

**DERBYSHIRE  
ADULT CARE BOARD**

**THURSDAY 30 APRIL 2015  
2:00PM TO 4:00PM  
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK,  
DERBYSHIRE, DE4 3AG**

**A G E N D A**

<u>Time</u>	<u>Item</u>	<u>Lead</u>	<u>Information/ Discussion/ Decision</u>
1	2:00pm	Welcome & Introductions	Cllr Smith
2	2:10pm	Minutes from the meeting held on 19 February 2015	Cllr Smith
3	2:20pm	Adult Care Board – Revised Terms of Reference	Information Decision
4	2:40pm	Care Act	J Vollar
5	2:50pm	Better Care Fund update	J Vollar
6	3:10pm	Update 21 <sup>st</sup> Century	ND/Hardwick CCG/ A Milroy
7	3:20pm	Update – STAR Board	SDCCG/ MMcE
8	3:30pm	ADASS Position Statement	J Ilott
9	3:40pm	Dignity Award – For Approval	S Phillips
10	4:00pm	<b>FINISH</b>	

The next meeting of the Adult Care Board will take place on Thursday 25 June at 2:00pm in Committee Room 1, County Hall, Matlock.

## DERBYSHIRE COUNTY COUNCIL

**ADULT CARE BOARD**

**MINUTES OF A MEETING HELD ON  
THURSDAY 8 JANUARY 2015 AT 2:00PM  
DERBYSHIRE COUNTY COUNCIL, MEMBERS ROOM, MATLOCK HQ**

**PRESENT:**

Cllr Paul Smith	PS	Derbyshire County Council Cabinet Member (Adult Social Care) <b>Chair</b>
Cllr Dave Allen	DA	Derbyshire County Council Cabinet Member (Health & Communities)
Mary McElvaney	MMc	Derbyshire County Council – Acting Strategic Director (Adult Care)
Mick Burrows	MB	Southern Derbyshire CCG
Julie Vollor	JV	Derbyshire County Council (Adult Care)
Dean Gazzard	DG	Derbyshire Fire and Rescue
Tom Archer	TA	Derbyshire Fire and Rescue
Karen Richie	KR	Derbyshire Healthwatch
Cllr Lillian Robinson	LR	North East Derbyshire District Council
Jacqui Willis	JW	NDVA
Jo Smith	JS	South Derbyshire CVS
Roger Miller	RM	Derbyshire County Council (Adult Care)
Jim Connolly	JC	Hardwick CCG
Jackie Pendelton	JP	North Derbyshire CCG

**IN ATTENDANCE:**

Pam Greaves	PG	Derbyshire County Council - Adult Care (Minutes)

**APOLOGIES:**

Cllr Rob Davison		Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Cllr Wayne Major		Derbyshire County Council Shadow Cabinet Member (Adult Care)
Andrew Milroy		Derbyshire County Council – Adult Care
Andy Layzell		Southern Derbyshire CCG
Sue Whetton		Derbyshire County Council (Adult Care)
Clare Watson		Tameside & Glossop CCG
Lynn Wilmott-Shepherd		Erewash CCG
Jenny Swatton		Southern Derbyshire CCG
David Gardner		Hardwick CCG

Minute No	Item	Action
ACB 040/15	<p><b>WELCOME FROM CLLR PAUL SMITH AND APOLOGIES NOTED</b></p> <p><b><u>MINUTES FROM THE MEETING ON 18 SEPTEMBER 2014 &amp; MATTERS ARISING</u></b> The minutes from 18 September 2014 were accepted as a true and accurate record.</p> <p><u>Matters Arising:</u> 033/14 – the presentation given by Steve Pintus on the Health and Wellbeing Strategy was taken to the H&amp;WB Workshop 11 December where amendments were suggested. It will now go to the H&amp;WB Board to be approved and then circulated.</p>	
041/15	<p><b><u>SAFEGUARDING BOARD REVIEW UPDATE – ROGER MILLER</u></b> Roger Miller presented a report to provide an overview of activity relating to the Derbyshire Adults Safeguarding Board Review in 2014/15 and to consider the action necessary action in preparation for the introduction of the Care Act.</p> <p>The purpose of the report was to inform the Adult Care Board that:</p> <ul style="list-style-type: none"> <li>• MMc has written to the CCGs to invite them to contribute to the activities and the responses will be reported back to the next ACB.</li> <li>• Andy Searle has been appointed as the Independent Chair of the Safeguarding Board.</li> <li>• The Peer Review concluded that Derbyshire provide good protection to Derbyshire residents and that it has made positive progress and is well place to take on responsibilities.</li> <li>• The Policy and Procedures review should be completed on time.</li> <li>• A development day was chaired by Andy Searle and the responses to challenges by the Peer Review were positive.</li> </ul> <p>Comments/questions.</p> <ul style="list-style-type: none"> <li>• The voluntary sector have been part of this work and are pleased to offer further help where required.</li> <li>• This is a live issue and will be discussed at the March meeting.</li> </ul> <p>The Officer Recommendation that the Board notes the key developments that have taken place in Derbyshire Safeguarding in 2014/15 and the preparations being made for the Care Act 2014 activity of the Board were <b>Agreed</b>.</p>	

