/resources for adults and children provided to pass the time whilst in waiting rooms?

A safe, dignified and quality service

- How do you ensure there is good communication with patients/service users, and other professionals involved in their care?
- How do you ensure a continuity of care that supports a consistent relationship with patients/service users?
- How do you ensure that people are given enough time during consultations with you?
- How do you ensure that people feel supported even after they have left you? For example, do they know who to contact if they need help?
- How do you ensure people are at ease during consultations with you?

Information and education

- What do you do to ensure that your patients/service users have access to the information they need in an appropriate form?
- How do you ensure that people understand the information you have given them? For example, do you back up information given verbally, with a letter or a printed leaflet?
- Do you keep people informed of any delays at all times?

Being listened to

- What do you do to ensure that people feel listened to?
- What systems do you have to encourage, obtain and respond to patient/service-user feedback?
- How do you ensure that a person making a complaint has confidence in the process?

Being involved

- How do you encourage patients/service-users to share responsibility for the decisions affecting their care and treatment?
- How are you involving carers in the treatment of their loved one?
- Do you always ensure that during consultations/interactions, you directly address children and young people, or people with learning disabilities rather than carers/parents accompanying them?

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The NHS Institute for Innovation and Improvement: http://www.institute.nhs.uk/patient_experience/guide/what_matters_to_patients%3f.html

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

Intelligence Report – September 2016

Please direct all enquiries to Helen Hart, Intelligence and Insight Manager, helen@healthwatchderbyshire.co.uk or 01773 880786.

All our reports can be found at http://www.healthwatchderbyshire.co.uk/category/our-work/

New Reports

Living with Substance Misuse Report

A report highlighting the experiences of individuals living with substance misuse accessing health and social care services in Derbyshire

This activity took place from January 2016 to mid-April 2016.

Engagement Officers carried out engagement activity in drug treatment centres, community recovery projects and in other locations and worked collaboratively with SPODA to set up two focus groups with carers in Chesterfield and Ilkeston.

A total of 59 responses were collected, out of these:
- 8 related to alcohol dependency,
- 41 related to drug dependency,
- 6 related to dependency on prescription drugs,
- 4 related to dependency on drugs and alcohol.

In addition to the 59 people we spoke to who were living with substance misuse, we also spoke to a total of 15 carers and 15 members of staff to hear their perspective on how individuals living with substance misuse experience accessing health and social care services.

Summary of findings

- With regards to the participants we spoke to, more people told us that they had turned to substance misuse because of their mental health than because of any other reason.
- Some participants living with substance misuse went on to develop mental health problems.
- Participants found it difficult to access mental health services as there appeared to be a rule that their substance misuse must be addressed first before they would be treated by mental health services.
- Mental health crisis teams do not take referrals from drug treatment staff who are not nurses.
- Various staff members spoke about the difficulty of making referrals for mental health support, including drug key workers, voluntary sector staff and other health and social care professionals.
- For most participants their GP was the first point of call to address substance misuse problems.
- There were mixed experiences reported by both participants and carers of the support offered by GPs. Some participants reported that GPs listened to them, were caring and referred on to other support and treatment, whilst others felt not listened to, ignored and dismissed without adequate support.

- There were some concerns and issues around GP prescribing.
- There were concerns about the lack of adequate management of pain and lack of referral to pain management clinics by GPs.
- There was a reported lack of support/understanding from GPs for carers and their needs.
- There were mixed experiences of services provided by acute hospitals. Some participants felt that there is a stigma to drug/alcohol misuse, which led to them being judged, and not treated with dignity and respect. However, some staff were reported as being brilliant, kind and understanding regardless.
- There was a feeling that drug/alcohol users were discharged from hospital settings without adequate community support.
- Generally positive experiences were reported regarding pharmacies, East Midlands Ambulance Services and dental services.
- Some participants reported that social workers were felt to be judgmental, difficult to contact and changed often.
- There appears to be concerns over the effectiveness of social workers when children were on a supervision order, e.g. home visits.
- There were concerns that out of date swab testing kits are being used.
- There was a reported need for advocacy support during social care meetings.
- There seem to be some themes across most of the drug treatment centres, which are:
    - Long waits to see key worker.
    - The waiting room experience/environment was not seen to be conducive to recovery.
    - Inflexible systems and behaviours from services and staff.
    - The management of prescriptions, e.g. holding back etc.
    - Complaints systems and feedback mechanisms not seen as effective.
    - The demands of paperwork and preparation for panel hearings.
    - The effectiveness of treatment outcome framework paperwork.
- There were concerns about drugs being sold outside of Bay Heath House and the impact this had on an individual's recovery.
- SPODA was spoken about very favourably.
- Derbyshire Alcohol Advice Service was spoken about very favourably.
- Community recovery projects were mostly spoken about favourably, with participants valuing the activities they provide, and the peer support they offer.
- There were reported issues with travel/access to community recovery projects and mutual aid courses.
- There were mixed comments about the usefulness of mutual aid courses.
- There were reports of the drug rehabilitation requirement test being ineffective as no sanctions seemed to follow.
- There is an apparent lack of drug treatment for short custodial sentences.
- Judgmental attitude of some health and social care professionals.
- Some participants reported that the stigma and shame around substance misuse has a huge impact on both users and carers.
- Carers reported not knowing where to go to for support.

