

Consultation Response on the High Level Priorities of the Health and Wellbeing Strategy

1. Background

During March and April 2012 a public consultation on the five high level priorities for the Derbyshire Health and Well Being Strategy took place. The consultation included the opportunity to respond online or through a postal return.

In addition a stakeholder event was held on 30th March 2012 at County Hall Matlock to give partner agencies a chance to give their views on the five priorities.

The formal consultation consisted of 18 questions, producing both quantitative and qualitative information. 385 responses in total were received.

The stakeholder event attended by 86 individuals representing a wide range of agencies, produced all qualitative information, and considered views on:

- Whether the priorities and the focus of the priorities were correct?
- What activity partners already undertake in the priority areas
- Highlighting any gaps in meeting need in the priority areas
- What is needed to improve service provision and narrow or remove any gaps?

The quantitative and qualitative responses from this consultation are summarised below and will be used to inform the continued development of the health and wellbeing strategy. The rich information about individual's views and experiences of health and wellbeing services will also be made available to commissioners and providers to better support decision making about services in the future.

2. Quantitative response data; formal consultation

This is presented in table format attached as Appendix 1.

a) Who are the priorities important for?

Respondents were asked to identify if each of the five priorities was important for them as an individual, a community or Derbyshire. For every priority the respondents ranked "for Derbyshire" as the highest, with responses ranging from 71.8% to 65.8%.

b) Are the focus areas for each priority correct?

Respondents were then asked if they felt the focus area selected for each priority was correct. The focus on early identification and intervention of vulnerable children and families generated the highest number of positive responses, 90.7% of people stating this to be the correct focus area for this priority. This was followed by "preventing and reducing alcohol misuse, obesity and physical activity" where 88.4% of people felt this to be the right focus. The focus for older people of "strengthening integrated working between health and social care providers and housing related support" was next with 88.3% of people agreeing with it. The mental health focus area of "improving access to the full range of evidence based psychological therapies" found 85.9% of respondents in agreement. Lastly 76.7% of respondents stated the long term conditions and carer focus area of "community based support, self-care and care close to home, including the increased use of evidence based telehealth and telecare" was correct.

c) Do you agree with the stated actions to tackle each of the five priority areas?

Respondents were asked to comment on whether they agreed with the stated actions to tackle each of the priority areas or whether they felt there were other actions which were missing.

The responses to this are summarised in Section B of the attached table. For example 70.0% of respondents felt that the most important action to tackle the issue of promoting the independence of people with long term conditions and their carers is to develop community support services.

3. Qualitative Data from Stakeholder event and Strategy Consultation

a) Stakeholder event

The full report of the feedback from the strategy consultation is attached as appendix 1. Generic issues for all five priorities were;

- Communication, education and motivating people to encourage change
- Understanding, skills and expertise among partners staff
- The challenge of delivering services across the rural and urban areas of the county
- Future housing provision
- Community support
- Consistency of service provision, not short term funding
- Focus on prevention

<p>Specific issues for the health and wellbeing in early years;</p> <ul style="list-style-type: none"> • Overemphasis on literacy, expand to include communication, language and literacy • Requires reference to emotional wellbeing, provision for young carers and focus on all children not just under 5's require focus • Concern that services pull out at critical times and families don't engage for fear of child being removed • Capacity building within communities; effective use of children's centres • Family approach to instil behaviour change and how to engage fathers • Effective sex education in secondary curriculum • Address raising of aspirations 	<p>Specific issues for improving emotional and mental ill health</p> <ul style="list-style-type: none"> • Wording of recovery not treatment • Ensure equitable services for all ages • Question about evidence base and evaluation of some interventions • Views that 6-12 week interventions are not adequate • Shift of focus to prevention needed • Partnership working around safeguarding, crisis management and consistent approach to access of services. • Sharing of intelligence and expertise needed alongside training of all professionals in mental health awareness. GP's need to be able to increase their skills in helping this patient group. • Obstacles need addressing of lack of trust between users and services, sustainable core funding, stigma of mental health still apparent, access to services e.g. mental health accident and emergency services, socio-economic factors will increase problems of mental wellbeing
<p>Specific issues for promotion of healthy lifestyles</p> <ul style="list-style-type: none"> • To support people to change need to address wider determinants of poverty and literacy. • Partnership working to ensure consistent messages and access to hard to reach groups. • Promotional materials need to be fit for target audience (learning 	<p>Specific issues for improving health and wellbeing of older people</p> <ul style="list-style-type: none"> • Social isolation issues require focus • Ease of access to information about services needed: strengthening of the FIRST CONTACT Derbyshire county council signposting system ; needs including within the strategy • Concern focus on just housing and health is too narrow, needs to include all