042/15	<b>CARE ACT – JULIE VOLLOR</b>	
	<p>Julie Vollar presented a report to brief the Board on the main provisions of the Care Act and Progress with implementation.</p> <p>The summary of the Care Act:</p> <ul style="list-style-type: none"> <li>• This underpins the principle of the whole Authority</li> <li>• There are three main themes: <ul style="list-style-type: none"> <li>○ Wellbeing</li> <li>○ Prevention – postponing need which includes, for example, Safeguarding, Trusted Trader, Rogue Traders</li> <li>○ Integration - collaboration/co-operation between partners including seamless transitions for young people.</li> </ul> </li> <li>• Assessment and eligibility – training available to explain.</li> <li>• Care Quality Commission has specific responsibility for financial health with providers.</li> <li>• Discussions to be held regarding the National Eligibility Threshold as the meaning can be ambiguous.</li> <li>• Carers – numbers registered possibly 50% more.</li> <li>• Self Funders – lot of new responsibilities which need to be worked out.</li> <li>• New responsibilities for Prisons in Derbyshire.</li> <li>• Three Stocktakes have been returned to the National Office and a self-assessment has been completed internally to identify current/future work.</li> <li>• Government is planning to launch a communication to target sections of the population but no indication of on what as yet.</li> <li>• Roadshows beginning in February on the Care Act for Members and the Voluntary Sector.</li> </ul> <p>Comments/questions</p> <ul style="list-style-type: none"> <li>• Funding – do we have all the funding already? – No</li> <li>• If because of the carers and self funder numbers it costs more, will we be able to claim the difference from the Government? – No</li> <li>• Clarification requested on self-funding.</li> <li>• Voluntary sector happy to assist wherever possible.</li> <li>• Is our Substantial criteria the same as the rest of the country? – clarification as to the wording needed.</li> <li>• JW (NDVA) have intelligence information and the potential to get more if it would help. JV would like to take up this offer once clarification is received.</li> </ul> <p>The Officer Recommendation that the Board consider and approve the report and agree to receive progress reports and associated recommendations were <b>Agreed</b>.</p>	