Recommendations

- GPs to consider whether there are clear criteria to trigger referrals to pain management clinic.
- Family members of individuals with a substance misuse problem should be recognised as carers, listened to and to have their needs considered in their own right.
- Effective supervision in pharmacies to ensure that the methadone/subutex has been ingested.

- Ensure that precautions are taken at pharmacies to protect confidentiality, and to preserve the dignity and respect of people collecting medication.
- Consider the need for people who misuse substances to access a full range of mental health services
- Consider which professionals can make referrals to the crisis team.
- Consider how advocacy support can be made available to assist in social care meetings.
- Information sharing agreements should be adhered to in drug treatment centres, to improve communication and to use the family as a vehicle to aid in the recovery process.
- Prescriptions for methadone/subtext should not be held back.
- Consider the waiting room environment in drug treatment centres to minimize negative experiences for users.
- To address the issue of drug pushers at the main entrance to Bay Heath House.
- Address the issues around the complaints systems at drug treatment centres, and how these could be improved.
- Review the effectiveness of the treatment outcome profile.
- Consider more flexible appointments in drug treatment centres, to accommodate people who work, cultural beliefs etc.
- Consider the role of peer support in drug treatment centres.
- Work to ensure that the prescribing roles and any limitations to the prescribing ability of different health care professionals are clearly understood.
- Professionals to ensure that any referrals made to community recovery projects happen at the best time for recovery.
- Address the geographical coverage of community recovery projects and mutual aid courses.
- Community Recovery Project should encompass a wide range of elements such as horticultural sessions, employability, peer mentoring, sports/exercising, art therapy and mindfulness.

Current status of the report - At the time of writing, responses had been received from Public Health, Derby Hospital, SPODA, and a joint response from the CCGs.

We are chasing replies from the service providers named in the report, and also a few other key stakeholders in order to ensure that all our recommendations have been fully considered.

The full report with responses will be circulated once these have been received, and will be published on our website.

What makes a positives Health or Social care experience?

This report, in contrast to others published by HWD, is designed to focus on the large number of positive experience we have received. The report shares this with providers, commissioners and other relevant parties to enable them to reflect on and judge what they can learn from this. The report shows that some improvements to services need cost very little and in many cases, nothing at all.

The report is based on 620 comments received between, 1st April 2014 - 31st December 2015. The services most talked about were hospitals and GP practices.

Summary of findings

The information presented in the report has been organised under the 8 Healthwatch England Consumer Principles generated from a public survey conducted by them in 2013:

1. A safe, dignified and quality service - 367 comments.
2. Access - 229 comments.
3. Essential services - 116 comments.
4. A healthy environment - 110 comments.
5. Information and education - 77 comments.
6. Being listened to - 35 comments.
7. Choice - 22 comments.
8. Being involved -19 comments.

(Safe, dignified, and quality service, included staff attitude which featured in a large proportion of the comments. A good staff attitude, e.g. being friendly, helpful, caring, putting someone at ease, will negate all manner of negative experiences. It can make such a difference).

The example comments illustrated in the report given from a patients and/or service user's perspective, the standards and qualities of services that they appreciate and additionally make a positive difference to their health care and/or sense of wellbeing during contact with services. These can be summarised as:

- The reliability and efficiency of services particularly in relation to prompt referral, assessment and signposting.
- The availability and locations of services, being kept informed of appointments, waiting times, and physical access to buildings.
- Having choice.
- The physical and psychological environment.
- Feeling valued as individuals, feeling cared for, and receiving continuity of care.
- Access to information and the receipt of information in a format that is appropriate to each individual.
- Feeling listened to with regards to their treatment and care.
- Feeling involved in care and treatment.

Considerations

From the information gathered and presented in the report, we asked service providers to consider the following questions:

Essential services

- What determines the speed and efficiency of your referral process, and how could this be improved?
- How do you communicate with your patients/service users about their referral?
- Do you signpost to other services to meet needs identified?

Access

- How convenient are the locations of your services?
- How do you manage waiting times, and how do you communicate with people who are waiting?