<p>disabilities, mental health service users) and may need to be adaptable for those who deny responsibility for their own health</p> <ul style="list-style-type: none"> • Consideration of alternative motivators to behaviour change; economic factors, • Family centred approach to instil health behaviour through the life course. • Engage with “every contact counts” agenda • Must not lose focus on the substance misuse, mental health and smoking issues • Concerns about the impact on the proposed changes to youth service provision 	<p>settings including hospital and care homes</p> <ul style="list-style-type: none"> • Consistency in funding to voluntary sector needs addressing as they provide much of the burden of community service provision • Community service provision is hindered by bureaucracy of health and safety and CRB;’s • Intergenerational programmes needed • Prevention should be better prioritised and funded; falls, dementia, socially active • Older people do not always expect free services there is a willingness to pay • Current service provision is patchy and inconsistent • Quality, dignity standards and future capacity of care home provision; need for a care home strategy • Housing needs to be age appropriate and built for lifetime independence • Transport /accessibility in rural areas for the ageing population.
<p>Specific issues for promotion of independence of all people living with long term conditions (LTC) and their carers</p> <ul style="list-style-type: none"> • Better health and social care service integration essential to address increasing number of LTC patients, and especially on services which ensure transition between hospital and community is effective • Essential that accommodation and support needs of LTC patients considered and planned ahead for • Impact of raising social care access criteria for services and incapacity benefit changes on LTC patients and their carers will result in this group who need support to prevent crisis may now fall below the threshold. • Social isolation affects LTC patients and cares disproportionately, community support capacity needs ensuring • Withdrawal of day services without alternatives creating problems. • Patient centred approach; choice and control of the patient central to all decisions • Practical and emotional support around best evidence, knowledge of support available, and benefit advice needs to be provided at point of diagnosis for LTC patients and their carer's. • Culture shift to self-management needed • Evidence based services to prevent admissions and facilitate early discharge needed • Early access to telecare and telehealth ensuring the access criteria target 	

the most appropriate patients.

- Increased public and professional awareness to LTC and carers is needed
- Transport and accessibility key challenges to address
- End of life care across all age groups needed as missing from the strategy

b) Strategy Consultation

Over 1600 individual comments were received in response to the 16 questions asked in the consultation. Any comment relevant to the delivery or development of specific services has been made available to the relevant contact for that service as many of the comments are useful not only in ensuring that the health and wellbeing strategy is shaped by the public, but also in improving existing health and social care related service delivery now. The comments for each question have been grouped together to reflect the common themes of the individual question respondents. They are listed in accordance with the common theme which generated the greatest through to the least number of responses.

Q3. Why do you think that “improving health and wellbeing in early years” is a priority?

71.8% of respondents felt this was the correct priority for Derbyshire

Common themes:

- a. Impact on development to adulthood
- b. Implications for whole society AND Early intervention/support needs to begin as before delivery
- c. The role of education in healthy development of literacy and social skills
- d. Relationship between child and carer is paramount
- e. Potential for costs/resource savings
- f. Needs of disabled families must be addressed

Comments received included:

Establishing learning & the desire to learn at an early age is key to developing lifelong learning. Good literacy skills enable children access to a wider education. When children are ill they are less likely to be able to learn, so health & wellbeing is essential to learning. For those early years children who have acute needs, creative ways to educate should be employed, that address their needs.

It is a priority but it is important that there is also appropriate support for those that fall just below any threshold/bar. As resources get stretched that bar to access support services just keeps getting raised; many families need early support not just the most vulnerable and those with the most complex needs.

Because the quality of the care given to us in our early years goes on to shape our future health and well-being. As a service provider we see adults who are suffering from alcohol abuse, and many report, neglect or abuse in their own childhoods. Attachment issues are common. A lack of positive emotional nurturing at an early age, and poor parenting leaves scars which in later life promotes the need for alcohol services, as well as drug and mental health services. At the other end of the scale many of the people we see are in danger of repeating the cycle, and going on to neglect their own children both emotionally and in some cases physically. As a service we therefore take the protection of children, their comfort, safety and well-being as a high priority within our key aims. This is always addressed with parents, within our work

Statistics have shown that there is a strong link between low literacy levels, poor achievement and poor health

Learning is fundamental to later life. Assisting families and children with disabilities and ensuring they access the right services will ensure social inclusion.

Providing the best possible start for children is an essential element in preventing greater needs developing later in life. Prevention is ultimately less expensive than cure

Health inequalities early in life tend to become permanent: the best health is gained when the health of the young is a priority

To give young children the best start in life. But the emphasis needs to be on ALL children not just vulnerable children. Otherwise action will just be firefighting with more and more children and families becoming vulnerable

Q4 If you feel that the focus on early identification and intervention of vulnerable children and families is not right, please explain why?

90.7% of respondents felt this was the correct focus, but of those who did not the common themes were:

- a. Support for ALL children throughout transition to adulthood

Comments received included:

This would depend on what other services might be reduced or cut to fund this.

Targeting of resources will become ever more necessary in response to reducing funding and to enable a more robust approach to evidence gathering.

I believe in equal opportunity. I believe all discrimination is counter-productive, including positive discrimination. It's not fair or productive to give lots of extra funding to people who cannot or refuse to achieve, as this is unavoidably at the expense of people who make an effort.

I have a grandson with autistic spectrum difficulties not getting much help, so yes.

This highly depends on the methods of intervention. Focus on support and assistance for families with disabled children or parents can be extremely beneficial, however aggressive intervention can be damaging. It is important to work with the family

Q5 What other things do you think should be done to tackle the issue of improving health and wellbeing in early years?