043/15	<p><b><u>BETTER CARE FUND UPDATE – JULIE VOLLOR</u></b></p> <p>Julie Vollar presented a report to brief the Board on the progress with the Better Care Fund.</p> <p>The final version was submitted and now has been fully approved. The plan can be found on both the DCC and CCG websites. The fund is being used through a Section 75 pooled budget which Simon Hobbs (Legal) has assisted in writing up the Section 75 agreement to ensure legal requirements are met. There will be a 5 week consultation period and a letter will be put on DCC and CCG websites to begin this. Once agreed and formally signed off by all parties the finance and performance group will commence. A Programme Co-ordinator post is being set up to assist with the project.</p> <p>Comments/questions</p> <ul style="list-style-type: none"> <li>• Is the amount of money on a sliding scale/proportional?</li> <li>• Budget providers paid by the pooled budget could make it difficult to audit – Finance group working out the process.</li> </ul> <p>The Officer Recommendation asks that the Board:</p> <ul style="list-style-type: none"> <li>• consider and approve the report</li> <li>• note the revised, final version of the Derbyshire BCF plan</li> <li>• acknowledge the extensive joint working that has taken place in partnership between the Council and the CCGs to ensure the BCF re-submission was made on time</li> <li>• approve the next steps set out in the report</li> <li>• agree to receive progress reports and associated recommendations on the risk areas set out in the report were all <b>Agreed</b></li> <li>•</li> </ul>	
044/15	<p><b><u>HEALTHWATCH UPDATE – KAREN RICHIE</u></b></p> <p>Karen Richie presented a paper on the Intelligence Report – January 2015. The paper gave the background of the work that Healthwatch do collecting information from the people of Derbyshire and sharing this information with relevant partners. All comments that come through to Healthwatch is fed back to the providers to respond to.</p> <p>Reports to be published:</p> <ul style="list-style-type: none"> <li>• Home Care survey of which the majority are positive with two issues: <ul style="list-style-type: none"> <li>○ Different carers</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Timings of visits</li> <li>● Survey with parents and carers using Autism pathways</li> <li>● Children and young people and their access to social care</li> </ul> <p>They also do a themed engagements topics such as:</p> <ul style="list-style-type: none"> <li>● Experiences of Child and Adolescent Mental Health Services (CAMHS)</li> <li>● Experience of using cancer services.</li> </ul> <p>Comments/questions</p> <p>It was agreed that this is a perfect forum to receive this helpful information.</p> <p>It was asked about the cancer drugs being denied and if complaints will come to Heathwatch. It was agreed that this would probably be the case.</p> <p>It was asked that reports also go to the Children's Trust Board.</p>	
045/15	<p><b><u>ANY OTHER BUSINESS</u></b></p> <ul style="list-style-type: none"> <li>● Apologies for failure of the presentation. It will be shown again at the Health and Wellbeing Board.</li> <li>● Agreement sought as to which agenda item should go to the H&amp;WB Board. Care Act/BCF/Healthwatch.</li> </ul>	
	<p>Future meetings of the Adult Care Board will take place on Thursday:</p> <p>19 February 2015, Committee Room 2</p> <p>30 April 2015, Committee Room 1</p> <p>25 June 2015, Committee Room 1</p> <p>27 August 2015, Committee Room 1</p> <p>29 October 2015, Committee Room 1</p> <p>County Hall, Matlock.</p>	

## ADULT CARE BOARD

### DRAFT – TERMS OF REFERENCE

The Derbyshire Adult Care Board is a sub-group of the Derbyshire Health and Wellbeing Board.

#### Core Functions of the Derbyshire Adult Care Board (ACB)

1. Participate in the development and implementation of the Derbyshire Joint Strategic Needs Strategy.
2. Support the development of the Joint Strategic Needs Assessment (JSNA), and participate in delivering the actions to respond to its priorities.
3. Ensure that the whole person-centred integrated health and social care processes and activities delegated by the Health and Wellbeing Board are delivered effectively and efficiently.
4. Ensure the effective development and delivery of joint commissioning and integration plans required to deliver tasks allocated to, or agreed by, the Adult Care Board.
5. Support the delivery of key joint health and social care outcomes identified in national strategies, outcomes frameworks and priorities.
6. Ensure that the tasks allocated to, or agreed by, the Adult Care Board actively support the Care Act 2014 Safeguarding Adults requirements to protect adults experiencing or at risk of abuse or neglect.
7. Agree to the formation of any task and finish groups required to deliver tasks allocated to, or agreed by, the Adult Care Board.
8. To provide support and guidance, and receive reports from:
  - Better Care Fund Programme Board
  - Joint Commissioning Groups, including, but not restricted to: Carers, Mental Health, Learning Disability, Transforming Care
  - Commissioning Group for Accommodation and Support
  - Derbyshire Careline Partnership
  - Derbyshire HealthWatch
  - *Etc. – as agreed*
  - *Etc. – as agreed*
  -
9. Ensure that activities undertaken on behalf of the Adult Care Board are based on co-production with local people and other stakeholders. This work will include close involvement with Derbyshire HealthWatch.
10. Monitor the impact of the performance of constituent statutory organisations' budgets on local services.
11. Oversee any local adult health and social care pooled budgets agreed by the Health and Wellbeing Board.
12. Support the development of a skilled and sustainable workforce to commission and deliver adult health and social care.