- How do you manage the availability of appointments to ensure timely access to services in accordance with individual patient/service-user needs and choices?
- Where you initiate an appointment, how do you explain why they have been referred for an appointment and what they can expect?
- How proactive are you in ensuring that your services are accessible to all, e.g. the disabled, hard of hearing, people with learning disabilities, carers, etc?

Choice

- How do you involve patients/service users in the choice of how and where they receive treatment or care?
- Are people's health and well-being options fully explained to them, so that they can make informed choices?

A healthy environment

- How does your service environment promote a general feeling of well-being, i.e. helps people feel calm, relaxed, safe, cared for?
- Is there a sufficient and appropriate range of activities/resources for adults and children provided to pass the time whilst in waiting rooms?

A safe, dignified and quality service

- How do you ensure there is good communication with patients/service users, and other professionals involved in their care?
- How do you ensure a continuity of care that supports a consistent relationship with patients/service users?
- How do you ensure that people are given enough time during consultations with you?
- How do you ensure that people feel supported even after they have left you? For example, do they know who to contact if they need help?
- How do you ensure people are at ease during consultations with you?

Information and education

- What do you do to ensure that your patients/service users have access to the information they need in an appropriate form?
- How do you ensure that people understand the information you have given them? For example, do you back up information given verbally, with a letter or a printed leaflet?
- Do you keep people informed of any delays at all times?

Being listened to

- What do you do to ensure that people feel listened to?
- What systems do you have to encourage, obtain and respond to patient/service-user feedback?
- How do you ensure that a person making a complaint has confidence in the process?

Being involved

- How do you encourage patients/service-users to share responsibility for the decisions affecting their care and treatment?
- How are you involving carers in the treatment of their loved one?

- Do you always ensure that during consultations/interactions, you directly address children and young people, or people with learning disabilities rather than carers/parents accompanying them?

Current Status of the report - We have had a number of responses back from service providers and commissioners, most of which have found it useful. Services have made changes as a result of the feedback, or are in the process of reviewing the information at their staff/team meetings. Some services felt that there was nothing they could do to improve after reviewing the information. Others responded by addressing all the questions to say what they do, but didn't really show any reflection, as to whether they do it well! All responses will be available on our website by the end of September 2016.

Children and Young People Report

A report highlighting young people's experiences of the health and social care services available to them in Derbyshire.

A questionnaire was devised by HWD, primarily aimed at secondary school students, to collate their views about using health and social care services. For example, appointment booking services, waiting times, staff attitudes, the environment in waiting areas, how they accessed sexual health advice and whether they had used services such as pharmacies. We also asked questions in relation to their mental health, e.g. use of services and did they know who to contact if they felt depressed, anxious or worried. The questionnaire was circulated in a variety of ways (hard copy and electronically).

The questionnaire ran from November 2015 until the end of March 2016. A total number of 717 questionnaires were inputted onto Survey Monkey.

Summary of findings

Young people's comments in many ways mirror those of adults, with staff attitude, access/waiting times and environment being seen as key to a good experience of health and social care services.

- Young people reported finding appointments easy to make, although some did say that their parents did this for them. There were some negative comments about making appointments at the doctor's surgery.

- Waiting times for hospital appointments were considered too long, some young people also reported having to wait a long time for doctor's appointments.

- Young people would like to see more age appropriate toys, books and games in waiting areas. They would also like to see better access to parking.

- The majority of young people felt that health and social care staff were friendly and helpful, and the majority of young people, 95%, felt they were treated with dignity and respect by health care professionals.

- 82% of young people stated that staff members spoke to them and their parent carer when they attended medical appointments.

- The majority of young people had not accessed sexual health advice but those that had found services easy to access, but there appeared to be a lack of knowledge about the Derbyshire C-Card scheme.

- Not many young people had used a pharmacy, but those who did spoke positively, many saying how helpful they had been when they had cause to visit.

- 13% of the young people surveyed had used mental health services and there was a mix of negative and positive comments. Young people reported being aware of who they should contact if they feel anxious, depressed or worried.

- Young people stated that access to exercise would help them lead a healthier/happier lifestyle and a number said that more education as to how to deal with stress would be beneficial. Also staying off computers, phones and social media.

We asked services to consider the following:

- Young people friendly environments in waiting areas with age appropriate toys and books.

- Always explain the reason for lengthy delays.

- Consider having a 'health information zone' in schools/colleges with information about sexual health advice (inclusive of all sexual orientations), LGTB support group information, pharmacy information and local support groups for mental health.

- Consider different ways in which mental health issues and sexual health advice can be discussed with young people, taking into account whether young people will feel comfortable and able to talk.