Common themes:

- a. Integration of existing services
- b. Parenting and relationship skills and support
- c. Emphasis on physical activity and provision of leisure facilities
- d. Accessibility and transport issues
- e. Services for those with learning disabilities and/or other minority groups
- f. Financial support/employment and training possibilities

Comments received included:

The work that has been put into developing Children's Centres should be capitalised upon - there is no need to reinvent the wheel. Support services for rural parents in rural locations should be factored into any delivery plan.

It's also essential that we begin much earlier in a child's life to prevent the wheel from continuously turning. Educating against, drugs, food, nutrition, unwanted pregnancies or so called "convenience pregnancies" (to acquire social housing etc.). It's not enough to just offer support after the horse has bolted

The issues of financial exclusion also need to be tackled - families are breaking up under the strain of debt and low incomes.

To provide housing and accommodation advice at an early stage, to ensure young children and families are living in accommodation that is suitable for their needs - basis of hierarchy of health - food, shelter and warmth - leads to better performance and independence across the board.

Taking services to the homeless and travelling families. Strong multi-agency collaboration to ensure a seamless service for children and young people. Promoting the quality of life and health to looked after children and young people. It is important that the Children's Trust Board take this responsibility seriously and drive through the early intervention agenda through all services and agencies. Additionally, the Children's Trust Board should recommend and influence the Health and Wellbeing Board to prioritise actions that take this forward, including the commitment and participation of Primary care.

The effective sharing of data between services and agencies is paramount to improving early identification and being in a position to effectively implement early intervention.

There should be a strong drive to bring adult and children's services together to "Think Family" and prevent the poor interface that leads to children in vulnerable households not being identified, particularly where the adult has on-going chronic illness or disability, substance misuse or mental health problems.

There is a danger that any services aimed at reducing the number of children on the "at risk" register will be seen as a budget positive move rather than helping children at risk.

Social inclusion impacts on the health and wellbeing of children. It is important that Statutory Agencies and the third sector work together to reduce social exclusion and child poverty. The link between housing conditions and health inequalities requires further exploration.

Q6 Why do you think that “Promoting health lifestyles by developing services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical activity, smoking and sexual ill health” is a priority?

71.8% of respondents felt this was the correct priority for Derbyshire

Common themes:

- a. May help to reduce costs/save resources and improve outcomes
- b. Early promotion of healthy lifestyles will assist behaviour change
- c. Costing a great deal to treat people affected so high priority
- d. Need to access hard to reach, disadvantaged and minority groups as prevalence higher in these groups.
- e. Lifestyle services also needed for children

Comments received include

These modifiable risk factors for poor health account for a large proportion of the health inequality between different population groups

Binge drinking in young adults needs tackling to help them understand not only health risks to them but the effects alcohol has on aggression, violence, attitude to opposite sex and anti-social behaviour

Harmful alcohol consumption, substance misuse and sexual ill health are issues which affect not only the individual but the communities around them. Obesity, physical inactivity and smoking tend to be more individual in their consequences, but nevertheless should be included in the priorities for a caring community.

The community pays if you don't,, more health care costs People off work Colleagues overburdened People unable to work more children in foster care, more adaptations to houses needed General pressures on services and costs which would be better spent elsewhere

For a community to function in a positive way it needs the individual families to be 'healthy' - for families who are struggling often this manifests in unacceptable/unhealthy behaviours whether this be personal e.g. obesity, teenage pregnancy, alcohol misuse or social e.g. crime, anti-social behaviour, lack of engagement with training or unemployment.

So many of our resources go in to reacting to the 'fall out' from these issues rather than tackling them before they become a problem.

Q7 If you feel that the focus on “preventing and reducing alcohol misuse, obesity and physical inactivity” is not right, please explain why?

88.4% of respondents felt this was the correct focus, of those who did not the common themes were:

- a. Should be about education not just on health based service
- b. Need to focus on prevention not on lifestyle changes after the problem occurs
- c. Need support services to be in place and existing services to be better integrated
- d. Need a national not local solution
- e. Impossible to prevent
- f. It is a personal choice issue

Comments received include

Would like to see substance misuse in list

This is personal choice. People know it is bad for them, but cannot be bothered.

Preventative is the best way, bring it local, make it informal and fun, warm and welcoming and offer continuity and signposting

Particularly to prevent young people using alcohol and giving parents support to say no to their children

Not sure that it is given a high enough priority. I think services are piecemeal and need a more focused and joined up approach

These programmes are seldom effective in making permanent changes in lifestyle. Much better to concentrate on early literacy, numeracy and language to give the ability to make informed choices, whilst being able to aspire to a better standard of life.

Needs specific attention to be given to tackling inequality.

The emphasis should be on helping people to change themselves.

It must be combined with work on inequalities being addressed. There is so much one can do to help people with such issues if there are no positive things to look forward to

Much of this has been delegated to unqualified community health champions. Peer support does work in some circumstances but more services at a higher level are needed.