13. Report to the Health and Wellbeing Board, as required, including on matters delegated to the Adult Care Board.

## **Membership**

The membership of the Adult Care Board will comprise:

- Cabinet Member for Adult Care (Chair) plus Cabinet Support Member (Adult Care)
- Cabinet Member for Health and Communities (Chair of Health and Wellbeing Board)
- Shadow Cabinet Member for Adult Care
- Strategic Director Adult Care plus one Assistant Director
- Director of Public Health
- Assistant Director Children and Younger Adults
- Derbyshire Safeguarding Adults Board (Chair)
- Three elected member representatives of the District/ Borough councils
- One representative from each of the Clinical Commissioning Groups
- Chief Executive NDVA – voluntary sector representative
- Chief Executive South Derbyshire CVS – voluntary sector representative
- One representative of HealthWatch Derbyshire
- Chief Executive Derbyshire Carers Association – carers' representative
- Derbyshire Constabulary
- Derbyshire Fire and Rescue Service
- Derbyshire Probation Service

## **Governance**

### Frequency of Meetings

- The Adult Care board will meet quarterly
- The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule will be agreed
- Additional meetings may be convened at the request of the Chair or Vice Chair

### Voting

- The Adult Care board will operate on a consensus basis. In exceptional circumstances, and where decisions cannot be reached by a consensus of opinion, voting will take place and decisions agreed by a simple majority
- If a vote is needed, then voting rights will be afforded to all members: unless there was a conflict of interest, for example in commissioning decisions
- Where there are equal votes, the Chair of the meeting will have the casting vote
- On occasions when a member of the Board cannot attend, that member should nominate a substitute to attend, but the substitute will not have a vote



### Declaration of Interest

Any interests held by the membership of the Adult Care Board, or co-opted members, should be declared on any item of business at the meeting.

### Quorum

A quorum of five will apply for meetings of the Adult Care Board, including at least one elected member of the County Council and one representative of the Clinical Commissioning Groups.

### Access to Information/ Freedom of Information

The Adult Care board is not a public meeting.

### Relationships with other Boards

A separate protocol will be developed setting out the relationship between the Adult Care, Health and Wellbeing, Children's Trust and Adult Safeguarding Boards.

### Reporting

The Adult Care Board is a non-executive body that reports to the Derbyshire Health & Wellbeing Board. Any executive decisions will be made by the constituent organisations'/ agencies' usual decision-making processes.

### Board Administration

The agenda and supporting papers will be a standard format and circulated at least five working days in advance of meetings.

The draft minutes will be circulated to partner organisations as soon as possible after each meeting, and the final version agreed at the next meeting.

### **Task and Finish Groups**

Task and Finish Groups will be established, as required, to deliver tasks allocated to, or agreed by, the Adult Care Board. They will be chaired by Adult Care board members and include representatives from the Adult Care Board and wider stakeholders. They will report to the Adult Care Board.

### **Review**

These Terms of Reference will be reviewed bi-annually, or early if required.

**Agenda item 8**

**DERBYSHIRE ADULT CARE BOARD**

**30 April 2015**

**Report of the Strategic Director Adult Care**

**DISTINCTIVE, VALUED, PERSONAL – WHY SOCIAL CARE MATTERS:  
THE NEXT FIVE YEARS**

**Purpose of the report**

The Association of the Directors of Adult Social Services (ADASS) has published a report 'Why Social Care Matters: The next five years', which outlines the main challenges facing the adult social care system. Recommendations in the report are aligned to the 'NHS Five Year Forward View' and consider issues over the same time period.

This report to the Adult Care Board provides a summary of the main recommendations put forward by ADASS and considers the implications for partnership.

**Information and analysis**

Social care is a vital connector of individuals to other services which can help prevent crisis and promote wellbeing. ADASS suggests that social care is more than just an 'add-on for the NHS' and services need to be aligned to remove organisational barriers, both within the NHS and, between NHS and social care to help simplify the system.

ADASS suggests that the new delivery models outlined in the 'NHS Five Year Forward View' will not necessarily be any more effective than current organisational models unless social care services are integral to the design. Concern is also expressed about the mismatch in funding arrangement between a protected budget for the NHS, which is 'a universal service free at the point of use', and an increasingly restricted social care sector, 'rationed ever more tightly to those with the highest needs and lowest means', facing further funding cuts.

Delivering social care services that meet both demand and user expectations will remain challenging due to ongoing financial pressures. Urgent questions are being raised nationally about how the growing gap between needs, resources and expectations will be managed.