- Raise awareness of the C-Card scheme amongst young people which provides confidential access to free condoms, lube and dams, in addition to sexual health advice and support to young people 13-19.

- Raise awareness of the role of pharmacists amongst young people.

- Pharmacists should consider making more use of private consulting rooms when discussing health concerns with young people.

- Take account of the fact that access to exercise rates highly on young people's agenda, and consider how best this can be facilitated.

- Derbyshire County Council, Derby City Council and Clinical Commissioning Groups to continue their commitment to improve mental health services for children and young people, as stated in the Future in Mind Local Transformation Plan 2015-2016.

- Schools should consider working in partnership with GP surgeries around topics such as drugs, alcohol, smoking, sex education and health promotion.

Current status of the report - HWD has shared the findings and considerations with service providers and commissioners.

Update on earlier reports

These reports have been summarised in earlier versions of this Intelligence Report, and can be found on our website under 'Our Work'.

➢ Access to Health Services for People with Learning Disabilities Report

This report has been published with responses to the recommendations and can be found at: http://www.healthwatchderbyshire.co.uk/2016/02/access-to-health-services-for-people-with-learning-disabilities/

The content of the responses received from service providers and commissioners was extensive and very encouraging. All organisations have been contacted by Healthwatch Derbyshire during August 2016 for an update on the actions pledged – progress will be reported in future editions of the intelligence report.

➢ Autism Pathway Report

This report has been published with responses to the recommendations and can be found at: http://www.healthwatchderbyshire.co.uk/2015/11/autism-pathway-report/

Six months on from publishing our Autism Pathway Report last September, we requested an update from the Derbyshire Children's Autism Co-ordination Group on 4th February 2016 and received a detailed response outlining the actions that had been taken, or were currently in progress. This is available here: http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2015/11/Autism-Report-Recommendations-Update-DCC.pdf

Linda Dale, Head of Commissioning and Partnerships Children's Services, Derbyshire County Council, stated that:

"The Healthwatch Report is directly influencing the development of new pathways and support for children and young people with autism, although we recognise that this work is far from complete."

As many of the actions were still progressing, we have agreed to follow up again in September 2016.

These actions include:

Mapping of the current autism training and support which is offered by services to evaluate whether it is sufficient, co-ordinated and meeting needs. This extends beyond education providers and will include education and training offered to parents/carers, young people and professionals across education, social care and health.

Southern Derbyshire is looking at implementing a more structured pathway approach and it is anticipated that a leaflet for parents regarding what to expect when and where, will be available as part of the process.

A review of the autism information on the Local Offer.

Funding has been identified through 'Future in Mind' to increase the provision of training in Southern Derbyshire – discussions are underway to agree how this can be utilised most effectively. The mapping work will inform this.

Chesterfield Royal Hospital have developed an information leaflet on 'What to expect'.

In the North, Chesterfield Royal Hospital is working on developing a process for second opinions, when the professional opinion differs to that of the parents.

Derbyshire Healthcare has confirmed that an action plan is in place to respond to the Healthwatch report and this is currently under review.

➢ Child and Adolescent Mental Health Services (CAMHS)

Both reports (for services in the North and the South) have been published with responses from service providers and commissioners and can be found here: http://www.healthwatchderbyshire.co.uk/2015/09/camhs/

The reports were discussed at the Health and Wellbeing Board (HWB) on the 10th September 2015, and have been fed into, and acknowledged in, the Future in Mind Transformation Plan which addresses the recommendations in its content.

The HWB have requested a repeat of the engagement activity in 2-3 years to establish if this transformation plan has been effective.

Progress on the recommendations is being monitored through HWD involvement in the Future in Mind Stakeholder Group. Patient stories are provided for this group to ensure that the patient's voice is at the heart of service improvement and continues to be heard.

Current engagement priorities Sep-Nov 2016

- LGBT+ experiences of using health and social care services.
- Experiences of using maternity services and health and social care services for young children.

Reports coming soon

- Experiences of using health and social care services before, during and after mental health crisis.
- General Practice Patient Online Report – a report looking at public awareness of, and access to, GP online services in Derbyshire.

DERBYSHIRE COUNTY COUNCIL
ADULT CARE BOARD

15 September 2016

Report of the Strategic Director of Adult Care

BETTER CARE FUND 2016/17: QUARTER 1 PERFORMANCE RETURN

1. Purpose of the Report

To inform the Adult Care Board of the performance and work of the Derbyshire Better Care Fund as at the first quarter reporting period of the 2016/17 financial year.