Q8 What other things do you think should be done to tackle the issue of “promoting healthy lifestyles to prevent and reduce harmful alcohol consumption, obesity, physical inactivity, smoking and sexual ill-health”

Common themes:

- a. Ensure existing lifestyle services are better integrated to benefit the client group
- b. Ensure services to promote self-esteem and appropriate role models are available from early childhood
- c. Ensure age appropriate education available and used in schools
- d. Ensure all materials used is appropriate for the target audience
- e. Make effective use and engage with community/ voluntary sectors
- f. Establish and address the root cause of unhealthy lifestyle issues
- g. Legislate against provision of cheap alcohol through pricing and licencing of premises

Comments received include

These services need to work in partnership due to the strong links between them. As an alcohol service provider we see a great deal of heavy smoking and poor diet. It is important to enable and support clients of alcohol services to access support in other areas, so that a holistic approach to their health and wellbeing is provided.

This area needs both education and support for all people at all levels of literacy. The information currently provided is wordy and too complex.....lets communicate with people we need to reach in a language they can understand

Much more support for mental health which is a "Cinderella" service at the moment many people with mental health issues are also heavy drinkers/abusers of substances. To just target the drink is missing the root causes of why.

Work more closely with the more challenging and vulnerable families at times and in places they are more likely to be like, it's about bringing the services to the people..... Being more flexible around the community needs,

I think we offer services for all these things already. We need to look at how we offer them and at building assets in the community and raising aspirations. We can't change people, they can only change themselves and we need to create the environment in which it's possible.

I feel we need to enlist the help of people who have gone through these problems, preferably by employing them, to talk to children and give the benefit of the way they change their own lives.

Open youth clubs to help youngsters keep busy off the streets

Physical activity and healthy weight is the responsibility of all agencies. Systems are in place via maternity, health visiting, school nursing, and physical activity hubs to address the early identification of factors that lead to an unhealthy lifestyle....but these services are variable within their delivery.

Much needs to be undertaken to fully engage schools and all agencies to work together to collectively target, give consistent advice and support preventative interventions, as well as address the environmental and social factors that contribute to obesity. Lifestyle provision to teenagers and children in the secondary setting requires strengthening, particularly at school leaving time when it may be the last collective opportunity to promote health, wellbeing, parenthood etc.

Look at the underlying causes to these issues such as emotional health and wellbeing, aspirations, unemployment not just on the symptoms

Services re healthy weight and exercise are much needed, as a service, we identify the need, but have little help / support to offer. We would welcome the reintroduction of free swimming. We would welcome being able to refer a child or young person for an exercise programme / mentor. We feel that we already have some good services locally re sexual health & smoking.

By developing policy which is implemented throughout the council and not the sole responsibility of one department the council will be taking a pro-active step in reducing and preventing risk of developing the issues

Tackle drunkenness in towns and cities. Close bars / clubs who supply alcohol to people who are already drunk. Make being drunk in a public place socially unacceptable.

Develop services for the families and friends of those who lead these lifestyles. They often need support too.

Q9 Why do you think that "Promoting the independence of all people living with long term conditions and their carers" is a priority?

65.8% of respondents felt this was the correct priority for Derbyshire

Common themes:

- a. The importance of maintaining independence and managing your own health
- b. Retain dignity and self-respect
- c. Reduction in hospital admissions and costs
- d. Impact on carers particularly young carers
- e. Positive use of technology will support independence
- f. Will prevent loneliness and isolation amongst this group

Comments received include

People who "own" their conditions take care of themselves better than those who are passive and expect everything to be presented on a plate to them

This is a priority because anyone whether they are a carer or the person living with the long term condition, will face despondency and isolation at times. Assistance with living with these conditions will reduce anxieties and will help reduce other conditions that could develop from lack of help.

Creating independence means that people maintain a purpose. It has a positive effect; provided they get the services they need in terms of home help and equipment to lead an independent life.

Keeping people at home for as long as possible is usually the best option for them and their families. Using the technology should be less tying for individuals and their carer's.

The greatest burden of illness is related to long-term conditions. People have tended to become dependent upon services to do things for them. The evidence suggests that, when people self-care, they have better outcomes

Independence, pride, self-esteem is an important part of people's well-being and happiness. Not everyone will want to live independently, but most people will prefer to.

I am particularly concerned for young carers and their families as I am aware of the huge impact their role can have on their own education, self-esteem and their future. Independence is greatly valued by my elderly relatives, so systems which allow them to continue with support in their home do give them the confidence and care to stay there.

This is about independent living, maintaining dignity and self-worth, and reducing institutionalising people. The emphasis should be upon facilitating independence through strong support both by services and family/community intervention. From a preventative aspect more emphasis needs to be placed on advising pre-retirement and early retirement people of the reasons to maintain their health and wellbeing

The economy relies on carers; we want to support our Derbyshire carers and the people they care for.

In particular older lesbian, gay, bisexual and transsexual (LGBT) people are seen to be more likely to be living alone, isolated and fearful of accessing services. Care homes are not designed to meet the needs of LGBT people, with increased discrimination, isolation and harassment being experienced.

I have today just returned from a 60 mile trip for my wife to have a blood test. Need I say any more!