The report also highlights the growing numbers of people who are ‘lost to the system’ because they are not entitled to publicly funded care. The needs of these individuals are displaced to other elements of the system, such as unpaid carers and acute hospitals. ADASS warn that continuing to hope that people who fall out of council-funded services receive good level of service is no longer an appropriate approach.

The report outlines five recommendations, and whilst some actions relate to national policy, a number of these could be considered and addressed locally:

1. Central government needs to ensure that social care funding is protected and aligned with the NHS budget, including making provision to protect £4.3 billion funding gap in social care services, alongside addressing the £8 billion gap in NHS funding over the same period.
2. All services which provide adult social care should focus on providing quality services that prevent harm.
3. New integrated models should prioritise the need for:
  - a. **Providing good advice and information to allow for self-care and access to services at the right time as needs change.**  
Allowing individuals to access information ahead of time allows them to plan and put in place measures such as Powers of Attorney, housing arrangements and care support, which will help reduce the burden on services when their health deteriorates.
  - b. **Recognising interdependence, building supportive relationships and resilient communities.**  
This will include providing appropriate support for carers to allow them to retain employment and ensure they have appropriate help and support. ADASS acknowledges that local government has a broader role in upholding the ‘social health’ of communities through housing, planning, community safety and trading standards and this should be considered. Equally, utilising the voluntary and community sector and community-led schemes to allow communities to support themselves will be important.
  - c. **Offering services that promote independence and allow re-ablement/ rehabilitation.**  
Recognising that individuals should be able to access the right care and support at the right time to help them get back to their normal lives as soon as possible remains important.
  - d. **Promoting good quality personalised care and support services that addresses mental health, physical health and broader well-being issues through joined-up services.**  
Developing the use of personal budgets, care coordination, joined up teams, shared assessments, integrated commissioning and personal health budgets are all tools which will help address individual need. Developing integrated pathways between NHS and social care will help drive forward this work.

4. **Building and delivering a sustainable workforce**, which has quality and safeguarding at its heart will be important. Equally, ensuring the development of a high quality workforce that accepts and is driven to achieve the principles of integration will be crucial in short-term.
5. **Strengthening local accountability and innovation** through the ongoing development of Health and Wellbeing Boards to support commissioning, shaping the market, allocating resources and co-ordinating service delivery should remain a focus. ADASS states that Health and Wellbeing Boards should become the 'linchpin' of agreed local governance arrangements to develop new delivery models which align care services alongside the health delivery models described in the NHS Five Year Forward View.

Surveys conducted by ADASS and the NHS Confederation highlight support by both Clinical Commissioning Groups (CCGs) and councils for joint-working, however, that the main obstacles to this stem from national policies. ADASS propose the following national policy changes to support local delivery:

- a. The development of a single shared outcomes framework for health care, public health and social care.
- b. The funding the gap facing social care by 2020 is addressed alongside the NHS funding gap.
- c. A transformation fund is established to address potential double-running costs as new delivery models are rolled out and other services are de-commissioned.
- d. A flexible approach is adopted, recognising that different locally developed care models will be established.

## **RECOMMENDATIONS**

1. To note the key findings of the report.
2. To note the implications for the Adult Care Board partners and consider how these can be addressed through local transformation programmes.

**Mary McElvaney**  
**Strategic Director, Adult Care**  
**Derbyshire County Council**

## **ADULT CARE BOARD**

**30 April 2015**

### **DERBYSHIRE DIGNITY CAMPAIGN**

#### **1. Purpose of the Report**

The purpose of this report is to:

- a) Update the Board about progress of the Derbyshire Dignity Campaign.
- b) Propose a re-launch event to engage teams to achieve the Derbyshire Dignity Award.

#### **2. Information and Analysis**

##### **Progress of the Derbyshire Dignity Campaign**

###### **Bronze Dignity Award:**

In 2011 the Derbyshire Dignity Campaign was launched as a joint Adult Care and Derbyshire NHS initiative.

The Bronze Award related to a national Department of Health (DoH) 10 point dignity challenge. It required evidence for each point and an answer to the question 'is this the best we can do?' If not, action was set out about what would be done. We have been running well-attended workshops for people interested in the Award.

339 applications for the Bronze Award have been received with 256 current achievers. Various reasons have existed for this difference – need to resubmit; withdrawn; yet to be assessed; service itself has now ceased etc.