2. Information and Analysis

This report has been split into two sections comprising:

- Summary of the National Quarter 1 (Q1) 2016/17 Reporting Template
- General Better Care Fund (BCF) Performance Overview

National Q4 2015/16 Reporting Template
The Better Care Support Team published the Q1 2016/17 National Return template on 22 July with the expectation that completed templates would be returned by 26 August. An updated template was issued on 18 August with a new completion date of 9 September. Submission of the template requires sign-off from respective local Health and Wellbeing Boards (HWBs). As with previous template returns undertaken in 2015/16, this will be sought retrospectively as Health and Wellbeing Board meeting dates do not align with the national reporting dates.

Requirements of the Q1 template mirror those of previous quarterly returns submitted throughout 2015/16 and reported to this Board, i.e. to provide assurances to the national Better Care Support Team that local BCF plans are being delivered in line with national requirements.

The BCF Programme Board reviewed a draft response of the template at its meeting on 19 August 2016, and approved its return subject to further clarity of the commentary against the performance metrics. The return was subsequently submitted to the National Better Care Support Team ahead of the revised national deadline. A copy of the completed return can be found at Appendix 1 to this report.

Quarterly reports will be provided during 2016/17 in line with the national reporting timescales set out below:

- Quarter 2 return due 25 November;
- Quarter 3 return due 24 February 2017;
- Quarter 4 return due 24 May 2017.

General BCF Performance Overview

A table summarising performance at the Q1 2016/17 reporting period is provided at Appendix 2. Based on Q1 performance levels, three of the six metrics are forecast to achieve their targets. More information on each of the metrics is provided below.

Metric 1, non-elective admissions (NEAs) to hospital, current performance suggests year-end target will not be achieved despite showing improved performance. The current outturn is marginally above plan, but is lower than the previous reporting period. Analysis of data has not highlighted any significant reasons for non-elective admissions remaining high. Performance against this indicator and associated BCF expenditure will continue to be monitored closely during the year.

Metric 2, permanent admissions to residential or nursing homes, is showing as on target. However, it should be noted that there is a time-lag in reporting for this indicator and the quarterly rates change throughout the year. This aside, there has been a continued decrease in the number of people having to go into a permanent care setting throughout 2015/16 and continuing into 2016/17.

Metric 3, people still at home 91 days after a period of reablement is showing as on target. Performance has also improved compared to end of 2015/16 performance levels. A review of the reablement and intermediate care service currently being undertaken by Adult Care is due to completed in the early autumn, and it is expected to identity areas for improvement, though implementation of these may effect subsequent performance levels.

Metric 4, Delayed Transfers of Care (DToC) continue to be higher than planned following on from a trend that began in Q4 of 2015/16. The latest Q1 data indicates that DToC rates are decreasing but not sufficiently to meet planned targets.

There has been investment through the BCF for 2016/17 to support the reduction of DToCs as well as the development of the local DToC action plan. This includes reviewing community bed criteria to achieve standardised approach; audit of patient care needs for those currently in a community setting; development of a risk-share agreement between organisations to

ensure no patient remains in a hospital bed whilst awaiting outcome of a CHC funding decision.

Furthermore, a Quality Assurance, Performance and Resilience Group is being established at an STP level and will oversee the work of the new A&E Delivery Groups which will replace existing System Resilience Groups and take on responsibility of monitoring system resilience and the BCF DToC Action Plan.

Metric 5, the locally chosen patient experience metric is showing as on target. This is based on results from the most recent GP satisfaction survey and suggests that the improvements to services in the community are having a positive impact on people with long-term conditions.

Metric 6, the percentage of people diagnosed with dementia in relation to prevalence rates has increased marginally from Q4 2015/16 into Q1 2016/17. Performance is still above both national target and BCF plan. The BCF continues to support investment in Dementia services through the establishment of the countywide Memory Assessment Service and recently re-procured Dementia Support Service. Waiting times into these services are also being improved which should have an impact later in the year on the performance against this metric.

3. Background papers:

Copies of the 2015/16 and 2016/17 Better Care Fund Plans and associated documents can be found on the Derbyshire County Council website at: http://www.derbyshire.gov.uk/social_health/integrated_care/

4. Officer Recommendations

The Adult Care Board is asked to:

1. Receive the report and note the responses provided in the National Quarterly Reporting template;
2. Note the work being undertaken across the health and social care system to achieve the high-level metric targets.
3. Continue to receive regular updates on the progress of the Better Care Fund throughout 2016/17.