Living with a long term condition is a huge challenge. The medical manifestations are often devastating and at a time when you're most vulnerable if you do not have personal wealth, you have to fight your way through a barrage of bureaucracy. We can't change the national position but we can ensure that local services and resources are made accessible to all who should be receiving them as a right.

We need to use technology in order to make the most efficient use of the valuable and scarce professionals and carers supporting these people.

Not sure about the telehealth and telecare aspects - what people need is face to face contact. This in turn benefits their mental health

I would also like to see more joined up working around gap's, local health response teams and adult car, when a hospital discharge is taken into account all of them as there is often duplication and triplication and becomes a disjointed process of the patient.

Q10 If you feel that the focus on " community based support, self-care and care close to home, including increased use of evidence based telehealth and telecare" is not right, please explain why?

76.7% of respondents felt this was the correct focus, of those who did not the common themes were:

- a. Concerns about the use of technology which may lead to increased isolation/loneliness
- b. Must not substitute human contact
- c. Need to focus on falls prevention
- d. Need to reduce inappropriate hospital admissions

Comments received include

I support the view that people should be encouraged where appropriate to remain at home however do feel that the use of technology can be no substitute for human interaction and supervision.

This (telecare/telehealth) is cheap social care. Increase home carer support. Real carers for real people.

It (telecare/telehealth) will be right for some individuals and not for others - and they should have a choice.

Telecare is not the answer, gps and community nurses & other healthcare professionals are, and that's not the council's job/staff. Care close to home is important but a joke in North Derbyshire (we don't really exist, do we?), ditto community based support. Many people need hands-on or face to face care (that'd be the disabled and ill that you always forget and overlook, then...)

Telehealth & telecare is a cheap way for an authority to make people believe they are getting a service. It is costly and from my actual experience is rarely sufficient. The on-cost to people who use these electronic services is also not always easy to pay for. The pendant alarm is the only device I think is any real benefit in reducing the deterioration of health at a time of urgent need. Telecare doesn't prevent someone from incontinence or stop them falling.

As long as it (telecare/telehealth) is alongside not instead of support

Reablement and community rehab to facilitate discharge is more important

This may be acceptable in 20/30 years but at present many older people do not have/cannot use the new technologies or afford them

So long as telecare/ telehealth isn't used instead of human support

Q11 What other things do you think should be done to tackle the issue of "Promoting the independence of all people living with long term conditions and their carers"

Common themes:

- a. Ensure better integration of all types of existing services including sharing of data to help the individual
- b. Ensure adequate capacity of existing services
- c. More focus on promoting independence
- d. Ensure adequate provision of respite care
- e. Address problems of transport and accessibility for this group
- f. Ensure specialist training provided for healthcare professionals (consider involving expert patients in this)

Comments received include

All services should be linked and work closely together. Many older people misuse alcohol, and this has a direct effect on their medication, families and carers can feel very concerned about tackling an elderly relative about drinking. Alcohol can contribute to increased falls, poor diet and nutritional absorption and makes dementia far worse and people much more confused for their families to deal with. Multi agency training in alcohol misuse, how to spot it, how to address it, is imperative, and support for relatives and carers paramount.

Not sure reducing hospital admissions and fast turn grounds is necessarily a positive step. If people genuinely need hospital support then early home returns are not the answer - home visits are not the same as round the clock nursing if needed.

Develop preventative services, join up current services in a more appropriate cost effective way, share data with health and social care, schools etc offer advice at the appropriate stages in life e.g. housing, health, to prevent some of the acute cases that arise and not wait until people are known to services and have to have care plans in place before they can access other services.

Provide sufficient residential respite care for those being cared for to enable carers to arrange holiday breaks well in advance.

Promote better accommodation to assist day to day living

There needs to be more inclusion of people with learning disabilities and mental health issues. There is still an attitude and myth that there is another NHS for them.

Ensure people have housing fit for purpose

Ensure access to services which aid independence services which provide or help with equipment and housing needs, support with benefits and direct payments and support to employ carers and helpers Big need for rehab services for all conditions full support needed for 'services between hospital and home' rehab and nursing homes needed.

Transport that ensures dependence on others is not so great

Q12 Why do you think that "improving emotional and mental health and providing increased access to mental health services" is a priority

66.6% of respondents felt this was the correct focus for Derbyshire

Common themes:

- a. High prevalence of condition which impacts on wider general health and wellbeing
- b. Lack of current service provision
- c. Need to intervene early and prevent deterioration of mental health
- d. Need to have a wide range of services available to support all level of need
- e. Lack of priority given to this by health and social care agencies in the past
- f. Need to reduce the stigma associated with mental ill health
- g. Need to ensure services appropriate for children and young people are accessible.

Comments received include

Mental health often less well served than physical health - relates to deprivation and inequalities too

If people can access treatments at an early stage, this can be much more cost effective & better for the individual, as they are less likely to go onto suffer acute depression if the problem is tackled at early stages. I have benefitted from an online intervention "beating the blues" that was accessed through a gp. This enabled a self-help, supported approach before more severe symptoms developed

If people don't receive this they can deteriorate, and at the moment help and support is often received only many months after people began to suffer. It also needs to be person centred and not necessarily about filling in a computer based questionnaire.