###### **Silver Dignity Award:**

At a workshop, members of the public identified key components for the Silver Award such as involvement of front line staff and customers; and, above all, evidence of positive results. A format was agreed by the Adult Care Board and launched in 2013.

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Silver applications have involved a piece of work which permanently improves the experience of people having the service.

After reading of the application a colleague would carry out a site visit and report. Successful applications have been posted on the Derbyshire Dignity Campaign website to promote local sharing.

A recently advertised Silver Workshop required two additional dates to be offered to meet demand.

41 applications for the Silver Award have been submitted with 22 achievers so far. The main reason for the application/ achievement gap has been applications being made before sufficient evidence was available.

**Gold Dignity Award:**

A Gold Award has not been established.

**3. Policy:**

The Adult Care Dignity Policy (2011) states “The aim is to have at least one champion in every service team both in-house and commissioned from the independent sector” Champions, registered on the national website, have been expected to work with their teams to achieve at least the Bronze Award. Achievement of the Bronze Award is a requirement for quality premium payments to independent sector home care and residential care providers.

The Adult Care Dignity Policy recently underwent a successful recent review through its Quality Assurance group. The group recommended seeking re-approval as a joint Adult Care/NHS policy and this is being pursued.

**4. Assessment:**

A day is identified each month where health and social care professionals call in if they can for as long as they can to assist with assessments.

**5. Co-ordination:**

In 2014 section 256 funding was agreed for 12 months. This enabled appointment of a fixed term Service Manager post to co-ordinate the Campaign. Duties include producing/ revising formats; driving development; organising assessments and workshops; publicity;

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chairing a steering group; working with teams; encouraging participation and renewal of awards; maintaining a dignity website. An Administrative worker maintains a spreadsheet to track action; logs in applications/ prepares for assessment sessions; reminds teams about renewal dates etc.

**6. Impact of the Campaign**

The Campaign receives a steady flow of positive feedback e.g.

*“The team was very pleased to hear we had been successful in our application. Although we have achieved the Bronze standard, we will of course be continually striving towards improving the standards...This assessment process has certainly been very useful in focusing our minds on areas where we need to make further improvements” (Provider service)*

The North East Derbyshire South Fieldwork team quoted their Silver Award success in their bid for the national Social Work Team of the year award where they reached the final.

In 2014 Healthwatch sampled and visited 10 care homes which are Bronze Award holders to formulate their ideas about ‘What Good Looks like’ and reported

*“The majority of care homes in this project felt that the Bronze Dignity Award had raised morale and motivation in their home. They said it gave carers a greater insight into what needed to be done and why...Many felt proud of their achievement and were planning to go for the Silver Dignity Award in the near future.....Some also said that it had raised their reputation and kudos in the community and staff commented how nice it was to be recognised for good work and that makes them strive for better...A senior officer said, “It provides staff with the opportunity to reflect on their practice and to anticipate people’s needs better so that they can be supported safely and with dignity.”....When we spoke to a nurse about the Bronze Dignity Award she said, “I’ve seen so many changes here in the past two years.” She expressed a huge amount of praise towards the improvements the home had undergone and expressed a hope that she had personally contributed towards these improvements..... The Bronze Dignity Award appears to have been a key driver in improving standards in Care Homes.....*

Many service improvements prompted via the Campaign are saving time and produce better outcomes at no additional cost. For example a hospital setting which eliminated a series of accidents and greatly

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reduced staff sickness absence; a change to a traditional social care service which produced 'life changing' comments from clients and reduced unit cost; a dignified dining idea which has gone round the County saving people time not 're-inventing the wheel'; a game to draw out client views in a fun way as an alternative to demoralising (and potentially expensive) complaint investigations; clients who have reported inspiring experiences of person centred care; increased well-being/ less 'incidents' by introduction of a new facility developed with people with dementia.

**7. The Format Change 2015**

Section 256 funding was due to run out on 31 May 2015 so an application was made to the Better Care Fund group for an extension of funding.

This was approved but with a move to a single 'Derbyshire Dignity Award' format rather than bronze, silver etc. An extract of the single format is at **APPENDIX A**. An extract of the new renewal format is at **APPENDIX B**. The new format blends in proven best practice from the current bronze and silver formats. It therefore offers continuity to the many teams, holding either bronze or silver awards, or those that have been working towards them. No work will be wasted.