Graham Spencer
Group Manager – Better Care Fund

BCF 2016-17 Q1 Template Return

Section 1: Cover

Q1 2016/17	
Health and Well Being Board	**Derbyshire**
completed by:	Graham Spencer
E-Mail:	graham.spencer@derbyshire.gov.uk
Contact Number:	01629532072
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Dave Allen

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	**5**
2. Budget Arrangements	**2**
3. National Conditions	**24**
4. I&E	**21**
5. Supporting Metrics	**13**
6. Additional Measures	**67**
7. Narrative	**1**

Section 2: Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes

If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Section 3: National Conditions

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes		

Section 3: National Conditions (Continued)

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
4) In respect of Data Sharing - please confirm:			
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	[redacted]	[redacted]
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes		
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes		

Section 4: Income and Expenditure

Income

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790					

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	

Section 4: Income and Expenditure (Continued)

Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790					

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	

Commentary on progress against financial plan:	There has been some potential slippage identified within the expenditure plan. This will continue to be monitored monthly by the BCF Finance and Performance sub-group with appropriate action to be undertaken if necessary. It is anticipated that the total pool will be spent by year end.

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

Section 5: Supporting Metrics

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	At a countywide level for the BCF we have data available via our CSU for 93% of the population. Based on what we can analyse there has been an increase in the number of non-elective admissions over the first quarter of 2016/17 of 1.3% over BCF plan. However, this is a decrease of 148 people over the quarter 4 2015/16 outturn. An analysis of data has highlighted that an area has seen a small reduction in admissions over BCF plan whilst others have seen a small increase in admissions over BCF plan. The biggest increase in any Derbyshire CCG is 172 people over BCF plan.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Delayed Transfers of Care continue to be higher than planned following on from a trend that began in Q4 of 2015/16. The latest Q1 data indicates that DToC rates are decreasing but not sufficiently to meet planned targets. There has been investment through the BCF for 2016/17 to support the reduction of DToCs as well as the development of the local DToC action plan. This includes reviewing community bed criteria to standardise this; audit of patient care needs for those currently in a community setting' development of a risk-share agreement between organisations to ensure no patient remains in a hospital bed whilst awaiting outcome of a CHC funding decision. Furthermore, a Quality Assurance, Performance and Resilience Group is being established at an STP level and will oversee the work of the new A&E Delivery Groups which will replace existing SRGs and take on responsibility of monitoring system resilience and the BCF DTOC Action Plan.

Local performance metric as described in your approved BCF plan	Number of people diagnosed and the prevalence of dementia.
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The percentage of people diagnosed with dementia in relation to prevalence rates has increased marginally from Q4 2015/16 into Q1 2016/17.

Section 5: Supporting Measures (Continued)

Local defined patient experience metric as described in your approved BCF plan	GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondants answering "Yes, definitely" or "Yes, to some extent")
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The Q1 figures relate to results of the GP Satisfaction Survey undertaken between January to March 2016 as reported in the July 2016 GP Survey results. The outturn as at July 2016 shows 70.17% of people responding to the survey felt that they were receiving appropriate support from services in the local area to meet their Long Term Condition. (The outturn at same monitoring point in 2015/16 was 64.9%). Performance is therefore on track to meet the year end target of 66.5%.

Admissions to residential care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Current admission rates suggest that year-end target will be achieved. However, there is often a time-lag in receiving data for this indicator so current position should be viewed with a level of caution.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Q1 outturn shows 88.4% of people still at home after 91 days following discharge; therefore current performance on track to meet year end target of 85.3%. This is also an improvement on performance as at end of the previous quarter.

Section 6: New Integration Metrics

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution
From Mental Health	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via Open API

Section 6: New Metrics (Continued)

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/04/17	01/04/17	not available	01/04/17	01/04/17	01/10/16

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	13
Rate per 100,000 population	2
Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2016)	785,513

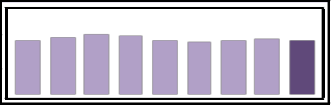
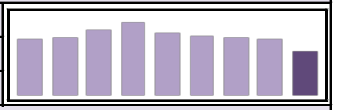
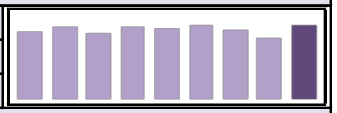
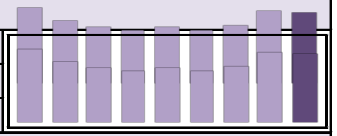
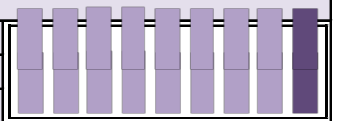
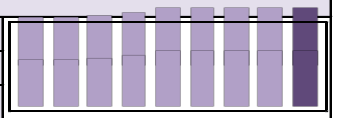
5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Section 7: Narrative