Clients contacting our service have stated time and time again that gp's are not always identifying early when clients have mental health problems. This situation is caused by short consulting times with gp's and clients never seeing the same gp more than once.

People having these disorders find it difficult to travel distances and alone to attend support groups

Currently poor access to such services despite IAPT programme, patients are on at least a three month waiting list. The prevention of poor mental health will positively impact upon the lives of families and children.

There are no non-private psychotherapy services north of Belper, and that is an outreach. That is appalling!!!! On top of this the gps have no services, the charities are overloaded and won't take "complex" or longer-term cases (often sub-clinical), we have no iapt and that in itself is useless anyway unless it exist of somewhat more than cognitive behavioural therapy x 6 sessions which is often useless or absolutely wrong....This is not just about psychiatric services: it is about stopping people getting that far: dealing with gp-level consultation, mild to moderate affective disorders, bereavements, stress, etc. Rural area, high level of need, low level of transport or income. People on benefits cannot travel to where services are currently provided, neither can those who can't or don't drive and they certainly can't afford to these days.

I know that mental health services are stretched to the limit and in my personal experience there is very little support. Memory clinics do not help carers or patients. This should be linked to extra support within the home for carers and cared for, social services working alongside mental health services is the answer. I know people with dementia who have been closed by the mental health services because they appear stable. Stable does not mean cured and stable does not support carers who are at the sharp end.

Children and young people should have easy and early access to effective assessments so their treatment/intervention can be delivered at a time when there is a need to prevent the young person

from deteriorating and disengaging. Need to strengthen the training and development of the workforce to promote emotional health and psychological wellbeing and to respond appropriately.

I have long-term mental health problems and am currently unable to access mental health services. My gp told me I would have to get treatment privately, which I cannot afford. When he did agree to refer me for assessment I was told that the clinical psychologist only works two days a week and has a two year waiting list.

My doctor told me he could only refer me if I had a complex need such as schizophrenia etc as mental health services were too stretched in Derbyshire.

There currently seems to be a huge gap in services for people who are not bad enough for the community mental health team

Gps often least able to support patients with mental health.

Q13 If you feel that the focus on "improving access to the full range of evidence based Psychological therapies (services that offer treatments for depression and anxiety disorders and other complex mental health problems" is not right, please explain why?

85.9% of respondents felt the focus was correct, of those who did not the common themes were:

- a. Service focus is currently too narrow
- b. Accessing these services is the problem
- c. Need greater emphasis on prevention and early intervention

Comments received include

Far too narrow - mental well-being means everyone feeling they have a purpose and feeling good about themselves. This requires a very broad sweep of their emotional, cultural (and where appropriate) spiritual lives. Even these are not entirely provided by health and wellbeing priorities alone, those concerned with these should be actively advocating the opportunities people have e.g. Outdoor recreation, sports of prescription, health and the arts etc.etc,

Strongly do not believe that iapt is well thought out or provides an appropriate selection of therapies: far too brief solution or brief cognitive behavioural therapy focussed. There are many other evidence based therapies but they are usually ignored in favour of cognitive behavioural therapy.. Strategies need to be in place for timely interventions and prevention of deterioration and treatment of affective and stress-related issues as well as "complex" cases. Improving access is essential, yes. See above, this must mean putting services into every gp practice (and not just basic cognitive behavioural therapy people who can only deal with simple cases) and in all parts of the county, especially the northern/high peak and rural areas.

We have poor access to primary care mental health services. This needs to improve

I feel this response is very clinical and doesn't give room for the many non-medical interventions that for many people are as or more effective, such as arts-based intervention (as differing from arts therapy). There are already many organisations across Derbyshire who offer such interventions, and increasing work is on-going in this area. Clients with personal budgets can even access these activities for themselves.

I think that there is a wide range of ways to meet these needs than what falls under 'psychological therapies' and a strategy should be wider than this. For example, people with speech, language and communication needs (children and adults who have acquired needs) may not be able to access psychological therapies (or unable to benefit from them) - even though they are at particularly high risk of emotional and mental ill health.

Reality is that people cannot access these services easily

I would argue that whilst cognitive behavioural therapy is seen as the therapy for evidence based results other therapies can be very effective. In this austere period I realise that money will only be invested in therapy which can be scaled and outcomes provided. But this investment is better than nothing

Q14 What other things do you think should be done to tackle the issue of "improving emotional and mental health and providing increased access to mental health services"

Common themes:

- a. Broader range of interventions including art therapy, nutritional advice, befriending schemes, improved access to services and carer support.
- b. Equity of service provision, accessibility and transport issues
- c. Integration between services irrespective of provider
- d. Adequate services appropriate for children needed
- e. Awareness raising amongst general public to reduce stigma
- f. Evaluate existing services and decommission what is not working well.

Comments received include

It is important that services "speak to each other" and are funded appropriately to ensure that local services can provide support. The NHS should not have a monopoly on providing psychological care

Creative interventions such as art on prescription, which is used in other areas for those with mental health difficulties has been shown to improve individuals wellbeing & decrease the use of prescription drugs.