The single award requirement has merits:

- Assessing a gold level award would have been likely to overstretch availability of assessors' time. Assessors are busy colleagues who make time when they can but keeping up with the level of applications can be challenging.
- Some teams say they do not want to display certificates for the bronze award in case it looks like they were not good enough for silver or gold.
- The single format proposed does not allow a team to simply update their initial bronze format application each time but requires fresh work and genuine service improvement.

It can also support allied initiatives e.g. the National Pensioners Convention dignity code; the Social Care Commitment or Quality Always. We trust that through the new format we will steadily build up a stock of local good work which might be shared.



## **8. Proposed Launch of the Derbyshire Dignity Award**

The Derbyshire Dignity Campaign would be refreshed by a launch to publicise the new Derbyshire Dignity Award. A date in June 2015 is suggested at a venue such as County Hall/ the Hub/ Agricultural Centre for a 2 hour showcase of excellent work known to the Campaign. Additionally there could be a photo opportunity with a Cabinet Member and a small number of representatives from successful teams to give the new award a launch. A media release with a photo of key people could take place including an article of some positive case studies around teams that have done interesting work and really made a difference.

## **9. Financial Considerations:**

The Campaign is Better Care funded until the end of May 2016. The launch event would incur expenses for refreshments, the costs of a reprint (due anyway) of the Dignity Campaign leaflet.

## **10. Legal Considerations**

The Campaign contributes to section 1 of the Care Act 2014 - promotion of well-being including specific attention to improved safeguarding.

## **11. Other Considerations**

National health and social care policy continues to emphasize the importance of dignity and respect. The Derbyshire campaign is congruent with the direction of this report.

## **12. Officer Recommendation**

For a launch event as described above.

**Steve Phillips Co-ordinator Derbyshire Dignity Campaign (Adult Care Commissioning Team).**

## Extract from Derbyshire Dignity Award Format

The full format will be available at the ACB meeting. It includes

A front sheet for Service name and address; service contact; name of registered dignity champions etc.

It addresses the National DH 10 Point Dignity Challenge which is

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Each of the 10 points for the Award is set out as below, with 3 appropriate bullet points to draw out suitable evidence. The 4<sup>th</sup> is repeated for all 10 points.

<b>STANDARD</b>		<b>EVIDENCE</b>
<b>1 Have a zero tolerance of all forms of abuse</b>		
<b>(1.1)</b>	Give an example of positive steps you have taken, or those which would be taken, where potential safeguarding concerns exist about a person.	
<b>(1.2)</b>	Explain what training your team receives on safeguarding and how is this updated.	

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<b>(1.3)</b>	Explain how safeguarding policy offers a strong foundation for day to day work.	
<b>(1.4)</b>	For this standard when asking 'is this the best we can do?' please list any improvements or changes you will make.	

**APPENDIX B****Extract from Derbyshire Dignity Award Renewal Format**

The full format will be available at the ACB meeting.  
It includes two options for renewal:

**OPTION 1**

Teams can renew once only via Option 1. This involves the team reviewing their original successful award application based on the national 10 point dignity challenge. It requires reflection on changes made since achieving the award and updates of actions set out on the original application. This has proved popular with participating teams. A format is provided (not included here).

**OPTION 2**

Option 2 involves a Piece of Work which permanently improves the experience of dignity for people who receive the service. It is something created by the team which will not only benefit people who have the service but will also offer inspiration to other service providers in the County who may ask you to share ideas. Future renewals will be through a fresh piece of work which will contribute further to an accessible stock of high quality work in the County and reflect team-level continuing professional development. The format in simplified form for illustrative purposes is below.

<b>A Dignity Champions:</b> Please list your team dignity champion(s) whose names are registered on the national dignity website.
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Names
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<b>B Description:</b> Please outline - within 300 words - your piece of work
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**C The National 10 Point Challenge:** The Main Link

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**D Customer Involvement:** Describe 'customer' involvement in your piece of work

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**E Involvement of frontline staff:** Describe frontline staff involvement in your piece of work

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**F Sustainability:** Explain why you are confident that your piece of work will continue and develop further?

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**G Results:** Please show real evidence of positive results for the people receiving the service and (where appropriate) their carers

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## Intelligence Report - Spring/Summer 2015

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

### Background

Healthwatch Derbyshire is part of a network of local Healthwatch organisations that hears what adults, children and young people have to say about health and social care services. We then share these experiences with providers and commissioners, encourage responses and appropriate action, and then share feedback with the individuals that have spoken to us and to the general public through our 'speak out' reports.