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
The following narrative provides an overview of performance of the Derbyshire BCF programme to date - taking into account previous quarterly returns. BCF Planning and Assurance 2016/17: The Derbyshire BCF Plan refresh for 2016/17 has been approved at both regional and national levels. The final plan outlines how the increased BCF pooled budget (£64.9m up from £61.4m) will be split across six schemes aimed at promoting greater independence and self-management for people, along with an increased provision of services within local communities. Work is currently underway to develop a new scheme level assurance reporting tool to provide assurance to the Programme Board and Health and Wellbeing Board that this work is being delivered as planned. Improvements have also been made in monitoring and reporting of risk. There are joint plans being developed to look at possible efficiencies across City and County for more effective use of Equipment, Wheelchairs, Assistive Technology and DFG, although this work is just commencing. National Conditions: As outlined in the 2016/17 Derbyshire BCF refresh plan, 7 day services are in place across the county which meet the expectations of Standard 9. However, we acknowledge there are some areas for improvement in respect of equity of access across the county to all of these services. Updates will be provided throughout 2016/17 on this work. BCF Performance: Latest available data for reporting at Q1 against the national metrics shows mixed performance with 4 currently on target for improved performance and 2 not on target to improve performance. The latter 2 being Non Elective Admissions and Delayed Transfers of Care (DToC). Both of these areas will continue to be monitored closely through the BCF governance structure. It should also be noted that we can only receive 93% of the data required to report on the Non-Elective Admission target set as part of the HWB mapping exercise in the 2016/17 planning templates due to the required data being held by Commissioning Support Units external to the HWB area. A local alternative is being used to monitor performance by tracking only the performance of the Derbyshire based CCGs and using a revised set of targets for this (i.e. the 93% of available data).

BCF National Reporting Metrics: Quarterly Performance Summary

Metric	Reporting Period[1]	Q1	Q2	Q3	Q4	Year End (*Projection*	Year EndTarget	Quarterly Performance Trend (Q1 2014 - Q1 2016)
1. Non-Elective Admissions (General and Acute - actual number)[2]	**2014/15**	20,148	21,440	22,397	21,797	**85,782**	**N/A**	
	2015/16	20,018	19,615	20,256	20,487	**80,376**	**N/A**	
	2016/17	20,335				***81,340***	***79,953***	
2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (Rate per 100,000 population)[3]	**2014/15**	182.5	183.1	200.1	232.1	**797.8**	**688.4**	
	2015/16	193.6	189.3	183.8	178.2	**744.9**	**669.2**	
	2016/17	142.5				***570***	***743.6***	
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**2014/15**	81.6%	86.6%	79.0%	87.1%	**83.6%**	**81.7%**	
	2015/16	84.1%	89.4%	82.4%	73.6%	**82.4%**	**82.5%**	
	2016/17	88.4%				***88.4%***	***85.3%***	
4. Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	**2014/15**	859.3	703.8	644.6	605.0	**703.2**	**985.9**	
	2015/16	641.6	596.8	655.3	830.2	**681.0**	**966.0**	
	2016/17	805				***805***	***710.6***	
5. Patient Experience - GP Patient Survey Q32: Percentage answering "yes" - In the last 6 months, have you had enough support from local services/organisations to help manage your long-term condition?	**2014/15**	70.32%	70.32%	70.80%	70.80%	**70.56%**	**65.90%**	
	2015/16	70.41%	70.41%	70.50%	70.50%	**70.46%**	**66.20%**	
	2016/17	70.20%				***70.20%***	***66.50%***	
6. Percentage of people diagnosed compared to prevalence of dementia.	**2014/15**	59.5%	58.9%	61.9%	64.7%	**61.3%**	**67.0%**	
	2015/16	70.5%	71.5%	71.3%	70.6%	**71.0%**	**68.0%**	
	2016/17	72.1%				***72.1%***	***71.0%***	

Notes:

1. 2014/15 is BCF Baseline Year and used as comparator.
2. NEAs data source changed for 2016/17, no RAG rating available for previous reporting periods.
3. There is a time-lag in receiving data for this indicator, therefore quarterly outturns are subject to change during the year and so current outturns should be viewed with this in mind.

JSNA work programme: Falls pathway and HNA

Essentials:

Title:	Developing a comprehensive, high-value, falls pathway for Derbyshire.
Project Lead:	Eleanor Rutter
PH Adviser on Methodology:	Eleanor Rutter
Strategic Group Sponsorship:	JSNA board and Adult Care board (plus Derby City –)

Project:

1.	**Purpose**
	To support delivery of a comprehensive, high value falls pathway across Derbyshire.
2.	**Background (why is this being done)**
	Falls are predominantly a problem of older age and as the population ages; a concomitant rise in the number of falls and fall-related injuries can be seen. Falls have a significant human cost as well as a financial cost to the health and social care system as well as wider society. Many falls are preventable. This project aims to demonstrate the potential improvements in healthy life-expectancy and quality of service provision as well as financial savings that could be made if Derbyshire's current falls pathway were reviewed, rationalised and re-focused on the highest value interventions, provided in a systematic, 'needs-based' way. People aged 65 years and over have a 30% risk of falling at least once a year. That risk increases to 50% in those aged 80 years or more. Falling leads to pain, distress, injury, loss of confidence and even death in some cases. It also increases attendance at A&E, admission to hospital, need for social care support and long-term admission to residential care homes. *Falls in Derbyshire:* Modelled data suggests that in 2014 199,731 people aged 65 and over would fall, 29,738 of those, more than once, 9,765 would attend A&E, 1,598 would suffer hip fractures and 479 would be dead within 12 months of such a fracture. Falls were made a priority in 2013 by the Derbyshire Health and Wellbeing Board and a task and finish group was set up to tackle key areas. Whilst some progress was made, a lack of breadth, depth and comprehensive ownership meant that the scale of change required was not achieved.
3.	**Project Team**
	Eleanor Rutter – Consultant in Public Health Darran West – Public Health lead for Ageing Well

	Andy Raynor – Public Health lead for Physical Activity and Falls Louise Noon – Public Health intelligence Rosie Cooper – Public Health StR Nishi Madan- Derby City Public Health team Ram Paul – Adult Care Howard Ford– SD CCG Jonathan Wardle – ND CCG Hardwick CCG rep TBC Angela Wright - Erewash CCG rep
4.	**Stakeholders**
	Derbyshire County Council Derby City Council CCGs Housing CVS Primary Care Derby Teaching Hospital Chesterfield Royal Hospital Others (DCHS, Age UK DD etc.)
4.	**Aim and Objectives**
	To support delivery of a comprehensive, high value falls pathway across Derbyshire by: • Identifying an evidence based, comprehensive (from at risk to death) pathway for falls • Describing the impact (clinical and financial where possible) of evidence based interventions at each point • Describing the population relevant to each point in the pathway • Mapping current service provision and activity • Identifying any gaps/duplication in provision • Modelling the potential impact of redirecting financial resource towards the highest impact/ value steps in the pathway
5.	**Inclusions & Exclusions e.g. geographical, time period, etc.**
	Inclusions: • Derby city and county • People at risk calculated using mid 2015 pop estimates and research • EMAS, A&E and IP data for latest available 3 financial years, people aged 65+ • OP data for fracture liaison clinics if available • Service data from strictly no falls, DCHS and falls recovery service if available • Falls within care homes (Subject to data availability) • Admission to care homes related to falls (Subject to data availability) Exclusions: • ? bone - tbc

6.	**Methods**
	• A review of literature to identify and describe the most impactful interventions at each stage in the comprehensive falls pathway. LN has put in request has been put in to knowledge team, to request best practice info at each of the 13 'nodes'. • Use of routine data to describe the population - size, demographics and geography (according to 21 STP places if possible), prevalence data (from relevant services, or modelled) This includes modelled population at risk data, EMAS, A&E and IP data (requested from GEM). Service data will need to requested from SNF, FRS, FLS, DCHS (or from commissioners) • Mapping of current commissioned falls services against 'ideal' evidenced based pathway (Andy and Darran are doing this)
7.	**Outcomes (specific results/products that will indicate whether purpose has been achieved)**
	• An 'ideal' comprehensive falls pathway – based on evidence of most impactful interventions at each point in the pathway. • A HNA presented in a novel way, with relevant population data, whole system spend and current service provision supporting each 'node' in the pathway. A 'quilt' (possibly LA, and CCG version to reflect availability of datasets) will give a high level summary, • As well as the quilt, the HNA document wil have a page for each node, with a 4 box template to be completed giving prevalence, current services, impact and gold standard info. • Rosie will complete 2 nodes, 'risk factors' and 'fractures' and complete all 4 sections of these herself, Louise will provide data/intelligence across all nodes, knowledge team will provide lit searches to inform gold standard section of each node, and overall gold standard pathway design (being led by Darran and Andy) and Andy will map current services (draft) for development at event. • Mathematical model to demonstrate the impact of shifting resource towards most impactful points in the pathway.
8.	**Timescale**
	Pathway, HNA and mapping to be complete to support stakeholder event on 19th Sept. High level intelligence presented at this stage, e.g. Several page pamphlet and slides, with supporting technical appendix to be published later. Modelling to be completed by end of November 2016
9.	**Links to PHOF,CCGOF, ACOF, C&YPBT, Commissioning Intentions, Service Plans, etc**
	Falls related outcomes are outliers on PHOF, CCGOF and ASCOF. All 4 CCGS have poor spend and outcomes on falls related indicators compared with comparable CCGs