Incorporate nutrition as a vital necessity for improving mental health and depression. So much can be improved in this way. Befriending schemes, - really build up the services to offer places to go, people to see and generally things to look forward to. Ignorance plays a huge part in exaggerating mental health issues.

We are spending quite a bit on psychological therapies but the service is not equitable nor is it really evidence-based. We need to redesign pathways to ensure we address the outcome of recent consultation regarding secondary tier services in particular and how they integrate with primary care psychological services. The way the service is offered now is sometimes having an ill effect on already poorly patients. We can't justify the fact that it depends where you live on which services are available across a single county

I think there needs to be a specific child and adolescent mental health service in Derbyshire whilst the Children and Adults mental health team work with them there is no specific in patient units in the area. I am also aware of the rise of childhood anorexia and self-harm and feel that schools should be educating them on the risk of this including the legal implications of sectioning under the mental health act and physical long term effects.

Increase access to counselling services for all age groups. e.g: 'talk time' in primary schools is really good, but demand outweighs supply. One school did have 3 counsellors in school - they now have none. 2 parents in the last week requested counselling via gp and had both been told that as they had had it before, they were not eligible.

Ensure ease of transfer between children's and adults services - not falling down the gap

Better access = some services going to the person instead of the person going to the service.

Support for school staff providing universal pshe in schools.

I think there should be support for those of us unable to cope with everyday issues such as dealing with workmen, socialising and going into challenging environments which are too overwhelming to do alone. I keep being told to phone for help but I have a problem with using the phone. No one seems to listen to what my real needs are and I am not receiving any sort of support to help me carry on.

Need 'instant access'. When a person is in dire need of support they need it immediately not to be placed on a waiting list for months/weeks.

Always offer face to face therapy and not just a phone service. For many, the former is vital to correct diagnosis, best type of therapy and therefore recovery, therapy needs to be offered within one week as conditions can worsen very, very quickly

Q15 Why do you think that "improving the health and wellbeing of older people and promoting independence into old age" is a priority

67.6% of respondents felt that this was the correct priority for Derbyshire

Common themes:

- a. Ageing population increasing number of people who will/may need support.
- b. Independence is a key priority for all
- c. Need to ensure capacity of support services to deal with patient AND carer
- d. Cost effectiveness of remaining independent compared to nursing/hospital care
- e. Need to increase social interaction/reduce problems of isolation
- f. Impact on demand for other health/social care related services
- g. Will improve integration of services
- h. Need to address long term housing accommodation needs of this group.

Comments received include

Using accepted national wellbeing evaluations, it has been proved that individuals benefit from such support & enabling, often affecting other areas of their life - increasing independence, wellbeing, social interaction

We are becoming a nation of older people... and we need to address the issue to enable our older community to live with the vitality, enjoyment, contentment, support and health that they/we all deserve

Not enough planning is given when providing housing for elderly vulnerable people. Housing developers are not looking at allocations of properties. Elderly people are becoming targets of anti-Social Behaviour because some younger people housed in the same block of flats have no respect or regard for the care of the Elderly. This is proven in the property I live in.

We are all getting older and don't know what is ahead for us. Everyone hopes to retain sufficient health to live independently, but we need to know that there will be a good provision of services if that should not be the case.

There does not seem to be any structured plan to build housing suitable for old people to maintain their independence, should they have to move from their own home (down-sizing) because of physical conditions. There is a distinct lack of bungalow building.

It is very important for the individual needs to be assessed to see if they are able to stay in the home and if this is not the case to enable them to have a say in the home they will be moved in

Well-being is especially important given potential levels of dementia/depression/loneliness and the impact this would have on the individual however not at the expense of the carer's lives

Services are being cut and "Community Support" is being suggested as a replacement. Community support will not help with personal care and hands on assistance. It is the icing on a very thin slice of cake. More money is needed in Health and Social Services. 5 years ago Derbyshire had services to be proud of, now people have to put up with what is left or pay privately.

When people have worked hard all their lives they deserve the support and respect that that should bring. Older people want to remain independent whilst ever they can and need the services that would support this. Both of these services should have the same objectives and be able to work together to provide an integrated service for all.

Integration is almost none existent except at the edges.

Too many people spend too much time, in hospital and often die there when their preferred choice would certainly be to live supported (and live there final days) in their own homes and communities.

Because as the years go on, there are a lot older people living longer and they have so much to give to the community and others.

Many elderly people feel excluded from society. The social cost of exclusion is considerable

Q16 If you feel that the focus on " strengthening integrated working (pathways/referral mechanisms etc.) between health and social care providers and housing related support services (LAs/registered social landlords/voluntary sector "is not right, please explain why?

88.3% of respondents felt the focus was correct, of those who did not the common themes were:

- a. More emphasis on integration of services
- b. More emphasis on housing
- c. Consideration of costs and funding needed

Comments received include

I suspect that this is just words without a true meaning. In reality, professionals have got to get over their "date protection" issues which they regard as a reason for not integrating between services.

Housing has a very strong effect on health and wellbeing

At present the two seem to work separately, there is so much common ground a coming together would improve over all care.