This intelligence report acts as a tool for using the patient feedback that we collect to have an impact on decision making by highlighting our work activity past, present and future and summarising our key findings and recommendations for the health and social care community in Derbyshire.

### A Comment's Journey ...

Healthwatch Derbyshire gathers together individual comments from patients and the public about their experiences of using health and social care services which are logged onto an internal database. All individual comments are routinely shared on a monthly basis through our information sharing arrangements with service providers and commissioners.

The diagram on the following page shows how the individual comments we receive work through this information sharing system. Many organisations tell us in their responses that they triangulate our patient experience with information they have from other sources to see a fuller, more complete picture of patient experience. We work in a similar way to look at what feedback we have, and what we are missing to influence a period of themed engagement activity to collect extra information and feedback.

After a period of themed engagement activity, a summary is drawn up in to either a discussion paper for publication, or a brief summary report to be shared with relevant providers and commissioners.

All our publications can be found at [www.healthwatchderbyshire.co.uk/reports](http://www.healthwatchderbyshire.co.uk/reports).



## Reports we have recently published:

- Primary Care Report

This report gives a useful insight to the most prevalent positive and negative themes regarding primary care services in Derbyshire.

The aim of theming the comments in this way was to gain a better understanding of what matters most to patients and the public in Derbyshire when receiving care and treatment at a range of primary care services. These themes may in turn influence our future engagement activity.

This report provides both a numerical summary of comments by topic and sentiment, and a selection of comments from each theme to illustrate the types of comment received by Healthwatch Derbyshire that has been themed under each heading. The most common topics are quality of clinical staff (64 positive, 17 negative) and appointment system (45 positive, 26 negative).

Within the 232 comments received, there were 352 sentiments raised - 198 of these sentiments were positive, and 154 negative.

- Children and Young People's Report

A Healthwatch Derbyshire report has been published highlighting what Children and Young People in particular have to say about Health and Social Care services. The most common themes included:

- Environment - this played the largest part in the comments made by Children and Young People e.g. the waiting room is often considered boring, and they would like more to do while they wait.
- Waiting - children feel frustrated about waiting for appointments.
- Staff Attitude - Children and Young People have mixed experiences but where they are negative, they report feeling intimidated, judged, awkward, and nervous. Where they are positive they report being made to feel calm, listened too, and respected.
- Access to Services - again Children and Young People had mixed experiences but where they were negative it was due to difficulty making appointments, and appointments being at inappropriate times.

- Carer's Discussion Paper

We continue to work proactively with, and monitor the impact of this discussion paper published in 2014 and any actions or outcomes as a result. This insightful discussion paper summarises the comments and experiences of the carers we engaged with as part of this themed engagement activity, and gives a real and authentic insight in to the experiences of carers when using health and social care services. Since the report has been distributed we have received responses from a number of service providers and commissioners regarding the report. Most have welcomed it and triangulated it with their own data and all have welcomed the opportunity to discuss the needs of carers.



### Reports available on request:

- Themes report - Chesterfield Royal Hospital NHS Foundation Trust.
- Themes report - Royal Derby Hospital NHS Foundation Trust.
- Acquired Brain Injuries Service Evaluation - this has been shared with providers and commissioners and a formal response has been requested to the recommendations made.

### Other reports to be published:

- The results of a survey to collect experiences of using Homecare services - to be published May 2015
- Chesterfield Royal Hospital NHS Foundation Trust Eye Clinic Enter and View report - to be published May 2015
- Experiences of parents and carers using the Autism Pathway in Derbyshire - to be published June 2015
- Summary report - the experiences of using Child and Adolescent Mental Health Services (CAMHS) to be published June 2015
- Summary report - experiences of using cancer services - to be published June 2015

### What Next ...?

Themed engagement topics for May 2015 - July 2015 have been selected to further explore emerging topical issues:

- Learning Disabilities and reasonable adjustments in universal services
- Physical Disabilities and reasonable adjustments in universal services

You can find out more information about Healthwatch Derbyshire activity in the summer edition of our Speak Out Report which can be found on our website [www.healthwatchderbyshire.co.uk](http://www.healthwatchderbyshire.co.uk) (from June 2015).

Helen Hart  
April 2015