Because it seems NOT to start with the individuals- any strategy should be based around the individuals expressed & perceived need. So flexible person centred support needed

Ensure housing allocation on basis of need. Remove right to lifelong tenancies to free up housing stock

Q17 What other things do you think should be done to tackle the issue of "improving the health and wellbeing of older people and promoting independence into old age"

Common themes:

- a. Individually tailored services responding to individual needs
- b. Community based health and social care support services of adequate capacity

- c. Access to creative social activities
- d. Integration of services into the community
- e. Better promotion/signposting of existing services
- f. Funding issues of services including voluntary community sector services
- g. Housing which is appropriate for need
- h. Better workforce training to respond to needs
- i. Health screening

Comments received include

Groups to tackle isolation and help older people integrate into social activities should be encouraged. This will assist with the mental health of older people and also help to identify if someone is in need of further support.

Link to all housing providers for appropriate advice and information on choices available.

Professionals from health and social care must be able to work as a team in this way which will mean removing some of the existing barriers.

Provide regular social activities suited to needs.

More money is needed in the above services. Recently services have been cut to the bone resulting in people at risk, unsafe hospital discharges and no one being able to provide what is really needed. People being cared for at home having morning calls at 11:30 (very nice if you can't get out of bed and have been there since 6pm the night before) and then lunchtime calls at 12:30 or even missed out altogether.

Raise public awareness of the problems of old age so that people generally are more sensitive to the elderly in our community.

Need the 'common assessment framework' system for older people - it has been successful for children and young people and that same multi agency approach - integrated working would work well with all age groups.

Ensure effective communication between professionals about their patients.

Train workforces together in improving health and well-being - workforce development strategies vital!

Services are currently hard to access, it is not clear what support is available and accessing support is near impossible!

Improve bus/transport so older people can be more independent Not everyone has cars and older people are likely to give up driving at about the time they need more healthcare.

Improved and building of appropriate homes - more bungalows and need for less draconian planning regulations

4. Next Steps

The consultation and stakeholder event indicated that there is both a depth of feeling and wide range of views towards the priorities which should shape the future health and wellbeing of the population of Derbyshire.

Using the results of the survey and event, the priorities for the Derbyshire Health and Wellbeing Strategy will be reviewed and a further consultation phase will commence on June 11th 2012 to allow people to consider the final draft strategy and the actions identified to address the priorities.

This consultation will conclude on September 3rd 2012. Again comments from the final consultation will be considered and the strategy revised as appropriate prior to final publication in the autumn of 2012.

Appendix 1

Final Health and Wellbeing Strategy Consultation Results								
Section A		Yes focus is correct		No		Don't know		For you Community, or Derbyshire
Early years Focus; Early identification and intervention	1	293	90.7 %	9	2.8 %	21	6.5 %	Derbyshire (71.8%)
Lifestyles Focus; preventing and reducing alcohol misuse, obesity and physical activity	2	274	88.4 %	16	5.2 %	20	6.5 %	Derbyshire (71.8%)
Long Term conditions/carers Focus: community based support, self-care, and care close to home inc telecare telehealth	5	230	76.7 %	27	9.0 %	43	14.3 %	Derbyshire (65.8%)
Mental health Focus: improving access to full range of evidence based psychological therapies	4	256	85.9 %	11	3.7 %	31	10.4 %	Derbyshire (66.6%)
Older adults Focus: strengthening integrated working between health and social care and housing related support	3	264	88.3 %	10	3.3 %	25	8.4 %	Derbyshire (67.6%)
Section B								
<i>Do you agree with the stated actions to tackle each of the five priority areas?</i>								
To tackle issue of improving health and wellbeing in early years	1	Encourage families to eat healthily and take part in physical activity					283	73.9%
	2	Support services for new parents					260	67.9%
	3	Improving early literacy, language and numeracy skills					235	61.4%
	4	Services to reduce number of children on the at risk register					185	48.3%
	5	Other					83	21.7%
To tackle issue of promoting healthy lifestyles to prevent and reduce alcohol etc.	1	Develop services to support people to become physically active maintain healthy weight					260	67.9%
	2	Develop other lifestyles services, targeting smoking, sexual health					223	58.2%
	3	Develop services to reduce harmful alcohol consumption					222	58.0%
	4	other					96	25.1%
To tackle issue of promoting the independence of people with LTC and their carers	1	Develop community support services					268	70.0%
	2	Develop services to promote self-management of LTC					218	56.9%
	3	Develop services to reduce hospital admissions and allow early discharge					203	53.0%
	4	Other					68	17.8%
To tackle issue of improving mental health and increasing access to mental health services	1	Ensure services available to all inc vulnerable groups					253	66.1%
	2	Develop services to support mental wellbeing					241	62.9%
	3	Develop services which help/enable people to remain in or return to work					240	62.7%
	4	Develop wide range of psychological therapy services					218	56.9%
	5	Other					58	15.1%
To tackle the issue of improving health and wellbeing of older people and promote independence	1	Ensure all care agencies provided services in partnership to improve health and wellbeing of older people					262	68.4%
	2	Ensure all care agencies provided services in partnership to maintain the independence of older people					254	66.3%
	3	Provided integrated hospital and community services					225	58.7%
	4	other					56	14.6%

